Minister of State for Care, Caroline Dinenage MP

Purpose of report

For information.

Summary

This paper provides background to the LGA Councillors’ Forum discussion with the Minister of State for Care, Caroline Dinenage MP.

Recommendation

That the LGA Councillors’ Forum notes this report as background.

Action

As directed by Members.

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Minister of State for Care, Caroline Dinenage MP

Background

1. In November 2017, the Government announced its intention to publish a green paper on adult social care reform “by summer recess 2018”. Following the January 2018 Cabinet reshuffle, it was announced that the newly renamed Department of Health and Social Care (DHSC) would assume oversight of the green paper. Caroline Dinenage was appointed as Minister of State for Care on 9 January. The Minister attended Councillors’ Forum in March 2018 and talked about the green paper, quality, housing, integration and loneliness.
2. In June 2018, shortly after the announcement of new funding for the NHS rising to £20.5 billion per year by 2023/24, the Government announced that its green paper would be pushed back until the autumn, “around the same time” as the NHS Plan.
3. In light of this further delay to the Government’s proposals for the future of care and support, the LGA’s Chairman and Group Leaders approved plans for the LGA to develop its own green paper on adult social care and wellbeing.
4. The LGA’s green paper, *The lives we want to lead,* was published on 31 July and was aimed at stimulating a nationwide debate about how best to fund the care we want to see in all our communities for adults of all ages, and how our wider care and health system can be better geared towards supporting and improving people’s wellbeing. *The lives we want to lead* posed a series of 30 consultation questions across a range of topics and the deadline for responses ended on 26 September.
5. The Minister of State for Care attended the LGA Community Wellbeing Board’s annual ‘away day’ on 27 September. Her comments covered unpaid carers, funding, quality and the NHS Plan.
6. The Minister’s attendance at Councillors’ Forum is an important opportunity for Members to learn more, and ask questions, about the Government’s plans for the future of adult social care – both in terms of longer-term reform (the green paper), and the short-medium term funding position (Budget and Spending Review).

**The LGA green paper for adult social care and wellbeing: *The lives we want to lead***

1. As a priority campaign for the organisation, a detailed plan of launch activity was prepared to promote the green paper, raise awareness of the funding crisis facing adult social care and encourage as many people to take part in the consultation as possible. As a result, the green paper has been mentioned 78times in total in national print, online and broadcast media.
2. The launch of the LGA green paper was very successful, with coverage in the Sun, Independent, Telegraph, Mail, Express, Mirror and Guardian. LGA spokespeople were interviewed on BBC Radio 4 Today, BBC Radio 5 Live, Sky News, BBC Victoria Derbyshire and BBC regional radio.
3. The Chairman wrote to the Prime Minister, the Chancellor and the Secretaries of State for both Housing, Communities and Local Government and Health and Social Care to highlight our green paper and the Political Group Offices engaged with MPs and Peers. Colleagues briefed LGA Vice Presidents and we presented on our green paper at a dedicated parliamentary event in September.
4. There have been more than 15,500 web page views of our green paper, the ‘easy read’ version has been downloaded more than 400 times and our facilitators and communications packs have been downloaded more than 360 and 430 times respectively. Videos we produced to accompany the green paper have been watched more than 72,500 times. The Twitter debate, through #FutureofASC, has reached more than 4 million people. We have received more than 500 submissions to our consultation questions, which has exceeded our expectations. As part of our engagement process we have also commissioned public polling of 2,000 members of the public and a series of focus groups across the country.
5. Colleagues from the LGA’s Research Team are carefully analysing all responses to the consultation. The key findings, along with the outputs of the public polling, focus groups and other linked work, will be brought together in a further publication in November in time for the annual National Children and Adult Services Conference.

**Ministerial biography**

1. Caroline Dinenage MP was appointed Minister of State for Care on 9 January. Caroline was Parliamentary Under Secretary of State at the Department for Work and Pensions from June 2017 to January 2018. She was Parliamentary Under Secretary of State for Women, Equalities and Early Years at the Department for Education from July 2016 to June 2017.She was elected Conservative MP for Gosport, Stubbington, Lee-on-the-Solent and Hill Head in 2010. Between 1998 and 2003 Caroline served on Winchester City Council.
2. The Minister’s responsibilities include:
   1. Overseeing all aspects of adult social care, including dementia, loneliness and disabilities;
   2. Hospital care quality and patient safety;
   3. Community health services;
   4. Health and social care integration;

**Financial implications**

1. Work on this policy agenda will be done within existing policy budgets.

**Implications for Wales**

1. The scope of the forthcoming green paper is England only.

**Appendix A Ministerial biography**



1. Caroline Dinenage was appointed Minister of State at the Department of Health and Social Care in January 2018. Previously, Caroline has held Ministerial positions at the Department for Work and Pensions, the Department for Education and the Ministry of Justice.
2. She was elected Conservative MP for Gosport in 2010 – having previously served on the City of Winchester local council and been a small business owner for 20 years.
3. The minister’s responsibilities include:
   1. overseeing all aspects of adult social care, including dementia, loneliness and disabilities;
   2. hospital care quality and patient safety;
   3. community health services;
   4. health and social care integration’;