

Oral Answers to Questions: Cabinet Office

Volume 773: debated on Thursday 23 October 2025

See the full transcript and notes [here](#)

During *Oral Answers to Questions* to the Cabinet Office on 23 October 2025, several Members of Parliament raised issues relevant to **health, social care, and community wellbeing**, highlighting the interplay between central reform, public service delivery, and healthcare integration.

The session opened with questions on **public sector reform**, where **Mr Jim Shannon MP (Strangford, DUP)** asked what steps were being taken to improve *community healthcare services* in order to ease pressures on hospitals and support localised models of care. In response, the **Chief Secretary to the Prime Minister, the Rt Hon Darren Jones MP**, emphasised the Government's commitment to the **NHS 10-Year Plan**, which is focused on shifting the balance of healthcare from hospitals into the community. Mr Jones acknowledged that too many patients end up in accident and emergency departments due to insufficient community-based provision and reaffirmed that the **Department of Health and Social Care (DHSC)** was working to deliver care "where local people are." He underscored that the Government's reforms aim to "move services closer to home," strengthening preventative care and improving access to support within neighbourhoods.

This emphasis on **community health and preventative care** reappeared throughout the session in the context of wider public sector and voluntary sector reform. In discussions about **partnership working with the voluntary sector**, **Mr Danny Beales MP (Uxbridge and South Ruislip, Lab)** drew attention to the pivotal role of local charities—such as *Mencap* and *Mind*—in supporting vulnerable individuals with mental health and social care needs. He cited recent research showing that the voluntary sector delivers approximately **£14 billion** worth of public services annually and criticised local authority funding cuts that had forced many providers to scale back operations. In reply, **Mr Josh Simons MP (Parliamentary Secretary, Cabinet Office)** affirmed that the Government views strong partnerships with voluntary, community, and social enterprises as central to its reform agenda. He noted that under the new **Civil Society Covenant** published in July 2025, Departments must set **two-year targets for direct spending with voluntary and community organisations**, with annual publication of results. This, he said, represented a deliberate effort to integrate the voluntary and social care sector into the fabric of public service delivery, ensuring that "no one falls through the cracks between services," including prison leavers, victims of domestic abuse, and people with complex health or care needs.

Further highlighting the health and social care interface, **Mr Andy McDonald MP (Middlesbrough and Thornaby East, Lab)** questioned the **Paymaster General and Minister for the Cabinet Office, the Rt Hon Nick Thomas-Symonds MP**, on how public procurement could promote employment and quality in adult social care. Mr McDonald referred to the Government's pledge to improve terms, conditions, and career progression within the care workforce through a forthcoming **Fair Pay Agreement** and **Care Workforce Pathway**. He urged the Minister to ensure that forthcoming procurement reforms would include a **public interest test**, accelerating

insourcing of public services and requiring providers to recognise trade unions and promote sustainable, long-term employment.

Mr Thomas-Symonds agreed that the Government's public procurement reforms must consider value for money alongside service quality and social benefit. He confirmed that the Cabinet Office is consulting on measures to allow public bodies to assess whether services could be delivered more effectively in-house before contracting them out, thereby ensuring that employment practices in critical sectors such as **adult social care** meet fair standards. The Minister noted that "we will consider the range of responses, including those from trades unions," signalling that the Government intends to strengthen workers' rights in social care and related public service sectors.

In a subsequent topical question, **Mr Sam Carling MP (North West Cambridgeshire, Lab)** raised a related concern about the cost of third-party software licensing in the public sector, particularly within **NHS trusts** transitioning to **electronic patient record systems**. He observed that these ongoing software costs were diverting resources from patient care and asked whether such systems could be delivered in-house. The Paymaster General responded that this was precisely the type of issue addressed in the Government's **public interest test consultation**, designed to reduce unnecessary outsourcing and ensure better value for public funds.

Health-related issues were also discussed indirectly through the Government's resilience and preparedness agenda. **Mr Sadik Al-Hassan MP (North Somerset, Lab)**, a pharmacist by profession, raised concerns about the strain on **community health services** and the need for robust **local co-ordination structures** in pandemic preparedness. Responding on behalf of the Cabinet Office, **Mr Dan Jarvis MP (Minister of State)** confirmed that local health partners had been fully involved in **Exercise Pegasus**, the UK's largest-ever pandemic simulation exercise. He stated that the lessons learned from this exercise would strengthen coordination between national and local systems, ensuring that community health services could respond effectively in future crises.

A further notable contribution came from **Mr Patrick Hurley MP (Southport, Lab)**, who revisited the issue of delays in the **Infected Blood Compensation Scheme**. He pressed the Paymaster General to expedite the payment process for affected victims and families. In his reply, **Mr Thomas-Symonds** assured the House that he was "driving progress as quickly as possible" and confirmed that **over £1.8 billion in compensation offers** had been made. He acknowledged continuing concerns over timeliness but stressed that accelerating delivery remained a personal priority.

Later in the same session, **Mr Jim Shannon MP (Strangford, DUP)** raised a follow-up question concerning the infected blood scheme in Northern Ireland, seeking clarity on delays between application submission and payment. Mr Thomas-Symonds responded that while the **Infected Blood Compensation Authority** operates independently, he remains accountable to Parliament and continues to engage closely with it to ensure that payments are processed promptly across all four nations of the UK.

The day's exchanges also touched on digital transformation in public services, with implications for healthcare access. **Mr Andrew Cooper MP (Mid Cheshire, Lab)** asked how the Government's

plans for a national **Digital ID system** would modernise service delivery. **Mr Josh Simons MP** responded that outdated digital and data systems across government—including within health and social care—impede progress and efficiency. He confirmed that the Government’s vision for a universal digital ID aims to streamline access to public services, improve data sharing, and support a more responsive state that “brings services directly to citizens.”

Throughout the session, health and social care were consistently framed within the broader context of **public service modernisation, fair work, and resilience**. Ministers reiterated that the Government’s approach to reform was guided by the principles of fairness, efficiency, and prevention, with an emphasis on integrating community care, modernising digital infrastructure, and strengthening partnerships between local authorities, the NHS, and the voluntary sector.