

PM statement to the House of Commons on health and social care: 7 September 2021

Mr Speaker, with permission, I will make a statement on the government's plans for health and social care.

Our National Health Service is the pride of our whole United Kingdom and all the more so, after it has been there for us during the worst pandemic in a century, treating almost half a million patients, administering more than 88 million vaccines and saving countless lives.

But the inevitable consequence of this necessary – and extraordinary – action is that Covid has placed massive pressures on our NHS.

As we stayed at home to protect the NHS, thousands of people did not come forward for the treatment they needed.

Like those who suffer from Covid, these are all people we know.

Your aunt who needs a new hip. Your neighbour who has problems with their heart and needs a pacemaker. Your friends your friends at work who thinks they should get that lump or cough checked out.

So we must now help the NHS to recover, to be able to provide this much needed care to our constituents and the people we love – and we must provide the funding to do so now.

We not only have to pay for the operations and treatments that people decided not to have during the pandemic, we need to pay good wages for the 50,000 nurses who will enable that treatment, and who can help us tackle waiting lists that could otherwise expand to 13 million over the next few years.

We need to now to go beyond the record funding we have already provided – and we need to go further than the 48 hospitals and 50 million more GP appointments that are already in our plan.

So today we are beginning the biggest catch-up programme in NHS history, tackling the Covid backlogs by increasing hospital capacity to 110 per cent, and enabling nine million more appointments, scans and operations.

As a result, while waiting lists will get worse before they get better, the NHS will aim to be treating around 30 per cent more elective patients by 2024/25 than before Covid.

And we will also fix the long-term problems of health and social care of health and social care have been so cruelly have been so cruelly exposed by Covid.

But having spent more than £407 billion or more to support lives and livelihoods throughout the pandemic – from furlough to vaccines – it would be wrong for me to say that we can pay for this recovery without taking the difficult but responsible decisions about how we finance it.

As a permanent additional investment in health and social care – it would be irresponsible to meet the costs from higher borrowing and higher debt.

From next April we will create a new, UK-wide, 1.25 per cent Health and Social Care Levy on earned income, hypothecated in law to health and social care, with dividends rates increasing by the same amount.

This will raise almost £36 billion over the next three years, with money from the levy going directly to health and social care across the whole of our United Kingdom.

This won't be pay awards for middle management, it will go straight to the front line at a time when we need to get more out of our health and social care system than ever before.

And it will enable radical innovation to improve the speed and quality of care, including better screening equipment to diagnose serious diseases, such as cancer, more quickly, designated surgical facilities so non-urgent patients are no longer competing with A&E, faster GP access to specialists, so you don't have to wait months to see someone in hospital to find out whether something is wrong, and new digital technology so doctors can monitor patients remotely in their homes.

And we will do all this in a way that is right, and reasonable and fair.

Mr Speaker, some will ask why we don't increase income tax or capital gains instead.

But income tax isn't paid by businesses, so the whole burden would fall on individuals, roughly doubling the amount that the basic rate taxpayer could expect to pay.

And the total revenue from capital gains tax amounts to less than £9 billion this year.

Instead our new levy will share the cost between individuals and businesses, and everyone will contribute according to their means, including those above State Pension Age, so those who earn more those who earn more will pay more.

And because we are also increasing dividends tax rates we will be asking better-off business owners and investors to make a fair contribution too.

In fact, the highest earning 14 per cent will pay around half the revenues, no-one earning less than £9,568 will pay a penny, and the majority of small businesses will be protected, with 40 per cent of all businesses paying nothing at all.

And while Scotland, Wales and Northern Ireland have their own systems, we

will direct money raised through the levy to their health and social care services.

So in total Scotland – yes – in total Scotland, Wales and Northern Ireland will benefit from an extra £2.2 billion a year Mr Speaker – and as this is about 15 per cent more than they will contribute through the levy, it will create a union dividend worth £300 million. Worth £300 million.

But Mr Speaker, we cannot just put more money in.

We need reform and change. We need to build back better from Covid.

When the Covid storm broke last year there were 30,000 hospital beds in England occupied by people who could have been better cared for elsewhere – and who wanted to be better cared elsewhere.

That is 30,000 Mr Speaker out of 100,000 hospital beds in our NHS, costing billions every night, and unable to be used by people needing cancer care needing hip operations, making it harder than ever to deal with the growing backlog in our NHS.

Too often people were in hospital beds because they or their relatives were worried about the cost of care in a residential home.

And that same fear kept many others at home without any care at all.

This anxiety affects millions of people up and down the country, the fear that a condition like dementia, one of nature's bolts from the blue could lead to the total liquidation of their assets, their lifetime savings, their home – the loss of everything that they might otherwise pass on to their children, however great or small – while sufferers from other diseases – who have had to be in hospital for the majority of their treatment – have their care paid for in full by the NHS.

Governments have ducked this problem for decades.

Parliament parliament even voted to fix it, and yet that 30,000 figure is an indictment of the failure to do so.

And so Mr Speaker there can be no more dither and delay.

We know we can't rely solely we know we can't rely solely on private insurance because demand would be too low for insurers to offer an affordable price.

And a universal system of free care for all would be needlessly expensive, when those who can afford to contribute to their care should do so.

Instead the state should target its help at protecting people against the catastrophic fear of losing everything to pay for the cost of their care, and that is what this government will do.

We are setting a limit on what people can be asked to pay, and we will be

working with the financial services industry to innovate and help people to insure themselves against expenditure up to that limit.

Wherever you live, whatever your age, your income or your condition, from October 2023 no-one starting care will pay more than £86,000 over their lifetime, and no-one with assets of less than £20,000 no-one with assets of less than £20,000 will have to make any contribution from their savings or housing wealth – up from £14,000 today.

Meanwhile anyone with assets between £20,000 and £100,000 will be eligible for some means-tested support.

And this new upper capital limit of £100,000 is more than four times the current limit, helping many more people with modest assets.

And as we fix this long-term long-standing problem in social care, we will also address the fears that many have about how their loved ones will be looked after, by investing in the quality of care, in carers themselves, and by integrating health and care in England so older people and disabled people are cared for better, with dignity, and in the right setting.

And my Rt Hon Friend the Secretary of State for Health and Social Care will be bringing forward a White Paper on integration later this year.

Mr Speaker, you can't fix you can't fix the Covid backlogs without giving the NHS the money it needs; you can't fix the NHS without fixing social care; you can't fix social care without removing the fear of losing everything to pay for social care; and you can't fix health and social care without long-term reform.

The plan that this Government is setting out today, the plan I am setting out today will fix all of those problems together.

And, of course, and, of course, no Conservative government no Conservative government Mr Speaker ever wants to raise taxes, and I will be honest with the House, I accept yes I accept this breaks a manifesto commitment, which is not something I do lightly.

But a global pandemic was in no-one's manifesto Mr Speaker. I think the people in this country understand that in their bones and they can see the enormous debts this Government the Treasury has taken.

After all the extraordinary actions that have been taken to protect lives and livelihoods over the last eighteen months, this is the right, the reasonable and fair approach, enabling our amazing NHS to come back strongly from the crisis, tackling the Covid backlogs, funding our nurses, making sure people get the care and treatment they need, in the right place at the right time, and ending a chronic and unfair anxiety for millions of people and their families up and down this country.

And I commend this Statement to the House.

Bovine TB: authorisation for badger control in 2021

Natural England has licensed and authorised 7 new badger control areas to begin operations in 2021. It has also authorised the licence holders to resume operations in 33 existing badger control areas in 2021. Licence holders met all the criteria specified in [Defra's guidance to Natural England](#), dated May 2021.

Natural England has reissued the Annex A for 8 licences due to a change to their control areas as licensed in 2019/2020. These areas were 35-Cornwall, 44-Avon, 47-Herefordshire, 50-Shropshire, 51- Somerset, 52-Warwickshire, 53-Wiltshire and 54-Lincolnshire.

It has also reissued the Annex B for all existing licences from area 22 to area 54 (inclusive). This follows a review of the conditions relating to licensed actions on or around protected sites.

Table 1: Badger control areas authorised in 2021

Area number and county	Minimum number	Maximum number	Authorisation date	Year of operations
Area 22 – Cornwall	0	1087	27 August 2021	Year 4
Area 23 – Devon	910	2229	27 August 2021	Year 4
Area 24 – Devon	0	196	27 August 2021	Year 4
Area 25 – Devon	156	651	27 August 2021	Year 4
Area 26 – Devon	234	748	27 August 2021	Year 4
Area 27 – Devon	0	115	27 August 2021	Year 4
Area 28 – Devon	30	296	27 August 2021	Year 4
Area 29 – Gloucestershire	0	502	27 August 2021	Year 4
Area 30 – Somerset	0	1311	27 August 2021	Year 4
Area 31 – Staffordshire	773	2893	27 August 2021	Year 4
Area 32 – Cumbria	N/A	N/A	27 August 2021	Year 4
Area 33 – Avon	358	990	27 August 2021	Year 3
Area 34 – Cheshire	1397	2237	27 August 2021	Year 3
Area 35 – Cornwall	1689	3325	27 August 2021	Year 3
Area 36 – Staffordshire	324	871	27 August 2021	Year 3
Area 37 – Devon	380	1173	27 August 2021	Year 3
Area 38 – Devon	571	1715	27 August 2021	Year 3
Area 39 – Dorset	75	508	27 August 2021	Year 3
Area 40 – Herefordshire	295	1267	27 August 2021	Year 3
Area 41 – Staffordshire	20	479	27 August 2021	Year 3

Area number and county	Minimum number	Maximum number	Authorisation date	Year of operations
Area 42 – Wiltshire	1420	3950	27 August 2021	Year 3
Area 43 – Wiltshire	252	1193	27 August 2021	Year 3
Area 44 – Avon	2613	4050	27 August 2021	Year 2
Area 45 – Derbyshire	1758	3218	27 August 2021	Year 2
Area 46 – Gloucestershire	556	860	27 August 2021	Year 2
Area 47 – Herefordshire	1246	2198	27 August 2021	Year 2
Area 48 – Leicestershire	544	933	27 August 2021	Year 2
Area 49 – Oxfordshire	833	1412	27 August 2021	Year 2
Area 50 – Shropshire	2703	4649	27 August 2021	Year 2
Area 51 – Somerset	2632	4167	27 August 2021	Year 2
Area 52 – Warwickshire	1450	2442	27 August 2021	Year 2
Area 53 – Wiltshire	689	1054	27 August 2021	Year 2
Area 54 – Lincolnshire	N/A	N/A	27 August 2021	Year 2
Area 55 – Shropshire	490	664	27 August 2021	Year 1
Area 56 – Hampshire	1215	1647	27 August 2021	Year 1
Area 57 – Berkshire	359	486	27 August 2021	Year 1
Area 58 – Staffordshire	632	857	27 August 2021	Year 1
Area 59 – Worcestershire	316	429	27 August 2021	Year 1
Area 60 – Shropshire	1478	2004	27 August 2021	Year 1
Area 61 – Oxfordshire	875	1186	27 August 2021	Year 1

Licence holders carry out operations under a 4-year licence. This allows badger control to take place in the licensed control area every year between 1 June and 31 January inclusive.

The licence holder will decide the start date for control operations within this period.

Natural England has confirmed to the licence holders the minimum and maximum numbers of badgers they can remove.

Protected sites listed in the Annex Bs are not necessarily part of any active operations. These can and will only occur on protected sites where the landowner or occupier has granted permission.

The licences only permit badger control to take place outside these closed seasons:

- controlled shooting – 1 February to 31 May
 - cage-trapping and shooting – 1 December to 31 May
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Policy paper: Advice to Natural England on setting minimum and maximum numbers of badgers to be controlled in 2021

Advice to Natural England on setting the minimum and maximum numbers of badgers to be culled in licensed areas during 2021.

Policy paper: Bovine TB: government badger control costs

Information on the government badger control costs for 2020 and previous years.

Research: Bovine TB: badger control policy value for money analysis

Information and analysis of the costs and benefits of extending badger control to additional areas.