

Tuesday
2 June 2015

Volume 596
No. 9



**HOUSE OF COMMONS
OFFICIAL REPORT**

**PARLIAMENTARY
DEBATES**

(HANSARD)

Tuesday 2 June 2015

House of Commons

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The House met at half-past Eleven o'clock

PRAYERS

[MR SPEAKER *in the Chair*]

Speaker's Statement

Mr Speaker: It is with deep sadness that I must report to the House the death of the former Member for Ross, Skye and Lochaber, Charles Kennedy.

Charles represented his constituency, in its various forms, for nearly 32 years. It is, moreover, a matter of record that he led his party, the Liberal Democrats, from 1999 until 2006, achieving the best parliamentary representation of his party in the House of Commons in living memory.

On a personal note, let me say that I was always grateful to Charles for his support, encouragement and co-operation. I think that I carry the House with me in saying that Charles Kennedy was a principled, progressive and passionate politician, and, very importantly, a proud parliamentarian. In an age of pervasive cynicism about politics and politicians, Charles had that rare and uncanny capacity to cut through to large numbers of voters of all political persuasions and of none, right across the country. He was doubtless assisted in that by his obvious sincerity, his relaxed style, and his geniality. I know that he was widely liked and respected in all parts of the House, and he will be sadly missed. I am sure that the House will want to join me in offering heartfelt condolences to his family and friends.

It will be appropriate today for there to be very brief references to Charles, but I hope that the House will more widely take my lead when I say that tomorrow, after Prime Minister's Question Time, there will be a dedicated session of tributes, when people will be able to say what they think, feel and remember about our departed colleague, Charles Kennedy.

Oral Answers to Questions

HEALTH

The Secretary of State was asked—

Ambulance Waiting Times

1. **Mrs Emma Lewell-Buck** (South Shields) (Lab): What assessment he has made of recent trends in ambulance waiting times. [900000]

The Secretary of State for Health (Mr Jeremy Hunt): As you said, Mr Speaker, we shall have those tributes tomorrow, but I should like very briefly to echo your comments, because I know that the whole House is

shocked and deeply saddened by the untimely passing of Charles Kennedy. He was a giant of his generation, loved and respected in all parts of the House. Our thoughts are particularly with Liberal Democrat Members who knew him well, and to whom he was a very good friend over many years. We shall all miss him as a brave and principled man who had the common touch, and who proved that it is possible to be passionate and committed without ever being bitter or bearing grudges. Our thoughts are with his whole family.

I can tell the hon. Member for South Shields (Mrs Lewell-Buck) that the ambulance service is performing well under a great deal of pressure. Although a number of national targets are not being met, the service is responding to a record number of calls, and is making a record number of journeys involving all categories of patients.

Mrs Lewell-Buck: I echo the comments made about the late Member for Ross, Skye and Lochaber. He was one of the kindest Members of the House, and he will be greatly missed by many of us.

As for the Secretary of State's response to my question, I think that his assessment was a bit off. When my constituent Malcolm Hodgson's son-in-law broke his leg in a local park, he waited in agony for 50 minutes for an ambulance, and then waited a further five days for an operation. Can the Secretary of State explain how our ambulance and health services were allowed to fall into such a dire state over the past five years, and will he apologise to that young man for the delay and the pain that he suffered on the right hon. Gentleman's watch?

Mr Hunt: I take responsibility for everything that happens on my watch. [*Interruption.*] I think it is a little early to ask the Secretary of State to resign—but maybe not. The ambulance service is under great pressure, but across the country we have 2,000 more paramedics than five years ago, we are recruiting an additional 1,700 over the next few years, and from March this year, compared with March the previous year, the most urgent calls—the category A red 1 calls—went up by 24% and the ambulance service answered nearly 2,000 more calls within the eight-minute period. There is a lot of pressure, we have a plan to deal with it, but we need to give credit to the ambulance service for its hard work.

Mr James Gray (North Wiltshire) (Con): I stood against Charles Kennedy in 1992 in Ross, Cromarty and Skye and will take the opportunity tomorrow of remembering what a very happy occasion it was and how very glad I was to lose to Charles at that election.

I strongly opposed the creation of the South Western Ambulance Service because I believed the Wiltshire Ambulance Service did a better job on its own. I know the Secretary of State has been monitoring the calls received by the South Western Ambulance Service—one of the two trial areas. Will he tell the House whether response times in the south-west have improved or got worse in recent years?

Mr Hunt: NHS England will be updating the House on the results of that trial. It was a very important trial because it was designed to stop the dispatch of ambulances to people who did not need one within eight minutes, in order to make sure ambulances were available for people

who did need one. South Western was very helpful in taking part in that trial and we will update the House shortly on the results of it.

Clive Lewis (Norwich South) (Lab): Yesterday 400 people in my region expected to begin a paramedics course put on by the East of England Ambulance Service only to discover that there is no course and they are now £4,000 out of pocket. That is because the University of East Anglia and Anglia Ruskin University could not get accreditation for the courses. Does the Secretary of State think this event is going to help the ambulance service in the east of England where staff are already overwhelmed? It is a critical service—a vital service. Does he think this will contribute to hitting those targets, which at the moment are being inadequately met?

Mr Hunt: I welcome the hon. Gentleman to his place. It is important that we train more paramedics. It is one of the most challenging jobs in the NHS and I will take up the issue he raises with the Secretary of State for Business, Innovation and Skills to understand precisely what the problem was and to try to resolve it as quickly as possible.

Mrs Anne-Marie Trevelyan (Berwick-upon-Tweed) (Con): Will the Secretary of State consider reviewing the protocol, which is unique to the ambulance service in terms of our emergency services, that breaks cannot be broken into even if there is a category A incident in the area? We had the loss of a young man in Berwick recently; the ambulance which was in post in the ambulance station a mere four minutes down the road was not called and the boy died. That is the cause of enormous distress across the rural areas of Northumberland.

Mr Hunt: I welcome my hon. Friend to her place as someone who campaigned a great deal on health issues while she was a parliamentary candidate; it is wonderful to see her here. That is a tragic case and we need to look at those rules. I will take that up and see what we can do.

Translarna (Duchenne Muscular Dystrophy)

2. **Caroline Nokes** (Romsey and Southampton North) (Con): When he expects NHS England to reach a decision on access to Translarna for the treatment of Duchenne muscular dystrophy; and if he will make a statement. [900001]

11. **Mr Ronnie Campbell** (Blyth Valley) (Lab): When he expects NHS England to reach a decision on access to Translarna for the treatment of Duchenne muscular dystrophy; and if he will make a statement. [900011]

The Parliamentary Under-Secretary of State for Health (**Ben Gummer**): NHS England is considering the interim commissioning position for Translarna as part of its wider prioritisation process for funding in 2015-16 and expects to come to a decision by the end of this month. Translarna has also been referred for evaluation by the National Institute for Health and Care Excellence's highly specialised technologies programme. Draft NICE guidance will be available later this year, with final guidance expected in February 2016.

Caroline Nokes: I thank the Minister for that response and welcome him to his place. Yesterday my constituent Jules Geary came to see me regarding her son Jagger, who suffers from Duchenne muscular dystrophy. Jagger had been approved for Translarna treatment but then suddenly found that it had been withdrawn at the last moment. Like many other boys, he is now waiting, not knowing when a treatment that will prolong his mobility will be forthcoming. Will my hon. Friend meet me, Jules and Muscular Dystrophy UK to discuss how this process can be streamlined so that other children do not have to wait this long?

Ben Gummer: Muscular dystrophy is a terrible, debilitating illness and my sympathies go out to Jagger and his family. My hon. Friend will be aware that families and their representatives will be going to Downing Street on 10 June to make their representations on this matter. The Minister for Life Sciences has introduced an accelerated access review precisely because of the concerns that my hon. Friend has raised, and I know that he will welcome representations once it has been completed.

Mr Ronnie Campbell: Is the Minister aware of the case of my constituent, little George Pegg? At one time he could not walk, but this drug has made his life 100% better and he can now walk. Why are we dithering? This has been going on for at least a year, so why don't you get off that backside of yours and get it approved?

Mr Speaker: Order. May I just exhort Members to have some regard to considerations of taste? This is a new Minister. I call Minister Gummer.

Ben Gummer: I thank the hon. Gentleman for his question. In relation to posteriors, it is good to see his in its rightful place. I have heard of his constituent's case, which is as distressing as that of Jagger and of all those suffering from Duchenne muscular dystrophy. It is a terrible disease that causes lasting pain to the sufferers and their families. That is precisely why we are pushing hard for a decision from NHS England by the end of this month—it could not have come as quick as he had hoped—and for interim NICE guidance by the end of this year. I am pushing officials to move as quickly as they can on this.

Greg Mulholland (Leeds North West) (LD): The reality is that NHS England has failed to respond to letters or to turn up for meetings, and it has behaved in an utterly unaccountable manner in regard not only to Translarna but to Vimizim, which is used to treat Morquio syndrome. We have still not had confirmation that an interim decision will be made on 25 June, but we are now being told that there will be a decision from NICE on 5 June. Will Ministers finally get a grip on this and give the families affected by these various conditions some sense of when they might get the treatment that could improve their quality of life?

Ben Gummer: I am sorry to hear that the hon. Gentleman has had that experience with NHS England. My hon. Friend the Minister for Life Sciences will want to speak to him about that; if it is the case, it is clearly unacceptable. As the hon. Gentleman will have heard from my previous answer, we are hoping to get quick decisions from NHS

England on the interim commissioning guidance this month, and I am pushing hard for a decision from NICE as soon as possible this year, so that we can get interim guidance from it.

Mid Staffordshire NHS Foundation Trust

3. **Jeremy Lefroy** (Stafford) (Con): What progress he has made on the implementation of the trust special administrators' proposals following the dissolution of Mid Staffordshire NHS Foundation Trust. [900003]

The Secretary of State for Health (Mr Jeremy Hunt): We are putting the terrible tragedy of the old Mid Staffs behind us, and I congratulate my hon. Friend and the staff at the hospital on their superb efforts under a great deal of pressure. We are also investing over £300 million in the Staffordshire health economy, and the local trust and commissioners are making good progress on implementing the recommendations made by the trust special administrators.

Jeremy Lefroy: I thank my right hon. Friend for his reply. He will have seen the reports over the weekend on the severe pressure on accident and emergency services at the Royal Stoke University hospital, while Stafford's County hospital A&E often meets the 95% four-hour target. The trust special administrators assured us that the Royal Stoke would have the capacity to cope with additional patients from Stoke and Stafford. Given that that is not the case, will the Secretary of State ensure that A&E in Stafford is reopened to operate 24/7 as soon as is clinically possible?

Mr Hunt: I share my hon. Friend's concern about what is happening at the Royal Stoke. Some of the care there was totally unacceptable; there should be no 12-hour trolley waits anywhere in the NHS. I have said that I support a full 24/7 A&E service at County hospital as soon as we can find a way of doing it that is clinically safe, and I will certainly work hard to do everything I can to make that happen.

Valerie Vaz (Walsall South) (Lab): Will the Secretary of State ensure that other local hospitals, such as the Manor hospital, which have had to take up the slack following the closure of A&E and maternity services also get some support?

Mr Hunt: We absolutely will take a whole health economy view of that, and look at all hospitals that are affected by the changes.

Administrative Burdens (GPs)

4. **Stephen Phillips** (Sleaford and North Hykeham) (Con): What steps he is taking to reduce the burden of administration on GPs. [900004]

The Minister for Community and Social Care (Alistair Burt): Before I respond, I should like to thank my two predecessors, who have covered most of this portfolio: the Under-Secretary of State for Health, my hon. Friend the Member for Central Suffolk and North Ipswich (Dr Poulter), and the right hon. Member for North Norfolk (Norman Lamb). They have given me a firm foundation on which to build, and I am grateful to them

for their work in the Department. Reducing the burden of administration on GPs is important to all of us in the Government. We have already cut the quality and outcomes framework by more than a third to help reduce administration, but we are looking for ways to do more because we recognise that this is a significant problem.

Stephen Phillips: Let me take this opportunity to welcome my right hon. Friend back to the Front Bench. I know that he will want to spend a lot of time in GP surgeries, and we look forward to welcoming him to Lincolnshire in due course.

I want to ask him about the use of information technology and computers during consultations with GPs. I am told by a GP in my constituency that so much time is spent collecting data and inputting them into the computer that there is a loss of focus on the patient, with a possible detriment to patient care. Will my right hon. Friend undertake to look into that and to come to the House in due course to say what can be done to ensure that, during every GP consultation, the focus is always on the patient and not on the computer?

Alistair Burt: Notwithstanding the importance of recording information collected during a consultation, my hon. and learned Friend's constituent is absolutely right that it should not get in the way of the relationship between doctor and patient. We have already removed some of the administrative burdens by cutting a third of the quality and outcome framework indicators that need to be recorded, but plainly more needs to be done. He is right to say that I am looking forward to seeing quite a lot of GP surgeries in the forthcoming months.

Kevin Barron (Rother Valley) (Lab): I welcome the Minister to the Dispatch Box. Does he think that the community pharmacy could help in great ways with the proper integrated care of patients so that the burden on GP surgeries is shared with other health professionals?

Alistair Burt: Yes, the whole concept of out-of-hospital care involves an expansion of what is considered to be direct primary care, and it also involves other support services. I am aware of projects in which pharmacies are already connected directly to GP surgeries. We will be expanding some of the pilot work that has already been done. If my Twitter account is anything to go by, pharmacies are very keen to promote themselves and say what they can do for patients, and we will certainly be responding.

Mark Spencer (Sherwood) (Con): Will the Minister pass on my thanks to the Secretary of State for visiting a GP surgery in my constituency in April? Will the Minister assure the House that during his tenure he will continue to visit GPs and to spread examples of good practice to other GPs who may have room for improvement?

Alistair Burt: I thank my hon. Friend for his question, and the Secretary of State will have picked up his thanks for the visit. Seeing GPs is really important. I will let the House into something that I am likely to say again, which is that my dad is a GP. I pay tribute to him, as he has just passed his 93rd birthday. I thank him and all other GPs for their devotion to practice and to looking after people so well. They are a vital part of the

service. I will be keen and rather soft on GPs. I want to see them enjoy their profession as much as my father has enjoyed his.

Karin Smyth (Bristol South) (Lab): What is the Minister's plan to make GP premises fit for the 21st century?

Alistair Burt: I welcome the hon. Lady to her place. Briefly, there is a £1 billion fund to improve, over the next five years, GP surgeries and premises and access to GP practices. It is an important part of the process of improving access to GPs, which is good not only for patients but for GPs, who can feel fully engaged in their work without being overburdened. This support should certainly help.

Dementia Diagnosis and Care

5. **Graham Evans** (Weaver Vale) (Con): What steps he plans to take to improve dementia diagnosis and care.

[900005]

The Secretary of State for Health (Mr Jeremy Hunt): Following a sustained effort to improve dementia diagnosis rates in the last Parliament I am pleased to report that in England we now diagnose 61.6% of those with dementia, which we believe is the highest diagnosis rate in the world. But there is much work to be done to make sure that the quality of dementia care post diagnosis is as consistent as it should be.

Graham Evans: I thank my right hon. Friend for his answer. A long-standing Weaver Vale constituent, Mrs Gladys Archer, successfully looked after her husband for many, many years at home until he was admitted to hospital for a routine operation. Following a misdiagnosis, he has had to go into a care home with all the personal cost and trials and tribulations that that involves. Will my right hon. Friend look into that case, and highlight what measures are in place and how we can improve matters so that we can stop patients with Alzheimer's or dementia suffering when they are admitted to hospital?

Mr Hunt: I thank my hon. Friend for raising that case and I will happily look into it. That is a perfect example of why we need to change the way we look after people with long-term conditions, such as dementia, out of hospital. If we can improve the care that we give them at home and give better support to people such as that man's wife, we can ensure that the kind of tragedy my hon. Friend talks about does not happen.

Barbara Keeley (Worsley and Eccles South) (Lab): Unpaid family carers play a key role in the care of people with dementia, many with heavy caring workloads of 60 hours a week or more. Can the Health Secretary understand how fearful carers now are of talk of cutting their eligibility for carer's allowance and will he fight any moves within his Government to do that?

Mr Hunt: I absolutely recognise the vital role that carers play and will continue to play, because we will have 1 million more over-70s by the end of this Parliament, and we need to support them. I hope that she will recognise that we made good progress in the previous Parliament with the Care Act 2014, which gave carers new rights that they did not have before.

18. [900020] **Michael Tomlinson** (Mid Dorset and North Poole) (Con): Two weeks ago, it was dementia friendly care week and I had the pleasure of spending a part of that at a picnic in the village of Corfe Mullen in Mid Dorset and North Poole. Does my right hon. Friend agree that although much progress has been made in diagnosis, there is still a long way to go in terms of care, especially for those individuals in Mid Dorset and North Poole?

Mr Hunt: I welcome my hon. Friend warmly to his place; he hits the nail on the head. We had a big problem with diagnosis—less than half of the people who had dementia were getting a diagnosis—and we have made progress on that. It is still the case that in some parts of the country, although I hope not in Mid Dorset, when someone gets a diagnosis not a great deal happens. We need to change that, because getting that support is how we will avoid tragedies such as that in Weaver Vale, which we heard about earlier.

Andrew Gwynne (Denton and Reddish) (Lab): The Secretary of State knows that the availability of social care for vulnerable older people has a big impact on the NHS, especially for people with dementia, yet 300,000 fewer older people are getting help compared with 2010. Given that the Secretary of State has said that he wants to make improving out-of-hospital care his personal priority, can he confirm that there will be no further cuts to adult social care during this Parliament, which would only put the NHS under even more pressure?

Mr Hunt: I can confirm that we agree with the hon. Gentleman and the Opposition that we must consider adult social care provision alongside NHS provision. The two are very closely linked and have a big impact on each other. I obviously cannot give him the details of the spending settlement now, but we will take full account of that interrelationship and recognise the importance of the integration of health and social care that needs to happen at pace in this Parliament.

Emergency Medicine (Doctor Recruitment)

6. **Ms Margaret Ritchie** (South Down) (SDLP): What recent discussions his Department has had with the Royal College of Emergency Medicine on the recruitment of additional middle-grade doctors for NHS hospitals.

[900006]

The Parliamentary Under-Secretary of State for Health (Ben Gummer): The Secretary of State meets the Royal College of Emergency Medicine on a regular basis. The number of middle-grade emergency medicine doctors has increased by 24% since May 2010. Health Education England is working with the RCEM further to strengthen the workforce to ensure that patients receive high quality care.

Ms Ritchie: I thank the Minister for his response, but I disagree with him. There is a shortage of middle-grade accident and emergency doctors. When will the next recruitment of such doctors take place in the Indian subcontinent and elsewhere and have all the Home Office regulations and impediments been resolved to allow the recruitment to take place?

Ben Gummer: I should make it clear first that, for the hon. Lady's constituents, we have no say over the control of the health service in Northern Ireland. We have seen an increase of 24% in middle-grade doctors in the English health service and, as I have said, we have seen an increase in all doctors in emergency medicine of 25%. That is a considerable increase in an area that has been difficult to recruit to for a very long time. The Government made a difference in our previous incarnation and we will continue to do so.

David Tredinnick (Bosworth) (Con): I welcome my hon. Friend to his place and wish him well. Is he aware that when the Select Committee on Health considered emergency care and took evidence from the Royal College of Emergency Medicine in the last Parliament it was clear that there was a perception among doctors that this was not as attractive as other specialties and that that is a serious problem? What is he going to do about it?

Ben Gummer: I thank my hon. Friend for bringing that to my attention. I was not aware of it and it is certainly something I shall consider. There are several specialties in the NHS where this is a problem and I shall be addressing that as I review the workforce in the years to come.

Ms Gisela Stuart (Birmingham, Edgbaston) (Lab): Of course the Minister knows that his problem is not just recruitment; it is also retention. In that context, is he planning to make greater use of physicians' assistants?

Ben Gummer: Yes.

GP Surgeries

7. **Neil Carmichael (Stroud) (Con):** What steps he is taking to increase access to GPs' surgeries. [900007]

The Secretary of State for Health (Mr Jeremy Hunt): The Government have committed to make sure GPs can be accessed when needed seven days a week, ensuring that people are able to access primary medical care when they need to.

This is already being rolled out through the GP access fund, which will enable 18 million patients to benefit from improved access to their local GP, including extended hours, telephone or Skype consultations.

Neil Carmichael: Does the Secretary of State agree that the news he brings will be of great comfort to elderly people in particular, but in addition the signposting of people towards GPs rather than acute hospitals will be very important and a very useful addition to our policy?

Mr Hunt: My hon. Friend makes an important point. It is partly the availability of services seven days a week, which we need to provide because illnesses do not happen on only five days a week and we need to respond to changing consumer expectations; but it is also about the signposting. That is absolutely critical, so that people know where to go and do not overburden A&E departments, which should be there for real emergencies.

Emily Thornberry (Islington South and Finsbury) (Lab): The right hon. Gentleman talks about access to GPs. Will he wait a moment and think about Islington South, where this month we have three GP surgeries closing because our GPs have all resigned? Given the changes in the funding formula that this Government have overseen, will he meet a group of inner-London MPs to talk about our grave concerns about the change to funding and the lack of resources available to GPs?

Mr Hunt: I am happy to ensure that inner-London MPs have a meeting with the Minister to discuss those issues. The underfunding of general practice has been an historical problem, because we have had very strong hospital targets, which have tended to suck resources into the acute sector and away from out-of-hospital care. We want to put that right.

Mr Philip Hollobone (Kettering) (Con): The problem in Northamptonshire is that because of rapid population growth, the gap between the appointments required of GP surgeries and the slots available is one of the biggest in the country. There are 333 Northamptonshire GPs at the moment; Healthwatch Northamptonshire estimates that another 183 will be required within the next five years. How are we going to fill that gap?

Mr Hunt: My hon. Friend is absolutely right to draw attention to that issue. We have plans to train another 5,000 GPs across the country. In the last Parliament, we increased GPs by about 5%. We need to go much further, as part of a real transformation of out-of-hospital care.

Dr Philippa Whitford (Central Ayrshire) (SNP): How does the Minister intend to find the 5,000 extra GPs when many surgeries throughout the United Kingdom cannot fill the spaces that they have, and how does he plan to fund it? The proposals appear to only fund the setting up of seven-day-a-week, 8 till 8 GP services and not running costs—and these are big running costs.

Mr Hunt: I welcome the hon. Lady to her place. We do need to find these extra GPs and we will do that by looking at GPs' terms and conditions. We need to deal with the issue of burnout because many GPs are working very hard. We also need to raise standards in general practice. In the previous Parliament, an Ofsted-style regime was introduced, which is designed to ensure that we encourage the highest standards in general practice. That is good for patients but also, in the long run, good for GPs as well.

Dr Whitford: Just so that the Secretary of State is aware, it takes 10 years to produce a GP, so that will not be an immediate response. The £8 billion that the Conservatives have suggested they will add by 2020 was just to stand still, not to fund a huge expansion, and as change, which the NHS requires, costs money, can the Secretary of State perhaps give us an indication of what extra we may expect in the next two years?

Mr Hunt: Well, I can, but may I gently say that under this Government and under the coalition we increased the proportion of money going into the health budget, whereas the Scottish National party decreased the proportion of money going into the NHS in Scotland?

The £8 billion is what the NHS asked for to transform services, and that will have an impact, meaning that more money is available for the NHS in Scotland. I hope the SNP will actually spend it on the NHS and not elsewhere.

Jake Berry (Rossendale and Darwen) (Con): I thank the Secretary of State for personally intervening to enable the Ilex View medical centre in Rawtenstall to open for longer hours, despite that being precluded under its private finance initiative lease of that building. Will he update the House on what steps can be taken to ensure that where GPs are in a building that is subject to a PFI lease, he will be able to intervene to ensure that they can truly open seven days a week and for extended hours?

Mr Hunt: This is one of the main reasons why the Chancellor allocated £1 billion to modernise primary care facilities in the autumn statement. We recognise that many GP premises are simply not fit for purpose. If we are going to transform out-of-hospital care, we need to find ways to help GPs move to better premises, to link up with other GP practices, and that will be a major priority for this Parliament.

Liz Kendall (Leicester West) (Lab): The 2010 Conservative manifesto promised every patient seven-day GP access from 8 am to 8 pm, but access has got worse and almost half of all patients now say they cannot see a GP in the evenings or at weekends. Five years on, the Conservatives made the exact same promise. Can the Secretary of State tell us why he has failed?

Mr Hunt: I welcome the hon. Lady back to her place, although I know she hopes it will be for only a brief time, and say to her that we have not failed. We made very good progress delivering seven-day access to GP surgeries for nearly 10 million people during the last Parliament, and we have committed to extending that to everyone during this Parliament. I think the hon. Lady said that what is right is what works, and what works is having a strong economy so we can put funding into the NHS that will mean more GPs.

Keogh Review

8. **Andy Slaughter** (Hammersmith) (Lab): What effect the implementation of the Keogh urgent and emergency care review will have on type 1 A&E departments in England. [900008]

The Parliamentary Under-Secretary of State for Health (Jane Ellison): The Keogh review is all about responding to the long-term challenges facing the NHS, many of which we have already discussed in this Question Time. The implementation of the recommendations of the Keogh review will improve urgent and emergency care services and ensure patients get the right care in the right place.

Andy Slaughter: The “Shaping a healthier future” programme in north-west London, which is seen as a prototype for Keogh in closing or downgrading A&Es, is causing great concern, from the tragic death of Guy Bessant reported yesterday to the more than £20 million spent on external consultants last year. Eleven west

London MPs would like to meet the Secretary of State and, I hope, the Under-Secretary, to discuss those concerns. Will they agree to meet us?

Jane Ellison: I read of the tragic death of that gentleman, who was a Wandsworth resident. Our hearts go out to his family.

As the hon. Gentleman knows, “Shaping a healthier future” is a clinically led programme supported by all eight clinical commissioning groups in the area and all nine medical directors of the trusts involved. There are no plans to make changes to A&E services at Ealing hospital, contrary to what was put about during the election, but I recognise that this is the subject of ongoing concern. All the recommendations of the Keogh review are entirely driven by one thing, which is putting patients and patient safety first, but I am happy to meet him and his colleagues to discuss it.

Dr Sarah Wollaston (Totnes) (Con): In implementing the Keogh review, will the Minister also consider the impact on our community hospital minor injuries units, given the difficulties they are facing in staff recruitment? Will she meet me to discuss the difficulties facing Dartmouth community hospital? There are wider implications for the rest of the country.

Jane Ellison: I think I have some sense of the difficulties my hon. Friend describes from previous meetings, but I am of course happy to talk to her about that. All these things are important, but as I say, the driving principles behind the Keogh review are patient safety and making sure that people get the best and most appropriate urgent and emergency care.

Hospice Funding

9. **Iain Stewart** (Milton Keynes South) (Con): What proportion of their funding hospices in England receive from the NHS. [900009]

The Minister for Community and Social Care (Alistair Burt): Adult voluntary sector hospices in England receive, on average, about a third of their running costs from the NHS. Although this amount varies for individual hospices and it is a locally commissioned service, the level of funding has remained broadly stable.

Iain Stewart: I delighted that my right hon. Friend is back on the Front Bench. He will know that hospices up and down country, such as Willen hospice in Milton Keynes, do a marvellous job in caring for terminally ill patients and their families, yet they have an annual struggle to raise money from local communities to support their work. Will he assure me that he will do all he can to maximise the direct funding that hospices receive from the NHS?

Alistair Burt: I thank my hon. Friend for raising this subject. He is absolutely right: Willen hospice in his constituency, next door to mine, has an excellent reputation, as does St John’s hospice in Moggerhanger in my constituency. We are all indebted to hospices for the invaluable work they do. I am sure that he and the House will be interested to hear that, from April, there will be pilot projects working on a new funding formula

for palliative care, with the aim of providing a fair and transparent process and improvements. I expect that there will be a report to the House in due course.

Mr Barry Sheerman (Huddersfield) (Lab/Co-op): Does the Minister agree that there is a deeper ongoing problem in the financing of hospices? Kirkwood hospice in my constituency faces it all the time. Is it not about time we tackled long term the roots of the problem of funding hospices?

Alistair Burt: That is probably tied into the whole issue of end-of-life care. A review of that is going on, as the hon. Gentleman may be aware. End-of-life care is important. Choices for people about where they wish to end their days is very important, and the Choice review which reported recently, whose recommendations the Government are considering, will make further progress. Hospice funding is part of that, but we expect local commissioners to take notice of what hospices can provide for those in their area.

Diabetes Treatment

10. **Suella Fernandes** (Fareham) (Con): What steps he plans to take to improve the treatment of diabetes.
[900010]

The Parliamentary Under-Secretary of State for Health (Jane Ellison): I welcome my hon. Friend to her place. Building on the national diabetes prevention programme, we are developing a comprehensive action plan to improve the outcomes of people with and at risk of diabetes.

Suella Fernandes: I thank my hon. Friend for her excellent response. As she will know, diabetes can often lead to the amputation of a limb. Fareham, my constituency, has one of the highest rates of limb amputations in the country. Can my hon. Friend please explain how the NHS diabetes prevention programme will address this issue?

Jane Ellison: My hon. Friend raises an extremely important issue. I welcome the fact that she has so quickly got to grips with some of the key local health facts in her area. Hon. Members across the House can look at how their clinical commissioning group is performing in the national context. My hon. Friend is right to say that her CCG performs poorly when it comes to amputations. There is a huge opportunity for improving the outcomes for people if we can get the worst-performing CCGs in that context up to the standard of the best. The national diabetes prevention programme is very much about preventing people getting to the stage where those complications can cause such terrible problems.

13. [900015] **Keith Vaz** (Leicester East) (Lab): May I join the Minister in congratulating the hon. Member for Fareham (Suella Fernandes) on her place in this House? She was a worthy opponent of mine in 2005 and I am glad she managed to get elected. On the national diabetes prevention programme, for those of us who have diabetes the issue is what is corporate Britain doing to work with the Government in order to

reduce the amount of sugar and fat in food and drink? Unless we do that, we cannot tackle the diabetes crisis that we will face.

Jane Ellison: The right hon. Gentleman is quite right. Tackling obesity is one the great public health challenges of our age. Right across the developed world we are looking at all the things that are going on around the world—the new science and the new research. The right hon. Gentleman is right to say that industry has a role to play, as has every part of Government—national Government and local government—as well as families, GPs and the NHS. This will be a whole-nation approach to tackling obesity. We are working on our plans, which I look forward to discussing with him in due course.

Luciana Berger (Liverpool, Wavertree) (Lab/Co-op): Type 2 diabetes is costing our NHS £9 billion a year, and obesity, as we have heard, is the major risk factor. Does the Minister agree with the previous Chair of the Health Committee, the hon. Member for Totnes (Dr Wollaston), who said the other week that “Just taking a passive approach to”—

obesity—

“is not going to work...we have to go further than we’ve gone up to now in the responsibility deal.”

Does the Minister agree and what more is she going to do about it?

Jane Ellison: I welcome the hon. Lady back to her place. It is good to see her back in that job and not on the Government Benches. It is far from the case that we took a passive approach—far from it. Some important things were learned from the way we have worked with industry and we are looking to build on those, but as I have said, there is no silver bullet. There is not a single academic study in the world that says that the way to respond to obesity in the developed world is through a single mechanism. We have to look at a whole-system approach, and that is what we are doing.

Hospital Trusts (Deficits)

12. **Helen Jones** (Warrington North) (Lab): What estimate he has made of the anticipated levels of deficits in hospital trusts for the current financial year.
[900012]

The Secretary of State for Health (Mr Jeremy Hunt): The NHS faces significant financial challenges this year and beyond. That is why we have now committed £10 billion extra for the NHS—£2 billion for this year and at least £8 billion more by 2020. Individual trust plans for 2015-16 are still being worked up but, with concerted financial control from providers, we expect to deliver financial balance in 2015-16.

Helen Jones: But does the Secretary of State accept that in trusts such as mine, which anticipates a £15 million deficit this year, that cannot be done without cuts to staff, beds and services? What happened to the Prime Minister’s pledge on a bare-knuckle fight to protect district general hospitals, when trusts such as mine are facing such circumstances?

Mr Hunt: I will tell the hon. Lady what has happened to the Prime Minister's pledge to protect hospitals: an extra £10 billion that we have promised for the NHS, which her party refused to promise. Her local hospital has 88 more doctors since 2010, and it is doing an extra 2,000 operations for her constituents year in, year out. I will tell her what makes the deficit problem a lot worse: the heritage of the private finance initiative, which means £73 billion of debt that her party bequeathed to the NHS.

Mr Jonathan Djanogly (Huntingdon) (Con): In 2004 the then Huntingdonshire primary care trust said that it would give Hinchingsbrooke hospital a grant of £8 million towards the cost of a new PFI treatment centre. Shortly before the PCT's demise, it changed without discussion the terms of the grant and made it a loan, which has since been treated in its accounts as a deficit. If I write to my right hon. Friend, will he look into that patently unfair treatment?

Mr Hunt: Of course. One of my biggest concerns is that many of the hospitals now facing huge deficits are seeing their situation made infinitely worse by PFI debt. We will continue to do everything we can to help hospitals deal with that.

Andy Burnham (Leigh) (Lab): On behalf of everyone on the Opposition Benches, I echo the Secretary of State's warm tribute to Charles Kennedy. I cannot have been the only person this morning wondering why politics always seems to lose the people it needs most. Charles was warm, generous, genuine and principled. We will miss him greatly. We send our love and deepest sympathy to his family.

I congratulate the Secretary of State on his reappointment, but I commiserate with him on the financial position in the NHS that he inherits from himself. He told *The Daily Telegraph* today that the NHS has enough money, but that is not true. The deficit in the NHS last year was nearly £1 billion. Can he tell the House what the projected deficit is for the whole of the NHS for this year?

Mr Hunt: I welcome the right hon. Gentleman to his place. We have seen many feisty disagreements on health policy, and that is just in the shadow Health team. Perhaps he no longer believes his mantra about collaboration, not competition—we know that the shadow care Minister has disagreed with that for some time. To answer his question directly, there is a lot of financial pressure in the NHS, and that is because NHS hospitals took the right decision to respond to the Francis report into Mid Staffs by recruiting more staff to ensure that we ended the scandal of short-staffed wards. As a temporary measure it recruited a lot of agency staff, which has led to deficits, and that is what we are tackling with today's announcement about banning the use of off-framework agreements for recruiting agency staff.

Andy Burnham: It is a new Parliament, but there are the same non-answers from the Secretary of State. He did not answer; he never does. I will give him the answer: NHS providers are predicting the deficit to double this year to more than £2 billion. Why has financial discipline been lost on his watch? It is because

early in the previous Parliament the Government cut 6,000 nursing posts. They cut nurse training places and, when the Francis report came out, they left hospitals with nowhere to turn other than private staffing agencies. The Bill for agency nurses has gone up by 150% on his watch. He even admitted on the radio this morning that it was a mess of their making. Will he now apologise for this monumental waste of NHS resources and get our hospitals out of the grip of private staffing agencies by recruiting the 20,000 nurses that the NHS needs?

Mr Hunt: I have here the figures on nurse training placements, which started to go down in 2009-10, by nearly 1,000. Who was Secretary of State at the time? I think it was the right hon. Gentleman. *[Interruption.]* I have the figures here, and they show that planned nurse training places went down from 21,337 to 20,327. He talks about apologies, but where is the apology for what happened at Mid Staffs, which led to hospitals having to recruit so many staff so quickly? That is the real tragedy, and that is what this Government are sorting out.

Eculizumab

14. **Andrea Jenkyns** (Morley and Outwood) (Con): What the NHS's criteria are for dispensing eculizumab. [900016]

The Parliamentary Under-Secretary of State for Health (Jane Ellison): May I give my hon. Friend a particularly warm welcome to her place? NHS England routinely commissions eculizumab for the treatment of paroxysmal nocturnal haemoglobinuria, or PNH, and atypical haemolytic uraemic syndrome, or aHUS, as the drug is proven to be safe and effective in treating these conditions.

Andrea Jenkyns: I very much welcome the statement last week from the Prime Minister in which he requests NHS England to look into the case of my constituent, 12-year-old Abi Longfellow. I am sure that gives great hope to Abi's family. Abi has a rarer form of DDD—dense deposit disease—involving the alternative complement pathway, and there is evidence that eculizumab helps. Will my hon. Friend ensure that NHS England looks at this rare form and gathers evidence not just from the UK but from countries such as the US, China and Canada which have research and trials in this area?

Jane Ellison: This is a particularly difficult and tragic case. My hon. Friend is right to champion the case of her young constituent. My right hon. Friend the Prime Minister asked NHS England to make further contact with the Longfellow family to fully explain the decision, and I can confirm that the clinical director for specialised services at NHS England North has spoken to the family twice in the past few days. The National Institute for Health and Care Excellence is reviewing, as a priority, the evidence on the use of eculizumab in treating this condition.

Topical Questions

T1. [900025] **Andrew Stephenson** (Pendle) (Con): If he will make a statement on his departmental responsibilities.

The Secretary of State for Health (Mr Jeremy Hunt): During the previous Parliament I made it my priority to ensure that NHS hospitals learned from the tragedy of Mid Staffs to transform themselves into the safest hospitals anywhere in the world. That work will continue. Today NHS England has announced measures to ensure that even more funding is available to improve the quality of care. These include restrictions on the use of agency staff and management consultancies, and on senior pay. It is right that the NHS takes every possible measure to direct resources towards improving patient care.

Andrew Stephenson: I thank the Secretary of State for supporting the bid by East Lancashire Hospitals NHS Trust for £15.6 million to improve the surgical centre, ophthalmology and out-patient services at Burnley General hospital, on which I lobbied him extensively. Thanks to the hard work of the trust's staff, it has exited special measures. What progress has been made on improving safety in hospitals via the special measures regime?

Mr Hunt: I thank my hon. Friend for his campaigning for that hospital. The simple answer is that hospitals put into special measures end up recruiting more doctors and nurses and delivering safer care to patients, and his hospital is a shining example of that.

Mr Speaker: Order. I remind the House at the start of the Parliament—this might be of particular benefit to new Members—that topical questions are supposed to be significantly shorter than substantive questions: the shorter the better, and the more we will get through.

Mr Jamie Reed (Copeland) (Lab): The Secretary of State has said that safe care and good finances go together, but clinical negligence claims are up by 80% since 2010, while trusts are posting huge deficits. Does he think that finances have deteriorated because care quality has deteriorated or that care quality has deteriorated because finances have deteriorated?

Mr Hunt: The evidence is very clear that safer hospitals end up having lower costs, because one of the most expensive things that can be done in healthcare is to botch an operation, which takes up huge management time as well as being an absolute tragedy for the individual involved. My message to the NHS is this: the best way to reduce your costs and deliver these challenging efficiencies is to improve care for patients. Our best hospitals, like Salford Royal and those run by University Hospitals Birmingham NHS Foundation Trust, do exactly that.

T2. [900026] **Derek Thomas (St Ives) (Con):** Bringing health and social care together in meaningful integration is a priority for me and my constituents in St Ives. What can the Secretary of State do to help achieve this for the good people of west Cornwall and the Isles of Scilly? Will he accept an invitation to come to west Cornwall to discuss this challenge and see some of the good work that is already being done?

The Minister for Community and Social Care (Alistair Burt): May I welcome my hon. Friend to his place? Among the many good reasons to go to Cornwall over the next few months will be to visit the Cornwall better care fund, which is part of the Government's £5.3 billion better care fund, and get the opportunity to see the

work of the Cornwall pioneer. Integration of social care and healthcare is extremely important, and it will be great to see it in Cornwall.

T3. [900027] **Heidi Alexander (Lewisham East) (Lab):** For the first time in recent history, many of London's more prestigious teaching hospitals—King's College, University College London, Guys and St Thomas's, and the Royal Free—are all forecasting deficit budgets. Apart from crossing his fingers and hoping the economy picks up to fund investment, what exactly is the Secretary of State going to do to tackle this problem?

Mr Hunt: I would not expect the hon. Lady to want to listen to me on the "Today" programme, but I have been talking a lot today about the measures, including in my topical statement. I will tell her exactly what we are doing: this week we are announcing measures to restrict the use of agency staff, which was an important, necessary short-term measure in response to what happened at Mid Staffs. We need to move beyond that. Later in the week we will be helping trusts reduce their procurement costs and taking a number of measures, so a lot is happening. There are a lot of challenges, but I know that NHS trusts can deliver.

T5. [900029] **Christopher Pincher (Tamworth) (Con):** Burton hospital trust and the Heart of England foundation trust are discussing how they can make better use of the facilities at the Sir Robert Peel hospital. Will colleagues on the Treasury Bench encourage both trusts to make better use of the facilities, provide new facilities and services at the hospital, and make sure that local people are properly consulted?

The Parliamentary Under-Secretary of State for Health (Ben Gummer): It is a particular pleasure to see my hon. Friend returned to the House. He will be aware that local commissioning decisions are the responsibility of local commissioners, which is something that this Government will continue, as per our reforms in the last Government. I am making it expressly clear to NHS England that I expect consultations to be full and proper and to engage everyone in the local community.

T4. [900028] **Ian Lavery (Wansbeck) (Lab):** The Secretary of State has admitted this morning that under his watch the NHS and the taxpayer have been ripped off to the tune of somewhere in the region of £1.8 billion for temporary workers and £3.3 billion for agency workers. How many fully qualified NHS nurses could have been employed with that type of finance?

Mr Hunt: I will tell the hon. Gentleman what we have done: on my watch, there are 8,000 more nurses in our hospitals to deal with the tragedy of the legacy of poor care left behind by his party. That is what we have done. As part of that, trusts also recruited temporary staff. They have become over-dependent on them, which is why we have taken the measures we announced this morning.

T6. [900030] **Mr Simon Burns (Chelmsford) (Con):** What measures are being taken to improve A and E departments such as that at Broomfield hospital in Chelmsford?

Mr Hunt: I am very aware of the problems at Broomfield hospital. The Care Quality Commission has used its enforcement powers to impose an urgent condition on the trust. We will be following it closely, but we need to see urgent change there.

T8. [900032] **Emily Thornberry** (Islington South and Finsbury) (Lab): I am very grateful to the right hon. Gentleman for agreeing to meet me and some inner London MPs to discuss the crisis of GPs in Islington and the surrounding area. In preparation for that meeting, will he look very carefully at the funding formula? It has changed, which means that resources have moved out of inner London to areas such as Bournemouth, where there are more older people. We need to look very carefully at that. Three surgeries have closed in Islington.

Mr Hunt: Of course we will look at the funding formula, but it needs to be fair to the whole country. The hon. Lady's area is not the only one facing pressures in the GP system. Our ambition is to solve the problem everywhere.

T7. [900031] **Andrea Jenkyns** (Morley and Outwood) (Con): The rate of hospital-acquired infections improved dramatically and halved in the last Parliament. Having lost my own father to a hospital-acquired infection, I am fully aware of the challenges we face. Will the Secretary of State look into ensuring that surgical site infections are included in all future statistics? In doing so, we can work on eradicating them, as they are a common way to catch an infection.

Ben Gummer: May I, too, welcome my hon. Friend to her seat. I was aware of the tragic death of her father, so she will be pleased to know that we are already collating information on SSIs resulting from orthopaedic surgery. That is done by Public Health England and the information is available from NHS England as a set of statistics. We are looking at what else we can do to include indicators on SSIs for other procedures.

T10. [900034] **John Pugh** (Southport) (LD): May I invite Ministers to comment on the recent statement by the Academy of Medical Royal Colleges that the Government's anti-obesity strategy is "failing to have a significant impact" and that there is a "huge crisis waiting to happen"?

The Parliamentary Under-Secretary of State for Health (Jane Ellison): The Government is quite clear, as was the coalition Government, that tackling obesity is one of the great challenges of our time for the whole of the developed world, not just this country. We are looking at a comprehensive strategy right across all aspects of Government, including local government and so on. We will address that and rise to the challenge. Everyone has a part to play, including, as has been said during this Question Time, industry and, of course, families themselves.

T9. [900033] **Julian Knight** (Solihull) (Con): My constituent Daniela Tassa has lost her hair while being treated for secondary breast cancer. Sadly, Miss Tassa has been

turned down by Solihull clinical commissioning group for a hair replacement treatment called intralace. Is there any guidance that Ministers can offer CCGs when it comes to the sanctioning of such hair replacement treatments?

Jane Ellison: I welcome my hon. Friend to his place. I am very sorry to hear of his constituent's diagnosis of secondary breast cancer. It is of course vital that the NHS supports all patients in the best way possible, but clinical commissioning groups need to make decisions on whether to commission a particular hair-replacement service for patients based on their clinical benefit and cost-effectiveness. I very much hope his CCG will be looking carefully at that.

Tulip Siddiq (Hampstead and Kilburn) (Lab): The planned closure of a GP surgery in my constituency means that more than 1,000 patients will have to go elsewhere to seek basic primary care needs. Local doctors are particularly concerned about the impact this will have on the A&E department at the Royal Free hospital. Will the Minister agree to meet me and local doctors to address those concerns and to ensure that the future of GP surgeries in my constituency is protected?

Alistair Burt: I welcome the hon. Lady to her place. As has already been covered, the closure of GP surgeries is an issue. They happen from time to time. As my right hon. Friend the Secretary of State said, there will be an opportunity to meet inner London MPs to discuss this matter.

Mr John Baron (Basildon and Billericay) (Con): The all-party group on cancer has long campaigned on the importance of holding clinical commissioning groups accountable for their one-year cancer survival rates as a means of promoting earlier diagnosis. That will be part of the delivery dashboard from April onwards. What steps will the Government take to ensure that underperforming CCGs take corrective action?

Jane Ellison: My hon. Friend has long championed this issue and I look forward to debating it with him further. He is right to say that the CCG scorecard is currently being developed. Academic experts are looking at a range of indicators, including the one-year cancer survival data which he has brought to the House so often, for inclusion in the scorecard. It is likely to be published this summer. I will of course look carefully at the points he makes ahead of that.

Norman Lamb (North Norfolk) (LD): With your permission, Mr Speaker, may I join others in marking the tragic death of Charles Kennedy? He was one of the most able politicians of his generation, and was loved and admired across the political spectrum. He was a brave and principled man, and he will be missed enormously.

May I raise with the Secretary of State my passion for mental health? He will be very much aware of my absolute determination to achieve equality for those who suffer from mental ill health. Will he guarantee that he will do everything to ensure that people with mental ill health get the same timely access to evidence-based treatment as everyone else?

Mr Hunt: May I start by saying that it was an incredible privilege to work with the right hon. Gentleman on the Government Benches on mental health issues over many years? He was a great inspiration to many people in the mental health world for his championing of that cause. It is my absolute intention to ensure that his legacy is secure and that we continue to make real, tangible progress towards the parity of esteem that we both championed in government.

Mr Nigel Evans (Ribble Valley) (Con): I welcome the expansion of GP services to seven days a week. Will the Secretary of State remember rural areas such as Ribble Valley when GP services are expanded? Funnily enough, people who live in rural areas also get ill at the weekends.

Mr Hunt: We will absolutely remember them. That is why it is so important to embrace new technology. Sometimes people who have to travel long distances are able to use such things as Skype or to make a phone call to receive important advice. This is a big priority for us.

Jim Shannon (Strangford) (DUP): With almost 82,000 people living with diabetes in Northern Ireland over the age of 17, does the Minister agree that this ticking time bomb needs more research into better treatments? One way of doing that would be to ensure that there is sufficient funding for Queen's University in Belfast, in the hope of providing a superior treatment for the many who are affected and living with that disease.

Jane Ellison: The hon. Gentleman is right to draw attention to the important role of research. We will leave no stone unturned in looking at all aspects of the treatment or prevention of diabetes. The issue of research is something I recently discussed with the chief medical officer. I will draw to her attention the point he makes. As he knows, although health is a devolved matter we always make a point of sharing all research right across our United Kingdom.

Pauline Latham (Mid Derbyshire) (Con): May I invite the new Minister with responsibility for GPs to meet me and a couple of excellent GP surgeries that want to

expand their services for the local community but are being prevented by the local clinical commissioning group?

Alistair Burt: Of course I welcome my hon. Friend's invitation. The innovative work being done by a number of GP practices around the country to expand services is welcomed by all; there is an opportunity to take good practice from one GP practice to another. In addition to my visit to Cornwall, I am clearly on the way to Derbyshire.

Jack Dromey (Birmingham, Erdington) (Lab): With the accident and emergency crisis, over which the Secretary of State has presided, more and more police officers are queuing outside fewer A&E departments in ever-lengthening queues. Last year, there were 1,000 incidents in the Metropolitan police alone. In Liverpool, Patrick McIntosh died after waiting for an ambulance for an hour. Does the Secretary of State accept that after 17,000 police officers have been cut by his Government, this is the worst possible time to ask the police service to do the job of the ambulance service, and that he is guilty of wasting police time?

Mr Hunt: I think that is harsh. Let me tell the hon. Gentleman some of the progress that was made under the last Government, and that this Government will continue, to reduce the pressure on police, particularly with regard to the holding of people with mental health conditions in police cells. We are in the process of eliminating that; it has seen dramatic falls. We recognise that the NHS needs to work more closely with the police, particularly in such circumstances, and he should recognise the progress that has been made compared with what happened before.

Mr Speaker: Order. I am genuinely sorry that some colleagues were disappointed today; I ran things on a bit, but we need to move on. In one respect, Health questions is analogous to the national health service, under whichever Government, in that demand always exceeds supply, but I have noticed colleagues who were trying to take part today and I will seek to accommodate them on a subsequent occasion.

Debate on the Address

[4TH DAY]

Debate resumed (Order, 1 June).

Question again proposed,

That an Humble Address be presented to Her Majesty, as follows:

Most Gracious Sovereign,

We, Your Majesty's most dutiful and loyal subjects, the Commons of the United Kingdom of Great Britain and Northern Ireland in Parliament assembled, beg leave to offer our humble thanks to Your Majesty for the Gracious Speech which Your Majesty has addressed to both Houses of Parliament.

Health and Social Care

12.36 pm

The Secretary of State for Health (Mr Jeremy Hunt):

It is an honour to speak about health and social care in our debates on the Gracious Speech, because nothing matters more to this Government than providing security for all of us at every stage of our life, and nothing is more critical to achieving that than our NHS.

I start by welcoming the right hon. Member for Leigh (Andy Burnham) and his colleagues back to their positions. I will not take it personally that two of them want to break from debating with me to go elsewhere. However, it is a topsy-turvy world when the shadow Health Secretary who was the scourge of private sector involvement in the NHS now wants to be the entrepreneurs' champion. As one entrepreneur to another, may I put our differences to one side and on behalf of the whole Conservative party wish him every success in his left-wing leadership bid? This is perhaps the only occasion in history when my party's interests and those of Len McCluskey are totally aligned.

That is not to mention the hon. Member for Leicester West (Liz Kendall), who is, in her own way, a kind of insurgent entrepreneur, taking on the might of the Labour establishment, in the mould of Richard Branson or Anita Roddick. Sadly, I fear that she will demonstrate that pro-business, reform-minded, centre-ground policies are as crushed inside today's Labour party as they would have been in the country if Labour had won the election.

The shadow Health Secretary said countless times during the election campaign that the NHS would be on the ballot paper. He was right—the NHS was indeed the top issue on voters' minds—but not with the result he had intended. So, just as he has now done significant U-turns on Labour's EU referendum policy, economic policy and welfare policies, I gently encourage him to do one on Labour's health policies too.

The Queen's Speech committed the Government to the NHS's Five Year Forward View and the £8 billion that the NHS says it needs to fund it. The shadow Health Secretary refused to put such a commitment in Labour's manifesto, and I hope today he will change that policy so that we can have cross-party consensus on this important blueprint for the NHS.

James Morris (Halesowen and Rowley Regis) (Con): Does the Secretary of State agree that one of the biggest challenges we face is to achieve parity of esteem

between mental health and physical health in the NHS, and that the way to achieve that parity is by ensuring that mental health services are properly funded and that we have a culture change in the NHS that means that physical health and mental health are treated as the same?

Mr Hunt: My hon. Friend is absolutely right, and I want to thank him for his tireless campaigning on parity of esteem for mental health in the last Parliament. One in 10 children aged five to 16 has a mental health problem, and it is a false economy if we do not tackle those problems early, before they end up becoming much more expensive to the NHS as well as being extremely challenging for the individual involved. We are absolutely determined to make progress in that area.

Philip Davies (Shipley) (Con): The Secretary of State has quite rightly said that the NHS needs to become more efficient. May I encourage him to visit the Advanced Digital Institute Health, based in Saltaire in my constituency, so that he can see at first hand the wonderful work it is doing using modern technology to improve the quality of healthcare in our communities and to make it much more efficient, helping NHS resources go as far as we need them to go?

Mr Hunt: I would be delighted to visit my hon. Friend as soon as I can find the time, but I have already seen some great technology at Airedale hospital, which I think is in or near his constituency. It had some incredibly innovative connections with old people's care homes, where people could talk to nurses directly, so there is some fantastic technology there, and I congratulate his local NHS on delivering it.

In the election campaign, the right hon. Member for Leigh talked constantly about NHS privatisation that is not actually happening. Now that he is the entrepreneurs' champion, will he speak up for the dynamism that thousands of entrepreneurs bring to the NHS and social care system, whether they be setting up new dementia care homes, researching cancer immunotherapy, developing software to integrate health and social care or providing clinical services in the way he used to approve of when, as Health Secretary, he privatised the services offered at Hinchingsbrooke hospital?

Mr Barry Sheerman (Huddersfield) (Lab/Co-op): I am glad that the right hon. Gentleman is getting to the meat of the debate. My constituents and people around the country want to know whether the big issues will be tackled, and the big issues are difficult ones, such as tackling the royal colleges about the training of medical people, from nurses, doctors and other A and E professionals right the way through the system. Is it not time we had a radical approach to how we train our medical staff in this country?

Mr Hunt: We do need to make important changes to the training of medical staff, and I shall give the hon. Gentleman one example of where that matters: creating the right culture in the NHS so that doctors and nurses feel able to speak out if they see poor care. In a lot of hospitals they find that very difficult, because they are working for someone directly responsible for their own career progress, and they worry that if they speak out, that will inhibit their own careers. We do not have that

culture of openness. The royal colleges have been very supportive in helping us make that change, but yes, medical training is extremely important.

David Tredinnick (Bosworth) (Con): To build on the point made by the hon. Member for Huddersfield (Mr Sheerman), is not a critical aspect—something that the Health Committee has looked at—what doctors are learning now? More needs to be done about prevention. Has my right hon. Friend seen early-day motion 1 about reducing levels of obesity, and is not reducing the amount of sugar in fizzy drinks a key challenge for him?

Mr Hunt: My hon. Friend is absolutely right. The big change we need to see in the NHS over this Parliament is a move from a focus on cure to a focus on prevention. In this Parliament, we will probably see the biggest single public health challenge change from smoking to obesity. It is still a national scandal that one in five 11-year-olds is clinically obese, and I think we need to do something significant to tackle that in this Parliament.

Andy Burnham (Leigh) (Lab): There is a big difference between the Secretary of State's view of the health service and mine—he believes in a market; I do not. It is as simple as that. But I want to correct him on something. He just said that privatisation was not happening, but I will not let him stand at that Dispatch Box and claim that black is white any more. Figures show that as many contracts are going to private sector organisations as to NHS organisations. Will he confirm that that is the case and stop giving wrong information to the people of this country?

Mr Hunt: I gently say to the right hon. Gentleman that I believe in exactly the same use of the independent sector in the NHS as he did when he was Health Secretary; there is no difference at all. What has happened is that for whatever reason—I dare not think what—since he became shadow Health Secretary, he has changed his tune. The facts on privatisation are that it increased from 4.9% at the start of the last Parliament to 6.2% towards the end of the Parliament. That is hardly a massive change. Our approach is to be neutral about who provides services but to do the right thing for patients.

Paula Sherriff (Dewsbury) (Lab): I worked on the front line of the NHS, in a service providing exemplary care, for more than 11 years. Just over two years ago that same service was privatised, and it has proved to be very damaging for patients, staff and the taxpayer alike. Will the Secretary of State continue to allow companies such as Virgin Care, which exists purely to make profits out of ill people, to continue to bid for NHS services?

Mr Hunt: May I welcome the hon. Lady to her place and say that I welcome to this place as many people with experience of working in the NHS as possible, because every Parliament has important debates on the NHS? Let me gently say to her that the biggest change made in the last Parliament was to take the decision about whether services should be decided by the public sector or the private sector out of the hands of politicians who might have an ideological agenda, and give it to local GPs so that the decision can be taken in the best interest of patients.

I happen to agree with the shadow Health Minister—the hon. Member for Leicester West (Liz Kendall)—but not the shadow Health Secretary that what is best is what works. Where it is best for patients to use charities or the independent sector, I support that, but I do not think it should be decided for ideological reasons by politicians.

Several hon. Members *rose*—

Mr Hunt: Let me make some more progress, and I shall give way later.

The Queen's Speech also talked about a seven-day NHS as part of our determination to make the NHS the safest healthcare in the world. When the right hon. Member for Leigh was Health Secretary, things were different, and he knows that we had a culture of targets at any cost and a blind pursuit of foundation trust status, which led to many tragedies. I hope he will today accept that if we are to make the NHS the safest and most caring system in the world, we must support staff who speak out about poor care, and stop the bullying and intimidation of whistleblowers that happened all too often before.

Finally, I hope we can agree on something else today—namely, that with the election behind us, we all use more temperate language in our health debates. There are many pressures on the NHS from an ageing population, tight public finances and rising consumer expectations, but the one pressure people in the service can do without is constantly being told by politicians that their organisation will not exist in 24 hours, 48 hours, one week, one month or whatever. It is a toxic mix of scaremongering and weaponising that is totally demoralising for front-line staff.

Paul Farrelly (Newcastle-under-Lyme) (Lab): The Secretary of State has said that privatisation is not happening, but in Staffordshire the £1 billion end-of-life cancer care contract is up for tender, threatening the hospital finances at Royal Stoke even further. Before the election, my right hon. Friend the Member for Leigh (Andy Burnham) gave a commitment to the Royal Stoke University Hospital that it would be the preferred provider for this contract. Will the Secretary of State give that commitment today?

Mr Hunt: As I said earlier, I do not think these decisions should be made by politicians; I think they should be made by GPs on the ground, on the basis of what is best for the hon. Gentleman's constituents. That is a dividing line between me and the shadow Health Secretary, if not the shadow Health Minister, because I think there is a role for the independent sector when it can provide better or more cost-effective services to patients. It appears that the Labour party, under the leadership of the right hon. Member for Leigh, would rule that out in all circumstances.

Andy Burnham: The right hon. Gentleman said right there that there is a role for the independent sector and that he is neutral about it but wants to see it increase. Then he says that privatisation is not happening. Is he trying to take everybody for mugs? He needs to come to this Dispatch Box and be quite clear about what is happening. Section 75 of his Health and Social Care

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Act 2012 does not give discretion to doctors; it forces NHS services out on to the open market. That is why we are seeing privatisation proceeding at a pace and scale never seen before in the NHS.

Mr Hunt: I am afraid that this is exactly the sort of distortion and scaremongering that got the right hon. Gentleman nowhere in the election campaign. He knows perfectly well that the 2012 Act does nothing different from what the EU procurement rules required under the primary care trusts when he was Health Secretary. Yes, I do believe that there is a role for the independent sector in the NHS, but I think the decision whether things should be done by the traditional NHS or the independent sector should be decided locally by GPs doing the right for their patients. That is the difference between us.

Andrew Percy (Brigg and Goole) (Con): The Secretary of State is spot on with regard to the use of language. In the last Parliament the Health Select Committee saw an attempt to paint a picture of privatisation as equalling the provision of private health care. Will my right hon. Friend confirm that under the previous Government private sector activity in foundation trusts fell and the rate of privatisation was slower than in the preceding five years—something that the Committee noted in a report that was blocked by Labour members of the Committee?

Mr Hunt: Yes, I will. The figures that my hon. Friend cites are right. I will tell him something else. Half a million fewer people took out private health insurance in the previous Parliament because the quality of care that they could get on the NHS was rising. The Government are committed to the NHS. If the right hon. Member for Leigh does not want to believe what I am saying about privatisation, perhaps he will believe the respected think-tank the King's Fund, which is clear that his claims of mass privatisation were and are exaggerated.

Jesse Norman (Hereford and South Herefordshire) (Con): My right hon. Friend spoke eloquently about the importance of supporting mental health care, of parity of esteem and of technology. Does he share my view that the NHS has a strong embedded interest in the spread of fast broadband in rural areas, which would allow people better access to telemedicine and online psychotherapy?

Mr Hunt: Absolutely. I had a good visit to my hon. Friend's county hospital, but I also remember seeing at Airedale hospital how reassuring it was for a vulnerable old lady to be able to press a red button on her armchair, be connected straight through to the local hospital and talk to a nurse within seconds. With that kind of service, that person is less likely to need full-time residential care. That is much better for her and more cost-effective for the NHS.

Gareth Johnson (Dartford) (Con): Much has been made of finances during this debate. I do not know whether my right hon. Friend is aware of this, but Darent Valley hospital in my constituency underspent by some £250,000 last year while providing the best

services in Kent. The challenge that it is still dealing with today is the legacy of the private finance initiative that created the hospital in the first place.

Mr Hunt: My hon. Friend has an excellent hospital, which I hope to visit at some stage. A third of the hospitals that are in deficit have PFI debts that make it much harder to get back into surplus. That is a persistent problem, and we are doing everything we can to help them deal with it.

The reality is that hard-working NHS staff have made terrific progress in incredibly tough circumstances in recent years. More than a million more operations were performed last year compared with five years ago, yet fewer people are waiting more than 18 weeks for their operation. Seven hundred thousand more people were treated for cancer in the last Parliament than the one before. Despite winter pressures, we have the fastest A&E turnaround times of any country in the world that measures them. There is more focus on safety than anywhere in the world post Mid Staffs, with 21 hospitals in special measures, seven that have exited special measures, and improvements in quality and safety at all of them.

There are more doctors and nurses than ever before in the history of the NHS. Public satisfaction with the NHS was up 5% last year; dissatisfaction is at its lowest ever level. The independent Commonwealth Fund found that under the coalition the NHS became the top performing health system of any major country—better than the US, Australia, France and Germany. That is not to say that there are not huge challenges, including the fact that by the end of this Parliament we will have a million more over-70s, so we need important changes, especially a focus on prevention, not cure. That means much better community care for vulnerable people so that we get help to them before they need expensive hospital treatment. Part of that is the integration of health and social care, which the right hon. Member for Leigh deserves credit for championing. It also means transformed services through GPs, including the recruitment of more GPs to expand primary care capacity, and a new deal that puts GPs back in the driving seat for all NHS care received by their patients.

Kate Green (Stretford and Urmston) (Lab): The Secretary of State is right to emphasise the need for greater resourcing and support for GPs. What steps is he taking to help GPs with earlier diagnosis of complex cancers? Early diagnosis leads to more effective treatment and less need for hospitalisation.

Mr Hunt: The hon. Lady is right. This week we saw the results of the international cancer benchmarks study, which showed that our GPs take longer than GPs in Norway, Sweden, Canada and Australia to diagnose cancers, and we still have a survival rate that lags. This needs urgent attention. The chief executive of Cancer Research UK is putting together a cancer strategy for the Government that I hope will address this issue. We will bring the results of that to the House.

John Woodcock (Barrow and Furness) (Lab/Co-op): Does the Secretary of State accept that the Better Care Together report on future services in Morecambe Bay put precisely that innovative focus on primary care and prevention, but that recognition of Morecambe Bay's

unique geography and extra funding are needed to implement it? The right hon. Gentleman said that he was sympathetic to that before the election. Has he now concluded that it is the way forward?

Mr Hunt: I understand that geographical isolation is a particular issue and may have led to some of the problems at the trust that the hon. Gentleman and I have discussed on many occasions. We need to be sensitive to that in helping the standard of services to improve going forward.

Bill Esterson (Sefton Central) (Lab): Will the Secretary of State give way?

Mr Hunt: I will just make some progress.

Prevention also means transforming mental health services. I paid tribute earlier to my former colleague the right hon. Member for North Norfolk (Norman Lamb), who did a terrific job. I welcome in his place my right hon. Friend the Member for North East Bedfordshire (Alistair Burt), the Minister for Community and Social Care, who I know will build on his legacy. It also means a big focus on public health, especially tackling obesity and diabetes. It remains a scandal that so many children are obese. I know that the Under-Secretary of State for Health, my hon. Friend the Member for Battersea (Jane Ellison), is working hard on a plan to tackle those issues.

We must continue to make progress on cancer. We have discussed some of the measures that we need to take, but independent cancer charities say that we are saving about 1,000 more lives every month as a result of the measures that have already been taken. We want to build on that.

We have also talked about technology a number of times today. It will remain a vital priority to achieving the ends that I have described. In the last Parliament, I said that I wanted the NHS to be paperless by 2018. In this Parliament, I would like us to go further and be the first major health economy to have a single electronic health record shared across primary, secondary and social care for every patient. Alongside that, our plans to be the first country to decode 100,000 genomes will keep us at the forefront of scientific endeavour, ably championed by the Minister for Life Sciences, my hon. Friend the hon. Member for Mid Norfolk (George Freeman).

Andrew Stephenson (Pendle) (Con): I welcome what my right hon. Friend is saying about transforming services. He has mentioned Airedale hospital twice. I thank him for visiting Pendle a few weeks ago, and visiting Marsden Grange, one of my local care homes, where he saw the telemedicine service from the care home perspective. Will he say more about how telemedicine and improved technology in the NHS can help improve patient care?

Mr Hunt: Yes, I absolutely can. Let me give him one specific example. A couple of years ago, I noted a statistic that showed that 43 people died because they were given the wrong medicine by an NHS doctor or nurse. That problem could be avoided if doctors and nurses had access to people's medical records so that they could see whether patients had allergies and give

them the right medicine. The previous Labour Government had a crack at electronic health records. It was not successful, but they were right to try. We have to get it right if we are to have the best health service in the world. I am committed to that.

Steve Rotheram (Liverpool, Walton) (Lab): The Secretary of State will know that prevention is better than cure. He spoke about parity of esteem for mental health services. I wrote to him last year about a teenager who was threatening to commit suicide. He had been given a counselling appointment through his GP four weeks ahead, even though the kid was saying that he was going to kill himself that day. What will the Secretary of State do about improving counselling services to stop young people wanting to take their life because their appointment is many months away?

Mr Hunt: The hon. Gentleman is right to raise that issue. The previous Minister with responsibility for mental health set up the crisis care concordat, which he got all parts of the country to sign up to, to provide better care. There is a big issue with the quality of child and adolescent mental health services provision. We want to cut waiting times for people in urgent need of an appointment, so I recognise the problem and I hope that the hon. Gentleman will give us some time to bring solutions to the House.

Bill Esterson *rose*—

Mr Hunt: I said that I would not give way again, but I will take one final intervention.

Bill Esterson: The Secretary of State has spoken of the importance of people's ability to secure hospital appointments. The same applies to GP services, but when I wrote to him about my constituents' difficulties in securing appointments with their GPs, he told me that that was the responsibility of NHS England, not his Department. Will he now recognise that he must take responsibility for dealing with the problems of GP surgeries, so that my constituents, and those of every other Member, can make appointments with their family doctors when they need them?

Mr Hunt: I absolutely do recognise that. One of my key priorities is to deal with the issues of GP recruitment and the GP contract, and to make general practice an attractive profession again. If we are to deal with prevention rather than cure, vulnerable older people in particular will need more continuity of care from their GPs, and we must help GPs to provide it.

None of those big ambitions will be achieved, however, if we do not get the culture right for the people who work in the NHS. One of the reasons that Mid Staffs—and, indeed, so many other hospitals—was in special measures was the legacy which, for too long, put targets ahead of patients. We should never forget that Mid Staffs was hitting its A&E targets for most of the time during which patients in the hospital were experiencing appalling care. In that context, Sir David Nicholson used the phrase “hitting the target and missing the point”.

Through the toughest inspection regime in the world, we are slowly changing the culture to one in which staff are listened to and patients are always put first. However,

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although we identify hospitals that are in need of improvement much more quickly, we are still too slow in turning them around. I know that the new hospitals Minister, my hon. Friend the Member for Ipswich (Ben Gummer), will be looking closely at that, and I warmly welcome him to my team. Like me, he believes it is wrong that we have up to 1,000 avoidable deaths every month in the NHS, that twice a week we operate on the wrong part of someone's body, that twice a week we leave foreign objects in people's bodies, that almost once a week we put on the wrong prosthesis, and that people die because they are admitted on a Friday rather than a Wednesday.

We will leave no stone unturned in our quest to make a seven-day NHS the safest healthcare system in the world. Nye Bevan's vision was not simply universal access or healthcare for all. The words that he used at this Dispatch Box nearly 70 years ago, in 1946, were "universalising the best", which meant ensuring that the high standards of care that were available for some people in some hospitals were available to every patient in every hospital. Our NHS can be proud of going further and faster than anywhere in the world to universalise access, but we need to do much more if we are to complete Bevan's vision and universalise quality as well. The safest, highest-quality care in the world, available seven days a week to each and every one of our citizens: that must be the defining mission of our NHS, and this Conservative Government will do what it takes to deliver it.

1.2 pm

Andy Burnham (Leigh) (Lab): During health questions, I congratulated the Secretary of State on his reappointment, and I do so again now, but I hope he will not be too offended if I point out gently that it was not universally welcomed in the NHS. In fact, as far as reappointments go, his makes the recent one at FIFA look positively popular. We wish him well, of course, but he has a lot of work to do to regain the trust of staff throughout the NHS, and he should not underestimate the scale of the task.

I welcome all the new health Ministers, but I particularly welcome the new Minister for Community and Social Care, the right hon. Member for North East Bedfordshire (Alistair Burt). He did outstanding work during the last Parliament in seeking justice for the victims of contaminated blood, alongside other Members in all parts of the House. I am sure that the victims and their families will see his appointment as a hugely encouraging sign. Let me also say to him that if he wishes to continue to pursue that issue with the same zeal during the current Parliament, he will have my full support.

Our thoughts are with our Liberal Democrat colleagues today, and I want to pay tribute to the right hon. Member for North Norfolk (Norman Lamb), although he has now left the Chamber. He had an obvious commitment to mental health, even if his words were not always matched by Government action. That said, one of the great achievements of the last Parliament was the profound change that we all witnessed in the public and parliamentary debate about mental health. For the first time, Members of the House spoke openly and honestly about their own mental health problems.

Jo Cox (Batley and Spen) (Lab): It was my honour last week to visit Priestley mental health unit at Dewsbury and District Hospital. It does amazing work for local people. The welfare changes implemented over the past five years have put an incredible strain on vulnerable people who need mental health care, and, according to the projection for the next five years, the number of people in that terrible situation will increase and our mental health care services will have to meet an increased demand. Does my right hon. Friend share my concern about that?

Andy Burnham: As my hon. Friend the Member for Liverpool, Walton (Steve Rotherham) pointed out a moment ago, NHS services are often not there for young people in particular when they need them, but we must also ask ourselves why people end up in that position in the first place. We have seen, in some of the public policy decisions that have been made in recent times, a failure to understand how changes can affect people's mental health. The work capability assessment, for instance, did not pay sufficient regard to mental health, and that needs to change if we are to give people proper support in this Parliament.

Let me, at the start of the new Parliament, urge all new and all re-elected Members to bear in mind the momentum on mental health that was built in the last Parliament, and to do everything they can to build on it. Giving the nature of modern living and the stress and insecurity that we all have to absorb, mental health will remain the issue of our times, and we shall need public policy to match. The last Parliament made huge progress in raising mental health issues, but this Parliament needs to translate those words into action.

Progress was also made on patient safety, and the Secretary of State deserves credit for that, but, again, it is important for the momentum not to be lost in this Parliament. In that context, there appears to be a significant omission from the Gracious Speech. Improving the regulation of health professionals was a central recommendation that emerged from the Francis Report, and a Bill to modernise professional regulation has long been anticipated. It would have had cross-party support, and would have enabled the regulators to get on with the job of protecting and safeguarding the public from poor care. The failure to introduce such a Bill means that there is now no prospect of reducing the time it takes to deal with complaints, which, at present, is typically 15 months from start to finish. Jackie Smith, chief executive of the Nursing and Midwifery Council, has said that she is "deeply disappointed" by the omission, and that it is a "major setback" to the response to the Francis report. Can the Secretary of State explain why no such Bill was mentioned in the Queen's Speech, and tell us when it can be expected? We need a professional regulatory regime that is modern, up to date and fit for purpose.

The issue on which I now intend to focus is finance. For the last five years, we have been treated to repeated lectures from Ministers about the importance of sound management of the public finances. That is the signature of this Government, or so they like to claim. Today I want to put that claim to the test in respect of the NHS, and to look in detail at the Government's stewardship of NHS finances.

The Government like to talk about the deficit, but they do not often mention the very large deficit they have created at the heart of the NHS. We will put that right today, and consider the promises they made in the run-up to the election: local promises to reopen A&E departments, and national promises to deliver GP opening hours of 8 am to 8 pm and seven-day NHS working. We will ask how all that can be delivered, given that the NHS finances are deteriorating fast.

David Tredinnick: I am listening with interest to the right hon. Gentleman, but surely he has forgotten about the private finance initiative, which was his initiative and which got us into all sorts of trouble financially.

Andy Burnham: The Conservatives are fond of saying that we did not fix the roof when the sun was shining, but I can tell the hon. Gentleman that we did fix the leaking roofs of hospitals and GP surgeries that they left behind, and we had to invest a significant amount to do so. When we came to office in 1997, more than half the NHS estate predated the NHS itself, and people remember those days. We had to put that right: we had to rebuild substantial portions of the NHS simultaneously by means of the PFI, which, I might add, was inherited from the Major Government.

Mr Stewart Jackson (Peterborough) (Con): The right hon. Gentleman has clearly forgotten the patient records IT project—at £12 billion, it is officially the most disastrous white elephant IT project in British political and Government history—and the £250 million spent on independent sector treatment centres and on higher tariffs to private providers for operations not done, and the £63 billion on the private finance initiative. That is the record of the Government of which he was a part. Has he forgotten that voters made their decision on that record on 7 May?

Andy Burnham: I will tell the hon. Gentleman what I remember: I remember NHS waiting lists in 2010 being at their lowest ever level; I remember public satisfaction with the NHS being at its highest ever level; and I also remember leaving behind a financially solvent national health service. Let us look at it today: NHS waiting lists at a six-year high; cancer patients waiting longer for their treatment to start; A&E in crisis; and, as I said, a £1 billion deficit, and rising, at the heart of the NHS. That is the Secretary of State's record, and a little more humility might not go amiss.

Ms Karen Buck (Westminster North) (Lab): Is it not true that the NHS's greatest resource, and indeed greatest cost, is its staff? Imperial College Healthcare NHS Trust overspent on staff by £24 million last year, and at the end of the financial year 12% of all its spending was going on agency and “bank” staff. While it is completely right to clamp down on the ludicrous overspend on agency staffing, does this not reflect the reality of cuts in training and of an attitude to staff pay by the Government? Does my right hon. Friend agree that we will not deal with agency staff without having a better deal for the recruitment and retention of permanent staff in the NHS?

Andy Burnham: My hon. Friend anticipates me, because this is precisely the issue I am coming on to. Under the Lansley reorganisation, workforce planning went out of

the window, and that led to today's huge workforce crisis and hospitals being in the grip of private staffing agencies. That is the single biggest driver of the NHS deficit that I mentioned a moment ago, and I will talk about that shortly.

The Secretary of State gave us a pious warning about temperate language, yet this is the Secretary of State who today on the front page of *The Daily Telegraph* is saying that the NHS has enough cash and now must deliver:

“the time for debating whether or not”

it has enough money is over, it

“now needs to deliver its side of the bargain”.

Not for the first time, that is a statement by the Secretary of State that will have caused jaws to drop across the NHS. People will not forget the time he accused hospitals of coasting when they were in the middle of an A&E crisis, but even by his standards this was a staggering piece of spin.

The simple fact is that the NHS does not have enough money. In fact it is seriously short of money. It is facing a £1 billion deficit this year, with two thirds of hospitals in the red, which marks a major deterioration from what the Conservatives inherited in 2010, when there was a surplus of over £500 million.

Barbara Keeley (Worsley and Eccles South) (Lab): Are not some rather stupid decisions are about to be made? Wythenshawe hospital has a £3 million deficit and is talking about cutting 28 district nursing posts. The Secretary of State said earlier that community resources are important. Of course they are, but if we are going to cut district nurses every time there is a trust deficit like the one at Wythenshawe, we are not going to get through another winter without a much more serious A&E crisis.

Andy Burnham: That is exactly the point. When we are in a crisis like this, short-term, kneejerk cuts are made, which make the situation wrong in the long term.

When I raised these deficits in the election campaign, the Secretary of State said I was scaremongering, but just two weeks after the election the truth emerged. [*Interruption.*] He says I was, but we now know the truth. There was an £822 million deficit in the NHS last year, a sevenfold increase on the previous year. [*Interruption.*] The Secretary of State says he is dealing with it. That is not good enough. That is appalling mismanagement of the NHS. Financial grip in the NHS has been surrendered on this Secretary of State's watch, and things are looking even worse this year. Far from scaremongering, these issues are real and should have been debated at the last election. The NHS is now facing a £2 billion deficit this year. As my hon. Friend the Member for Warrington North (Helen Jones) said earlier, that will mean cuts to beds, to staff and to services.

Mr Jeremy Hunt: The right hon. Gentleman talks about appalling mismanagement. Why did we have that growth in deficits? We had it because those hospitals were, in the wake of the Francis report and the appalling tragedy at Mid Staffs, desperately trying to make sure they did not have a crisis of short-staffed wards. If there was any appalling mismanagement, it was when the

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right hon. Gentleman was Health Secretary; he left behind an NHS where there were too many wards and too many hospitals that did not have enough staff. We are doing something about that. That is not mismanagement; that is doing the right thing for patients.

Andy Burnham: I am grateful that the Secretary of State has intervened because yet again he has got his facts wrong. Am I not correct in saying that in the first two years of the last Parliament the Government cut staffing further from the levels I left by 6,000? [Interruption.] No, he and his predecessor cut nurse places by 6,000 in the first two years of the last Parliament. Separately, they cut nurse training places, leading to a shortfall in nurse recruitment of around 8,000 in the last Parliament. When the Francis report was published, the NHS had fewer staff than it had in 2010 and fewer nurses coming through training.

The Secretary of State likes to blame everybody else, but how about taking a bit of blame himself for once? He left the NHS in the grip of private staffing agencies, and since the Francis report a small fortune has had to be spent on private staffing agencies. The figures have gone through the roof on his watch and he has failed to do anything about it. That is why people will not believe that the NHS is safe in his hands.

Paul Farrelly: Would my right hon. Friend care to remind the Secretary of State of a privatisation that has increased the NHS deficit and not improved efficiency? After the proposed transfer of a scanning contract from the Royal Stoke university hospital there was rightly a public outcry. The scanner remains there, but none the less the private company, Alliance Medical, is staying in there, taking its cut and the cost to the taxpayer has increased.

Andy Burnham: I remember visiting with my hon. Friend. Let us put the facts on the record. The Secretary of State said a moment ago that privatisation was not happening, but it is happening. It is affecting my hon. Friend's constituents, where cancer scanning has now been privatised. What happened? The contract was, I believe, given to Alliance at £87 million, whereas the NHS had bid £80 million. It was given to the private sector, however, which has now subcontracted the NHS at the same price of £80 million, creaming off £7 million. That is a scandalous waste of NHS resources when the NHS is facing a £2 billion deficit this year.

Grahame M. Morris (Easington) (Lab): Does my right hon. Friend think it is a matter of concern that a significant report by Lord Stuart Rose, a Conservative peer, was suppressed by the Secretary of State? It would have given an indication of failings in NHS management and allowed us to correct some of the problems identified.

Andy Burnham: My hon. Friend raises an important point. Again, the Secretary of State is quick to lecture about openness and transparency, but a report compiled at huge cost to the public purse by Lord Rose, former chief executive of Marks & Spencer, was not published in the last Parliament even though it was submitted to the Department months before. What possible justification can there be for that? The Secretary of State is avoiding

my gaze right now. I would be very interested to hear his answer on why that report was not published, and if he wants to take to his feet now—[Interruption.] He says from a sedentary position that it was not finished. Well, if you believe that, Mr Speaker, you will believe anything. Even though Lord Rose says it was finished, the Secretary of State sent Lord Rose's homework back and said it was not good enough. People will draw their own conclusions from what we have just heard.

We have seen a staggering deterioration in the NHS finances on the Secretary of State's watch and a loss of financial grip across the whole system. If we are to see the finances brought under control, it means we will see more of the cuts mentioned a few moments ago.

The warning lurking behind the front page of *The Daily Telegraph* will not be lost on NHS staff today. The Secretary of State knows the NHS is facing very difficult times and this is an early attempt to shift the blame on to NHS staff. Basically, he is saying, "If things go wrong it's not my fault, it's yours because I gave you enough money." It is the classic style of this Government and this Secretary of State in particular: "Get your blame in on somebody else first."

Mrs Anne Main (St Albans) (Con): I have been listening with a great deal of interest to the right hon. Gentleman, but I have to tell him that the country rejected Labour's plan for the NHS. Will he now pledge to support the NHS's own five-year plan, so that we can make some progress in the debate instead of hurling abuse across the Dispatch Box?

Andy Burnham: I must point out to the hon. Lady that Labour had a 20-point lead on the NHS going into the general election, which suggests that the public believed what we were saying about the NHS rather than what the Conservatives were saying. We do support the five-year forward view, and I have said as much, but it needs money now. If that plan is to be made real, it needs investment now. The NHS will not be able to deliver it while it has a £2 billion deficit this year; instead, it will go backwards. It will be unable to make the progress it needs to make.

Let us look at why the grip has been lost. This all goes back to the disastrous decision during the last Parliament to ignore the pleas of patients and staff and to force through the biggest-ever reorganisation in the history of the NHS, which nobody wanted and nobody voted for. Back then, a financially solvent NHS was turned upside down and, just when the service should have been focusing on making savings, it was instead firing and rehiring staff, abolishing and recreating organisations and making front-line nursing staff redundant. That destabilised the NHS, and it has never recovered since.

Helen Whately (Faversham and Mid Kent) (Con): I welcome the right hon. Gentleman's support for the five-year forward view, but how can he make all these criticisms of the NHS and give that support in the light of Labour's not supporting our election commitment to give the NHS the £8 billion of funding it needs?

Andy Burnham: I shall come to the £8 billion, which was the centrepiece of what the Conservatives were proposing during the election campaign. The simple question was: where is it coming from? They never

answered that question. The other question they need to answer is: what are they going to do for the NHS now? The £8 billion was promised for five years' time, but, as I have been saying, the NHS is facing a crisis this year and next year. An IOU for five years' time is not much use to the NHS when it faces laying off staff and closing services.

Heidi Allen (South Cambridgeshire) (Con): Forgive me; I am new here and very confused. This seems very simple to me. At the election, I promised every person who voted for me in South Cambridgeshire that I would not join in with this negative campaigning, and as Andrew Lansley's successor I feel that now is the time I should stand up. Is it not time to put the past behind us? The NHS has a fabulous leader in Simon Stevens. That man is standing up for the NHS and saying, "Let's do this together." Okay, let us have a debate about where the £8 billion is coming from—that is a financial debate and I am happy to have it—but let us believe in the man who is standing up and saying we can do this together. Let us work as a team and let us listen to the man with the plan. It is him we should be talking about.

Andy Burnham: The hon. Lady makes a very good point, and I hope she does a lot more for the NHS than her predecessor did. He caused a huge amount of damage. She is right to say that the NHS is looking for the consensus she describes. NHS staff would hugely value more consensus on the five-year forward view.

The problem, as I have said to the Secretary of State before, lies in the privatisation. The Health and Social Care Act 2012, which the hon. Lady's predecessor took through Parliament, is forcing NHS services out on to the market. As I have said, 40% of those services are now going to private sector organisations, with 40% going to the NHS. The Secretary of State claims that privatisation is not happening, but I am afraid that that is just not correct in any way. If there is to be consensus, the Government should repeal that Act. They never had a democratic mandate from the people of this country. They never gave their permission for the NHS to be put up for sale in this way. If the hon. Lady's party were to repeal section 75 of the Act, she could help to create the basis for consensus on the NHS.

Jake Berry (Rossendale and Darwen) (Con): The day after the general election, I was approached by someone outside my constituency office. He congratulated me on winning, but said that he was terrified. He had been told by the local Labour party that if the Conservatives won the election, he would personally have to find £80,000 to pay for his son's operation because the NHS would be privatised. Will it ever be possible to build consensus when one political party in this House is seeking to weaponise the NHS?

Andy Burnham: I do not know which election the hon. Gentleman was fighting, but I went round the country and heard stories from patients who were having their treatment rationed. Older people were not being given cataract operations, for example, and were having to consider going private. Varicose vein operations were being rationed. If he never heard those stories, he could have been listening to his constituents on the doorstep.

The NHS is in the grip of private staffing agencies because of the cuts to front-line posts and to nurse training, and because of low morale. This is the Secretary of State who denied NHS staff a 1% pay increase after years of pay freezes. What a kick in the teeth for staff who are working flat out to try to keep the NHS going! Good will in the NHS is at an all-time low, and it is no wonder that so many disillusioned staff are going to work for agencies to supplement their income. The Secretary of State has woken up to the problem today, and he has promised to take tough action on the agency bill, but will not put a cap on the agency spend in financially troubled trusts that results in those trusts being understaffed, because he will not permit them to recruit the staff they need? He needs to clarify that point. Will he also consider the rates paid on internal banks, and correct the ridiculous situation in which staff have a greater incentive to work for external agencies than for their own employer?

Why has there been no mention of staff training? Surely increasing the number of nurses coming through training is the only proper long-term answer to cutting the agency spend. If the Secretary of State wants a fresh start, why does he not make an immediate pledge to increase nurse training commissions this year, as I would have done if Labour had won the election? Will he do that? If not, why not? Until he corrects this situation, the NHS will continue to be saddled with long-term agency costs. The truth is that the chickens are coming home to roost. The Secretary of State has left the NHS in the grip of private staffing agencies, and the measures he has announced today will not help.

The Secretary of State has also tried to paper over the cracks with a headline promise of £8 billion. There are three problems with that. As I said to the hon. Member for Faversham and Mid Kent (Helen Whately), it represents an IOU for five years' time, but it will not deliver real money now, which is what the NHS needs. Secondly, the £8 billion makes sense only if the NHS manages to make £22 billion of efficiency savings by 2020. That is the five-year plan, as I am sure Members agree. To date, the Secretary of State has not provided any real details of where those £22 billion of savings are going to come from. Many of the people I speak to in the service say that the NHS has already had five years of hard efficiency savings, and that savings on that scale cannot be achieved without causing real harm to services. Does the £22 billion involve cuts to staff? Does it involve service closures? Does it involve more rationing of drugs and treatments? Will he now set out a plan for those £22 billion-worth of efficiencies? People have a right to know how he plans to achieve them.

Thirdly, can the Secretary of State tell us where this £8 billion is coming from? During the election, Ministers repeatedly failed to answer this question. The Chancellor was asked about it 18 times on the "The Andrew Marr Show", and his evasion was excruciating. So can the Secretary of State now give us an answer? If he cannot, people will conclude that the Conservatives either knew they were going to break this promise or did not want to people to know where the money was going to come from. But people need to know, because the Government could be about to repeat the big spending mistake that they made in the last Parliament.

Five years ago, I warned the Government that it would be irresponsible to pay for the NHS by raiding social care, but that is exactly what they did. Around a

[*Andy Burnham*]

third of a million vulnerable older people lost social care support at home and, unsurprisingly, many of them ended up in hospital. Those cuts to social care had terrible human costs, but they also created huge operational and efficiency problems for the NHS, with record numbers of frail people occupying hospital beds. I say this again to the Secretary of State: if you let social care collapse, it will drag the rest of the NHS down with it. It is a false economy on a grand scale to cut social care to pay for the NHS. Will he be clear today: will he confirm that, if the Government have no plans for new taxes, the money for the NHS will come from cuts to other unprotected Departments? If that is the case, are we not looking at even deeper cuts to local government and social care in this Parliament than we saw in the last?

The Secretary of State cannot keep dodging those questions. The Gracious Speech promised plans to integrate the NHS and social care, but there will be nothing left for the NHS to integrate with if he carries on in this way. The care cuts in the previous Parliament were the root cause of the A&E crisis. Hospital accident and emergency departments have now missed the Government's lower target for 97 weeks in a row. If they cut social care again, we will have to deal with a full-blown NHS crisis.

Attendances at A&E departments increased 10 times faster in the four years after 2010 than in the four years before 2010. That was caused not just by the ageing society, as the Secretary of State likes to claim, but by his failure to look after that ageing society.

Where was the action in the Queen's Speech on the scandal of 15-minute care visits? The truth is that there is no solution for the NHS without a solution for social care, but the only plan on offer from this Government is more cuts, and those cuts will pile pressure on an already over-stretched NHS. This is where the NHS finds itself at the start of this Parliament.

The Secretary of State has promised us a seven-day NHS, which we all support. He has promised us 8 am to 8 pm GP opening. How on earth will he deliver those promises when he cannot say where the money is coming from, and when the NHS is facing a huge financial deficit? He will make a grave mistake if he tries to introduce seven-day working in the NHS on the backs of NHS staff. Staff who work the most unsocial shift patterns often face the greatest cost. For instance, they have no choice but to use their car if public transport is not running. It would be utterly wrong to pay in part for seven-day working by removing the unsocial hours payment, and we will oppose any attempt by him to do that. Good will is evaporating in the NHS and we cannot afford to lose any more.

In conclusion, to listen to the Secretary of State today, we might be forgiven for thinking that everything is fine in the NHS, but it is not. People are waiting longer and longer for cancer treatment to start, and the cancer standard has been missed for the past five consecutive quarters. NHS waiting lists are at a seven-year high. People cannot get GP appointments when they need them; they are left ringing the surgery for hour after hour in the morning to be told that nothing is available for days. Ambulances are taking longer to arrive, as we heard at Health questions earlier, A&E remains in permanent crisis mode, mental health services are in

crisis, social care is being cut, NHS services are being privatised, and the bill for agency staff has left the NHS in the grip of private agencies.

The uncomfortable truth for the Secretary of State is that he is running out of people to blame. This is the NHS that he inherits from himself, and it is heading downhill fast. The onus is now on him to produce a plan to turn round NHS finances, turn round A&E and deliver on the promises he has put before the country. The NHS enters this Parliament facing one of the most dangerous moments in its history. We will not let him shift the blame on to NHS staff. The party that created the NHS will hold him to account for the damage that he is doing to it right now.

Several hon. Members *rose*—

Mr Speaker: Order. No fewer than 41 Members are seeking to catch my eye today, the consequence of which is that there must be a seven-minute limit on Back-Bench speeches, which will have to be rigorously enforced.

1.33 pm

Dr Sarah Wollaston (Totnes) (Con): As this is the first time that I have spoken in this Parliament, may I state for the record that I am married to a full-time NHS consultant forensic psychiatrist who also chairs the Westminster liaison committee for the Royal College of Psychiatrists and will shortly be taking up a role as the registrar of the Royal College of Psychiatrists? I also have a daughter who is a foundation junior doctor and another daughter who is a medical student. The House will be pleased to hear that my son has managed to escape; perhaps his handwriting was not quite bad enough.

I was honoured to have worked as a front-line clinician in the NHS for 24 years, and I wish to start by extending my thanks and paying tribute to all those colleagues who work across the NHS with such professionalism and compassion. In replying to the Gracious Speech, I wish to touch on four areas: the workforce challenge; the financial challenge; volunteering; and issues around prevention.

I was so pleased to see the Five Year Forward View right at the centre of our commitments in the Gracious Speech. I am talking about the commitment not just to back the Five Year Forward View but to the £8 billion that we will need by 2020. I ask the Government to front load as much as possible of that £8 billion, because what we see alongside that £8 billion is the need to make £22 billion of efficiency savings. Ministers will know that in the previous Parliament those efficiency savings were largely achieved by pay restraint in the NHS, but in the long term pay restraint will start to have implications for recruitment and retention, which are already major challenges for the NHS.

I welcome today's announcement because it was unsustainable to continue spending £3.3 billion a year on agency costs. Using agency staff not only leeches money from the NHS that could be better spent elsewhere, but has an undermining effect on permanent staff in the NHS. In fact, it starts to have a domino effect on the ability to retain staff, so it is simply unsustainable. When the Minister responds, I hope she will set out how

the caps on those rates, which I welcome, will play in relation to the rates that are paid to NHS bank staff and give us more detail about the arrangements. Where there are crises in staffing, we need to know that safety will be paramount and how those caps will be overruled in emergencies. It is important that that clarity is delivered across the NHS.

Recruitment and retention are about not just pay rates but staff morale and the way that staff feel valued. They are also about the ability of staff to work in teams. We need to consider the effect of increased shift working across the NHS. I am talking about the effect of the structure of the service. There is also the burden of paperwork and administration on NHS staff. All those things are important when we consider how to retain permanent staff in the NHS and to move away from our reliance on agencies.

Mr Steve Baker (Wycombe) (Con): Will my hon. Friend join me in welcoming the work of the Royal College of Emergency Medicine, which is trying to change the way that emergency medicine consultants work in order to retain more of them in their particular specialty? At the moment, far too many of them leave that specialty, creating some of the problems that we see across the country.

Dr Wollaston: Absolutely, and I recognise and value the work that has been done. We also need to look at the skill mix across the NHS. It is unsustainable to deliver the commitments to primary care and to improve access to primary care unless we look further at the skill mix across the wider NHS. For example, we talked in Health questions about the use of pharmacists. The one area of the NHS where there is not any kind of workforce shortfall is in pharmacy, and that industry has much to offer to primary care. We also need to consider the role of physician associates and nursing assistants, and look at how we can diversify and provide better continuing professional development across the NHS. All those things will be important as we move forward.

Mr Jackson: My hon. Friend will know that in the previous Parliament the Public Accounts Committee expressed concerns about the use of clinical excellence awards for senior clinicians and the very high levels of senior management pay. It felt that they were incongruous when compared with the restraint shown towards lower paid and more junior staff. Does she think that Select Committees such as her own—if she is re-elected to it—and Ministers need to look at that in the future?

Dr Wollaston: I thank my hon. Friend for his points. There is an important piece of work that can be done by the next Health Committee in looking at all the wider workforce issues across the NHS, including those to which he refers.

I shall now touch on seven-day access for the NHS. Such a service is vital, but we must focus on safety. The primary focus of seven-day access must be eliminating the unacceptable variation in mortality rates across the NHS on different days of the week. It is important that we address the issue of reducing avoidable and unnecessary hospital admissions. Perhaps the Minister could look at the frailty service in Newton Abbot which considers how GPs can work together to prevent unnecessary

hospital admissions. If we broadened access to general practitioners at the weekends, we might be able to reduce unnecessary admissions to hospital, for example of children with asthma. There is much that can be done, but if we are prioritising providing eight-to-late access in very rural areas there might be unintended consequences in general practice. If we are diverting funding into areas where we are providing a service in which several practices over a large geographical area have to federate, we could inadvertently end up with patients having to travel further than they would to visit a local out-of-hours service.

Will the Minister carefully consider the unintended consequences when we implement seven-day access to ensure that we do not divert essential funds that could be used for safety and avoiding unnecessary admissions into something that is worth while in theory but that might not give the best outcomes for patients? I hope that the Minister will be able to reassure me that the Government will allow local CCGs to look carefully at what is best, while consulting local communities, and to be as flexible as possible.

I also ask the Minister to consider the importance of volunteering across the NHS. In all our constituencies there will be extraordinary organisations that work as partners with the NHS, but I have some concerns, one of which I would like to share with the Minister. In my area, a wonderful charity called Cool Recovery worked with users of mental health services and their families to provide an extraordinary level of support. Sadly, particularly given that I was a patron of this charity, I have to report that it is having to fold for the want of a relatively small amount of stable long-term funding. The voluntary sector—those partner organisations across the NHS—is calling out for access to stable long-term funds. Newly set-up charities gain access to very valuable funding sources, but when they apply for funds once they are established, the response is that it should be provided by commissioners. I ask the Minister to consider carefully how we can sustain some of the extraordinary charities working across the country by giving them access to stable long-term funding so that they can carry on with their work. This issue was raised with the Select Committee by the voluntary sector during our inquiry into children and adolescent mental health services, so it is an issue across the NHS that is causing real problems.

Mr Speaker: Order. I am listening intently to the hon. Lady, as always, and as I know the House will be. It is by accident that the clock is not operating as I had intended it to. In short, I had intended the seven-minute limit to apply to the hon. Lady. It would be unfair suddenly to apply it, but she ought to operate according to its spirit, and I know she is approaching what will be a very impressive peroration.

Dr Wollaston: A flourish! I apologise, Mr Speaker. I was indeed looking at the clock.

As a final flourish, let me mention prevention. We cannot address the financial challenges that face the NHS without considering prevention, and I congratulate the Under-Secretary of State for Health, my hon. Friend the Member for Battersea (Jane Ellison) on everything she achieved in this regard during the previous Parliament. I hope that she will give us further detail on her plans to

[*Dr Wollaston*]

tackle childhood obesity, particularly as we face a tsunami of health inequality and need in our young people unless we go further.

1.43 pm

Dr Philippa Whitford (Central Ayrshire) (SNP): I am grateful for the opportunity to take part in this debate as the Front-Bench spokesperson on health for the Scottish National party.

I pay tribute to Charles Kennedy. Obviously, I did not know him in this place but I am a graduate of Glasgow University and was a contemporary of Charles, who spoke eloquently and entertainingly at our first medical year reunion.

I am honoured to have been elected by the people of Central Ayrshire to be their Member in this Parliament for the next five years. My predecessor, Brian Donohoe, was their MP for 23 years, initially for Cunninghame South and then lately for Central Ayrshire. He served on the Select Committee on Transport and even took on an additional duty as a special constable for the British Transport police, something of which he was intensely proud. Now that he is freed from the trammels and duties of being an MP, I know that he plans to develop his hobby of flying remote-controlled helicopters, which will at least keep him out from under the feet of his lovely wife Christine. Unfortunately, he does not golf, which is the other alternative. I wish them both well in his retirement.

Central Ayrshire is a coastal constituency, with beautiful sandy beaches all along its coast. In the south is Prestwick airport, Scotland's oldest passenger airport and where Elvis stopped off on his way back from national service in Germany in 1960.

Pete Wishart (Perth and North Perthshire) (SNP): His only British tour.

Dr Whitford: We now hear that he was once out drinking with Tommy Steele, so we will not go down that road.

The airport is the site of an aerospace park and, as many Members will know, is on the shortlist for consideration as a future spaceport. Unfortunately, the passenger numbers have dropped but a recent report shows the benefit we would accrue from a drop in air passenger duty. It would bring back European visitors to our lovely county and help rejuvenate our tourism industry.

Prestwick golf club was also the site of the first ever Open golf championship in 1860, but that competition is now more closely associated with its neighbour in Royal Troon, where I live. Royal Troon will host the British Open next year, and I invite all hon. Members to it, although they cannot have the spare bed in my house, I am afraid. Book early. Despite the obvious beauty and wealth in Troon, it, too, now hosts a food bank.

In the north of my constituency, Irvine is both an old town and a new town in that it was a royal burgh from 1372 that was suddenly surrounded by modern blocks in the '60s. Regeneration of the town centre and, in particular, Harbourside is ongoing, but it contains two of the most deprived wards in my constituency. Inland,

in the rolling Ayrshire countryside, there is a chain of villages, from the ancient settlement of Dreghorn, childhood home of our First Minister, through Dundonald with its fine castle and Symington with its beautiful church to the mining villages in the south of Annbank and Mossblown. Sadly, they lost their mines decades ago and are left stranded, bereft of work and poorly connected by both transport and digital services.

Tarbolton is the site where Robert Burns, our national bard, founded the Bachelors' Club. As we might imagine from the name, this debating club was for men only, and the first toast to the Immortal Memory given at a Burns supper by a woman was just this year. We take a bit of time in Ayrshire. Now that the county of his birth is completely represented by Members on the SNP Benches, I would hope, Mr Speaker, that we might host a fine Burns supper next January, and I am sure that we will extend an invitation to you. I am sure that it has been observed by the House that there are nae wee, sleekit, cow'rin', tim'rous beasties on these Benches.

As a doctor for well over 30 years, of course my interest is in health and the future of the NHS, which I consider to be one of Britain's greatest achievements of the 20th century. The biggest healthcare challenge we face is developing integrated services to look after our older citizens with complex needs. Breaking up the NHS and franchising it out to rival private companies destroys collaboration and makes achieving that even harder. If the Secretary of State was still in the Chamber, I would point out to him that the report by the Commonwealth Fund to which he referred is based on data from before April 2013, when the Health and Social Care Act 2012 came into effect.

In Scotland after devolution, we went back to our roots, got rid of trusts and again became a single unified public NHS. That has allowed us to work right across our country in developing quality standards and improving safety. We have our challenges; the NHS in Scotland is not remotely perfect; we face the same challenges as the rest of the United Kingdom. But despite the quips that were made by the Secretary of State, it does come down to co-operation and not competition.

Nevertheless, it is important to remember that the NHS does not give you health. Health comes from having a decent start in life. Health comes from strong public health measures to tackle things like the prevention of diabetes, before we are swamped by a deluge of chronic illnesses in the future. But its most important foundation is what happens in childhood and, as we now sadly know, even what happens in pregnancy.

In my constituency, despite unemployment falling from 6% to 4%, child poverty has climbed from 20% to 25% since 2010. That is one in four of our children growing up in poverty. These are not the children of shirkers and slackers, as is often implied: 64.5% of them have a working parent. The causes are short hours, low wages and benefit cuts. I have heard the welfare state spoken about through gritted teeth in this House, but allowing young lives to fail will cost society more money in the long term—in prisons, in police, in addiction services and in long-term benefits. We need to invest in our children—but not just in them; in their families—to change their future. There is no point in talking about focusing on schools if they are sitting shivering and hungry at home at night. The first duty of any Government

is the security of their citizens—not with regard to replacing weapons of mass destruction, but the real security that comes from knowing you can keep a roof over your head and food on the table.

I have served the people of Ayrshire for the last 19 years as a breast cancer surgeon. I hope I will be able to serve them further, despite missing that post, in my work here. I intend to work for them in the constituency and speak up for them in this House.

1.52 pm

Sir Peter Bottomley (Worthing West) (Con): I congratulate the hon. Member for Central Ayrshire (Dr Whitford). I think the House would want to know that around 1991 she served for a year and a half as a medical volunteer at the United Nations hospital in Gaza, so she has not had an easy life in serving others and she may find looking after her constituents easier than that. I hope that she will join the United Nations parliamentary group and I look forward to co-operating with her in trying to get effective family functioning, so that parents have not just the resources but the confidence and the competence to be good enough parents to give their children a good start in life. It is also a pleasure to follow my hon. Friend the Member for Totnes (Dr Wollaston).

I want to talk about professional regulation, in part because of my interest in the leasehold field, where there are 6 million homes, a great minority of which, sadly, are exploited by managing agents and by freeholders. At present, on the other side of Parliament Square, at the Royal Institution of Chartered Surveyors, a man called Benjamin Mire is involved in a hearing over whether he can continue to be a member. He resigned from his judicial office at the Leasehold Valuation Tribunal days before being sacked. The investigation by the Judicial Conduct Investigations Office was made available in part to the RICS. I wanted it to be made available to me. I also want to know that the Rip-Off Britain website, which reports on some of the bad things he has done, gets attention from professional regulators.

Still on the subject of leasehold property, there are people like the Tchenguiz brothers, or at least one of them, who bought the Charter Quay freehold in Kingston, roughly trebled its value, and got professionals—auditors, accountants, bankers and surveyors—to go along with his trebling of the valuation. When the property court dropped the valuation by two thirds, nobody paid much attention. For too long we have allowed professionals to get away with going along with people who are acting badly, unprofessionally and in some cases criminally.

On health, I have the case of Dr David Barnett, a good dentist in my constituency, who was reported to the dental regulators on trumped-up charges and has not been able to practise for over six months. I am going to take that up with them, but I hope that the Health Committee, without taking up individual cases, will look at a collection of cases and ask, “Is there a pattern where there could be change?” On the same theme, I want to mention the case of a surgeon, Mr Aditya Agrawal. He is not a constituent but is one of the doctors of black and ethnic minority origin who seem to be treated differently from people who are white. I am not saying that in his case it is purely racial

discrimination. However, there is an issue if a good doctor is considered for too long by the General Medical Council as to whether particular index cases are right or wrong, when the trust knew perfectly well that at least one of the charges involved the discharging of a patient that he had not been involved with, as it had already suspended him.

How did the Queen’s counsel, Mr Mark Sutton, at the judicial review last week, and how did the solicitors, DAC Beachcroft, allow the skeleton argument to contain items that were false? Did they get an assurance from the trust that everything that they were putting forward was accurate, and if not, why not? And if they did not, and there is a pattern there, I hope that the regulators for barristers and for solicitors will start paying attention as well.

I will not go on about those cases at the moment, but I want to put it on the record that I am not going to tolerate trusts using their steamroller powers to treat good doctors badly. I illustrate that by saying that Mr Agrawal’s grievance started three years ago, and was allowed five minutes at a hearing last week—five minutes in a day’s hearing. The principal officer who suspended him, and who is still, apparently, the responsible officer and will not give him a positive reference, could not turn up because apparently she was doing something else. If a trust says, “We set this appointment two months ago” and their principal person cannot be there, there is something very fishy and wrong going on.

That leads me on to a point raised by the hon. Member for Central Ayrshire, about how we can help people’s lives to be healthier and better. In 1986, I was made responsible for what was then called road safety—I prefer to call it casualty reduction—when we were killing 5,600 people a year on our roads. We now kill 1,700 with virtually no change of law. We killed 1,200 with over-limit drink-driving. The figure is now fewer than 300 with no change of law. Those who argued, “Lower the limit, increase the police, increase the penalties” were not right. What we need is to have hosts who will provide alcohol-free drink within reach, not just for those who are driving but for the 10% who are alcoholic, the 10% who are teetotal, for those who are pregnant, for those who want to be pregnant, for those who are on a diet—all sorts of reasons. So we need hosts who provide alcohol-free drink without being asked, passengers to pick alcohol-free drivers, and people like me who both drink and drive to decide, “Am I drinking today or am I driving today?” Those are the three things that work. As far as I know, there has been no academic study or research—no masters, no PhD, no ESRC, no work by a chronologist or anthropologist; nothing—into that.

I believe that the same kind of approach would cut the number of teenagers taking up smoking each week dramatically. I believe that we could make so much difference to people’s lives. At present, 45% of people in this country will contribute to a conception that ends in a termination, all because people here advocate saying, “No” as if celibacy could be inherited from one’s parents, or we say, “Think about family planning or birth control.” We should be saying, “Which embarrassment do you want? Do you want to say, ‘Cripes, we’ve conceived again. We’ve already got five children,’ or ‘What did you say your name was?’” We should be talking about conception, choice and fertility control when people are going to be intimate.

[*Sir Peter Bottomley*]

There are so many ways we can make a difference, in addition to diabetes prevention that was mentioned by the hon. Member for Central Ayrshire. I hope we will do so because we can reduce avoidable disadvantage, distress and handicap. We can improve wellbeing with a mixture of health and welfare, and I hope often we can do it across the Chamber.

1.58 pm

Mr Ben Bradshaw (Exeter) (Lab): I congratulate the hon. Member for Central Ayrshire (Dr Whitford), who is the health spokesperson for the SNP, on an excellent maiden speech. I am sorry that the Secretary of State and the Under-Secretary of State for Health, the hon. Member for Battersea (Jane Ellison), are not in their places because they are the Ministers who have a little bit of historical knowledge about the past couple of years in the NHS. I hope that the Under-Secretary of State for Health, the hon. Member for Ipswich (Ben Gummer), will relay the comments of other Members to them, so that the hon. Member for Battersea can respond to them fully at the end.

I want to stress how pleased I am that my right hon. Friend the Member for Leigh (Andy Burnham) spoke mainly about the deteriorating financial situation facing the NHS. To be perfectly honest, I was astonished that the Secretary of State had nothing at all to say about that. He cannot say that he and fellow Ministers have not been warned, because many MPs on both sides of the Chamber have been sounding alarm bells about this for some considerable time.

Last February the Government commissioned a series of reports on what they called the most financially challenged health economies in the country, of which Devon was one. Since then, nothing has happened: the Government have refused to publish those reports. I tabled a freedom of information request just before Dissolution asking where the consultants' report was, and was told it could not be published because it would, in time, inform the making of decisions that would affect local NHS services in Devon. Why have we been waiting so long for action by this Government to address the financial situation, which in the meantime has got much, much worse?

Let me give some of the figures for my area. My local commissioning organisation, the Devon clinical commissioning group, announced last week that its deficit has risen to £40 million this year. My local hospital, the Royal Devon and Exeter hospital, which is one of the best performing and best managed hospitals in the country and which had never registered a deficit until the last two or three years, is now going to register a £20 million deficit this year; and Derriford hospital in Plymouth is looking at a deficit of £30 million. That is £90 million in deficits in just part of a county in part of our country. It is simply unsustainable for the Government to claim that there is no problem with NHS finances. The longer the Government delay action, the bigger the impact will be on services and on patient care.

The Minister may recall, because it received national publicity, that the response of my local CCG last autumn to the serious situation it faced was to announce a widespread programme of rationing and cuts. The measures,

which hit the national headlines, included preventing anyone who was obese or who smoked from having any routine operation, and rationing cataract operations to one eye and hearing aids to one ear. That provoked such widespread condemnation, not only from the public in Devon, but from across the country and from all the professional organisations, that, following an Adjournment debate I had with the Under-Secretary of State for Health, the hon. Member for Battersea (Jane Ellison), the plans were dropped. However, the underlying financial situation has not been addressed, and it has got worse.

I was told by Health Ministers just before the election that there was a plan afoot—a success regime, which is a rather unfortunate way to describe a way to address a not-very-successful situation—but that nothing would be announced before the general election. How much longer do we have to wait for that so-called success regime, or some sort of action to remedy the Government's failure, to be introduced? People in Devon and across the country want to know when action will be taken and delivered.

Members have said that the disastrous Lansley reforms have made the job of Health Ministers much more difficult. One of the reasons why we have been unable to grip the problem in Devon and elsewhere is that we now have so many different organisations in the NHS responsible for regulation and performance management. We have Monitor, responsible for foundation trusts; we have the NHS Trust Development Authority, responsible for non-foundation trusts; and then we have NHS England, responsible for CCGs. No one has gripped this problem: Ministers have not gripped it, the different bits of the NHS have not gripped it, and that is why it has got out of control.

I remember very well—I have the scars on my back—the time when we were in government and the finances got out of control. It happened for different reasons—we were increasing capacity in the NHS at such a rate that the NHS lost control of its spending. The situation now is much more serious, because spending has been so tight, so the impacts of the loss of control we are seeing in the NHS now are extremely serious cuts or the sort of rationing that my local CCG proposed last autumn, which Ministers rejected. I want the Minister who winds up the debate to give an assurance that the Government do not believe that that sort of model offers an answer to the financial crisis affecting many trusts and the NHS as a whole. I hope that Ministers will look carefully at the fragmented landscape of NHS management, performance management and regulation, which is preventing us from finding a solution to this problem.

Let me give one more example. We had cross-party support in Devon—I am pleased that the hon. Member for Totnes (Dr Wollaston) is still in her place—for the integration of community services in most of the county. They are currently delivered by North Devon district hospital, but everyone else, including Conservative Members such as the right hon. Member for East Devon (Mr Swire) and the hon. Members for Central Devon (Mel Stride) and for Tiverton and Honiton (Neil Parish), agree with me that it would make much more sense to integrate those services vertically in our parts of Devon. That has not happened, because the North Devon trust objected and Monitor launched an investigation, which is still dragging on, with no resolution reached.

We have lost months of time and millions of pounds, and we have not been able to get on with improving the integrated care that the Secretary of State and everyone with any sense in this Chamber has talked about during the course of this debate. Please, will the Under-Secretary of State for Health, the hon. Member for Ipswich (Ben Gummer), address the financial crisis that his Secretary of State failed even to mention in his opening remarks, and will he think carefully about the changes in delivery structures we need if the local health service is to deliver the improvements, the savings and the care that our public need?

2.5 pm

James Davies (Vale of Clwyd) (Con): Thank you, Mr Speaker, for the opportunity to deliver my maiden speech as the new Conservative Member of Parliament for Vale of Clwyd. It is a privilege to follow the right hon. Member for Exeter (Mr Bradshaw).

Vale of Clwyd was a newly created seat in 1997, and for 18 years it was represented by Mr Chris Ruane, a former primary school teacher at Ysgol Mair in Rhyl. An assiduous Member, Mr Ruane spent four years as Parliamentary Private Secretary to the then Secretary of State for Wales, the right hon. Peter Hain, but he will be best remembered as a popular and hard-working local MP. I pay tribute to his commitment to the area during all those years.

It is a great honour for me to represent in Parliament the area where I was born and brought up. I sincerely thank all those who put their trust in me, as well as my family, particularly my wife Nina and 19-month-old son Wilfred, who is already a veteran campaigner. My constituency is in an area which has been true blue for most of the past 100 years. It has been represented by such well known and somewhat controversial figures as Nigel Birch, later Baron Rhyl, and Sir Anthony Meyer, both of whom played a part in the overthrow of a Prime Minister. I assure the leadership that I have no plans to emulate them in every respect!

I chose in 2004 to return to the constituency from university to begin my junior doctor training at Glan Clwyd Hospital in Bodelwyddan. At the same time, I was elected to represent my home town of Prestatyn on the town council and on Denbighshire county council. I subsequently became a general practitioner in the NHS, more recently with a special interest in dementia. I look forward to using my experiences as a GP and as a councillor in my new role as Member of Parliament.

The topic of debate today is health and social care, and the House will be only too aware of the concern about the performance of the NHS in Wales, particularly on my patch. Although health is devolved to the Welsh Assembly, it was perhaps the principal issue brought up on doorsteps during my campaigning. We await the outcome of a judicial review of a threatened downgrade of maternity and gynaecology services at Glan Clwyd hospital, and my support for the campaign against these dangerous and short-sighted proposals is resolute. Last week saw the release of a report on allegations of neglect on the Tawel Fan mental health ward in my constituency. That disturbing report confirmed significant failings in the function of the local health board, but ultimate responsibility must lie with the Labour Assembly Government.

Having worked in the NHS in both north Wales and north-west England, I have seen an increasingly obvious divide develop between NHS performance in Wales and in England, with Wales facing soaring waiting times for A&E, out-patient appointments and surgery, as well as cancelled surgery, queuing ambulances and abysmal hospital-acquired infection rates. Ongoing concern has also been expressed about mortality rates, with evidence coming from those on both sides of the political divide—indeed, the right hon. Member for Cynon Valley (Ann Clwyd) has shown much interest in that important issue—yet the Assembly Government continue to refuse to consider a Keogh-style inquiry.

Many people have felt a deep sense of inequality, as their relatives have been unable in Wales to access cancer drugs that are available to people in England. All that has come on top of the closure of community hospitals and other services, often in a seemingly haphazard manner. It is no wonder that many patients are seeking healthcare arrangements in England, but of course this is not only inconvenient but impossible for many patients, and places unfunded burdens on services in border areas.

Many of those who supported me on 7 May did so in the expectation that I could positively influence problems affecting local health services. I should add that the support I received came from dedicated staff as well as patients. I have heard and understood a loud call for Parliament to address the issue of consistently failing devolved services in Wales, and this is something we must find a way of doing.

As a new MP, there could be no better area to fight for than the area I truly care about. I look forward to assisting with and helping to drive the regeneration of the seaside resort of Rhyl which, perhaps even more than some of the other great Victorian resorts, has struggled in recent times but still retains so much potential. Within days of my election I had the good fortune to speak to the Prime Minister on two occasions. On the first, I stressed my intention to make a difference in the town and he very kindly pledged his commitment to assist with this. On the second, he advised me that he had just referred to the town live on national television, so I and my constituents very much look forward to the progress our third meeting will bring!

I also relish helping to lead the continued revival of neighbouring Prestatyn and Meliden. In fact, much of the reason behind my standing for Parliament relates to the immense satisfaction I have gained through helping to turn around this, my home town, whether by supporting it in winning the coastal category in Britain in Bloom or by supporting and pushing forward many projects such as the new town centre shopping park, the Scala cinema and arts centre and the Nova centre redevelopment. Inland, the constituency includes the village of Dyserth, whose waterfall, as some hon. Members will no doubt recall, featured in the mystery tour in the 1973 comedy film "Holiday on the Buses". A short distance away is the town of Rhuddlan, featuring an impressive castle, constructed by Edward I in 1277, and also St Asaph, the town of my birth, the site of Great Britain's smallest ancient cathedral and home to a thriving optics sector. St Asaph was awarded city status by Her Majesty the Queen in 2012 to celebrate her diamond jubilee. At the southern end of the constituency is the historic market town of Denbigh and the nearby village of Henllan.

[James Davies]

Linking many picturesque villages such as Cwm, Tremeirchion and Bodfari is the Offa's Dyke national trail, which starts at our blue flag beach in Prestatyn. Tourism, whether coastal or rural, is a very important feature of the constituency. So too is farming, particularly in the fertile land around villages such as Trefnant, Rhewl and Llandyrnog, where there is a creamery—the fourth biggest cheese factory in the UK. One of its many customers is the Snowdonia Cheese Company in seaside Rhyl. I can certainly vouch for the quality of its Black Bomber! I encourage hon. Members to try it. There I will conclude my whistlestop tour of a very special constituency, which I look forward to serving to the very best of my ability.

2.13 pm

Ann Clwyd (Cynon Valley) (Lab): As I, too, come from the Vale of Clwyd, I welcome the hon. Member for Vale of Clwyd (James Davies). I am only sorry that he had to depose Chris Ruane, who was a colleague of mine, and I am sorry for the reasons that he was deposed, but I welcome the hon. Gentleman nevertheless. I fought that constituency myself in 1970, when there was a 25,000 Conservative majority, which is now much decreased but, of course, the boundaries have changed.

I shall speak today specifically about one aspect of health—the regulation of cosmetic surgery. Some 20 years ago I got a letter from a constituent of mine who had had a double mastectomy. That was because of silicone implants which had erupted inside her body. As a result of that we set up an organisation called SOS—Survivors of Silicone. If more attention had been paid to some of our findings at that time, we might not have had the PIP scandal which followed all too quickly.

I introduced a ten-minute rule Bill on the regulation of cosmetic surgery in 1994 and again in 2012, which shows that one must be persistent in this place. The Bill generated huge publicity and loads of letters. Unfortunately, despite calls from a wide range of organisations, not enough has changed since the mid-1990s. As a result, thousands of women, and men now, have continued to face the horrific consequences of unregulated cosmetic surgery.

I had a letter the other day from somebody who wrote:

"I think the operating table was a dental chair", describing her experience of liposculpture in a London clinic. She continued:

"They asked me to turn over onto my stomach, but the chair was the wrong shape and it was very difficult. At some stage during the operation I woke up. I was in tremendous pain and began screaming. They were still taking fat from my legs. The doctor told me afterwards that he had to continue with me awake or my legs would have been uneven."

It turned out subsequently that the so-called cosmetic surgeon was a general practitioner. He had performed a surgical operation without any surgical training and had administered a general anaesthetic without an anaesthetist.

I read recently about a writer who has been left with blurred vision from botched laser eye surgery at a private clinic. After a five-year battle she has finally received £250,000 compensation, but has permanent scarring of her eyes. Such incidents are, sadly, only too

common. The pressure on women and now also on men is considerable. Most of us want to change something about ourselves. Huge pressure is put on women in particular to change their looks. Private sector clinics offer a multitude of cosmetic procedures to achieve the perfect shape and a wrinkle-free face. "Too old, too thin, too fat, never just right"—that is the message. Cosmetic surgery, including breast implants, continues to be a growing industry.

In 2014 members of the British Association of Aesthetic Plastic Surgeons conducted over 45,000 surgical procedures. Between 2002 and 2011 the number of boob jobs rose by 324%. Facelifts, tummy tucks and nose jobs are still popular. Plastic surgeons also operated on over 4,000 men, with nose jobs and man-boob jobs the most popular procedures. Many people face exploitation by private sector clinics and even cowboy surgeons if they are unable to receive treatment through the NHS. Most of the botched surgery or mistakes are then rectified by the NHS, as we have seen with the removal of PIP implants.

"In no other area of medicine is there such an unregulated mess. Imagine a '2-for-1' advert for general surgery", as appeared in the paper recently.

"That way lies madness,"

said a former president of the British Association of Aesthetic Plastic Surgeons. In one newspaper recently there was a piece headed "Plastic surgeons offer 'buy one get one free' deals on breast enlargements" and other jobs.

The Royal College of Surgeons has issued a statement criticising the Government for not including greater regulation in the Queen's speech. The RCS said:

"We were disappointed that the Government chose not to introduce legislation to reform the regulation of health professionals."

The RCS had called for the General Medical Council to be given a new power to tell the public and employers which surgeons are qualified to undertake cosmetic surgery. At present the law allows any doctor, including non-surgeons, to perform cosmetic surgery without undertaking additional training or qualifications.

The BAAPS has said something similar:

"It was very disappointing to see that yet again the government have shied away from regulation in the cosmetic surgery industry."

One former president of the Royal College of Surgeons says that animals are better protected in Britain than people are. That is an absolute disgrace. I will not be here in 20 years' time—[HON. MEMBERS: "Yes, you will!"]—but I will continue to push for the Government to introduce legislation to protect this potentially vulnerable group of patients. It is high time we had action.

2.19 pm

Mr Henry Bellingham (North West Norfolk) (Con): It is a great pleasure, as always, to follow the right hon. Member for Cynon Valley (Ann Clwyd), who is one of the most indefatigable and courageous campaigners on health issues in the House. It is also a pleasure to congratulate the hon. Member for Central Ayrshire (Dr Whitford) on an excellent maiden speech. My great grandmother was brought up just outside Ayr, and I was christened in Symington church. I will look out for the hon. Lady when I next visit the church, because I am sure she will be a very good MP indeed. It is a particular pleasure to follow so closely my hon. Friend

the Member for Vale of Clwyd (James Davies) and to congratulate him on an excellent maiden speech. To oust an incumbent is certainly a result, but to do so in such style, adding 1,200 to the Tory vote—a swing of nearly 4%—is a great achievement. I wish him well in his career.

I admire my hon. Friend the Member for Vale of Clwyd not only for making such an excellent speech, but for making it so early. When I was first elected to the House, I wanted to make my maiden speech in the debate on the Address. I asked my Whip, a young man called John Major, but was told, “You could make it during the debate, but it is high profile and you really have to get it right. You could make a 10-minute speech then, but my advice is to wait.” I therefore waited until an Adjournment debate on small businesses, for which I had an excellent 10-minute speech ready to go. Whips in those days had none of the tact and charm of the current occupants of the Whips Office, particularly my hon. Friend the Member for Croydon Central (Gavin Barwell). About 20 minutes into that debate, the Whip on duty passed me a note that read, “We’re short of speakers, so can you make it 25 minutes?” My maiden speech was therefore a disaster, unlike the two that we have heard already today.

There is a great deal in the Queen’s Speech that appeals to me. I particularly welcome those measures designed to boost enterprise and wealth creation. During the election campaign in my constituency there was a lot of focus on the NHS—I will come to that in a moment—but also on wealth creation, the private sector and small and medium-sized enterprises. I particularly welcome the full employment and welfare benefits Bill and the enterprise Bill, which will look again at some of the regulations that need to be removed from small businesses.

I was struck by a recent report from Open Europe that noted that since 2010 the EU has introduced more than 4,500 new business regulations. Some of them might be very positive, but some will impinge upon the ability of small businesses to operate flexibly and profitably. It is therefore incredibly important that the Prime Minister, when renegotiating our membership of the EU—I wish him well in that—looks at some of the social costs, particularly with regard to social and employment law. I hope that he takes his time in doing that, because I do not believe that we should be in a huge rush; it is far better to have successful negotiations that are conducted over a lengthy period than to rush into them in the way some people have recommended.

My constituency has an outstanding local foundation hospital. It unfortunately went into special measures, but it is now making really good progress. I pay tribute to the staff and the new management, who are turning it around, and to the efforts that many people are making in that regard. There are three areas that I want to flag up briefly, and I hope that the Under-Secretary of State for Health, my hon. Friend the Member for Ipswich (Ben Gummer), whom I congratulate on his appointment, will take them on board.

The first area, which has already been mentioned by my hon. Friend the Member for Totnes (Dr Wollaston), is the cost of agency staff. We have seen a boom in agencies supplying doctors and nurses to hospitals. One of the key drivers pushing up debt in many foundation hospitals is the cost of agency nurses and doctors. I have seen that in the Queen Elizabeth hospital in

King’s Lynn. As my hon. Friend said, there is then a domino effect whereby hospitals find it more difficult to employ permanent staff. I was appalled to read a recent report showing the amounts of money that some of the biggest medical recruiters are making, and therefore the money that is being taken out of the NHS. It is really important that the Minister and his colleagues wrest the initiative from those expensive agencies and look carefully at a nationally negotiated framework to ensure that the NHS uses its obvious power and strong collective bargaining to sort the problem out.

The second area I want to mention is the need to make every conceivable effort to join up NHS acute care and continuing care, into which the right hon. Member for North Norfolk (Norman Lamb) put so much effort and work when he was care Minister. As he pointed out, it is not just about resources; it is about better co-ordination, more dynamic and innovative management and having a really strong partnership between the private sector, where most of the care homes and nursing homes lie, and the public sector. I am very impressed by what the Minister has said about that, and by what the Secretary of State has said. I hope that they can work together to make real progress on that.

The third area, which I heard about regularly while campaigning in my constituency, and particularly in my discussions with doctors, is the current GP contract. In my judgment, it is not just a question of the problems with care causing the crisis in A&E; it is also the fact that many people cannot see their doctor when they want to. Lynndoc is a federation of different GP practices in King’s Lynn that does outstanding work to provide out-of-hours cover. I believe that it can be done, and it really is an absolute priority.

Those three areas are crucial to ensuring that the £8 billion that has been dedicated for the next few years is properly spent. But today we heard a tale of two speeches: the Secretary of State, who was calm, statesmanlike and receptive; and the shadow Secretary of State, who was still fighting yesterday’s war and trying to weaponise the NHS. We have to move on from that and work together to make this great service an even greater success.

2.26 pm

Kevin Barron (Rother Valley) (Lab): I have to say to the hon. Member for North West Norfolk (Mr Bellingham) that I thought his speech was going well until the last few seconds, when he decided to weaponise it and attack the Opposition Front Bench. I will try to keep my remarks brief.

Looking forward, rather than back, the picture looks quite gloomy for healthcare in this country. The NHS’s “Five Year Forward View” stated that there would be a £30 billion annual hole in the NHS budget by 2020, so the £8 billion that the Government have promised will still leave a gap of £22 billion a year. Yet all we talk about here is ambulance waiting times and things like that.

We are going to have to look quite radically at healthcare in this country. All the experts say that the funding gap can be filled only if there is a radical upgrade in prevention and in public health. There should be much greater emphasis on prevention, with local authorities using their responsibility for public health

[Kevin Barron]

and leading the way locally. Priorities include tackling obesity, reducing alcohol-related health problems and smoking, and increasing levels of physical activity. Otherwise, the Government will have to find even more money for the NHS. The “Five Year Forward View” stated that:

“the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.”

I have to say that was lacking in the speeches we heard this afternoon.

I believe that key to that is the continuing need to drive down the prevalence of smoking in this country. Smoking currently costs the NHS at least £2 billion a year, and more than £1 billion in social care costs. Nationally, the total cost of smoking to society is currently nearly £13 billion a year. We have been more effective in reducing smoking than in any other prevention measure, and we know what works. Over the past decade smoking rates have declined from one in four to one in five of adults, and the rate has been even faster among young children. Between 2003 and 2013 there was a 70% reduction in smoking by young children—a phenomenal figure. However, more clearly needs to be done, because there are still 100,000 people dying of smoking-related diseases in the UK, and 20 times more smokers than that are suffering from smoking-related diseases: not just cancer and heart and lung disease; smoking can also cause infertility, diabetes and dementia. There are over 450,000 admissions to hospital every year due to smoking.

The clock is ticking on the tobacco control plan that was put in place, which expires at the end of this year. A new, more ambitious strategy for the next five years is needed to help fill the hole in national health expenditure. For a new strategy to work, it needs proper funding. The “stop smoking” services cost less than £100 million a year and, according to the National Institute for Health and Care Excellence, they are one of the most cost-effective treatments there is. Spending on mass media campaigns to help motivate smokers to quit and prevent young people from taking up smoking was only £25 million at its peak, and highly cost-effective. We are talking about spending millions of pounds to save billions.

Funding is the key. At a time when Government funding is being cut at national and local level, new sources need to be found. According to the Institute for Fiscal Studies, local authority spending per head has been cut by nearly 25% between 2010 and 2015, with the sharpest cuts to the poorest communities. We all know that smoking rates are highest among the most disadvantaged in society, so these are precisely the communities needing the greatest level of investment, yet it is being removed. Let me remind people of a speech I made a few months ago in this House, in February or thereabouts, when following cuts in local authorities the then coalition Government had had to put an extra £26 million of emergency payments into some local authorities because of the bed-blocking situation. They did not have money for social care, and our hospitals had beds full of people who had no clinical or medical reason to be in hospital but were there because the cuts in local authorities had caused problems in those areas.

The tobacco industry, of course, still continues to do quite well. In this country alone, it makes profits of over £1 billion a year. Its deadly product may be legal but is also lethal to 50% of people who use it. In last year’s autumn statement, the Chancellor said:

“Smoking imposes costs on society and the Government believe that it is therefore fair to ask the tobacco industry to make a greater contribution.”

However, it has all gone ominously quiet since then. In the March 2015 Budget, all the Chancellor said on the tobacco levy was that he was continuing to consult. That is not good enough. If the Government are to succeed in the radical upgrade in prevention and public health necessary to save the NHS, it is essential that we have a new and even more ambitious tobacco control plan for England launched by the end of this year, and it should be paid for by a levy on the tobacco industries’ profits.

2.33 pm

Caroline Ansell (Eastbourne) (Con): Thank you, Mr Deputy Speaker, for calling me to give my maiden speech as this House debates Her Majesty’s most Gracious Speech—particularly on this day, as we consider health and social care. It is a privilege to follow the right hon. Member for Rother Valley (Kevin Barron).

I am a teacher and passionate about education, but it was my boy’s shock diagnosis of a life-threatening brain tumour, then aged five, that changed the course of my life and has ultimately brought me to this place. So in his name, and remembering the very great expertise and care of NHS staff, I rise to speak. The NHS is in my political DNA, and concern for our local hospital runs through my home constituency like seaside rock. In my parliamentary campaign I said that health was my first priority, so it is very fitting that this is my first debate.

In customary form, I pay tribute to my predecessor, Stephen Lloyd, who served in the previous Parliament and brought great energy to his role and colour to the town in the form of the Eastbourne carnival. He was the first MP to secure 100 apprenticeships in 100 days. He and I have worked together on the Save the DGH Campaign for Eastbourne District General hospital. It seems right, too, in the year we commemorate the 800th anniversary of Magna Carta, to recall not just Stephen but those who have gone before us both—only 12 since 1885, when the Eastbourne constituency was created, with an electorate of just 8,000 souls.

This year of 2015 marks a more modern anniversary too. It is 25 years since the tragic loss of the right hon. Ian Gow, who served Eastbourne in this place with honour and distinction between 1974 and 1990, when he was cruelly assassinated by the Provisional IRA. At home he is still remembered with great respect and affection, and in this place too. Indeed, he was mentioned only yesterday by my hon. Friend the Member for Romford (Andrew Rosindell), speaking on Britain’s place in the world and the courage we must ever show in the face of terrorism.

In speaking I am suitably conscious that the business of this Chamber is now captured and can be streamed live to millions of homes around the nation. Back in the day, Ian Gow did not think televising proceedings a positive innovation, which made it ironic that his was the very first televised speech. Thanks to those early

recordings and the magic of the internet, I was able to hear his voice again. In the Loyal Address of 1989, he urges that we

“do not succumb to the vaulting ambitions of the supranationalists.”
—[*Official Report*, 21 November 1989; Vol. 162, c. 9.]

He, like me, would be pleased to see the European Union Referendum Bill in the Queen’s Speech. He talks of a then “new” hospital, the DGH; now we need new leadership to secure its future. I welcome plans for a truly seven-days-a-week NHS and for more joined-up health and social care, both signposted in the Gracious Speech. There are challenges ahead, but cause for confidence too, not least as Conservative plans recognise the needs of coastal communities such as mine, the importance of transport links, and the power of a strong economy to fund our NHS and build our schools.

My constituency includes, nestled in the downlands, Willingdon, Wannock, Filching and Jevington—made famous by being the birthplace of banoffee pie. Members may know Eastbourne as the sunniest place in the United Kingdom, a tourist town, and a retirement haven. That is all true, but there is perhaps an untold story. We are home to the largest junior school in Europe. We have, reportedly, the highest proportion of female directors in the UK and the highest number of director appointments under 25. We are surprisingly rich in military history, with the latest heritage project revealing the Summerdown camp—the country’s biggest first world war convalescent camp, a tiny part of which is now to be found under my sister’s garden. It is a place of culture, with the award-winning Turner gallery. It is the eastern gateway to the South Downs national park—a connection I hope to make increasingly strong in the years to come. It is a place of business, big and small, and home to the largest distributor of the English language in Europe.

We also have big ambitions, with pipeline plans to build a top conferencing centre, an emerging digital and creative community, and millions of pounds of investment working its way into the town—and soon we will have big names, as tennis stars make their way to Eastbourne later this month for the Aegon international pre-Wimbledon tournament, which beams images of our wonderful town all around the world. Members may recall that Eastbourne drew international coverage only last summer with the devastating images of the fire that ripped through our iconic Victorian pier. That pier is open again for business and for pleasure, and you are warmly welcome.

I close with the most sincere thanks to those who have given me the extraordinary privilege to represent them and the town and the area I love.

2.39 pm

Mr Douglas Carswell (Clacton) (UKIP): It is an honour to follow the hon. Member for Eastbourne (Caroline Ansell). I remember sharing a platform with her when I campaigned for her in her constituency about a year ago. She was clearly a worthy candidate and she is a winner now, so I am delighted to see her here.

I may be my party’s only voice in the House of Commons, but I shall speak on behalf of not only my constituents, but the millions who voted for my party. I may have only one vote in the Division Lobby, but

I shall use it to support Ministers when they do sensible things, to oppose the Government when they are being daft, and, when I think it is possible to improve things, to try to amend things to make them better.

There is, in short, much in the Queen’s Speech with which I agree. This is ostensibly a debate about health and social care, and I will direct most of my comments to that, but it would be remiss of me if I did not touch on one subject that is central to the long-term health and wellbeing of our nation in its broader sense, and that is the Europe question. I am absolutely thrilled and delighted that there is a European Union Referendum Bill in the Queen’s Speech. That is truly magnificent.

I remember 111 hon. Members from both sides of the House voting in October 2011 for an in/out referendum Bill. We were opposed on that occasion by Members on both Front Benches, all the Whips and, indeed, many of the pet pundits. It is wonderful that the Front Benchers, including Labour Members, have changed their minds and converted to the case for a referendum.

We should be generous to Ministers as they bring the Bill before the House. This is not a time for bickering or semantics. The Government have got it right on the big issues. I think they are right about the franchise and more or less right about the wording, and I think they are even right on the timing, too. The campaign to leave the European Union begins with this Bill, and we are only going to win it if we are relentlessly upbeat, optimistic and generous. We should begin today by being generous to the Government.

Tim Loughton (East Worthing and Shoreham) (Con): I am interested in what the hon. Gentleman is saying. Does he therefore agree that the worst possible scenario would have been the policy articulated and advocated by UKIP, which was to hold a referendum now, without any reform of the European Union, when all the polls suggested that the result would be staying in an unreformed EU?

Mr Carswell: I am pleased that the hon. Gentleman is being generous, but he is also being a little unfair. My party’s position was to get the legislation on the statute book. Those of us who want to maximise the chances of the out campaign winning recognise that it would be helpful if the Prime Minister tried to negotiate a new deal and failed to bring back anything significantly different. If the Prime Minister wants to take his time to conjure up this fictitious new deal, let him do so. The more he is seen as being Harold Wilson mark 2, the greater the chances of the undecideds going into the no column.

During the referendum debate that will follow, we also need to be generous to those who will be pro-Brussels, including perhaps the hon. Gentleman. We must seek to convince them that Brussels is not a seat of high-minded internationalism, but a nexus of vested interests and a den of crony capitalism.

I hope also to be able to support the education and adoption Bill—something is wrong with some of the adoption process in this country—and I hope we will use it as a chance to look at what other countries do when it comes to adoption, particularly Scandinavian countries such as Denmark.

[Mr Carswell]

I want to support the childcare Bill and will study the small print. The issue of affordable childcare is very important in my constituency. I will look with interest at the detail of the housing Bill, too. It is a very good idea to support self-build and, indeed, a brownfield register.

The Health Secretary outlined ideas to change and improve our national health service, including the importance of putting more money into healthcare. Given the advances in medical technology, the ageing population and rising expectations, my party supports that. As nations become richer, it is natural that we should want to spend more on health. The Health Secretary seems to be talking about championing the patient's interest, as opposed to that of the producer. He seems to be talking about seven-day surgeries and using innovation to allow people to access better care, and my instinct is very much to support that agenda.

The Health Secretary also touched on the challenges we face as a country when it comes to healthcare, including coping with dementia and social care and the need to do more for mental healthcare. There is clearly a shortage of GPs, there are clearly problems at A&E departments, and ambulance response times are not good enough. There needs to be a culture change in the health service. Those challenges and problems are very real, certainly at Colchester hospital, which serves many of my constituents, as Members on both sides of the House will recognise.

We should not forget, however, that we are living in an age of unprecedented progress. There will be 1 million more people over the age of 70 at the end of this Parliament, because we are living longer, healthier lives. Excessive alcohol consumption, particularly among younger people, is falling. Cigarette-related deaths are falling: e-cigarettes are providing a cheap solution to the age-old tobacco problem. Diseases that were once terminal are in retreat. A whole new generation of tailor-made drugs are on the horizon. The public policy choices that any Minister will have to grapple with are difficult, yet they are choices borne of rising expectations, greater medical capability and greater scrutiny.

I imagine I will oppose much of what this Government do. I regret what is not in the Queen's Speech as much as I support what is in it. There is a failure to introduce meaningful political reform. There is nothing in it that will make Government more properly accountable to Parliament and Parliament more properly answerable to the people. There is little in it to disperse power outward and downward, or to personalise public services in the way I think they need to be.

When I challenge the Government's shortcomings, however, I will do so cheerfully and in the belief that, yes, things are not good enough, but that is because they could and should be better. I will be optimistic and cheerful in opposing the Government when I need to do so, and I will support them when I think they are doing the right thing.

2.46 pm

Mr Stewart Jackson (Peterborough) (Con): It is always a pleasure to follow the hon. Member for Clacton (Mr Carswell), whose contributions are always very thoughtful.

One of the great lessons of the election campaign for the Labour party in the context of its leadership election is that it will have to look at its past and its future in respect of the NHS. The general election tested to destruction the idea that it is possible to repeat the claim, "24 hours to save the NHS," without a proper, well thought out and coherent policy for our national health service. The irony is that in many respects there is consensus across the parties on the big issues that the national health service will have to face in the next 10 or 20 years, including demographic and societal changes that are above party politics.

That apart, given the very challenging fiscal inheritance of 2010, this Government did an extremely good job on the NHS. We were committed to making those savings while at the same time driving up clinical numbers. My own trust has a 13% increase in the number of nurses and a 9% increase in the number of doctors and carries out 850,000 operations each year. Allowing for inflation, £5.5 billion was put into the NHS under the previous coalition Government. Important issues that had previously been neglected were also addressed, including giving parity to physical and mental health, reducing the stigma and encouraging local clinicians, commissioners and providers to treat people with mental health issues in exactly the same way as they would treat people with physical ailments.

Yes, we had problems with the A&E target, but I am very proud of what we did on, for instance, the cancer drugs fund, an initiative that received cross-party support and which has affected hundreds of thousands of people positively.

We made savings. I accept that very difficult decisions had to be taken on staff salaries, and in my intervention on my hon. Friend the Member for Totnes (Dr Wollaston) I made the point that there is an incongruity between what we are asking people lower down the skill base in the NHS to take and what we are awarding senior managers and, through clinical excellence awards, senior clinicians. We need to sort that out.

A lot of nonsense is spoken about the Health and Social Care Act 2012, but it has set in stone the ability to make incremental savings while protecting front-line clinical services and put into the driving seat local clinicians who are best placed to make commissioning decisions. I welcome the £8 billion funding commitment, and I particularly welcome seven-day-a-week GP access, which the coalition Government pioneered. I know that we will have the support of Her Majesty's Opposition and other parties on that.

The better care fund is welcome, although the Government should think again about the collaborative work that needs to be done with the Local Government Association—I declare an interest as a vice-president of the LGA—to try to fund the gaps. We will make long-term savings and drive up productivity, which will affect all our constituents, only by properly integrating acute health services and GP and primary care with social care. That is extremely important.

On dementia, prior to this debate we received a very useful and comprehensive briefing from Alzheimer's Research UK. We need to build on the Prime Minister's challenge on dementia by making improvements in dementia diagnosis and providing better care. I pay tribute to the work undertaken by Peterborough

Dementia Resource Centre in the Millfield area of my constituency. It is important that we also encourage dementia-friendly cities and towns throughout the country.

There are other issues that we must address urgently. My right hon. Friend the Secretary of State made the use and cost of agency staff a central issue that will inform NHS policy under the Conservative Government. That is vital. It is not an easy issue to deal with, but we must grasp the nettle now if we are to protect front-line services.

On private finance initiatives, unfortunately my acute district hospital trust officially has the most indebted PFI settlement in the country—and, I have to say, the worst and most disastrous. Peterborough and Stamford Hospitals NHS Foundation Trust has a £40 million structural deficit. That is unsustainable over the medium and long term. We need the Treasury and the Department of Health to work together to assist such challenging healthcare economies, because they will affect all areas, including social care, primary care and acute hospital care, particularly for older people. Older people account for a disproportionately large number of admissions to acute district hospital trusts. Given that the number of over-85s will double in the next 20 years, we cannot put this issue on the backburner—we need to look at it as a matter of urgency.

We must address senior manager redundancies. When I sat on the Public Accounts Committee in the previous Parliament, we saw some egregious cases of greed, mismanagement and back scratching from senior trust managers who were hiring and rehiring consultants and mates of mates. That is not acceptable when we are asking junior NHS staff to make sacrifices.

Finally, we need to think about an holistic approach to social care. For example, we should give tax breaks for housing and extra care facilities for older people, so that we have a properly co-ordinated system from age 60 all the way through to death. People should have an allocated health service worker, for instance. The health service does not belong to any one party. We have a good and proud record, and I urge the Government to continue their good work.

2.53 pm

Thangam Debbonaire (Bristol West) (Lab): Thank you for calling me to make my maiden speech, Mr Deputy Speaker. I congratulate the hon. Members for Central Ayrshire (Dr Whitford), for Vale of Clwyd (James Davies) and for Eastbourne (Caroline Ansell) on making their maiden speeches. I am sure that everyone present will join me in congratulating them on their most heartfelt and eloquent statements of commitment to their constituents and constituencies.

Members will not be surprised to hear that I too am rather proud of my constituency, Bristol West, but I will begin by paying tribute to my predecessor, Stephen Williams, for his diligent service to Bristol West and his constituents. I was particularly impressed by his commitment to equalities, human rights and fair trade, causes for which we both share passion. I wish him well in the future.

I would like to go further back and thank Valerie Davey, who was elected Member of Parliament for Bristol West in 1997. Her work in helping to establish the education maintenance allowance transformed the lives of thousands of young people, helping those from

low and modest income families who would otherwise have found it difficult to manage financially to stay on at school or college. Sadly, this has now gone.

Even further back is Mr William Waldegrave, who was lobbied by many in Bristol West, including me, to take a stand in Parliament against the provisions in section 28 of the Local Government Act 1988, which banned what was then called “promoting homosexuality” in schools. This hated provision held schools back from supporting and protecting many young people, to the detriment of their mental health. To his credit, Mr Waldegrave listened to us, his constituents, and he acted in this place. As he was, as I am now, privileged to represent Bristol West, a constituency with a significant proportion of lesbian, gay, bisexual and transgender people, I commend him for so doing.

My most famous predecessor, however, is of course Edmund Burke. A favourite quote attributed to him is that

“All that is required for evil to flourish is that good men do nothing.”

This quotation cannot be fully verified as Burke’s own words, and I hope that during my time in this House I, too, should be so handsomely misquoted.

My constituency of Bristol West is wonderful. People are buzzing with activity and activism on causes from gay rights to climate change, from food waste to renewable energy, and of course on the NHS. The vibrancy is palpable in business and enterprise, in creativity and music and the arts, new media and old, innovative restaurants and well-tended allotments. There is street entertainment, street stalls and street art of high quality. Do come to Bristol West, Mr Deputy Speaker, and I will take you on a tour of the greatest works of Banský and co.

Yes, Bristol is a fun city and a festival city, with festivals of one kind and another, from balloons to boats, pretty much every weekend in the summer. Thousands of people walk the streets for the sheer pleasure of looking around, and looking around is indeed a pleasure. From any stroll around my constituency of Bristol West, with listed buildings including Elizabethan almshouses, a well-preserved Norman arch, 17th century Christmas steps, John Wesley chapel, Brunel’s Temple Meads station and his suspension bridge, any visitor will know they are somewhere special.

Yet we also have poverty—poverty that can be seen in the streets less well-visited. There are rough sleepers. Some have been there so long I know their names. We try to look out for them and we want to see them better off. Others live in hidden homelessness on friends’ sofas, not knowing when they will be re-housed due to a chronic housing shortage and a lack of cash. In parts of Bristol West there is rising child poverty. In one ward, Lawrence Hill, more than half the children live in poverty despite the best efforts of their parents, who struggle to get by on low-paid, part-time or zero-hours jobs. This is shameful. Children growing up in poverty miss out for the rest of their lives. They are more likely to suffer poor health, with damp, unsafe and unhealthy housing, air pollution and other problems all contributing to shorter life expectancy.

As well as poverty, poverty of opportunity affects an entire generation of school leavers, 20-somethings and 30-somethings. These are young people from across

[Thangam Debbonaire]

the constituency who feel that they cannot get started properly. They tell me of insecure jobs, sky-high rents and little hope. Their parents—whether they are on low incomes or modest incomes, or are better-off—fear for their children’s future and wonder if they will ever have grandchildren. This will store up trouble for our health and social care systems when this generation of young people reach their later years. This is a shocking indictment of the extent to which we do, or do not, share our wealth in this country. In the 21st century we cannot and should not stand by and just wait for things to get better. Things only get better when we act. Why, if the nation gains in wealth, do we not all gain? Why is wealth so unevenly and unfairly distributed? In my time in Parliament, I hope to find out both the answers to these questions and the solutions to the problems, and I will play my part in solving them.

To return to one of Bristol’s most famous sons, Isambard Kingdom Brunel, and his suspension bridge, if one stands on the bridge in a howling gale one can feel it move. Engineers tell me that this is safer than a rigid structure which would sooner or later snap. But Brunel did not know that—he could not be sure. So he over-engineered, just to be sure that all the people crossing the bridge would be safe. This principle, of building safety into a structure, is surely one we should all apply to protecting our health and social care and other public services, and to standing up for all the people in all our constituencies.

My father came to this country by sea in the late 1950s from what was then called Madras and is now called Chennai. My mother, who is here in the Gallery today, came from the working-class end of Oxford. Her parents were trade unionists, co-operators and lifelong Labour activists.

People can measure just how British I am by the fact that—sadly, and in common with so many of us born in this country—the only language I speak fluently is English. But in my constituency in the city of Bristol, 91 different languages are spoken and there are people from 50 or more different countries of origin, a quarter of whom are from black or other minority ethnic backgrounds. I am proud to be the first non-white MP in any of the four constituencies of Bristol.

I bring to this House a quarter of a century of experience in work to prevent domestic violence. I started out as a professional cellist and I have a personal interest in promoting the needs of people on the autistic spectrum. I look forward to contributing these experiences, knowledge and interests to the work of this House. I am proud that I help to bring the proportions of women and people from the global ethnic majority closer to making this place more truly reflective of the country we serve.

I seek to earn the trust of the 126,000 or so people in Bristol West, and to be measured by my contribution to ending poverty, tackling climate change and promoting equality, as well as by how hard I work for the people of Bristol West, who I will work for with care and determination.

Mr Deputy Speaker, I thank you for your indulgence and I thank this House for its kind attention.

3.1 pm

Mims Davies (Eastleigh) (Con): It is a pleasure to follow such fine maiden speeches by the hon. Member for Bristol West (Thangam Debbonaire) and my hon. Friend the Member for Eastbourne (Caroline Ansell), as well as the fine words of my hon. Friend the Member for Peterborough (Mr Jackson).

It is an absolute pleasure to join this House today and to represent the constituency of Eastleigh. I am the first female Conservative MP for Eastleigh—the first Conservative, in fact, for 21 years—and the opportunity to speak today in the debate on Her Majesty’s Most Gracious Speech is one that I shall very much enjoy for the next six or so minutes.

Six is key in my speech, because this year it is 60 years since the Eastleigh constituency was formed. When people ask me where Eastleigh is, I say that it is the long strip of bacon that sort of runs between Southampton and Portsmouth. If anyone is still not quite sure where it is, they should drive to the bottom of that long strip and end up at Hamble. That is always a good place to be because it is the home of the King and Queen pub, one of the most famous pubs in the world and recently voted the finest sailing pub in the whole of Britain. Janet Bradley, the owner of the King and Queen, has asked me to remind the Chancellor that he is welcome at any time to come and pull a pint; in fact, she has offered him a job swap.

Eastleigh constituency is also the home of the famous Eastleigh tan; the last few months have certainly been quite enjoyable when the weather has been fine. For nearly 40 years, Eastleigh was a Conservative seat held by Sir David Price. He fought 10 elections and in his hands Eastleigh was a very safe Conservative seat, most wonderfully kept, and this year I received kind support from his daughter on the eve of the election. I was told, “Please win it back to Conservative hands for my dad”, and I am very pleased to report that I did. I know how much family support means when it comes to this job. I have young children and a fine husband, and without such support people could not campaign, let alone sit in this House.

Eastleigh is a growing constituency and has some lovely villages, one of which is Bursledon. Bursledon is the home of “Howard’s Way” and the Jolly Sailor pub. There is also the village of Netley, with its abbey and castle. In fact, there are more than 180 listed buildings and eight ancient monuments in the constituency, as well as the newly refurbished Bursledon windmill, which people should certainly visit.

Eastleigh town is home to O’Briens coffee shop, which I would argue provides the best coffee in a town centre that anyone could find. Eastleigh also has a history as a railway town. In fact, it goes back to Saxon times and is mentioned in the Domesday Book.

Modern Eastleigh was formed around the original Bishopstoke Junction railway station in 1838, and that is now where my predecessor, Mike Thornton, lives. He is well known to this House, and was warm and kind during the election campaign. He is also well known locally as a fine local councillor. I pay tribute to his hard work since the by-election that he won, and I know he will give me any helpful advice or guidance I need. During the election campaign, we duelled in slightly different ways. Of course, one way was at the hustings,

but the most memorable time was on a very hot Sunday morning in the Eastleigh 10k race. He pipped me then—I ran marathon pace, by the way—but as I came over the finish line I hoped that that would be the last time he did so, and it was. I wish Mike all the best and I know that he will continue to support the local community, and I wish him well in his new adventures—maybe a half-marathon.

Eastleigh aerodrome was the home of the Spitfire aeroplane; the Spitfire first flew out of the aerodrome, which is now Southampton international airport. Eastleigh is now home to Flybe, G W Martin and Lubetech, and B&Q has a little toe in the constituency, and has what was formerly the Pirelli factory, now Prysmian Cables & Systems Ltd. Eastleigh was also formerly home to Mr Kipling.

Eastleigh is also the home of Benny Hill. He worked in Woolworths on Leigh Road before becoming a milkman. Yes, he was “The Fastest Milkman in the West”, based at Factory Road, where he worked with a horse-drawn carriage. We know that that song was also made famous quite recently on “Desert Island Discs” by our Prime Minister. Benny Hill Close is now full of lovely new homes.

Eastleigh College is a tremendous success, with more than 4,000 apprentices. Barton Peveril Sixth Form College is also a great college, and it was the choice of Colin Firth. In addition, Eastleigh is famously the home of the Naked Rambler, but I will not say any more about that.

Eastleigh is very close to the M3 and the M27, which puts pressure on our community, with pollution and the other pressures from living nearby on the peninsula. Sadly, we have some very polluted areas in the constituency, so I will use my time in this House to fight for the infrastructure that is needed: the Chicken Hall link road; the Botley bypass, which we have waited decades for; and the upgrades to Hamble Lane and the Windover roundabout. We need smart motorways in Hampshire, noise reduction and junction improvements on the M27.

In this debate today, we are talking about the NHS and its five-year plan, which will integrate healthcare and social care, improve access to GPs and prioritise mental health. I was a carer for my mum and dad in their older age, and I was a member of the “sandwich” generation—someone looking after younger children as well as unwell parents. I would like to see us supporting people better. Carers week is coming up and I will be supporting Eastleigh and the One Community in that.

Finally, I would like us, in the NHS and the Bill we are considering, to bring through the technology and new practices that are so badly needed, and which I saw from the other side, by using it. I would like to see Moorgreen hospital enhanced and retained. There are no acute services in Eastleigh; there is no walk-in centre or community hospital.

In closing, I am very proud to represent Eastleigh and I am also very proud to stand alongside Godfrey Olson, who is one of my local councillors and has celebrated 60 years as a councillor. If I do can one tenth of the work that he has done in Eastleigh in this House—today is my 40th birthday, so do the maths—I will be here for a long time. I vow to work very hard for Eastleigh.

Thank you very much, Mr Deputy Speaker, for giving me the chance to speak.

3.8 pm

Barbara Keeley (Worsley and Eccles South) (Lab): It is a pleasure to follow the speeches of so many new Members, in particular the excellent speech of my hon. Friend the Member for Bristol West (Thangam Debbonaire), as well as another fine speech by the hon. Member for Eastleigh (Mims Davies), which we have just heard. Both those speeches were excellent expositions of the highlights of the Members’ local areas, and I was pleased to hear the commitment to carers that the hon. Member for Eastleigh has just made; I will expand on the issue of carers later.

I am delighted to have been elected by the people of Worsley and Eccles South to represent them in what is my third parliamentary term. There are 73,000 people in my constituency and I vow today to represent them all to the best of ability. Today, however, I want to talk about the 10,800 or so of my constituents who are unpaid family carers and part of the 6.5 million people who are carers across the UK. That is appropriate, because this year is the 50th year of the movement to support carers, and, as the hon. Member for Eastleigh has just said, next week is carers week. Carers week is a time when we celebrate the unpaid work of family carers, like the hon. Lady herself, and also a time when we should think about how we can better support those carers. Before I talk in more general terms, I pay tribute to Salford Carers Centre, which is part of the Carers Trust, and Salford Young Adult Carers project. I feel fortunate, as an MP in Salford, to know that the carers centre and the young carers project are providing such excellent support.

In April, when we were all busy campaigning, Carers UK published a survey of the state of caring. Over this Parliament, an estimated 10.6 million people will take on a new caring role for a family member or friend who is disabled, elderly or seriously ill, and the report tells us that we will not give them the support they need and deserve unless we make changes to ensure adequate care services and improved quality of care and, where we can, maintain and improve the financial support for carers.

It should be no surprise, after the last Parliament, that more than half of carers surveyed said they were worried about the impact of cuts to care and support services over the next year. They are right to be worried, because since 2010 Government cuts to local authority budgets have meant that more than £3.5 billion has been cut from adult social care budgets. Besides the quantity of support services available, which is important, family carers also worry about poor quality services. My right hon. Friend the Member for Leigh (Andy Burnham) rightly referred earlier to those terrible 15-minute care visits. Only just over a quarter of carers reported positive experiences of home care or respite care, and just over a fifth reported bad or terrible experiences of care, with the rest reporting mixed or fair experiences.

I say to the Minister, whom I am glad is in his place, that we should not be happy to hear that there is a lot of poor quality care out there. Poor care services mean that family carers have to take even more on themselves, with little respite from caring. Again, it is no surprise that six out of 10 carers told Carers UK that they were at breaking point. Caring can have a substantial impact on the health of the family carer. More than eight out of 10 carers reported to Carers UK that caring was having

[Barbara Keeley]

a negative impact on their health, and that figure is much higher for people caring for someone with dementia. Some 74% of carers report that they are struggling to get a good night's sleep, and 47% are having difficulty maintaining a balance diet.

Sixty thousand carers are affected by the bedroom tax. In the last Parliament, I introduced a Bill to exempt households with one extra bedroom from the bedroom tax if a carer in the house was eligible for carer's allowance. While a disabled person who needs overnight care from a paid care worker or non-resident relative is exempt from the bedroom tax, they are hit by the tax when the care is provided unpaid by a partner or another carer living in the same house. That is unfair. Subjecting carers to the bedroom tax is illogical as well as unfair. One aim of the bedroom tax was to improve work incentives for working-age claimants, with the assumption that people should seek work or increase the number of hours they work to pay the bedroom tax. But for many unpaid carers that is not an option—entitlement to carer's allowance means caring for someone for more than 35 hours a week, and Carers UK reports that 60% of those caring for people with dementia care for 60 hours a week. Clearly they cannot move back into employment without reducing their ability to care.

It is an insult to the 2.3 million people who have made the difficult decision to give up work so that they can care for a family member to be penalised further for that decision. Last week, I asked the Prime Minister to confirm that the planned £12 billion of welfare cuts would not include a measure to cut eligibility for carer's allowance. He did not answer the question, and neither did the Health Secretary today. It is even more worrying for the 670,000 carers who get carer's allowance that it is going to be cut.

I have not read all the Conservative manifesto, but I know that it said little about carers. It said only this:

“We will increase support for fulltime unpaid carers.”

I have suggested that this will mean ensuring sufficient funding for social care as well as for the NHS and improving the quality of the care services. It will also mean that carers should not suffer financial hardship as a result of their caring. Full-time family carers should not be subject to the bedroom tax, and carers should not be worrying, as they now are, about losing their eligibility for carer's allowance. My party was committed to making it a duty on the NHS to identify carers—a measure that would help carers' health—and I hope we can see that brought forward, if not by the Government, then in a private Member's Bill.

I have raised today a number of issues of great importance to 6.5 million carers. It is time that their issues achieved more prominence in the House, and I will continue to raise them, as I have done today.

3.14 pm

Kit Malthouse (North West Hampshire) (Con): I am grateful, Mr Deputy Speaker, for this opportunity to make my maiden speech, particularly during a debate of such high quality. I congratulate those Members who have made their maiden speeches today, and I am particularly pleased to follow my Hampshire colleague, my hon. Friend the Member for Eastleigh (Mims Davies), thanks to whom I made quite a lot of money at Ladbrokes.

The wonder of modern technology and the labours of our friends from *Hansard* mean that I have read, listened to and watched a number of speeches over the past few days, and I have been impressed by many. For instance, thoughtful speeches from my right hon. and learned Friend the Member for Beaconsfield (Mr Grieve) and my hon. Friend the Member for North East Somerset (Mr Rees-Mogg) on the opening night illustrated the high quality of thinking in the Chamber, and I am pleased to be able to participate.

I am relieved that you, Mr Deputy Speaker, are in the Chair for my speech, because it is a tradition in a maiden speech for a Member to panegyricise their constituency, but 20 years ago the jewel—the glowing green emerald—that is North West Hampshire slipped through the otherwise deft fingers of the Speaker when he was the very young candidate for the candidacy there and was the runner-up to my predecessor. He will know from that experience that there can be few slices of England as fair as North West Hampshire. It has the world's most important chalk stream, the River Test, rising and gurgling through it; it has “*Watership Down*” at its very heart and 60 largely thatched villages and hamlets dotted among its verdant hills. It is no surprise, therefore, that much of the constituency is designated an area of outstanding natural beauty.

In the north of the constituency lies the industrious town of Tadley—hard up against the fence of the Atomic Weapons Establishment in the constituency of my hon. Friend the Member for Newbury (Richard Benyon)—with its famous treacle fair, held just this last Sunday. In the south there is the ancient market town of Andover, made modern in the 1960s by a deal with the Greater London Council to become a London overspill town, greatly increasing the population—and, I am afraid to say, the number of Arsenal supporters.

North West Hampshire is a hard-working place with very high employment levels underpinned by a thriving small business community, but it is not without its problems. I have pledged to put my shoulder to the wheel to try and help, starting with schools, where performance is not universally brilliant. A successful future for the town will be built on the foundation of great schools, so our work must begin there. I look forward to working with the Secretary of State for Education, my right hon. Friend the Member for Loughborough (Nicky Morgan), in her vital campaign to drive up standards and ambition.

Like much of Hampshire, my constituency has strong links with the armed forces. The Secretary of State for Communities and Local Government, my right hon. Friend the Member for Tunbridge Wells (Greg Clark), whom I congratulate on his appointment to the Cabinet—we were councillors together at Westminster city council—may boast that his constituency is the ancient home of the lieutenant colonel, but I believe that I might have a stronger claim. With army headquarters sited just outside Andover and the plethora of bases and garrison towns in the area, many serving and retired services personnel have settled there, giving a military flavour to much of life in the constituency. I thank them for their service to our country.

The House has not heard a maiden speech from a Member for North West Hampshire for more than 50 years. The last one, in 1964, was given by the late Sir David Mitchell, father of my right hon. Friend the

Member for Sutton Coldfield (Mr Mitchell), who sadly died last year after a distinguished life of public service. He was succeeded in 1997 by my predecessor, Sir George Young, the “Bicycling Baronet”, who was an MP already but whose Ealing Acton constituency had been abolished. Like me, Sir George had been a local councillor in London, with a young John Major, and then a member of the GLC, before entering Parliament and embarking on a glittering 42-year-long career on these Benches. I am told that he is the only Member to be hired, fired and rehired by three Prime Ministers.

Sir George’s time here was garlanded with many laurels, but it was at the constituency level that his true character shone through. His work over the past two decades has impacted on thousands of constituents. At every door I knocked on during the campaign, his industry and care were remarked upon. He has set the bar very high indeed. It has sometimes felt as if North West Hampshire had the Queen Mother as its MP, such was the regard in which he was held. He did not do it alone, of course. His wife, Lady Aurelia Young, whose father, Oscar Nemon, sculpted the magnificent statue of Churchill that stands in Members’ Lobby, has been very much a part of the team. The constituency and the country owe them a great deal.

I have tried to absorb as much of this debate as possible over the last few days, and there have been many notable and interesting speeches, but one in particular has stuck in my mind. It was given by the hon. Member for Bassetlaw (John Mann) on the opening night. In it, he said that the scandal of historical child abuse will be one of the defining issues of the next five years. He said that it would haunt the Parliament, and I agree with him.

During my many years in local and regional government in London, I have become increasingly alarmed at the social and cultural architecture in which our children live. I have tried to do my bit for them—for children in the care system, in prison or in gangs, and for children trafficked, mutilated, beaten, abused and too often killed. There are many politicians who have made a greater impact than me—not least the Minister for Children and Families, my hon. Friend the Member for Crewe and Nantwich (Edward Timpson) and the Lord Chancellor and Secretary of State for Justice, my right hon. Friend the Member for Surrey Heath (Michael Gove), whose experience and work in this area over the last five years has been exemplary. I welcome the measures in the education and adoption Bill signalled in the Gracious Speech this week.

But we have done our work in the face of profound and rapid social change in the way our children live. Their exposure and the exposure of those who have care of them to sex, violence and commercialisation is changing the way children interact with each other and with adults. The Prime Minister, I sense, feels the same, and has expressed alarm on a number of occasions. His very welcome troubled families programme, now expanded to include over 500,000 families, gives a sense of the scale of the issue. I see from the Order Paper that tonight’s Adjournment debate, called by the hon. Member for Nottingham North (Mr Allen), gives expression to a similar alarm in calling for the establishment of an institute for the study of the sexual abuse of children.

There has been much talk of this Parliament being consumed by questions of foxhunting, Europe, human rights and the Union. Even in the context of those

important debates, I am with the hon. Member for Bassetlaw in believing that the horrific stories of child abuse from the past will dominate our public discourse. This House must respond by putting the future of our children, and in particular the care of our most disadvantaged and defenceless children, in front and at the centre of our considerations.

The good people of North West Hampshire have sent me here as their champion, and I intend to strain every sinew in their interests for as long as they will have me. During the time I am allowed in this House, I hope to be a champion for children, too. It was Nelson Mandela who said:

“There can be no keener revelation of a society’s soul than the way in which it treats its children.”

I am sure you will agree with me, Mr Deputy Speaker, that he was right.

3.22 pm

Joan Ryan (Enfield North) (Lab): It is a privilege to be back in this place after my short break; I did not seek it, but I hope I made good use of it. I would like to congratulate the hon. Member for North West Hampshire (Kit Malthouse) on his maiden speech; it is a pleasure to follow him. It is an honour, too, to be able to represent the constituents of Enfield North once again and to speak on their behalf.

One of the issues of the upmost importance to my constituents—and, indeed, to everybody in Enfield—is our national health service. Since 2010, Enfield has seen a shocking decline in acute care and primary care provision. Nothing symbolises the Conservatives’ attitude to the NHS more clearly than their decision to close our accident and emergency department and maternity unit at Chase Farm hospital—despite their promising to keep both open before the 2010 general election. People in Enfield feel betrayed—and no wonder.

Now, in the Gracious Speech, we see further pledges made to increase the health budget, to improve GP access and to ensure seven-day services for the NHS. Given the stark evidence of broken promises and cuts to services from the last five years, how can my constituents have any confidence in the Government’s plans for the NHS over the next five years?

Posing outside Chase Farm, in a visit to the hospital in 2007, the Prime Minister, then the Leader of the Opposition said,

“the idea that you cannot keep a maternity unit that’s got three thousand babies born in it a year is completely wrong. The idea we should be shutting Accident and Emergency and asking people to travel further is also wrong”

I agreed with him, but that was 2007. Safeguards were mentioned again in 2010, yet by 2013, the Conservative-led Government had ripped the heart out of Chase Farm and axed both services for good. That decision was certainly wrong.

Reports by the Care Quality Commission in 2014 found that both Barnet General hospital and North Middlesex University hospital, which have had to deal with the fallout from the closures at Chase Farm, had seen an increase in the number of patients they had to treat, a greater workload placed on staff and, in the case of the North Mid, added

“pressures to care for patients”.

[Joan Ryan]

According to the NHS England A&E waiting time figures published in April, we have also seen a very sharp and real increase in the number of patients having to wait four or more hours for treatment at the A&E.

Our local health services would not have been under quite the same pressure if other promises to improve primary care, and therefore alleviate some of the strain on local A&E departments, had been fulfilled. The Barnet, Enfield and Haringey clinical strategy implemented in 2013 was supposed

“to improve health services for local people in the three boroughs”, and at the time the strategy was approved, the Prime Minister stood at that Dispatch Box and said:

“Enfield is also getting an increase in primary care funding. That is part of our plan of not cutting but expanding our NHS.”—[*Official Report*, 20 November 2013; Vol. 570, c. 1226.] Let me tell the House what this so-called improvement and expansion of services actually looks like.

Between 2010 and the summer of 2014, we saw 12 GP practices in Enfield close, with only one new GP practice opened. In fact, there is not a single GP surgery in Enfield Chase, the ward in which Chase Farm hospital is located. Enfield is facing a serious shortage of doctors. The number of GPs in Enfield is expected to have to rise by 84 from its current levels of 167 over the next five years—an increase of some 50%, and that just to get adequate cover by 2020. According to the Royal College of General Practitioners, that leaves Enfield the 17th worst hit clinical commissioning group out of 212 across the country. I suggest that that is a record to be ashamed of.

Once again, promises made have not been kept, and it is very difficult to get a GP appointment in Enfield. That brings me back to Chase Farm hospital, which has now been taken over by the Royal Free London NHS Foundation Trust. In December 2014, the Prime Minister said that the Government had set aside “£230 million” to redevelop the site. In reality, the Government are contributing only £82 million, and the rest of the costs must be provided through land sales and from the Royal Free itself. Despite many misleading statements by the governing party locally and nationally, the money is not going solely towards the construction of new buildings. A lot of it is to be used to maintain facilities and help to cover the hospital’s multi-million pound deficit. The redevelopment will cut Chase Farm hospital in size by almost a third, with no A and E, no maternity and no intensive care units either. It is certainly not going to be recognisable as the district general hospital it once was.

At the time of the announcement I mentioned, we were given a two-hour extension to the urgent care centre’s opening hours. That was in December, just five months before the election. A review of the urgent care hours is due this summer, but it is easy to imagine how cynical the two-hour expansion will look if those two hours are then to be cut. I believe that we need Chase Farm’s urgent care centre upgraded and its opening times permanently extended. Chase Farm has been gutted of frontline services. Acute care provision is under immense pressure. Enfield faces a shortfall in primary care provision, especially in relation to the number of GPs. Our mental health trust is anticipating an increased financial deficit of about £10 million this year, and funding for public health, which has been frozen, leaves Enfield 13.6% below the target figure for

funding recommended by the Department of Health. This is a health care crisis in Enfield, and it behoves the Secretary of State to meet me to discuss the situation in person so that he can give an absolute commitment to me and, more important, the people of Enfield, that these issues will be addressed. I am holding him and his Government to account. Will the current promises on the future of our NHS prove to be worth any more than the promises that we have already seen betrayed right across Enfield and its health care services?

3.29 pm

Jesse Norman (Hereford and South Herefordshire) (Con): I congratulate all those who have given their maiden speeches in this Queen’s Speech debate today and on previous days. We have seen a galaxy of talent, and it has been a delight to listen to them. I feel like a thorn amid a garland of roses. I also take my hat off to the hon. Member for Bristol West (Thangam Debbonaire), now departing, for her elegant misattribution of my great hero Burke, for which I thank her.

Having won my seat in 2010, I am not in a position to give a maiden speech, but I am pleased to report to the House that the voters of Hereford and South Herefordshire have returned me with a majority that increased from 2,500 to just under 17,000. It has always been my aspiration to make my seat one where they weigh the vote rather than count it, and I am pleased to report that we are making a little progress in that direction.

With that progress comes responsibility, and I want to dwell on that a little. We had the Hay festival all last week, on the edge of my constituency—an extraordinary gathering of ideas and words and music, bringing people together from across this country, indeed across the world. It is an extraordinary institution and one of which I have had the honour to be a director for the past few years. The festival—I am talking here not so much about health and social care in the strict sense as about the health and care of our society more widely—formed a fascinating contrast with our proceedings in Parliament. For the Queen’s Speech had many excellent elements within it—enterprise, finance, education, immigration, cities and the EU referendum, to name just a few—and it had a heavily economic focus, as befits the times in which we live. But it was striking that the list of Bills barely touched, or touches, the areas of arts and culture—social care in the wider sense that I have described. It was doubly striking in the light of the many excellent speeches that we have heard in the past few days. Time and again they returned to the role of culture, of soft power, in supporting and advancing our understanding of ourselves and our place in the wider world.

I think of the spat mentioned yesterday between Charles I and his wife Henrietta Maria in 1621, which was healed by the soft breezes of rural Hampshire, as my hon. Friend the Member for Fareham (Suella Fernandes) pointed out, while from the opposite side of the Chamber the hon. Member for Birmingham, Edgbaston (Ms Stuart) rightly highlighted the importance of the English language and of British norms and values in our foreign policy.

This House is no friend to abstract ideas, and I am pleased to say that it is not, but it is worth asking ourselves what we mean by culture. For some it is

“The best that has been thought and said in the world”.

For others it is

“the diffusion and extension of knowledge”

within a society. There is something in both definitions. We have a staggeringly rich and diverse national culture in this country. Indeed, in many ways, ours is among the very richest and most diverse cultures in the world today. But that knowledge, that culture, cannot exist unless it is shared; unless it is diffused and extended, as Cardinal Newman put it. And it must be diffused and extended across the whole country.

But Mr Deputy Speaker, this is not the case today. Let me pick out two areas in which I suggest that we need early and resolute action from the Government to support the diffusion of culture. The first is communications. Vast areas of our country still do not have decent broadband, fast or otherwise. Vast areas of our country struggle to get a decent mobile signal. This affects rural areas and some urban areas in England, Scotland, Wales and Northern Ireland alike. We need an urgent action task force, led by Government but involving local government and the private and third sectors, to review how these issues can be swiftly resolved, and then to resolve them.

My second area, over and above communications, has to do with what is communicated; with knowledge, with understanding and the value of education, which are the cornerstones of our culture. Over the past five years, the Government, led by the Conservative party, have made great strides in education, almost across the entire age spectrum, but one crucial group has been left out—indeed worse, the group’s great achievements have arguably been put at a certain amount of risk. I mean our sixth-form colleges, which have an extraordinary record of educating young people at low cost and to high quality. Mr Deputy Speaker, we need to do something about this collectively in this Parliament. We need to do something about communications, rural broadband and a rural mobile signal. We need to do something about the diffusion of our culture across our country and the way in which we educate our young people in our sixth-form colleges.

This Government have rightly laid claim to the mantle of one nation, and have done so in the name of compassionate conservatism, but that inclusiveness—that fellow-feeling—demands that everyone be equally able to enjoy our history and our traditions, and share in the endlessly dynamic and creative culture that is Britain. For that, we need better broadband and better mobile signals, and we need to support our sixth-form colleges. To those ends, I hope that the Government will be able to introduce measures swiftly to address the issues that I have raised.

3.34 pm

Angela Rayner (Ashton-under-Lyne) (Lab): Thank you for calling me to speak, Mr Deputy Speaker. I also thank the hon. Member for Hereford and South Herefordshire (Jesse Norman) for his speech.

There has been an Ashton-under-Lyne constituency since 1832, and although there have been significant boundary changes during the last 183 years, the strength and character of the people of my constituency have not changed. It is the people of Ashton-under-Lyne who are at the start, the heart and the end of my maiden speech. It is to them that I owe this tremendous

honour and privilege. They remain proud, warm and welcoming, and, most of all, resilient, although I fear that those qualities will be severely tested over the next five years.

My constituency consists of three distinct communities, Ashton, Droylsden and Failsworth. It has been well served by its elected representatives over the years, and I am proud to say that, since 1935, it has happily returned an unbroken line of Labour MPs. I pay tribute to David Heyes, my predecessor, whom Members will recall for his 14-year service in the House. A former advice worker and a proud fellow member of my trade union, Unison, David was adept at handling constituency casework, as I now know because of my casework load. He was also a real champion of our NHS, and, in particular, of Tameside general hospital, in our constituency.

All the previous MPs who have represented my historic constituency have had one thing in common that I do not share: they have all been men. Today, I stand here making my maiden speech as the first woman MP to serve Ashton-under-Lyne in 183 years, and, as the first woman MP, I promise that I will do all in my power to live up to the examples shown by my predecessors. Of course, I could never fill their shoes—mine tend to have three-inch heels and to be rather more colourful—but I walk in their footsteps. We are different, and I will be different, but we are equal too.

Today, in this House of democracy, we are making a little more history. I lay claim to being the only Member of Parliament ever to have worked as a home carer. I have known the insecurity of zero-hours contracts myself, as a worker, and also the insecurity of the people who depend on our care. I have also seen how quality care can change lives and make a real difference. One in eight adults in Ashton-under-Lyne is providing unpaid care by looking after a loved one. Carers make a remarkable contribution to our society, holding families together and enabling loved ones to get the most out of life. Their care saves the United Kingdom billions every year. I agree with all that was said earlier by my hon. Friend the Member for Worsley and Eccles South (Barbara Keeley).

A care worker becoming a Member of Parliament: that is real aspiration for you. Perhaps I am also the only Member who, at the age of 16 and pregnant, was told in no uncertain terms that I would never amount to anything. If only those people could see me now! I am proud to be in this place, for myself, for my family, for my party, and for the people whom I represent. I am proud, too, for women, who are the backbone of our society and the rock of our families. As a mother, I know what it is like to struggle to make ends meet. However, I also know how Governments can change people’s lives for the better. It was my party—the Labour party—that in government founded the national health service. Many Members on both sides of this House will have cause to be thankful for the care the NHS has provided. One of my sons owes his life to our NHS. He was born at just 23 weeks’ gestation. He clung to life for months in an intensive care unit in Manchester’s St Mary’s hospital. He finally pulled through thanks to the care of our NHS staff. Members may therefore understand that I will be watching intently how this Government treat our NHS over the next five years both as an MP and as a mother, and let me give a warning—an angry mother is someone you just don’t want to tangle with.

[Angela Rayner]

I take my job—this, my only job—extremely seriously. I will bring determination and commitment to my socialist values in representing my constituents. The failures of the last Government on our NHS have led to crisis after crisis and countless broken promises. For all the talk from those on the Treasury Bench, they cannot hide from the daily misery people face up and down the country. Because of Government failures, the NHS has no money and not enough permanent staff, and GP services are overstretched.

I will always tell it how it is—my constituents deserve no less—and I will do so in my own little northern way. I also have a message from my constituents to the Treasury Bench: stop privatising and selling off our NHS.

To sum up, I turn back to my constituency of Ashton-under-Lyne and its journey from mill town to, today, a centre for manufacturing and retail excellence, supported by excellent transport links, not to mention our award-winning market.

I thank you, Mr Deputy Speaker, for giving me the opportunity to make my maiden speech and I thank Members for listening.

3.42 pm

Mrs Anne Main (St Albans) (Con): Thank you, Mr Deputy Speaker. It is a pleasure to serve under your chairmanship today. I congratulate the hon. Member for Ashton-under-Lyne (Angela Rayner) on her maiden speech. It was a very thought-provoking speech and one thing I will take from it was her passionate wishes for her young son, who she said survived at 23 weeks' gestation. I wish her well in that and some of my right hon. and hon. Friends and some Opposition Members who tried in the last Parliament to revisit the gestational age for abortion may well wish to remind her of that if she is present for any such debate. I would like that subject to be revisited at some point in the future, as I know would other colleagues.

There is some unfinished business from the last Parliament and I want to touch on some of that as well as speak about the proposals on health and social care in Her Majesty's Gracious Speech.

I was reminded quite forcefully by a constituent that we are still waiting to hear the outcome in respect of some of the rendition that may or may not have occurred on Diego Garcia. This year marks the 50th anniversary of the lease with America and it can now potentially be renewed. Colleagues in previous Parliaments have looked at this and asked about our role in this potential rendition of torture victims. This year, the first year of this Parliament, is an opportune moment to look at our renegotiation of the lease with America. I hope that we perhaps might take time to reflect on the Prime Minister's commitment in 2010 to have some form of inquiry into whether or not the previous Labour Government dragged us through unfortunate circumstances whereby we were complicit potentially in torture and rendition.

Another topic that will come back to us is in this Parliament is the need to tackle bovine TB. In the last Parliament I was pleased to lead a debate on our ineffective tackling of bovine TB through our unfortunate slaughter of badgers. I know that this is not high up on

everybody's agenda, but it will be coming back because we will potentially be rolling out our TB strategy. I want to see TB controlled and I know that farmers have suffered greatly because of it but, now that the British Veterinary Association has said that our strategy to free-shoot badgers was totally flawed and inhumane, we have to come back with something better.

During the election period I spoke to quite a few people about Equitable Life. I hope that we can revisit that topic at some point given the grave injustices that were done to all those who were caught up in that saga. It was a scandal that they lost the pensions that they had banked on for their future.

I also want to pay tribute to a little girl I met during my campaign in St Albans. Her name is Bessie and she and her parents, Mike and Abby, were shocked to discover that she had a serious condition called neurofibromatosis. She went from being a little girl running around to a little girl in a wheelchair. Thankfully, following treatment, she regained some use of her limbs and is now making good progress, but she will always have to tackle the condition. I said that I would like to look into that topic if I was returned to this place.

That brings me to the health and social care aspect of the Queen's Speech. A week after the general election I was shocked to read an article on the front page of my local newspaper in which a coroner was calling for a resolution in co-ordinating social care and NHS care. As we know, if one pot in the health and social care budget is raided, the other is somehow slightly better off. There is a real problem of people being kept in hospital beds and not receiving care packages. When they do receive a care package, the hospital cannot wait to get rid of them. There is no linking up in the system.

The coroner was really unhappy about this, and I want to use some of his words to describe the situation. He criticised what he called the bureaucratic hurdles that result from the lack of joined-up thinking. He said that the Government needed to tackle this, as it was difficult to know who to contact for reports. When someone dies, it is difficult to know whether that has been the result of poor healthcare or poor social care. We all have what are considered to be bed-blockers. At the inquest, the coroner asked Ms Reynolds, who was asked to explain what had happened, whether there were bed-blockers. She said that some patients

"may not be quite ready to go home, because there is a delay in their social care package".

This is something that we see over and over again.

We must stop these delays in social care packages. It is too easy for patients to languish in hospital beds while the local authority drags its feet, for whatever reason. I accept that there are lots of reasons, but these care packages are not being put in place quickly enough. In St Albans, which is covered by the West Hertfordshire Hospitals NHS Trust, up to 48% of all acute beds at any one time have been occupied by patients who could have been dealt with in an alternative way. Some patients could have been discharged to their own homes or perhaps to a less acute bed service. We need to tackle this problem, and I welcome the fact that it is a priority for the Government.

We also need to have a big think about how we deliver care, and there is a review taking place in my hospital trust at the moment. I make no secret of the

fact that I am arguing for an urgent care centre in St Albans. Unfortunately, we lost our accident and emergency department under the Labour Government, but that is history and there is no point in going over it again now. We must look forward to the future, and I would like an urgent care centre to take the pressure off the Watford A&E. People who do not know what to do in a stressful situation will go to A&E rather than risk not being seen locally. I will be fighting for those acute services. I also want us to get people out of their hospital beds and into their own homes, with a care package.

I am sorry to have to end on a sour note, but Labour must also be held accountable. Labour's spokesman threw a lot of bricks in his opening speech, but when my mother died in Wales, she was told that she would not receive a care package for six weeks. She died before she got one. So let us not pretend that this is something that only we in England have to deal with. It is also happening on Labour's watch in Wales. Having been a carer myself, I know how important it is to get that support in place. When carers are supported, it takes a burden off the NHS. I welcome the announcement in the Queen's Speech that this Government have made this matter a priority. Let us have some co-operation from the Opposition to help us to deliver this, so that all those carers out there, many of whom are elderly, can know that they have the support of a Government who truly want to join up the services for the good of all.

3.49 pm

Rachael Maskell (York Central) (Lab/Co-op): I thank you, Mr Deputy Speaker, for calling me in today's debate. I congratulate all those who have made their maiden speeches on this crucial issue of health and care, which is so important to my constituents across York Central. I thank those constituents for putting their trust in me to speak on this and many other matters.

Health and care are about the essence of life; they are about our families and our communities. As we have seen over the past five years, passions have been stirred, as Members of this House, with no evidence, took to taking our NHS and putting it on the open market, inviting the profiteers of the sick to run our health service instead of the state. This is the NHS that we built, we paid for, we work in, and we depend on, and we, as Labour, are so proud that we created it.

In 2015, we know that the vision for the NHS of the late Member for Ebbw Vale is not being met, as growing social and financial inequalities manifest themselves in health inequality, and access to vital services is delayed and even denied as a direct result of the £3 billion structural reorganisation that the previous Government introduced. It is that crisis that I want to address in my maiden speech.

First, however, I must pay tribute to the NHS staff whom I have represented as Unite's head of health. They are dedicated, professional, selfless, compassionate, innovative, caring and loving in all they do 24/7. I must also declare an interest: I have worked in the NHS for 20 years and am the first ever physiotherapist to become an MP. Although our reputation goes before us—I trust that that has been positive and not too painful—I can assure Members that I will not be using my position to massage facts or manipulate statistics. Instead, I will exercise my voice to benefit those whom I represent in my constituency of York Central.

My predecessor, Sir Hugh Bayley, entered this House with a keen interest in health and many will recall that he played an active role on the Health Select Committee, although he was latterly more involved in leading the parliamentary assembly at NATO. I am sure that the whole House will join me in paying tribute to him for the contributions that he made to this place, which were always executed with integrity, honesty and decency.

York is an amazing city and needs no introduction. Our National Rail Museum is emblematic of the once thriving rail industry, which had to shed so many good quality jobs as a direct result of rail privatisation. It left behind the legacy of asbestosis. Our Minster represents our vibrant faith communities. It also serves our city's food banks, which are ever in demand as the cost of living crisis squeezes families beyond their limits.

Let us turn now to our Viking settlement and our 14th century Shambles. They not only make us look back to how we once lived, but urge us to plan ahead and to build much-needed affordable and social housing. Beyond the medieval city walls are the amazing people whom I have the privilege to serve. They want to see a safe NHS.

There are many points that I could raise about York's NHS: the failing funding formula, which gives York £117 less per patient; the A&E crisis, which is not unique to York; the crisis in the recruitment of staff, which is due to the pay freezes—15% lost over the past five years—and the depleted public health services. Again, public health is key to our future health. But there is something more urgent, which is mental health. York is in the midst of a mental health breakdown.

Nationally, under the previous Government, we saw mental health services cut by 8.25%, which took its toll in York. I am talking about services to the most vulnerable children and adults in our society. It was therefore deeply regrettable that mental health was absent from the Queen's Speech. Clearly, it will be the Labour opposition who will fight for those who experience mental health challenges.

In the heart of our city sits Bootham Park, which hosts our major mental health facility. Not far away is Lime Trees, our child and adolescent mental health services unit. Both units have recently failed a Care Quality Commission inspection. Bootham Park is the oldest mental health hospital in the country. Conceived in 1772 and built 240 years ago, and I quote:

“for the reception and relief of the insane”,

this period building, placed in acres of parkland, speaks more of a stately home than an acute mental health facility. But here need cannot be met, as the quadrangle-shaped wards provide no line of sight for nurses to see patients. Limits on the building mean that we have mixed-sex wards, and we need anti-barricade doors to be fitted and all the ligature points to be removed to prevent suicide risks. Tragically, we lost a member of our community in that way last year. I will not stay silent when the acute needs of my constituents are at such high risk. I have already written and spoken to the relevant Minister and asked for assurances in this debate that this will be given the most urgent attention. Bootham is not fit for purpose and the CQC concurs.

Services have also been criticised by the CQC. In the past 16 months, £2.1 million has been spent on sending mental health patients across the country due to local

[*Rachael Maskell*]

overcapacity. On another occasion a constituent waited more than a year to start much-needed treatment for depression, anxiety and an eating disorder and the wait brought added complications. Our NHS is in a dangerous state. It is simple: this cannot go on. I am asking for a new state-of-the-art mental health facility for York. I want to tell Ministers that it is simple: lives are at risk until they deliver.

My constituents deserve better and I am totally committed to ensuring that people across York get the right health service in the right place at the right time, that we build on Labour's desire to integrate health—physical and mental—with social care and that we stop at nothing to ensure that my community has the best services to protect their health. I bring a weighty plea in my maiden speech today, but I assure this House that my constituents deserve the very best and I will stop at nothing to ensure that they get it.

3.56 pm

Lucy Allan (Telford) (Con): It is a privilege to follow the hon. Member for York Central (*Rachael Maskell*) and I welcome many of her comments about mental health. I congratulate all my colleagues who have made their maiden speech over the past few days. There have been many awe-inspiring and somewhat intimidating speeches to have to follow.

I am honoured that the people of Telford have sent me to this place to speak for them. I have been touched by the warmth and kindness they have shown me over the past few years as I have got to know Telford and Telford has got to know me. Telford has welcomed me as it has welcomed so many newcomers over recent years, and I look forward to repaying that trust by representing it to the very best of my ability.

I pay tribute to my predecessor, *David Wright*. He was well respected and well liked and I know that he was proud to serve Telford. He served with dedication and diligence for 14 years and I wish him well for the future.

Telford is an extraordinary and vibrant new town. It has grown and continues to grow in the heart of Shropshire. As the first Conservative MP for Telford, I join four other Shropshire Conservative Members of this House and Shropshire now becomes a wholly Conservative county. There were fears during the election campaign about the SNP—the Shropshire national party—but I can assure the House that that fear is entirely misplaced, because Telford most definitely has an independent spirit and a unique identity all of its own.

Telford was originally made up of the traditional industrial settlements of the east Shropshire coalfields of *Madeley*, *Ketley*, *Oakengates* and, of course, *Dawley*. In the 1960s and '70s it was joined by new town areas such as *Sutton Hill*, *Malinslee*, *Brookside* and *Woodside* and today growth continues apace. It is expected that by 2025 its population will have increased by a further 23%.

Telford has a proven ability to innovate, evolve and adapt to change, whether through the revolutionary ironmasters such as *Abraham Darby*, who made Telford famous as the birthplace of British industry, through men such as *Thomas Telford*, a civil engineer and

architect of the local canals, railways, bridges and churches, or through the new economy, high-tech revolution and new business start-ups we see today. All around us is innovation and change.

Some 140 years ago, in August 1875, a *Dawley* man, *Captain Matthew Webb*, became the first man to swim the British channel. He achieved what everybody thought was impossible. His first attempt did indeed fail. When he tried again, the jellyfish, the cold, the currents and the tides simply could not defeat him. He finally overcame the odds and he made it. His amazing story has been told in a new film called "*The Greatest Englishman*" and the premier is to be held in *Telford* later this year. At the bottom of *Dawley High Street* is a monument to *Captain Webb*. On it are the words, "Nothing great is easy." When Conservative Members talk about aspiration, it is the spirit captured by the story of *Captain Webb* that we talk about—that *Telford* spirit, thinking big, overcoming obstacles, never giving up, and the struggle to achieve the best that we can, whatever the odds.

Telford has never had it easy. In the '60s the blast furnaces were blown out. In the '70s the last collieries closed. It was hit by the recessions of the '80s and '90s, with record unemployment, and again by the great recession of 2008-09. The solution has always been to think big, work hard and keep going. While Opposition Members may weary of the phrase "the long-term economic plan is working", the truth is, and the facts are, it is. And anyone who wants evidence need look no further than *Telford*.

People come to *Telford* to seek a better life, but realising that dream has never been easy. There was the battle to get a link road connecting the *M6* to *Telford*. From when the Planning Minister told this House it would be started in 1972, it took a further 15 years to complete. Getting *Telford* connected remains a major priority for its success. *Virgin Trains* set up a direct train service to *London* last year, which is welcome, but more frequent services to *Birmingham* are required and internet connectivity remains a huge issue for our constituency.

While hon. Members will talk with enthusiasm about building new homes, in *Telford* we see at first hand the practical difficulties that come with the rapid rate of growth, which should not be ignored—school places, parking, access to GPs, better communications, and the desire to protect *Telford's* green spaces.

For our young people to take full advantage of all that *Telford* has to offer, they need skills and training. Fantastic work has been done by many organisations to ensure that that happens, but to truly thrive, young people must, as my hon. Friend the Member for *North West Hampshire* (*Kit Malthouse*) mentioned, have strong and supportive families. For that reason, I welcome the expansion of the troubled families initiative announced in the *Gracious Speech*. It has been so successful in supporting families with the most complex needs, and I particularly welcome this new family-centric approach.

Nationally, since 2008 we have seen a rapid increase in the number of children entering the care system. I want to see that decrease because that is no solution for children and it is no way to spend a childhood.

In conclusion, I want to say that this *Gracious Speech* has been about helping working people get on, supporting aspiration and giving opportunities to the most disadvantaged. The *Gracious Speech* is truly a speech designed for *Telford*.

4.3 pm

Grahame M. Morris (Easington) (Lab): I am grateful for the opportunity to participate in this debate on the Queen's Speech and on such an important subject. It is an absolute honour to follow so many excellent maiden speeches, not least that of my very good friend my hon. Friend the Member for York Central (Rachael Maskell) and some excellent contributions from all around the Chamber.

In the time available, I want to say a few things about health inequalities, cancer treatment and cancer outcomes. In my usual, inimitable style, Minister, and in the vein of the hon. Member for South Cambridgeshire (Heidi Allen), I shall endeavour to be helpful. I have some specific suggestions to put to the Minister in the context of the Government's commitments outlined in the Gracious Speech.

I pay tribute to the excellent work done in the campaign headed up by Lawrence Dallaglio. We can now look forward to hundreds of newly diagnosed cancer patients with some of the most complex cancers being treated with advanced stereotactic ablative radiotherapy—SABR, as it is commonly known. Although SABR is widely used in the rest of Europe and, indeed, the United States, it will be the first time that patients with cancer other than lung cancers will receive treatment here in the UK. Not only does SABR treat cancers that conventional radiotherapy cannot, but the advanced nature of the treatment is such that patients have to be irradiated four or five times, rather than 25 times with conventional radiotherapy. SABR is not only more effective and will save our cancer centres money, but, more important, it can dramatically reduce the number of times patients are exposed to radiation while still destroying the cancer.

I pay tribute to the work done by Tessa Munt, who previously represented the constituency of Wells. She was a real champion and I think it was she who initially got Lawrence Dallaglio involved. It is good news for many cancer patients—and I emphasise “many”, because those of us who live north of Birmingham would have had no chance of finding one cancer centre that could treat all the cancers that the Dallaglio campaign opened the door to. Patients in my Easington constituency in the north-east of England with a cancer that had spread to secondary sites in the body—not an uncommon condition, of course—would find themselves being treated with SABR for one cancer in one hospital, and for the secondary cancer in a hospital over 100 miles away.

For the past five years, NHS policy on purchasing advanced radiotherapy machines has been to buy the cheapest conventional machines that can do a little bit of advanced work, and as a consequence we have cancer centres dotted around the country that can treat one cancer but not another, or that, because of their limited technology, treat fewer than the minimum number of 25 SABR patients required to maintain their accreditation. With the growth of SABR treatment, that approach to SABR technology is plainly a false economy. In the long run, it costs the NHS more and means that patients receive much more radiation than is needed, which is clearly not good for them.

While SABR is used to treat cancers outside the brain, stereotactic radiosurgery—SRS—is the global standard when it comes to treating brain tumours with

radiotherapy. The use of the technique was increasing year on year up to 2013, but that was brought to a crashing halt when the health reforms were brought in and NHS England came into being. To justify the suppression of SRS treatment two years ago, NHS England ordered an SRS review. I remind the Minister that that review has yet to be completed; it is turning into the longest radiotherapy review in history. Meanwhile, patients are being denied treatment with the most modern SRS machines at the hospitals of their choice—for example, University College London hospitals—and are being sent elsewhere.

I do not wish to be too parochial, but the lack of provision of SABR and SRS in the north of England is a scandal. Outside Leeds and Sheffield, the north is something of a wasteland. According to NHS England's own figures, there is no provision at all in the north-east—my region. The suppression of SRS is yet another false economy by NHS England. The most obvious reason why it is a false economy is that a non-invasive treatment, overwhelmingly given on an out-patient basis—patients come in for the day, get treated and go home—is hugely advantageous.

Five years ago the national radiotherapy implementation group said that what was needed were centres of excellence around the country to provide advanced stereotactic radiotherapy to our cancer patients. Detailed work has been carried out, and, as has been proven in other countries, it is improving the way we treat cancer patients with radiation, and we have finally started to make some progress with this next generation treatment in the UK. With the right equipment in the right place, we could do so much better, so will the Secretary of State order an independent assessment of the benefits of having one designated stereotactic centre of excellence in each English region, and of what would be the most appropriate technology to equip them with in order to treat the greatest number of patients and the greatest number of cancers?

4.10 pm

Richard Drax (South Dorset) (Con): I start by congratulating all those who have made their maiden speeches today. I have listened to some and they have been excellent, as one would expect, from all parts of the House.

I welcome the broad thrust of the Queen's Speech. Unfettered by coalition partners, we are now free to pursue a most welcome Conservative agenda. As it would take too long to cover every point in the Queen's Speech, I have highlighted a few and I shall speak about them in the order in which they were presented in the Gracious Speech.

The first, and without doubt the most important, relates to the economy. Her Majesty referred to “bringing the public finances under control and reducing the deficit”.

This must be right and we made great strides in the previous Parliament to prevent our beloved country from falling into an economic abyss.

During the election, I could not help but notice the level of vitriol, mainly from the left. The word “austerity” was hijacked and repeatedly and contemptuously spat out to delude voters into thinking that some belt-tightening and control of Government spending was almost evil.

[Richard Drax]

Balancing the family budget is not evil, nor is attending to the country's. In the case of the latter, it was imperative, lest we leave our children and grandchildren saddled with debt and the inevitable misery that goes with it.

Secondly, on apprenticeships, our record has been second to none and the Government are to be congratulated on pursuing this important policy even further. Perhaps promising millions more apprenticeships could be rewarded along the lines of "We aspire to create more apprenticeships". I am always uncomfortable with promises, as so often factors outside our control conspire to make the target an impossible one. However, having helped to establish our first two apprenticeship fairs at Weymouth College in my constituency, I have a lot of feedback from local employers. They, too, welcome the general thrust, but agree unanimously that the reward for taking on an apprentice should be higher. May I suggest to the Treasury team that perhaps some money from the welfare budget could be better targeted at apprenticeships?

Thirdly, on the vexed question of giving housing association tenants the right to own their own home, I have some reservations. I agree in principle but have concerns about it in practice. As I understand it, tenants could buy their house at a large discount. The money would then be used by the association to build more homes. It all sounds very enticing and brings back memories of Mrs Thatcher's successful and empowering policy of allowing tenants to buy their own council house. There is no doubt that the first generation would be extremely grateful, but what about those who follow? In seats such as mine, which is dominated by the green belt, there are few places to build new homes, and selling off the association homes that we have could surely lead to a shortage of affordable housing stock. Will the Government add some flexibility to this policy, particularly in rural seats such as mine?

Fourthly, I welcome plans to ensure that decisions affecting England, or England and Wales, can be taken only with the consent of the majority of MPs representing those constituencies.

Fifthly, the long-awaited EU referendum is now imminent. For me, and I think for many in the country, the question is simple: do we wish to be a truly sovereign nation, with our own identity and laws, or do we want to be consumed by a federalist state run from Brussels? I have no doubt that the majority of British people want the former. With the referendum now promised by the end of 2017, our negotiating hand has been strengthened enormously. I am sure that I am not alone in hoping that the Prime Minister's demands are stringent and meaningful, and aimed at repatriating powers that for too long have been signed away, not least control of our borders. It is time, after 40 years, to have our say.

Finally, I want to talk about defence. As a former soldier, my heart sank when I read that defence spending is to be reduced by a further £1 billion. Quite apart from upsetting me—and, I am sure, every man and woman who serves in our wonderful armed forces—it caused US Defence Secretary Ashton Carter to speak out. I know from friends who work closely with Americans in the political field that they do not like speaking out against the United Kingdom unless they have a genuine reason for doing so. We should therefore listen to what they are saying. He calls on us to commit to spending at

least 2% of our GDP on defence, which is the NATO minimum. It is an arbitrary target, and in my view it should probably be closer to 5%, as it was in my day, back in the '80s and during the Falklands campaign. Of course, the kit is now far more expensive, and our manpower has been depleted to the point that some generals and admirals seriously question whether we have enough men and women to man all the new kit we are going to get.

How on earth can we ring-fence the overseas aid budget when we cannot afford to defend our nation and dependants and meet all our responsibilities? I just do not understand the Government's thinking. It is beyond me and everyone else I speak to on the subject—everyone else. They just cannot understand it. Have we not learnt the lessons of history? It is no good having all this wonderful kit if we do not have the manpower to operate it. Even if we did, this further cut is bound to affect training, which is key if our troops, sailors and airmen are to be the best. I call on the Government to change tack before it is too late.

How sad I am to end my first speech of the new Parliament on a downbeat note, but I am afraid that I, like many others, am disillusioned, disappointed and angry that our armed forces and the defence of the realm are being treated in such a short-sighted way.

4.17 pm

Mrs Sharon Hodgson (Washington and Sunderland West) (Lab): I would like first to take this opportunity to thank the people of Washington and Sunderland West for re-electing me as their representative. It has been a privilege working on their behalf over the past decade; I look forward to continuing to do so over the next five years.

Today's debate focuses on health and social care, which is one of the issues I heard a lot about on the doorstep during the election campaign. The Gracious Speech included sections on health that were similar in tone to policies that Opposition Members campaigned on during the election. However, as too many have learned the hard way over the past five years, we should always take Tory promises on the NHS with a rather large pinch of salt. The Gracious Speech spoke of securing the future of our NHS. That is the same future that five years of Conservative policies have put in dire jeopardy, which is why Labour in opposition must work harder than ever to push the Government to do what is necessary to help our struggling NHS services.

I would like to focus my remarks on the specific problem of continuing health inequalities experienced in many parts of the UK. Compared with the rest of the country, my region, the north-east, has ingrained health inequalities. That is clear from the persistently lower life expectancy, and we also have the highest national rate of early deaths from cancer. The situation will only get worse if the investment into the NHS is not forthcoming and properly tailored. The coalition Government oversaw a number of disastrous policies that put our NHS under increasing strain in the north-east. It will be my job and that of my north-east colleagues to make sure that this Government do not keep ignoring our needs and that something is done not only to cure the problems we currently have but, crucially, to invest in prevention to stop them from taking root in the first place.

Similarly, all across the country, other health inequalities exist that this Government must do more to address, none more so than the diagnosis and treatment of cancer. It is estimated that by 2020 half the entire population can be expected to be diagnosed with cancer at some point in their lives, so it is crucially important to make sure that we have a system that works for everyone. This will mean boosting greater awareness, more innovative training of doctors, investing in the drugs needed to treat the conditions, and having the staff available to help people as they go through what is likely to be the most traumatic period of their lives. This takes investment, but it also takes the will to do it. We need the Government to be truly proactive and positive in getting to grips with this issue. I can assure Ministers here today that I will continue to press them on this as, I hope, co-chair of the all-party group on breast cancer, and again I hope, if I am re-elected, as chair of the all-party group on ovarian cancer. I am sure that my colleagues will do likewise.

In my capacity as shadow Women and Equalities Minister, I have been very aware of the shocking health disparities seen among people from BAME—black, Asian and minority ethnic—backgrounds. Incidence rates of myeloma for African and African-Caribbean men and women are twice as high as for white men and women. Mouth cancer rates in Asian females are 50% higher than they are for white women. Black men have higher rates of prostate cancer than men of other ethnicities. These and many other equally alarming statistics make for worrying reading. I was proud to see in Labour's BAME manifesto that our party made a commitment to focusing on delivering greater health equality. Over the past five years of the coalition Government, however, I have seen nothing to suggest that reducing health inequalities has been anything like a priority for a Conservative Administration. I fear that if that remains the case for the next five years, the situation is only going to get worse.

I fought the general election with a desire not just to save our NHS but to make it the best service anywhere in the world. Our policies would have made great strides towards achieving that, not only helping patients but improving the way we treat the brilliant medical, care and support staff who are the lifeblood of our NHS. Over the past five years, those staff have been overburdened and undervalued. That needs to change immediately, as does our over-reliance on agency staff, which has been all over the news today. According to a recent report from the Royal College of Nursing, spending on agency nurses in 2014-15 stands at £980 million, and the overall spend on agency staff is a staggering £3.3 billion. Surely this is not prudent or value for taxpayers' money by any measure.

Worrying developments outlined in the Gracious Speech about workers' rights undermine the already ridiculous assertion by the Conservative party that it is the party of working people. The Prime Minister and Chancellor like to don a high-visibility jacket now and again for a photo opportunity, but that does not fool the people of my constituency that they have their best interests at heart. If they banned exploitative zero-hour contracts, pursued tax dodgers and those who do not pay the minimum wage, tackled the blight of low pay all across the country, stopped punishing and demonising the most vulnerable, and upheld rather than sought to scrap the hard-won rights of working people across our

country, then perhaps they would start to earn the right to call themselves champions of working people. Perhaps they will surprise us, but I, for one, will not be holding my breath.

I will finish by looking at another area that has been much harder for ordinary working people over the past five years—the provision of childcare. In my newly reprised role as shadow Children and Families Minister, I listened very carefully to the passage of the Gracious Speech on the Government's commitment to increase free childcare for working parents. In principle, of course, this is a policy that Labour Members believe in. Indeed, we championed it during the election, and then the Tories copied us. Childcare for three and four-year-olds has suffered underfunding problems for some time now, with nurseries in the north-east suffering the worst. That has gone hand in hand with parents being consistently hit hard over the past few years, with childcare costs having reached simply unsustainable levels, going up a staggering 47% in the north-east. I hope the Government understand how badly they need to do something about this and that they cannot cut precious child benefit to plug the funding gap. I will be watching out for that very closely.

4.25 pm

Will Quince (Colchester) (Con): It is a great honour to represent Colchester in Parliament. Colchester is not only the most beautiful town in Britain, but the oldest recorded and the Roman capital of Britain long before they discovered Londinium. We are blessed with rich heritage, including Roman walls, the only Roman circus in the country, a castle that is the largest Norman keep in Europe, and the largest Victorian water tower in the United Kingdom.

Colchester is also famously connected to two significant women in British history: first, Queen Boudicca, who was arguably the original Essex girl and who sacked Roman Colchester in AD60; and, secondly, the late Baroness Thatcher, who worked as a chemist while living in Colchester. Colchester has been a garrison town since the Romans and is now the home to 16 Air Assault Brigade. We are incredibly proud of our armed forces, and the link between the garrison and the town is stronger than ever.

Colchester is the cultural capital of Essex, with our multimillion-pound arts centre, Firstsite, which, although it has been tough, we are growing to love. We also have fantastic venues, including the Mercury theatre, the arts centre and the Minorities gallery. It is an admittedly little known fact that Colchester is arguably the home of the nursery rhyme, with "Twinkle, Twinkle, Little Star" and "Humpty Dumpty" both being written there.

The final Colchester institution that I cannot fail to mention is, of course, Sir Bob Russell. I would like to take this opportunity to pay tribute to my predecessor, who served in this House for 18 years and, before that, for more than 20 years on Colchester Borough Council, where he served both as council leader and as mayor. He was held in high regard and had a reputation for being a hard-working constituency Member of Parliament. Although he and I rarely agreed politically, I respect him for the decades of public service he has given to our town and this country. As a mark of the tradition started by Sir Bob, I am today wearing the Colchester crest on my lapel, but I make no apologies for drawing a

[Will Quince]

line at yellow waistcoats. In seriousness, I would like to put on record my thanks to Sir Bob and wish him well for the future.

It was Richard Nixon who said,

“only if you’ve been in the deepest valley can you ever know how magnificent it is to be on the highest mountain.”

I know that all too well. My first election was in 2003, when I was at university in Aberystwyth in mid-Wales and stood for Ceredigion County Council. It was only when nominations closed that I found out that I was the only Conservative candidate in the entire county, the reason for which became clearer on polling day when I received 26 votes—it was especially pertinent that 10 of them had signed my nomination paper. In that context, I cannot put into words my gratitude for the people of Colchester for putting their faith in me and giving me the opportunity to serve both my town and my country.

I am pleased to be making my maiden speech following Her Majesty’s Gracious Speech, particularly as part of today’s health debate, as I am fortunate to represent a town with a large general hospital. Colchester general hospital is currently in special measures, and I very much thank my right hon. Friend the Secretary of State for Health for visiting the hospital twice this year and for delivering 35 extra doctors and 66 extra nurses since 2010. My constituents will welcome the increased investment in the NHS of £8 billion a year by 2020, as set out in the Gracious Speech. Rest assured that I will be fighting for a considerable sum of that investment to come to Colchester.

Although the trust has a plan to get our hospital out of special measures, the hospital has a significant threat on the horizon, with NHS England due to decide in the coming months whether we are to retain our urology cancer surgical unit. I fully back the campaign to save Colchester’s urology cancer surgery unit. Our local centre serves the whole of north Essex; it is unrealistic to ask elderly patients from Colchester, let alone from as far afield as Clapton or Harwich, to travel the 60-odd miles to Southend for treatment. We have a fantastic cancer centre at Colchester hospital; indeed, we have one of the most modern radiotherapy centres in Europe. We have leading experts providing care to patients. In fact, less than three months ago £250,000 was invested in a urology day unit at Colchester hospital. We should be building on that, not trying to take it away. I have written to my right hon. Friend the Secretary of State on this subject, and hope that he will meet me at his earliest convenience.

Colchester was the first capital of Roman Britain. I intend to be its champion and, where necessary, its gladiator here in Westminster.

4.30 pm

Jim Dowd (Lewisham West and Penge) (Lab): It is an unexpected pleasure to see you in the Chair, Mr Howarth—although Mr Speaker is now taking over just as I say that. It is a pleasure to serve under you both. The maiden speeches that have been given this afternoon have been uniformly excellent, and I am sure that they betoken a bright parliamentary future for those Members. To the hon. Member for Colchester (Will Quince), may I say that I knew Bob Russell well for the 18 years he served here. Our offices were a few doors apart on the

Upper Committee corridor. If the hon. Gentleman can serve the people of Colchester one tenth as well as Sir Bob Russell did, he will be doing very well indeed.

In my reflections on the Queen’s Speech, I would like to say something about health, if I have the time, but there are other things that I want to say before that. First, perhaps surprisingly, I welcome the inclusion of the European Union Referendum Bill. I have been a supporter of a referendum on our future relationship with Europe, and a few years ago served on the Committee for the European Union (Referendum) Bill, which was introduced by the hon. Member for Stockton South (James Wharton). I noticed that he retained his seat with a swing of 4.5% to the Conservatives, as opposed to the 2% swing to Labour in Stockton North, and think that it might have something to do with the role he played in picking up the Bill. It was a reward for his effort.

The Bill was known by the denizens of the fourth estate as the Wharton Bill, but that is not actually true. It was a No. 10 Bill that the hon. Gentleman picked up having been drawn first in the private Member’s ballot. The Committee was an interesting experience, not to mention entertaining, because it was entirely led by the Minister for Europe, the right hon. Member for Aylesbury (Mr Lidington). The hon. Member for Stockton South said not a word until the final sitting and the pleasantries that conclude every Committee stage. We were also entertained by the bizarre sight of the Prime Minister having to pay obeisance to the Eurosceptic right wingers on the Committee, to whom he was in thrall, by sitting in the Public Gallery of the Committee Room on a Tuesday evening. I have tried to check whether any previous Prime Minister has been forced to suffer such humiliation, but so far I have drawn a complete blank. The Bill was a device to hold the Tory party together more than anything else, and it foundered as a consequence.

My support for a referendum is based on the belief that our relationship with and position in the EU needs to be clarified, and only the electorate at large can do that. Polls show majority support for the referendum, even among those who would vote for the UK to remain a member of the EU. I felt that my party’s position at the general election—refusing to support a referendum on the grounds of uncertainty—was always untenable. The only way to remove uncertainty is to deal with it, not to ignore it. Denying people a say on the grounds that they might come up with the wrong answer is unworthy of any truly democratic party. I am neither a Europhile nor a Europhobe; I am what I prefer to call a Europragmatist. I believe that the interests of this country, its economy and its people are best served by remaining in the EU, but I see that there can be life outside the EU, even though I do not think that that is the optimal solution.

I speak as someone—I think I am in the minority in the House—who actually voted in the 1975 referendum, and voted no. However, I offer the Prime Minister a word of caution. Harold Wilson devised the referendum in 1975 largely as a device to hold the Labour party together, and it did so in the short-term, but that did not endure. It also resulted in defeat at the next general election in 1979, which left the Labour party languishing on these Opposition Benches for the next 18 years.

Childcare was mentioned in the Queen’s Speech and it is immensely important to hundreds of thousands of families. The Labour party promised an extra 10 hours

of childcare on top of the current 15 hours, and the Conservatives promised an additional 15 hours, so there is no real difference on the principle. Everything revolves around the practicalities of capacity and cost.

At the moment, it is estimated that under the 15-hour scheme there is a 20% funding shortfall. The average amount that most local authorities pay is £3.88 per hour, but the true cost to those providing the service is 70p an hour more than that. The Family and Childcare Trust, the National Day Nurseries Association and the Pre-school Learning Alliance have all expressed grave reservations about what is being proposed, as well as saying that it is necessary to get things right.

Just a week after the general election I received a letter from somebody who runs a Montessori nursery in my constituency. He is actually a constituent of my hon. Friend the Member for Lewisham East (Heidi Alexander) and also sits on the executive of the private providers, Bromley council partnership group, which represents about 200 private providers in the borough of Bromley. He wrote:

“The reason so many of us are concerned is that MPs and certainly a minister in charge of this portfolio must know how private providers in London and South East are currently subsidising the ‘free’ 15 hours with the additional time purchased by families above the 15 hours at a rate more in line with the real cost of provision. You will also know that raising the ‘free’ entitlement to 30 hours will almost eliminate this approach and I am sure you will not insult our intelligence by suggesting the promised increases in the Government’s rate of funding will get anywhere near replacing this revenue.”

Mrs Hodgson: My hon. Friend is making some extremely valuable points in expanding on what I said towards the end of my speech. Is he as concerned as I am that the Government have not come forward with any proposals about how they will pay for this scheme? Indeed, the only benefit that we have heard might be at risk is child benefit. Is he also worried about that?

Jim Dowd: Yes—I am worried about anything that has not been specifically stated in the Queen’s Speech. I know that the Government have engaged in a review of the implications of this proposal, but they should have engaged in that before promising anything. To put the promise up front and then say, “Well, we’ll sort something out afterwards”, is a recipe for chaos.

What will happen if the Government are not careful is that we will move to the disgraceful position that we have had for many years in residential care for the elderly, whereby it is the private payers who subsidise the local authority residents, because the local authority residents’ rates are fixed and the private payers have to pay a premium on top of those rates. If that is what this proposal results in, it will be a complete and utter disgrace, and it will not work because there is not the capacity in the private nursery sector for everybody to take advantage of it.

Finally, the reservations of the hon. Member for South Dorset (Richard Drax), who is not in his place, about the right to buy for housing association tenants are entirely justified. That proposal is little more than a scandalous bribe to those who are already adequately housed. A discount of anything up to £102,000 in London is not only grossly unfair but an insult to those in the private sector who would dearly love to be given £100,000 to buy a house or to rent. This will add nothing

at all; it does nothing to deal with the housing crisis, either here in London or anywhere else. It is a sordid Government-sponsored corruption scheme worthy of FIFA.

4.38 pm

Jeremy Lefroy (Stafford) (Con): It is an honour to follow the hon. Member for Lewisham West and Penge (Jim Dowd), and to have heard such excellent maiden speeches from so many Members today: the hon. Member for Central Ayrshire (Dr Whitford); my hon. Friends the Members for Vale of Clwyd (James Davies) and for Eastbourne (Caroline Ansell); the hon. Member for Bristol West (Thangam Debbonaire); and my hon. Friends the Members for Eastleigh (Mims Davies), for Colchester (Will Quince) and for Telford (Lucy Allan). I apologise if I have forgotten any new Member.

I welcome the Gracious Speech and in particular I welcome its one nation approach. It is so important that this focus on bringing our country together remains throughout this Parliament and beyond, not only for the nations of our country—important though they are—but for all people, through cutting inequality, achieving full employment and supporting communities.

I welcome, too, the emphasis on working people, but it must be the widest-possible definition of working people. Yes, it must include employees, but the self-employed, parents who choose to stay at home to bring up their children and carers, particularly in this carers week, who commit themselves to their loved ones, are all working people. So when we speak of helping working people get on, let us ensure that it includes the widest possible definition.

The Gracious Speech mentioned supporting home ownership and giving housing association tenants the chance to own their own home. I want to see increasing home ownership, but I also want to see an increased number of social and affordable homes to rent, and any social housing that is sold needs to be replaced one for one, with the associations involved being properly compensated.

I represent Stafford and much of my election campaign was, understandably, taken up with health. My constituents have been through an extremely difficult time with the local NHS. They have seen great improvements in quality, but also a loss of services, which is a subject that I shall address with your permission, Mr Speaker, in an Adjournment debate later this week. I ask that Mid Staffs not be used continually as an example of historic poor care, but that instead we talk about learning the lessons from the Francis report, recognising the huge improvements made since then in Stafford and elsewhere, as we have heard today.

I welcome the five-year NHS plan and the Government’s commitment to fund it, but we need to go further. Let us use the five years of this Parliament to set up a cross-party commission to look at health and social care for the next 20 to 30 years. We have the opportunity to look at its provision, integration and financing. The shadow Secretary of State mentioned the need for the Law Commission’s draft Bill on regulation to be introduced, and I agree. The Health and Social Care (Safety and Quality) Act 2015, which I introduced into the House in the last Parliament, made a start on this work, but it needs to be completed.

[Jeremy Lefroy]

Finally, it is essential, as the Queen's Speech promised, that the Government continue to play a leading role in global affairs. People around the world look to the UK to take a lead on international development and co-operation and on human rights. Economic success is, of course, important, but it is not everything. I want the UK to be known for the seriousness with which it takes its global responsibilities to the poorest. I will mention just four areas: jobs, of which we need 1 billion around the world in the next decade; climate change; health systems and combating disease; and, of course, extremism.

This Parliament faces many challenges, but we should never forget, as one constituent reminded me during the election campaign, that we live in a wonderful country. If we truly strive, as we do, to bring our nation together, we will ensure that this remains a wonderful country for our children and grandchildren.

4.43 pm

Natalie McGarry (Glasgow East) (SNP): Thank you, Mr Speaker, for the opportunity to speak in this important debate and make my first speech to the House. I also thank my hon. Friends on the Scottish National party Benches for turning out in such great numbers to support me. I have listened attentively and with great enjoyment to the speeches of new Members, and I particularly enjoyed those of my hon. Friend the Member for Central Ayrshire (Dr Whitford) and the hon. Member for Ashton-under-Lyne (Angela Rayner).

I begin by paying tribute to, and sending my condolences to the family, friends and colleagues of, Charles Kennedy, who well earned his status as a towering giant in Scottish and UK politics and was one of the best orators that Scotland has produced. He was well known for his kindness, humanity and humour, and I particularly remember him for taking a courageous stance in leading his party against the Iraq war.

I am privileged to be here serving the people of Glasgow East. I was swept here on a tide of optimism in Scotland. Most importantly, a constituency that has long felt neglected has put its trust in me, and I will stand up for it in this House. I know that for many of those whose understanding of Glasgow extends no further than lazy caricatures, there are stereotypes to be challenged, and I will indeed challenge them.

I am an adopted Glaswegian. It is my home by choice, and I am proud of the city I call home and now represent. I agree that Glasgow should be feared, not because of any misconceptions, but because it is a city that throughout its history has held a mirror to all those who would dare to exploit it and its people. Glasgow's people represent a powerful but peaceful threat to all of those who have complacently wielded power from this building for centuries. It has constantly served as a social conscience to our society. Above all, its people stand in solidarity with those across the country and it extends a hand of friendship to all those across the world who would make the world better for all.

This House ignores the needs and aspirations of Glasgow at its peril. Its resilience is remarkable. I represent a constituency that contains some of the worst and some of the best of Scotland and the United Kingdom. We should all here collectively be ashamed of the poverty,

inequality and low life expectancy that some of my constituents suffer and have suffered for generations. All of us on the SNP Benches were elected on a platform to tackle austerity, to tackle inequality and to raise the standard of living. In Glasgow, every seat is now represented by the SNP, and we will build on our proud heritage in pursuing social justice and fairness and in standing up for the most vulnerable in our society.

In my role as spokesperson on disabilities, I will put the rights of those with physical disabilities as well as those with hidden disabilities such as mental ill health at the very front of everything I do in this House. We will strive to dismantle the sanctions regime for social security claimants, and we will strive to return dignity to those with disabilities who deserve the state to be their ally, not their enemy. How we treat others is a mark of our humanity and our values. I will not stop until we see the end of the abomination of dawn raids like those that happened in my constituency last week, and I will not stop until we shut down the imprisoning of asylum seekers at Dungavel. We will work with Members of all parties who share these beliefs and who want to go beyond platitudes and actually extend life, tangibly improve health and increase the quality of life for people in Glasgow East and across the country.

Glasgow East is a diverse constituency. We have huge things to be proud of. The participation and political astuteness around the community is incredible. While some elsewhere may talk of apathy, community groups across the constituency are taking action every day and making sure politicians like me know the work that needs to be done. From Hangman's Brae to Carmyle and Auchenshuggle in the south and Shettleston, Tollcross, Mount Vernon, Baillieston and Garrowhill at its heart to the communities of Easterhouse, Cranhill and Craigend in the north, and the farms—yes, farms and lochs—of the constituency, Glasgow East challenges perceptions at every stage. We have world-class sporting facilities following the Commonwealth Games last year, and Celtic football club is currently the best football team in Scotland. I am a Hamilton Accies fan; I wanted to put that on the record, but I support my local team. [Laughter.]

Before I move on, I would like to say a word about my predecessor, Margaret Curran. Margaret has had a long and distinguished career in the Scottish Labour party—as an election agent to one MP, then as an MSP and then an MP herself. She worked tirelessly to the best of her abilities in every role she took, and I hope she continues to contribute to Scottish politics.

The city of "Red Clydeside" has changed greatly since the days of Maxton and Wheatley, Shinwell and Maclean. Gone are the industries where Glasgow led the world, such as the Forge at Parkhead that now lends its name to a shopping centre, but the spirit that was forged there amidst the smelters glows brightly in the talents of the men and women who live there. Mary Barbour, who together with thousands of women went on rent strike and forced the British Government of the day to act, stands as an inspiration to many. The fact that Glasgow now has a majority of female MPs representing it is testament, via the independence referendum, to that lineage of agitation and campaigning from then to now.

I stand here on the shoulders of many women who have preceded me, like my mum Alice and my aunt, Tricia Marwick and like my constituent, Nicola Sturgeon,

First Minister. I am held up, too, by the thousands of women who rose up in the referendum. Women for Independence enabled me to find my voice. Now that I have found it, I will never tire. I am but one woman, but make no mistake, there are many, many like me. It is in that spirit that I intend to represent the people of Glasgow East; by holding people to account and advocating for those whom the system has left behind. Our large presence will work here at Westminster to turn neglect into nurturing, poverty into prosperity and premature death into longevity.

I would like to end by thanking all the staff in this Parliament for being so extraordinarily helpful to us in our first weeks here. They are truly a credit to the Parliament. There is much that we in this Chamber will disagree about, but we can work constructively, with respect and with vigorous debate. I welcome the challenge.

4.50 pm

Helen Whately (Faversham and Mid Kent) (Con): Thank you, Mr Speaker, for giving me the chance to make my maiden speech in this debate, as it is on a subject about which I have strong feelings. I congratulate the other new Members on both sides of the House who have made their maiden speeches today. I particularly appreciated the prominence of mental health in several of the messages.

It is an immense honour to be speaking in this Chamber, and I do so with some trepidation, no doubt shared by others finding their feet here. There are many sources of courage in this House. My courage comes from my constituents; from the trust they have placed in me to represent them and give them a voice.

My wonderful constituency, Faversham and Mid Kent, stretches from the edge of Maidstone across the North Downs to Faversham, a historic port with a rich mercantile and maritime heritage, and on across fruit farms, marsh and ancient woodlands to Boughton-under-Blean and Hernhill.

Faversham is known as the market town of kings, and the constituency is proud of its royal heritage, although it has also imprisoned a couple of monarchs and the bones of another have been somehow misplaced. One of its treasures is Leeds Castle, and if I may make full use of the custom that I may speak without intervention, I shall say that Leeds is well known as the most beautiful castle in England. If you head south from Leeds, you rise up Greensand Ridge to see a breathtaking view of the weald of Kent extending for miles into the distance, and then down in the weald itself you reach the lovely village of Headcorn, the southern tip of my constituency.

The area is renowned for agriculture—fruit farming as well as hop farming, which continues albeit on a much smaller scale than in the past. Britain's oldest brewery, Shepherd Neame, thrives in the centre of Faversham. It is the constituency's largest employer and provided a good reason regularly to seek refreshment during the election campaign.

My constituency is a truly great place to live and work, but all is not as it could and should be. While unemployment is low, some people cannot get jobs, and there are too many people on low wages. We have excellent schools, including outstanding grammar schools, but some children leave school without good qualifications. Most people get excellent healthcare most of the time, but local hospitals face serious problems, GPs are

overwhelmed and the future of Faversham cottage hospital is an ongoing worry. Residents of villages earmarked for development are fearful of the impact of new houses on their communities, although everyone recognises that we need more homes. During the election campaign, I promised to tackle these problems, and I will keep that promise.

I am fortunate that two of the area's past MPs, Sir Roger Moate and Sir Hugh Robertson, both live in the constituency and are great sources of wisdom, albeit sensitive to the fact that the job is now mine to do. I have lost count of the number of people who have told me how hard it will be to live up to the standard set by Sir Hugh, and that is just in his role as constituency MP. On top of that, he served as Minister of State for Foreign and Commonwealth Affairs, and Minister for Sport and the Olympics, an event which we can all agree was an outstanding triumph for this country.

Sir Hugh brought to this House his military experience and put it to good use. I hope that I, too, bring valuable experience. I come from a family of doctors, and I nearly followed in their footsteps, but time spent in hospitals as a teenager—not because I was ill; I just did lots of work experience—triggered a different ambition. I wanted to improve the national health service itself. After a stint in telecoms, I spent nearly a decade working in healthcare.

My work with the NHS has been about improving care—the quality of care for patients. The last few years have seen immense progress, especially in respect of improving safety and paying attention to patient experience, but I believe that the NHS must now focus more on the third dimension of quality, which is improving clinical outcomes. How well is the NHS actually doing in helping people to get better? We should all be able to answer that question about the hospitals that care for our constituents, so we need more transparency.

The NHS workforce must be set up to succeed. People talk a lot about doctors and nurses, and we certainly need to train and retain more of them, but I would particularly mention healthcare assistants, who are a vital but often undervalued part of the healthcare workforce.

As we hold the NHS to account, we must get the balance right between scrutiny and support. Aneurin Bevan famously said that the sound of a bedpan dropped in a hospital in his constituency would reverberate in Whitehall; the counterpart is that what is said here reverberates across the country. I have worked in hospitals under intense scrutiny, and I know what it is like. We should be mindful of the impact of what we say on staff morale.

Staff in the NHS hate to see it treated as a political football. In October last year, there was a moment when it seemed that we might have moved on. All three main parties—as they were then—signed up to NHS England's own plan, the Five Year Forward View. The plan is ambitious, and putting it into practice will involve difficult decisions. I hope that when we in the House are faced with taking a position, we will all avoid the temptation of political opportunism, and will always be sure to pick the side of the patient.

Let me return briefly to my constituency. Faversham is one of 24 towns that own a rare official copy of Magna Carta dating from 1300. This 800th anniversary year of the original Magna Carta is a special time for

[*Helen Whately*]

the town. Looking at Faversham's Magna Carta recently was, for me, a profound reminder of the history of the rights and freedoms that we enjoy today. I also read several updated charters written by local schools, which brought the concept of rights bang into the 21st century. They reminded me of my duty not just to serve my current constituents, but to do my utmost to ensure that Faversham and Mid Kent is a wonderful place to live for generations to come.

4.57 pm

Ruth Cadbury (Brentford and Isleworth) (Lab): I congratulate the hon. Member for Faversham and Mid Kent (*Helen Whately*) on her speech. In particular, I congratulate her on reminding us that the less skilled healthcare workers are as important as everyone else who works in the health service. She obviously knows that because of her experience of working in the NHS.

As I am speaking in a health debate, I should declare that my husband is the interim chair of West Middlesex University hospital in my constituency, and will hold that post until September 2015.

As a new Member, I want to thank you, Mr Speaker, and all the parliamentary staff for the welcome that we have received, and the work that staff have done to help us get to grips with this place—its labyrinthine corridors, its archaic customs, and the unavoidable ICT challenges.

I am proud to represent the community that has been my home for more than 30 years, where our sons were born and grew up, and where I was an elected councillor until I stood down last week. Before I focus on my constituency and on the subject of today's debate, I want to pay tribute to the work of my predecessor, *Mary Macleod*. We obviously had political differences, but as a councillor I had great respect for the work that she did in the constituency and with local residents. I will continue to work on those issues, among many others. *Mary Macleod* was also a respected Member of the House. She will be delighted to know that, as part of her legacy, a Select Committee on women and equalities is to be established. That is something that she initiated along with colleagues on both sides of the House as part of her cross-party work on the involvement of women in Parliament.

Many people pass through my constituency, and, indeed, pass over it as they head for Heathrow and points west. Historically, Hounslow was the first stop for the stagecoaches going west, and today, if one looks down from a plane's right-hand windows as it is approaching Heathrow, there we are. When heading west on the elevated section of the M4, one passes through Brentford, my home town, with its resurgent football club. The Grand Union canal meets the Thames in Brentford and the Piccadilly, District and national rail lines for Hounslow and beyond all pass through, as does the Thames itself whose 5-mile stretch borders the constituency from Isleworth to Chiswick where the boat race ends, and from where, as a member of the Chiswick canoe club, I have set off to kayak downstream, past this very building. It is a stunning way to view London.

Hounslow and Hounslow Heath, Osterley, Isleworth, Brentford and Chiswick are all distinct and wonderful places with their own characteristics, but all have a

strong sense of community. Artists and writers including *William Hogarth*, *William Turner* and *Vincent van Gogh* all lived locally for at least some of their lives. Our cultural diversity has been enriched in recent decades by people choosing to make Britain their home and then giving back to Britain. No one epitomises this more than *Mo Farah*, whose family settled locally after fleeing Somalia.

The local economy is also diverse. We are home to many small and vibrant businesses as well as well known names: *GSK*, *Sky*, *Brompton bikes* and *Fuller's Brewery*. Despite being a Quaker, I am not quite a teetotaler, so can categorically state that *London Pride* is the best bitter brewed in the UK.

We are at the heart of the TV triangle, west London's emerging media technology industry cluster, and we have Heathrow to the west. As Britain's premier airport it is of course a major driver of our local economy, but it is also the major source of noise, air pollution and traffic congestion in my constituency—hence my election campaign on Heathrow, "Better not bigger".

However, despite the economic vibrancy locally, there are growing inequalities within our community—inequalities in income and health inequalities. A home of one's own is becoming more unattainable and more unaffordable, even for those earning a reasonable income. While unemployment here is relatively low, the route into well paid work with one of our large employers locally is out of reach for far too many people, young and not so young, because they do not have the requisite skills.

I am glad to be making my maiden speech in the health and social care debate. My constituents are concerned that the proposed closure of the accident and emergency departments at *Charing Cross* and *Ealing* hospitals will leave *Chiswick* residents with long journey times to alternatives, and will mean massively increased pressure on *West Middlesex University* hospital in the centre of the constituency. I therefore thank the Under-Secretary of State for Health, the hon. Member for *Battersea* (*Jane Ellison*), for committing to meet local MPs to discuss A&E services in west London.

I prepared for this speech by asking my friend, a local GP, what changes she would like to see to enable her to better serve her patients. For her and her colleagues, the overall health and wellbeing of her patients are key. She said that great though the NHS is, it cannot meet the challenges alone. Her top priorities are that people should be better supported, and that we should have better and more joined-up mental health, public health and care services, more investment in early years and, finally, more investment in affordable, good quality housing.

Last week I stepped down as a Hounslow councillor. I have had many lead responsibilities over 25 years, and in recent years I have led on the regeneration of our town centres, the introduction of the London living wage, and building the first new council housing for over 20 years. I am proud of what we achieved and the role I played in our borough, and I am glad that my family are here today, and I know that my late father would be proud.

We are of the dynasty that brought *Cadbury* chocolate to the world, but the *Cadburys* are also recognised for their social values, values instilled through our Quaker faith. The *Cadburys* of the first half of the 20th century

knew that we could not expect working people to be productive, healthy and fulfilled unless the whole person and their family are supported with good pay, good training, decent housing and adequate welfare support. They recognised that for the businesses to maintain their prosperity, their employees needed security too. They provided these services for their staff but they also advocated that the state should provide these, for universal health and social services—the hallmark of a civilised society. They provided for their employees until the foundation of the welfare state and the NHS following the success of the Attlee Government in 1945.

My forebears would therefore be shocked to see the steady erosion of that welfare state over the past five years. They would be asking why there was nothing in the Gracious Speech about increasing the supply of adequate affordable housing, about reducing child poverty or about ensuring that local authorities have adequate funding to provide good quality social care and public health services sufficient for the needs of their communities. I am grateful to the people of Brentford and Isleworth for giving me the chance to give them a voice on these and so many other issues, and I look forward to representing them here for many years to come.

5.5 pm

Fiona Bruce (Congleton) (Con): Her Majesty's Gracious Speech included the welcome commitment to give every child the best start in life. I am optimistic that our Government's legislative programme will prioritise strengthening families and boosting family stability, particularly given the Prime Minister's own passion for these issues, which are vital for the nation's economic and social welfare, and the fact that families were mentioned nearly 100 times in the 2015 Conservative party manifesto. Without the constraints of coalition, we have the opportunity to develop a robust and comprehensive range of family policies.

States have a vested interest in making families stronger. They make a contribution to society by producing a competitive labour force, caring for family members of all ages, playing an instrumental role in healthy child and youth development and putting a heart into local communities. However, there are profound social consequences when, for whatever reason, families fail. The high level of family breakdown in our country costs £48 billion per annum, and disproportionately affects people in our poorest communities, where two thirds of 15-year-olds no longer live with both their parents. With our Conservative commitment to compassion and social justice, we simply cannot ignore this issue. If it is sensitively handled, this could mark us out as the true party of the family.

I urge the Prime Minister to appoint a family champion—a Cabinet-level Minister to strengthen families. Our ground-breaking family test for all policies is welcome, but it is reactive to the proposals of other Departments, rather than proactive in forming a family-strengthening approach across all areas of policy, as a champion for families at Secretary of State level would do. We need to match the promises we have made on economic support for families with more policies not only to prevent family breakdown but to promote healthy relationships, just as we promote physical health and wellbeing. Children's health and wellbeing are fundamental to their educational attainment, and their ability to thrive in the workplace

and in wider society rests on their benefiting from safe, stable and nurturing relationships with those closest to them—and for most, that means their family.

We ignore this at our peril. The state cannot be a surrogate family. Supporting family relationships is one of the driving principles of the troubled families programme, which has rightly been extended, but we must do more. We need places in every community where people can go when relationship problems are beginning to emerge, in order to enable everyone—including couples, and parents of toddlers and teenagers—to build strong relationships from the outset and to maintain healthy relationships into later life. This, in turn, could help to address many other challenges, such as mental ill-health, obesity, self-harm, addictions, loneliness and child poverty. However, many families have no role models to look to as the basis for a successful family life. Family life throws out challenges for us all. Real complexities can ensue, as we have seen from the troubled families programme, if families are not equipped to make a go of it. For almost a decade, organisations such as the Centre for Social Justice, and individuals such as its associate director Dr Samantha Callan, have been calling for change.

One important change would be for Sure Start children's centres to broaden their offer and become family hubs—local nerve centres co-ordinating all family-related support. Relationship support and education, at all life stages, would be part of a family hub's core offer, whether supporting couples in their own relationship, or as parents, or grandparents, or in marriage preparation, or strengthening father involvement, or supporting families as carers for elderly relatives, or when specific challenges occur. For example, many couples will not, or cannot in a timely way, go to Relate, which is one of many organisations that family hubs could host or help families access. To ensure that as many parents as possible know what is on offer at a family hub, local health commissioners should ensure that all antenatal and postnatal services are co-located there. The Field review on poverty and life chances recommended that all birth registrations should take place there, too.

The social justice directorate in the Department for Work and Pensions is piloting a family offer in some children's centres that takes in some of the aspects I have mentioned, but more is needed. More national leadership will be essential if this scheme is to be implemented at a pace that this country needs to strengthen family life. This brings us back to why we need a family champion.

Education, early intervention and prevention will ensure that families are less dependent on social services and welfare. I stress that I am not just talking about deprived areas here. Broadening Sure Start centres into family hubs would provide an effective means of tackling family breakdown, strengthen family life and help deliver the Conservative vision of giving every child the best start in life.

Finally, I urge the Government to work towards a fully transferrable tax allowance for all married couples. Thirty hours of free childcare amounts to £5,000 a year, and the value of the Government's tax-free childcare offer is £2,000 a year. What message do those figures send out when the marriage allowance for single earners is just £200 per family? It must be recognised that doubling free early years education and making childcare

[Fiona Bruce]

tax free when both parents work without reviewing the marriage person's tax allowance skews support overwhelmingly towards a particular type of family.

Families in which one parent chooses to take time at home—working and caring within it and investing in their children's future—while the children are young are doing the right thing just as much as those families in which both partners choose to work outside the home. Stay-at-home parents deserve our appreciation, respect and support.

Over this Parliament, reversing Britain's tragically eye-wateringly high family breakdown rates must be our ambition—it must be a priority—and strengthening families by supporting healthy family relationships at all ages and stages of life and rolling out family hubs to achieve that should be our vision.

5.12 pm

Jim Shannon (Strangford) (DUP): Let me first pay tribute to the former Member for Ross, Skye and Lochaber and thank him for his massive contribution over some 32 years and for his dedication and his humour, which were evident to all those whom he met in this House. He was a friend to everyone. I just wanted to put that tribute on record on behalf of my party.

It is a pleasure to follow the hon. Member for Congleton (Fiona Bruce), as there are many issues on which we agree. It has also been great to hear the contributions from some of the new Members on both sides of the House.

It is an honour to be back in this House as the Member of Parliament for Strangford. When I was first elected five years ago, I said that everyone in the House would remember Strangford, and I believe that they do. The Ministers, shadow Ministers and Members who visited my constituency always said that they were mesmerised by the beauty of Strangford and wished to come back. I now extend an invitation to Strangford to all new Members—and old ones as well—of this House.

I am, unashamedly, a Unionist. All four nations bring their qualities, traditions, history, culture and experiences to the United Kingdom of Great Britain and Northern Ireland, and together we are stronger. Having Scotland, Wales, Northern Ireland and England together in the Union is our strength.

As I listened to the Gracious Speech, I was delighted to hear the topics that were raised. I was pleased to hear about the EU referendum and that everybody in the United Kingdom of Great Britain and Northern Ireland will have the chance to cast their vote. I am pleased to hear about more free childcare, which I hope will be carried over to Northern Ireland, as well as the vital freeze on increases in income tax, VAT and national insurance for five years. I am delighted to hear that 3 million new apprenticeships will be created, that there will be measures to reduce regulation for small businesses and a bid to boost job creation, but I would have been glad to have seen an end to the iniquitous bedroom tax.

Those are debates for other days, however. As the Democratic Unionist party spokesperson for health, I am pleased to hear that there will be legislation to introduce a blanket ban on the production and supply of so-called legal highs.

David Simpson (Upper Bann) (DUP): Does my hon. Friend agree that although we welcome the legislation on legal highs we must ensure that we have proper enforcement? We have not had much success with the other illegal drugs, so we need proper enforcement.

Jim Shannon: I thank my hon. Friend and colleague for that intervention. He clearly outlines the case, and I want to make a comment about that as well. A young constituent of mine from Newtownards, Adam Owens, a 17-year-old boy, died some six weeks ago because of psychotropic substances, or legal highs, as we all know them. Our community is rightly angry at this loss of the life of a young man and we put on record our concerns for the family and everyone else.

We must address the issue of what is classified as legal, particularly when a young man has lost his life. I have spoken to the Police Service for Northern Ireland, to the Department of Health, Social Services and Public Safety and to the Department of Justice to ask for urgent legislative change. They all said that the change would have to come from this place, so I welcome the Government's commitment in the Gracious Speech.

Gavin Robinson (Belfast East) (DUP): My hon. Friend will be aware of the work on legal highs I have done at Belfast City Council. For the benefit of the Minister and the Department here, will he encourage those with the power in England and Wales to take advantage of the legal precedent we have set in Northern Ireland where we have secured not only destruction orders but prosecutions for the sale of legal highs?

Jim Shannon: I thank my hon. Friend and colleague for that comment, and the precedent has been set in Belfast in the past three weeks. I am pleased that we have set the precedent for the rest of the United Kingdom, as we often do in Northern Ireland. That legislative change has been made by local councils and I am pleased to see it.

The loss of that young man to legal highs should not be repeated. My hon. Friend the Member for Upper Bann (David Simpson) mentioned previous legislation. In a previous job, as a Member of the Legislative Assembly, I spoke about one substance that was an issue at that time, mephedrone. We changed the legislation in Stormont, but an ingredient was changed, the name was changed and all that good work was set aside. That is why we need this legislative change and why we need it urgently.

We had a rally in Newtownards organised by a teenager and his friends in response to the death of Adam Owens. It was attended by every age group, every social class and every religion, with people all there to express their concern and the need to see change on legal highs. We should bring this matter to the Chamber as soon as possible. As I said to the family, we cannot ease their heartache but we can work together to try to ensure that something worth while comes from the shock—that is, the end of legal highs. If we achieve that in this House, we achieve it not only for Strangford but for every constituency across the whole of the United Kingdom of Great Britain and Northern Ireland. That is why, although I welcome the Government's promise to address

the issue, I must ask for the timeline for the fulfilment of the promise. Perhaps the Minister can give us some information about what will happen.

As a Northern Ireland Member, I am well known for continually pressing for more funding UK-wide that is ring-fenced for the NHS and I am delighted to hear that the Government are responding to those calls and making more funding available for the NHS. Can the Minister give us some idea when the ring-fenced funding in the block grant will be made available to the devolved Assembly and whether there will be any restrictions on the use of the money?

There are many issues in the NHS that we must address. We need to address the long waiting lists that mean that people wait almost a year for simple hernia operations. Justice cannot be done to a pay rise for nurses within the current budget allocated to the Health Department, yet those men and women dedicate much of themselves to a job that most people in this room would find unbearable. It has been impossible for them to be recognised within the current budget. In addition, money should be set aside to make more cancer drugs available in all postcodes, instead of being subject to the postcode lottery that often operates.

Ms Margaret Ritchie (South Down) (SDLP): I thank the hon. Gentleman for giving way in this important debate on health and social care. Does he agree that a lot of these cancer drugs are trialled in specialised labs in the oncology department in Belfast, and that it is particularly sad that they are not available in Northern Ireland because of the lack of a cancer drugs fund?

Jim Shannon: I thank the hon. Lady for her intervention. Clearly, that is the issue for us in Northern Ireland. We want the cancer drugs to be made available throughout the United Kingdom.

Great progress has been made in cancer drugs. In fact, 60% of skin cancer cases can now be addressed with medication and chemotherapy. Those are fantastic steps forward. The other issues are all there—for example, GPs' surgeries and diabetes. I declare an interest as a type 2 diabetic.

There are mental health issues that we need to address, not only for everyone in society but throughout the United Kingdom and for our soldiers too. I understand that there is not a bottomless pot of money, but we must do the best with what we have. It is also important to understand that your health is your wealth, that we must invest in the health of this nation, and that it is essential that such investment is UK wide.

In closing, I am thankful that the Government pledged to prioritise health, to ban legal highs and to take action on all the other issues that have been raised, but we need to have the pledges implemented urgently. They must not be left until next year or the year after. There is good news in the Gracious Speech, but I ask for details, and for implementation to take place as soon as possible, so that every benefit can come to everyone in the United Kingdom of Great Britain and Northern Ireland.

5.21 pm

Alex Chalk (Cheltenham) (Con): Thank you, Mr Speaker, for calling me to make my maiden speech. I am conscious that I am following a great many distinguished debuts.

I confess that there were moments in the past two years of campaigning when I wondered for a moment whether I would indeed be standing before you as the Member of Parliament for Cheltenham. A difficult moment came early on in the campaign when I knocked on a door in Charlton Kings. It was opened by a lady who was immediately and clearly unimpressed. "I know who you are," she said. "You might be better than your brother, but we don't want David Miliband either."

Another dicey moment came during the mayoral visit of my hon. Friend the Member for Uxbridge and South Ruislip (Boris Johnson). Initially it seemed to go well, but then came that forensic and dastardly question from the local BBC reporter—"Mayor, who exactly have you come to support?" I have to tell you now, Mr Speaker, that the name that came back was not mine. Instead it was the name of a prominent local estate agent. In mitigation, it was an agent who had been advertising heavily on the roads leading into Cheltenham, and I have been asked by my hon. Friend to make that clear.

But by far the biggest obstacle to winning back Cheltenham for the Conservatives after 23 long years was the sheer calibre of my opponent. Martin Horwood came into politics for all the right reasons. Talented and principled, he served for 10 years as Cheltenham's MP. He did so with conviction, speaking powerfully on issues that he believed strongly in—the merits of the European Union and Britain's place in it, international aid, the conditions of the world's tribal peoples and, perhaps most important of all, the fate of our global environment. Locally, he was a committed campaigner on issues ranging from protecting green spaces to tackling illegal pavement parking. I have great respect for his contribution and will continue to learn from his example.

If it was no surprise to see Martin Horwood rise to chair his party's parliamentary committee on international affairs, I am bound to say that no such advancement traditionally awaits Conservative representatives for Cheltenham. James Agg-Gardner served for 39 years in the 19th and 20th centuries. In that time he made just two speeches and finished his career as a member of the Commons Kitchen Committee. More recently, the last Conservative Member for Cheltenham—the late, great Sir Charles Irving, whose name continues to inspire great affection and respect 23 years since he stood down—went one stage further. He left Parliament as Chairman of the House of Commons Catering Committee.

But if it was a hard road to get here, I am immensely proud to now represent Cheltenham. Having grown up locally, I can tell you, Mr Speaker, that truly it is the greatest town in Britain. I know that Members traditionally make that claim, but on this occasion I am right and they are wrong. Ranked by *The Daily Telegraph* last year as the best place in the UK to raise a family, there is so much to celebrate. Cheltenham is architecturally magnificent, the most complete regency town in Britain. It is also home to GCHQ, where some of our most brilliant, dedicated and conscientious public servants work tirelessly to keep our country safe. We host famous world-class festivals, including the science festival recently described by Professor Brian Cox as

"without doubt, the premier science festival in the country".

Similar praise is due for jazz, literature, music, food and other festivals—and who could forget the horseracing, even if the racecourse does, technically, fall within the Tewkesbury constituency?

[Alex Chalk]

Culture is very important to our town, and if you need confirmation of that, Mr Speaker, I can tell you that one of the 15 hustings that we participated in—yes, 15—during the election campaign was a poetry hustings. Each candidate had to recite their two favourite poems, to be judged by the audience. I did not win, but mercifully the people of Cheltenham are forgiving.

Our town's motto is "Salubritas et Eruditio", which translates as "Health and Education", and we have formidable traditions in both. As well as our excellent acute emergency hospital, we have some of the finest schools in the country. I will stand up for both. A first-class Cheltenham general hospital is essential for our town, and education is the key to the social mobility that many in the House, I know, wish to see, but none more than I. I will continue my campaign to secure a fair funding settlement for Gloucestershire's schools. Historically, we have received a raw deal, and work has been done by the coalition to redress that, but it is time to put that right once and for all.

In his speech in Downing Street on the morning after the general election, my right hon. Friend the Prime Minister spoke powerfully about the need to govern as one nation and to ensure that our national economic recovery reaches all parts of our country. He was absolutely right to do so, and so it must be in Cheltenham. Cheltenham, like Britain, has come a long way since 2010: 1,600 fewer people in Cheltenham are claiming unemployment and 2,900 more people are on apprenticeships, but we should not forget that poverty and deprivation remain. It is not often appreciated that Cheltenham is home to some of the most deprived neighbourhoods in Britain, and that is something I am determined to tackle. It is what underpins my plans to promote my constituency as a town of opportunity, where prosperity and life chances reach into every part of the town. It is central to my passion for improving our road and rail infrastructure and promoting Cheltenham as a regional tech hub. So "one nation", yes, but "one town" too.

There is much to say, but time is short. I will end by saying that it was a son of Cheltenham, Gustav Holst, who wrote the music for that great patriotic hymn, "I vow to thee, my country", and it is to my country and to my town that I here pledge my service.

5.27 pm

Kate Osamor (Edmonton) (Lab/Co-op): I am most grateful to you, Mr Speaker, for calling me during today's debate to deliver my maiden speech.

I have dedicated 15 years of my life to the NHS, working as a practice manager in a GP surgery—so I have seen at first hand how hard it is to get an appointment—and as an administrator in an out-of-hours GP co-operative. I will be proud to apply the same principles and values as a MP. I stood for election as a Labour and Co-operative candidate, and now I have the privilege of representing the Co-operative movement in the House. With my colleagues, I hope to bring its principles, values and experience to bear on Members' deliberations.

Among the distinguished list of my Labour predecessors, I pay tribute to Lord Graham of Edmonton, but my immediate predecessor was Andy Love. He was the eighth Member of Parliament for the constituency and

all his predecessors were men, but I have broken that tradition as the first woman to represent Edmonton. I feel most honoured and proud of the responsibility bestowed upon me. It is a measure of the regard in which he was held that Andy Love served for 18 years in this House, and I pay tribute to him. I have big shoes to fill: he was a tireless representative of constituents, and he will be particularly remembered in the House for his advocacy on behalf of Cypriot communities both here and abroad.

The name Edmonton is of Anglo-Saxon origin. The medieval parish was centred on the church of All Saints, the oldest building in the borough of Enfield, which is still in use. There are several other listed buildings in Church Street, such as Lamb's Cottage, the Charity School Hall, the former Charles Lamb Institute, and some Georgian houses. In the 1970s it was designated the first conservation area in Edmonton and there are now three others. In 1996 the Montagu cemeteries, comprising the Tottenham Park and Jewish cemeteries, were also designated because of their unique landscape qualities.

Fore Street, an historic main road leading north from London, attracted rapid development in the 17th century. As some of the buildings survive, it was designated a conservation area in 2002. The Crescent in Hertford Road was added to the borough's list of conservation areas in 2008. Besides the buildings in these special areas, there are other listed buildings—St Michael's church and vicarage in Bury Street, Salisbury House in Bury Street West, and St Aldhelm's church and Millfield House in Silver Street.

Since the 1960s Edmonton has been transformed from a predominantly white, working-class industrial suburb into a multicultural area through Commonwealth immigration, asylum seekers and the expansion of the European Union in May 2004. Edmonton Green ward has been identified as having one of the highest numbers of working-age adults living on state benefits in the UK. Much of the industry for which Edmonton was famous—furniture making, electrical goods and electronics—has disappeared or moved to greenfield sites. We do not have one dominant employer to bring an end to adult worklessness in Edmonton, but despite the lack of low-skilled jobs on offer, Edmonton has a growing entrepreneurial spirit. A hub of small and medium-sized businesses along Fore Street make the best of things, whatever the circumstances. True community spirit is fostered and rewarded and we see this in the numbers of small businesses within the constituency.

Edmonton is a community of many contrasts. Alongside increasing prosperity, many people suffer considerable hardship and deprivation. Edmonton is a priority regeneration area. Edmonton Green and Angel Edmonton have been identified as town centres that need improvements to make them look and feel like much better places to shop. There are a wide variety of schemes and projects happening in Edmonton under a Labour-run council to ensure that these priorities are delivered.

Regenerating the wider Edmonton area is focused on improving the shopping centres, creating access to new jobs, and improving the education and health of our local people. These plans will also deliver improvements to transport facilities and links to other areas, such as central London. They will improve the quality of and access to open spaces and parks, as well as restoring and maintaining connections with all the historical sites.

Up to 5,000 new homes and 3,000 new jobs will be created by the £1.5 billion Meridian Water redevelopment on a former industrial site. This should be completed by 2026. The improvements to the wider Edmonton area and the plans for Edmonton Green will all come under a Labour-led council. I am happy to report that only yesterday Transport for London appointed London Overground as the train operator to run local train services out of Liverpool Street to north-east London. TFL's presence will bring immediate improvements to Edmonton Green station, improving security and safety for passengers and disability access. This will improve standards for everybody.

It is a great honour to represent the people of Edmonton and I thank them for electing me as their Member of Parliament. I would like to thank all those who campaigned for me and worked hard to achieve a Labour victory in Edmonton.

5.33 pm

Dawn Butler (Brent Central) (Lab): It is a privilege to speak on a day when we have heard so many great maiden speeches. I want to thank God and thank the people of Brent Central for returning me to this place, and not only as a Labour gain, but with a majority that makes me blush. I know that a Member of this place can be a maiden only once, but I would like to follow in the tradition of maiden speeches by thanking my predecessor for her congratulatory card and her warm words. She worked very hard for Brent Central and said that it was a privilege to serve.

Brent Central was created in 2010, from the leafy Mapesbury to the lovely Harlesden, but in 2015 it sent a clear message: having suffered under a Lib Dem-Tory coalition, it wanted no more. Unfortunately, Labour failed to win the general election, and lessons will need to be learnt, but as we listen to the Conservatives we could almost be forgiven for thinking that they were not responsible for the bedroom tax, which saw hundreds of people move out of my constituency; or for the young people who decided not to go to university because of the increase in tuition fees; or for the people who do not have enough money to pay for the expensive pre-pay meters installed in their homes; or for the people who cannot afford legal representation; or for the closure of our A&E at Central Middlesex hospital, which means the poorest people of Brent Central have to travel the furthest for emergency care—£25 in a taxi or an hour on a couple of buses—at the A&E at Northwick Park hospital, where last week 575 patients waited more than four hours to be seen.

It has been a tough five years, and I fear for the next five. As one of the founding members of People Against Austerity, I know that I am going to be really busy, because unlike the previous MP, I am not a member of the Government, so I will stand up to them and hold them to account. Just imagine that in the year Magna Carta celebrates its 800th birthday, it falls to the Labour party to stand up for those important freedoms. As a former trustee of Citizens Advice and a magistrate, I see the devastation when rights are taken away. We in the Labour party need to be an effective Opposition. Rev. Oliver of St Mark's, Kensal Rise, talks about three R's: reserve, regrets and retreat. We must hold nothing in reserve, have no regrets and not retreat from our founding principle of a country fair for all.

The people of Brent Central have given me this chance to serve them as their Labour MP. They were so sad on 8 May when Labour did not win the election, and they wonder what lies ahead. Of course, we have tax cuts for millionaires while poor people and the elderly are freezing in their homes. We have the bedroom tax for the poor and disabled, zero-hours contracts, food banks, tax avoidance by the richest corporations, and charities are restrained by gagging laws while professional lobbyists roam free and unfettered around the lobbies of Westminster. While all that is going on, the Government are painting the trade unions as organisations in need of reform. In reality, trade unions defend and protect people who are on zero-hours contracts or who cannot afford legal representation. At that point, Brent Central is going to become the reggae capital of Europe. As a woman with locks, I feel compelled to quote Robert Neston Marley to the Government:

"You can fool some people some of the time, but you cannot fool all the people all of the time."

I will hold true to the promises I made on the doorsteps of Brent Central. I will fight for all of you, not just the few. For those in Tokyngton, Stonebridge, Harlesden, Kensal Green, Willesden Green, Dollis Hill, Dudden Hill, Welsh Harp and Mapesbury, I pledge to work on the issues that are important to you, from pre-pay meters to the NHS and legal aid, to name just a few. I will be unstinting in my efforts to represent Brent Central.

Under a Labour Government, my mother's breast cancer was caught early, and for that I am grateful to the NHS. Three years ago my father died from an infection in hospital. I hope that we can work together with the Government to make the NHS a place that is fair and free for all, but be assured that I will work to hold them to account and ensure that we save the NHS. There may be more Members on the Government side of the House than on the Opposition side—almost, and not today—but on the Opposition side we aim to help the many, not the few.

5.39 pm

Paul Farrelly (Newcastle-under-Lyme) (Lab): I want to talk about what the Government call the distressed health economy of Staffordshire—north Staffordshire, in particular—and some worrying recent developments while we were preoccupied with May's elections.

In February, I was leaked a copy of a report on Staffordshire's so-called challenged local health economy prepared by accountants KPMG. It was completed last August and was one of 11 commissioned by the Secretary of State on areas of England with NHS deficits. As far as I am aware, though, following the leak, Staffordshire is the only one to see the full light of day. It painted a picture of a local health system "in perpetual crisis mode" which suffered from a "generally oppressive culture" and had no "clear long term strategy". The report was also scathing about the effects of the Government's top-down reorganisation of the NHS after 2010. There was conflict at the top of many of the bodies and a lack of collaboration between the new clinical commissioning groups. That led to waste, duplication, and, frankly, letting patients down, not least the frail elderly who turned up too often at A&E, were all too often readmitted, and spent too long in hospitals rather than at home. In conclusion, the report said that if nothing changed Staffordshire's health economy would be £217 million in the red in barely four years' time.

[Paul Farrelly]

The KPMG report was full of questionable assumptions and glaring omissions. These included the impacts on our local Royal Stoke University hospital of taking over troubled Stafford hospital at a cost of an extra £250 million while itself struggling with a £30 million deficit and coping with a crisis in admissions and A&E. Profoundly, the report failed to estimate the investment needed in primary, home and social care to make the planned savings possible without patients in the NHS across the county suffering as a result.

The report's prescriptions were clearly fundamental to the future of local healthcare and certainly deserve debate, but funnily enough, before the election the Government were not only keen to suppress all 11 reports but even to deny their existence. In early February I tabled written parliamentary questions asking the Government to publish the reports; they declined to do so. I then asked simply when each was started, when completed, and by which consultancy firm. These simple factual questions first gained a holding reply. Then, a fortnight later, in March, the Under-Secretary of State for Health, the hon. Member for Battersea (Jane Ellison), who is in her seat in the Chamber, gave this remarkably considered reply:

“Consultancy firms were not commissioned to produce reports on the local health economies, as described in the question”.

By that stage, I had the “non-existent” “Final Report for Staffordshire” in my hand, as I do now. The Government have therefore hardly been a paragon of truth and transparency in this regard. I hope that now they have conjured £8 billion of NHS investment out of the election air they will mend their ways in future—likewise the NHS itself, not least NHS England, which is, certainly in my view, the least accountable public body that I came across in the previous Parliament.

The conclusions of all that work on distressed health economies are now dribbling out in board papers of the hospitals and the patchwork of CCGs and NHS trusts created by the Government's reforms. If Staffordshire is anything to go by, however, there is no joined-up information for the public, let alone consultation. Last week, following KPMG's recommendations, the local CCGs in my area and the newly created Staffordshire and Stoke-on-Trent Partnership NHS Trust announced, from this autumn, the closure of Longton community hospital in Stoke-on-Trent South, as well as cuts in my constituency of Newcastle-under-Lyme to Cheadle hospital, Leek Moorlands hospital and Bradwell hospital, which cared for both my father and my mother until they passed away—my mum, sadly, only before Christmas just gone. The two CCGs, to quote *The Sentinel*, a local newspaper, last week,

“say they have already done enough ‘pre-engagement’ on the plans to render further consultation redundant.”

Well, they certainly have not. In fact, there has been no engagement at all, neither pre nor post.

Recent NHS figures show that in January and February, 613 of the total of 912 cases of patients waiting on trolleys at A&E for a bed to be found for over 12 hours—two thirds of all cases—happened at our local Royal Stoke University hospital. Yet another of the KPMG proposals is the removal of 63 beds at the hospital to save £20 million. Currently we do not know where that

recommendation stands, but the cumulative effect of the cuts could simply make the situation for patients and the NHS at our hospital far worse.

That is why today I have asked all the local NHS bodies to meet local MPs on a cross-party basis and to make plans to engage and consult properly with the public. I hope that the Secretary of State and Health Ministers will not only encourage that, but join in and explain how these cuts and changes fit into the NHS plan and how much of the £8 billion they have conjured up will go into helping the local health economies not only in Staffordshire, but in the 10 other areas around the country facing major challenges and cuts.

5.45 pm

Angela Crawley (Lanark and Hamilton East) (SNP): It is both a great honour and a privilege to have the opportunity to serve my area of Lanark and Hamilton East, and to have served as a councillor in my hometown of Hamilton. I will seek to return the faith of all those who voted, with hard work, dedication and complete commitment to uphold this duty of public service.

May we take this opportunity to recognise the talent of Charles Kennedy, who dedicated his life to politics? As a former law student at Glasgow University, I recognise Charles's work as its rector. May I extend my sincere condolences to his family at this time?

May I also take this opportunity to pay my respect to my predecessor, Jim Hood, who served in Westminster from 1987, which, incidentally, is the year I was born? His courage to stand against his party over the Gulf and Iraq wars set him apart and showed his character and principles.

I stand here today inspired by great political women, including the remarkable and influential Winnie Ewing, whose Westminster victory in 1967 promoted the possibility that Scotland could prosper and flourish with the Scottish National party. Hamilton is also the birthplace of the late and wonderful Margo MacDonald. Margo and Winnie completely reset the rulebook and taught us that gender is irrelevant in life: when you have the will and the skill to succeed, you can do so.

My constituency is not just home; it is a colourful and vibrant place. It is innovative and industrious. It is both rural and urban, with a strong agricultural sector and deep respect for our mining history. There is much to champion about Lanark and Hamilton East, and yet still much to improve.

Growing up, I witnessed the poverty and deprivation in my local community, damp council houses and parents working hard yet struggling to make ends meet. As a teenager, I lost my mother to mental ill health. As a young carer, I know only too well about the need to protect our NHS. Most of all, I believe that this kind of desire to see change can be realised through politics and it must be realised through making a positive change. I am sure that everyone across these Benches will join me in that determination.

We must continue to invest in our vital services, health and wellbeing and education. I was lucky to have strong role models and to access education based on the ability to learn, not the ability to pay. I would like to ensure that all young people across these islands have that same opportunity.

Unfortunately, the story of poverty still echoes throughout many parts of my constituency today. Inequality and a lack of prospects for young people are crippling those who need support the most. We must ensure equality of opportunity, not only for young people but for everyone across all constituencies. Today, hard-working families up and down this country will be faced with a choice between putting food on their table and heating their homes. Let us just think about that: our reliance on food banks while committing billions of pounds on nuclear weapons is wholly unacceptable.

In my role as SNP spokesperson for equalities, women and children, I will continue to shine a light on our successes and highlight the areas that desperately need development. I am proud of our progress in recognising same-sex marriage across Scotland, England, Wales and now Ireland. When I marry my partner next year, I will celebrate the fact that marriage is truly equal, both in law and in life. I will continue to champion LGBT and black and minority ethnic rights, and to ensure that gender imbalance is addressed in our workplaces, in our boardrooms and in this Chamber.

Let us, this term, make history. Let us collaborate and work together to represent with compassion aspirational ideals and progressive politics. The people of Scotland voted loudly and clearly for an alternative to austerity. My team of 55 colleagues and I will work tirelessly with those on the Opposition Benches to ensure that we see an alternative to the damaging cuts to our public services.

I represent the Scottish National party. We are a party that will speak up for everyone with a shared interest in tackling inequality and poverty. Let us share in the spirited debate with respect and objectivity. Let us challenge constructively to achieve positive outcomes. Let us listen to the people and always act in their best interests, and in the interests of the many, not the few. Let us shape and strengthen the opportunities of future generations and our children. Let us promote potential over profit and invest in future generations, not nuclear weapons. Let us serve with honesty and transparency, but, most of all, let us serve.

5.51 pm

Christina Rees (Neath) (Lab): Thank you for calling me to make my maiden speech, Mr Deputy Speaker. I congratulate the other Members who have made their maiden speeches today.

It is an honour and a privilege to be elected to represent the people of the Neath constituency, which is made up of beautiful villages and towns that are steeped in history, culture and sport. The people are caring and compassionate, with a great sense of humour. I pay tribute to my predecessor, the right hon. Peter Hain, who served Neath diligently for more than 24 years and held many ministerial and Opposition Front-Bench posts, including serving as Secretary of State for Wales and for Northern Ireland. His has been a consistent and prominent voice on domestic and international affairs, speaking for Neath, for Labour, for internationalism and for social justice. His and his family's fight against apartheid and his role in the Northern Ireland peace process will long be remembered.

Peter Hain was elected in a by-election in 1991, after the sad and sudden death of Donald Coleman when he was on his way to the House. Donald Coleman was elected in 1964, taking over from D. J. Williams, who

was from Tairgwaith and was a self-educated man—a true working intellectual who went to the Central Labour College with Aneurin Bevan and Jim Griffiths. Last Saturday, I visited constituents in Tairgwaith with the Welsh Assembly Member for Neath, Gwenda Thomas, a former Welsh Government Minister for health and social care. She is from nearby Gwaun-Cae-Gurwen, famous as the birthplace of the legendary rugby player Gareth Edwards and the actress Siân Phillips. My agent, local councillor Arwyn Woolcock, was with us. He lives in Lower Brynamman, next door to the grandmother of Welsh First Minister Carwyn Jones. Wales is just one big family.

Donald Coleman's life and the history of the Neath constituency is commemorated in a beautiful stained glass window in St Thomas's church in Neath town centre. I am going to describe the window to give the House a flavour of my wonderful constituency. At the top of the window is the portcullis. Donald Coleman was very proud to be the MP for Neath, as I am now. The red kite and the badger are in the window, illustrating his love of wildlife. Just before he died, he presented to the House the Wildlife and Countryside (Amendment) Bill, which extended protections to the red kite. The Bill should have fallen, but it was taken through posthumously by the right hon. Ron Davies. I saw a red kite flying over the village of Seven Sisters last week and it was a wonderful sight.

Seven Sisters village was named after the seven daughters of the local coal-owner, Evan Evans Bevan, but do not ask me to name them all. However, I can name the captain of Seven Sisters ladies rugby football team, who have adopted me as their mascot. She is Bethan Howell, Welsh rugby international extraordinaire. She offered me a game with Seven Sisters, but there are already too many left-wingers in the team.

The president of Seven Sisters rugby club is the former MP for Aberavon, Dr Hywel Francis, who has returned to live in the Neath constituency. Aberavon's loss is undoubtedly Neath's gain.

In March, there was the 30th anniversary of the formation of the miners support group that was set up by Hefina Headon and others. The anniversary was celebrated in the Onllwyn Miners Welfare Club, which is otherwise known as the palace of culture. Bronwen Lewis sang "Bread and Roses", as she did in the film "Pride". The words of the song and Bronwyn's beautiful voice reduced us all to tears.

"Pride" was filmed in Banwen, the home of the Dove workshop, which was set up by Hefina, Councillor Moira Lewis and Mair Francis at the end of the miners strike. Dove retrained women to work because the men had lost their jobs, but later it opened its doors to men as well.

Aberdulais Falls is the centrepiece of the church window and one of the top tourist attractions in Wales. Its beauty was captured on canvas by Turner.

The town centres of Neath, Pontardawe and Glynneath have been regenerated with the help of European funding drawn down through the Welsh Government. They are vibrant again, and a reminder of the importance of European Union membership for my constituency, Wales and the United Kingdom.

The children of Ysgol Maes Y Coed in Bryncoch recently visited St Thomas's church and were so inspired by the window that they have based an exhibition on the

[Christina Rees]

story of St Thomas's life. That exhibition has been entered in the national schools heritage competition. These children have additional learning needs. They have created their own windows and made a video on human rights. These are remarkable achievements that deserve the highest recognition.

The last five years have been very tough for the people of the Neath constituency. I am concerned about the lack of employment opportunities, especially for the under-25s. Youngsters have to leave their communities to find work and I pledge to work on their behalf in Parliament. Communities have been split apart by the bedroom tax. The disabled have suffered the most. In-work benefits have soared because of poor wages, and many working people have to borrow from credit unions to make ends meet; indeed, many people have to rely on food banks.

I am afraid that the contents of the Queen's Speech show that the next five years will be even tougher. It is my job to serve all my constituents without fear or favour to overcome these injustices, and to work with councillors, Assembly members, trade unions and our Member of the European Parliament, Derek Vaughan, who was once the distinguished leader of Neath Port Talbot council. One of Derek's last duties before entering the European Parliament was to ensure that the new Swansea University campus was achieved, and of course that it was located within the Neath Port Talbot area. The present leader of the council, Alun Thomas, is the only Welsh council leader to have been awarded an honorary doctorate by Swansea University.

I urge the Government to approve the Swansea bay tidal lagoon project, which will bring green energy, jobs, apprenticeships, tourism and water sports to the bay region, of which Neath constituency is an important part.

I am grateful to you, Mr Deputy Speaker, for allowing me to speak today.

5.58 pm

Debbie Abrahams (Oldham East and Saddleworth) (Lab): It is an honour to follow my hon. Friend the Member for Neath (Christina Rees), and I congratulate everybody who has made their maiden speech today; they have certainly put the rest of us under pressure.

My right hon. and hon. Friends have talked about cuts in social care. I will start by giving an example of what those cuts mean in practice. I called at a house one afternoon during the election campaign and an elderly woman in her 70s answered the door. She was dishevelled, distressed and clearly confused. She had an empty bubble-wrap pack of medication in her hands and she said to me, "I don't know what I have to do". I called the pharmacist, and she came straight out, but this was clearly a very vulnerable woman on her own. What if I had not called? We saw £3.5 billion cut from social care in the last Parliament, while 87% of local authorities provide care only for people with substantial needs, and, as we know from the Institute for Fiscal Studies, the Office for Budget Responsibility and the International Monetary Fund, the pressure on public services and funding for local authorities is going to get much worse over the next three years. Some 450,000 fewer people are being supported, and the number of cases like that of the woman I called on is only going to increase.

We have also heard from right hon. and hon. Friends about the crisis in the NHS, which we can land firmly at the door of the Conservative party and the Health and Social Care Act 2012. In addition, this top-down reorganisation, which is wasting billions, is underpinned by an agenda to privatise the NHS. The Secretary of State refused to acknowledge that section 75 of the Act was entirely about compelling all health services to be put out to tender and that four out of every 10 health services put out to tender have been awarded to private health care companies.

At the time, the Government argued—I know because I was on two health Bill Committees—that increasing competition would improve service quality, but there is no evidence for that; in fact, international evidence shows exactly the opposite. In addition to not improving quality, we know—again from international evidence—that it will actually reduce health equity, in terms of access to care and health outcomes. Other effects of the Act have already been mentioned: hospital A&Es not meeting their four-hour targets for 97 weeks on the trot; an increase in the number of urgent operations being cancelled—up 40% on last year—and one in four people not able to see a GP within a week, or two in three in my constituency, according to a survey that I undertook. I think also of the shocking care that our children and young people have to face if they are suffering from a mental health condition—being kept in police cells or shipped hundreds of miles from their families, if they have an acute episode. And, of course, all of that is underpinned by the appalling state of the finances. Unfortunately, these trends will only increase over the course of this Parliament. The pace of the privatisation agenda will increase, and the principles of the NHS as a universal, comprehensive and free service will be under threat.

We heard the Secretary of State refer to the party mantra: "We have a strong economy, and we will have a secure NHS". But do we really have a strong economy? We have had a flatlining economy for the past three years, with only a tiny spurt of growth in the last year, while the Government have borrowed £219 billion more than they said they would in 2010. They did not clear the deficit; instead, they broke their own law. The debt to GDP ratio is 81%. Even after a global crisis, it was only 60%. They have increased that ratio. Our productivity is the second lowest in the G7, and the 19th lowest in terms of average productivity—the worst since 1992. Where are we going to get all the money needed to invest in our health service, social care and child care?

The Government do not get it. As any successful business will say, its most important asset is its people. Our people should be valued, but instead of supporting, enabling and investing in people—in our skills, our health and our care—the Government's approach is reminiscent of a Victorian workhouse. Amanda Story is a case in point. In her late 50s, she came to me saying she had always worked as a teacher, but that 18 months before she had been diagnosed with breast cancer. As she went through her treatment, she became more and more poorly and had to take time off work. Eventually, she was made redundant. She applied for and was granted employment and support allowance. Months later, she was also able to take her teacher's pension. Imagine her horror when she received a letter from the DWP last December informing her that she was being investigated for fraud, because she had not notified

DWP that she was now receiving a pension. In the physical and emotional rollercoaster that she was going through—cancer, treatment, redundancy—she had not realised that although ESA is a non-means-tested benefit, she was meant to inform the DWP about changes to financial circumstances. Although she explained this in her interview under caution, she was told by the authorities that she was still going to be pursued. This is beyond sense.

One thing I recognise that the Government have done very skilfully—and other parties have done the same—is to demonise certain groups of people. Using language such as “shirker” or “scrounger”, they try to point the finger at others, making us angry and likely to blame others for our lot. They have successfully created the perception that all people in receipt of social security are on the take, lazy or not worthy of support. The facts are against them. Whenever people hear this language, I urge them to think of Amanda and the thousands of honourable people like her—because tomorrow, “it could be you”.

6.6 pm

Colleen Fletcher (Coventry North East) (Lab): Thank you for calling me, Mr Deputy Speaker, and allowing me the opportunity to make my maiden speech. It is with a great sense of pride and humility that I rise to speak for the first time in this House.

Let me first congratulate all other hon. Members who have made their maiden speeches during today's debate. As is customary on these occasions, I would like to take the opportunity to pay tribute to my predecessors and to talk a little about the constituency that they represented so well for so long.

I start by paying particular tribute to my friend of many years and my immediate predecessor, Bob Ainsworth, who I know will long retain in equal measure the House's admiration and the respect and gratitude of his constituents. Bob was an assiduous Member of Parliament who discharged his duties with a blend of integrity, talent, diligence and generosity. I owe Bob a huge debt of gratitude for his help, support and kindness over the past few years, but more importantly for his enduring friendship. He has been a powerful voice for the people of Coventry North East, and I hope to follow in his footsteps and continue his good work.

Bob held positions in several Departments during his time in this place, including the Whips Office, the Home Office and, latterly, the Ministry of Defence, where he was appointed Secretary of State in 2009. I know I speak for many hon. Members when I wish Bob a long and happy retirement. I am sure Bob's absence from this place will give him the opportunity to refocus his considerable energies on different challenges, the principal of which, knowing Bob as I do, will be the pursuit of a much improved golf handicap.

The first to represent this constituency from 1974 to 1987 was George Park, whom I remember well, as my mother was his election agent. After him, John Hughes held the seat for five years from 1987 until 1992. I remember John for using his considerable tenacity for the benefit of his constituents. Coventry North East was fortunate indeed to have had such worthy and esteemed Members of Parliament. I am proud to follow in their footsteps as the fourth Member of Parliament

to represent the constituency, and I am extremely honoured to have the privilege of being the first woman to do so, and in being the first female MP in Coventry since 1979.

Like Bob, I too was born and bred in the constituency that I represent. It is where I raised my family and where I continue to live. I know the place; I know the people; I care deeply about what happens there. That passion for, and connection with, my home town is what led me to represent my area in this House.

Coventry North East is a predominantly urban constituency, but it contains and is bordered by some beautiful natural environments. It has a wide demographic mix and is genuinely multicultural. We are fortunate to have people from many different ethnicities, faiths and cultures living side by side, with a real sense of tolerance and integration running through the community.

The constituency includes University Hospitals Coventry and Warwickshire Trust and the Ricoh Arena, home to Wasps Rugby, Coventry City football club, an exhibition centre, hotel and casino. A once derelict site, it has been brought back into economic use as an extremely impressive leisure venue, creating much-needed employment in the area. But it is the people who make the constituency so remarkable. Coventry people are compassionate, honest, loyal and straight-talking. I am proud to call myself one of them, and I hope to do them proud as their Member of Parliament.

Coventry North East is not without its problems. Poverty and deprivation are entrenched in some communities. This means that, according to recent data, men in the more deprived areas of my constituency are likely to die 11 years earlier than men in the wealthiest parts of the city, just three miles away, while women are likely to die eight years earlier than their counterparts in the wealthiest areas. These health inequalities are reinforced by high unemployment and deprivation and the poor quality of housing in parts of Coventry North East. While past Government initiatives such as the new deal for communities and a range of investments have helped, the level of intervention needs to be a lot greater if it is to produce real and lasting change. If not, gains in employment and reductions in deprivation will ebb away when tough times return.

It is sometimes too easy to talk about these issues and reduce the problems that real people face to brute facts and statistics, which overlook the real turmoil and heartache that these problems cause. I will not do that. I believe that the real life stories of ordinary people can tell us more about poverty and how to solve it than any report that is drawn up by civil servants miles away from the problems that they analyse.

I take this opportunity to say a few words about my parents. They lived in and loved Coventry. They taught me what the Labour party stands for and what it was there to do. My mother passed away at 64 and my father at 69. They were my total inspiration. They believed in equality of opportunity, in the power of ordinary working people to challenge inequality and injustice, and above all they believed that this country needed a Labour Government—and they were right. What residents need is a Government who will make a significant investment in health, housing and skills. Unfortunately, cuts to welfare and to local government, a lack of sufficient investment in health services and a lack of investment in housing are likely to result in a situation in which little if nothing changes for the vast majority of my constituents.

[Colleen Fletcher]

I thank you, Mr Deputy Speaker, for allowing me to make my maiden speech during this debate. I also thank my constituents for sending me from Coventry to represent their interests, and I thank the House for its indulgence in listening to me today.

6.13 pm

Gerald Jones (Merthyr Tydfil and Rhymney) (Lab): Thank you, Mr Deputy Speaker, for the opportunity to make my maiden contribution during this debate on the Gracious Speech. I pay tribute to the hon. Members who have preceded me in making their maiden speeches today, especially my hon. Friends the Members for Coventry North East (Colleen Fletcher) and for Neath (Christina Rees). I also thank the staff across the parliamentary estate, who have been so helpful over the past few weeks. I know that others will join me in that.

It is an honour and a privilege to have been elected by the people of the Merthyr Tydfil and Rhymney constituency, where I was born and raised and still live. I thank my parents, my partner and my family, along with my agent and Labour party volunteers, for the huge support that they have given me not only in the most recent election but for many years. I have spent many years working in community development and community regeneration in various parts of my constituency. I have thoroughly enjoyed working at the grassroots of local communities, empowering and supporting local people, and I aim to build on that work in this place.

Let me take this opportunity to pay tribute to my immediate predecessor, Dai Havard. Dai was elected to this place in 2001, and spent 14 years representing the people of Merthyr Tydfil and Rhymney, championing the causes of many organisations throughout the constituency. I do not think that his huge contribution to public service in our area has yet been fully recognised. He worked hard to represent working people and to safeguard workers' rights. One would have expected nothing less from a committed trade unionist. As many will know, Dai also took a keen interest in the Defence Committee, and did much to support the work of our armed forces. I know that his contribution will be missed.

Let me also pay tribute to another of my predecessors, Ted Rowlands—now Lord Rowlands—who served the constituency between 1972 and 2001. Ted and his late wife Janice are still fondly remembered by many in the constituency. My own special recollection is that it was Ted, along with my local councillor Les Rees, who first bought me to this place when I was a teenager, and cemented an already keen interest in politics.

Merthyr Tydfil, both the town and the borough, is a very proud place. It is named after Tydfil, a Welsh princess said to have been murdered for her Christian beliefs in 480 AD. Merthyr has been at the forefront of the fight for social justice for generations, and it was also at the forefront of the industrial revolution. During the 1830s, the Dowlais ironworks was the largest in the world, employing more than 5,000 people. Merthyr became the largest iron-producing town in the world, and was the source of 40% of Britain's iron exports.

Merthyr is proud of its heritage and history. Last weekend I had the pleasure of visiting the Merthyr Rising festival, which involves a weekend of song, poetry

and debates. It remembers the 1831 Merthyr rising, when, for the first time, workers marched under the red flag that was later adopted internationally as the symbol of the working classes. Another important part of history was made in February 1804, when the world's first locomotive-hauled railway journey took place as Richard Trevithick's steam locomotive hauled a train along the tramway line of the Penydarren ironworks in Merthyr Tydfil. Merthyr Tydfil also has a special bond with the Labour party, being the constituency that elected James Keir Hardie in October 1900. It was the first time a Labour Member had been elected to this place.

We have also known our share of hurt and pain. People throughout the world will remember the disaster that took place at Aberfan in October 1966, when 114 children and 24 adults were killed. People in my constituency still remember that tragedy, and commemorate it each year.

Merthyr Tydfil makes up two thirds of my constituency. The remainder is Rhymney, or, as it should be known, the Upper Rhymney Valley. The town of Rhymney was established with the ironworks in 1801, and throughout much of the 20th century the town's collieries employed almost the entire local population. The celebrated Welsh poet Idris Davies was born in Rhymney, and the town is known to many outside Wales because of the folk singer Pete Seeger's song "The Bells of Rhymney", whose lyrics are drawn from a poem by Davies.

The Upper Rhymney Valley includes five other settlements, including my home village of New Tredegar. The village is now home to the Winding House, an award-winning museum that opened in 2008 on the site of the former Elliots colliery. It is managed by the local authority and the Friends of the Winding House community group. As you would expect, Mr Deputy Speaker, New Tredegar, like many Welsh communities, has a thriving rugby club in which mini, junior and senior sections enjoy various levels of success.

Tourism plays a part in the economy of my constituency. The history and the heritage of which I have spoken can be found in communities nestled in steep valleys and at the gateway to the Brecon Beacons national park. In recent years, many parts of the constituency have benefited from European funding, which has supported the regeneration of Merthyr Tydfil town centre and its new, iconic further education college, as well as town centre work in Treharris and in New Tredegar, where we have new roads, small business units, a resource centre and a museum. My constituency has received significant investment from Europe and hundreds of jobs in my area have been secured with European funding, which is why we need a yes vote whenever the EU referendum comes about.

The past five years have been particularly difficult for my constituency, with people struggling with the bedroom tax, zero-hour contracts and the cost of living crisis. People need hope that these things will improve, but sadly there appears to be little change on the horizon.

Despite there being some positive aspects, there was much in the Queen's Speech—the first written by a majority Conservative Government since 1992—that caused me concern. I have been a county councillor for the past 20 years and deputy leader for seven years, and I have never seen local services under as much financial pressure as now, due to the Conservative party's austerity measures. Local services that people so badly need and

rely on like buses, libraries and youth centres are under pressure. Thankfully, in Wales we have the Welsh Government which have provided some support, but with their budget under pressure it is unclear for how long this can be maintained. I am sure we will return to these matters in the coming days and weeks.

To finish, I will return to my constituency. The most striking thing about the communities of Merthyr Tydfil and Rhymney is the people and of course that famous Welsh welcome. There are few places where people would receive a more hospitable welcome than in Merthyr Tydfil and Rhymney. During my time in this place I will work closely with local businesses, my Welsh Assembly Government colleague Huw Lewis and local councils to help attract more secure jobs to my constituency, where they are so badly needed. I will do my utmost to stand up and speak out for equality of opportunity, and of course for all the people of the Merthyr Tydfil and Rhymney constituency, and I will try to repay their trust and confidence in me.

6.21 pm

Liz McInnes (Heywood and Middleton) (Lab): It has been a great pleasure to listen to so many wonderful maiden speeches this afternoon, and it is a particular pleasure to follow my hon. Friends the Members for Coventry North East (Colleen Fletcher) and for Merthyr Tydfil and Rhymney (Gerald Jones), who both gave wonderful guided tours of their constituencies. It is a pleasure to welcome them to the House. I almost feel like I am making a maiden speech myself. Mine was a bit of a solitary affair as I was elected in a by-election in October last year, and it is quite nice to feel the solidarity and camaraderie coming from the new Members, who are all supporting each other.

Before I was elected to this House, I spent over 30 years employed as a biochemist in the NHS and I want to talk in particular about the parts of the Queen's Speech that referred to seven-day working in the NHS. I am concerned about the push towards seven-day working because I feel the impression is being given that the NHS does not currently operate on a seven-day-a-week basis.

Ever since I was first employed in the NHS, the various pathology Departments I have worked in have never, ever closed. One of my colleagues used to joke that if he had his time over again, he would have chosen a job somewhere that closed every now and then. We always provided an emergency service at evenings and weekends via an on-call system and latterly, as the workload became more and more demanding, via a shift system. Not everyone took part in these rotas as it was deemed that some jobs had to be done during office hours and allowances were always made for staff with carer's commitments and family responsibilities. Staff pay for working unsocial hours in the NHS has taken a hit over the past few years, with staff now providing an around-the-clock service for far less remuneration than previously, and I worry that the current push towards so-called seven-day working is merely an attempt to normalise out-of-hours working in order to reduce further unsocial hours payments to NHS staff.

I was very concerned on visiting an NHS lab recently to be informed that management were attempting to get everyone in the lab to work shifts regardless of whether

they wanted to or not, or indeed whether their commitments outside of work allowed them to. I worry that the push towards seven-day working is creating a working environment where staff feel bullied into changing their contractual hours because of a perception that seven-day working is now the norm. The fact is that full seven-day working in the NHS will be achieved only by investment in the service. Recognition has to be given that staff working at weekends and on bank holidays are giving up time that would otherwise be spent with their families, and that staff working at night are putting their own health at considerable risk. Sleep disorders, fatigue, gastrointestinal problems, stress and psychological issues commonly affect night workers. All attempts to normalise seven-day-a-week, round-the-clock working should be resisted. Such a service does not come without a price.

Another issue that is causing great concern in my constituency is the provision of health visitors, nursery nurses and school nurses. Health visitors and nursery and school nurses in my constituency are retiring faster than they can be replaced. The service they provide is under a great deal of stress owing to an ever-increasing workload. They perform a vital role in child health, safeguarding and protection, yet the service is struggling, with only 16 school nurses for 42,000 children in the borough. The staff are also concerned that their services might go out to tender, and that they could be taken over by the likes of Virgin Health. Those staff are not being listened to, despite assurances that whistleblowers and staff will be protected and listened to. They have raised these issues with the management, but the management are in denial, saying that there are no problems with the service and accusing staff of negativity if they raise concerns.

Just recently, I received a consultation paper on the child and adolescent mental health service in the borough. It contained plans to reduce demand on the CAMHS service by working more closely with professionals who work with children, and yes, school nurses, nursery nurses and health visitors would be among them. The CAMHS service is the cause of many complaints among my constituents. Common issues include the fact that "you have to fight just to get referred",

that

"waiting times are still at 10 to 12 months",

and that

"when you get there they are great but the moment you have a diagnosis you are discharged with no other support because they are so busy."

Funding for the CAMHS service has been reduced under this Government, and a combination of fewer resources and greater demand has led to the service raising the threshold for access, with initiatives such as the one I have just mentioned, in which one hard-pressed service relies on another hard-pressed service to act as a gatekeeper. None of this is sustainable. Health visitor numbers cannot be maintained with so many leaving because of stress. The average child has 12 minutes of school nursing a year, and parents report that their children cannot access child and adolescent mental health services until their situation becomes critical. I want to ask the Secretary of State what his vision is for the future of health visiting, school nursing and children's mental health services. These services require investment, the staff need to be listened to, and our children need to be protected.

6.28 pm

Liz Kendall (Leicester West) (Lab): As my hon. Friend the Member for Heywood and Middleton (Liz McInnes) has just said, it is a real privilege to speak in today's debate and to follow so many passionate and thoughtful speeches, particularly from new Members. On this side of the House, my hon. Friends the Members for Bristol West (Thangam Debbonaire), for York Central (Rachael Maskell), for Brentford and Isleworth (Ruth Cadbury) and for Coventry North East (Colleen Fletcher) talked about the great talent and resources in their constituencies, but also about the inequalities in income, wealth, housing and health that hold too many of their constituents back. My hon. Friend the Member for Brent Central (Dawn Butler) and my right hon. Friend the Member for Enfield North (Joan Ryan) spoke about the closure of vital local services, which have caused—and will continue to cause—real concern in their constituencies, just as they are doing in many other parts of the country.

My hon. Friend the Member for Neath (Christina Rees) asked us to look through a window into her constituency, and she painted a picture as good as any Turner. But she and my hon. Friend the Member for Edmonton (Kate Osamor) also rightly reminded us of the struggles that their constituents face and the urgent need to regenerate and redevelop their areas to boost education, jobs and local services.

My hon. Friend the Member for Ashton-under-Lyne (Angela Rayner), who is the first home carer to enter this House, warned us about the insecurities facing careworkers and those who depend on care. She also reminded us of the power of the Government to change people's lives, which is something that we on the Opposition Benches firmly believe in. My hon. Friend the Member for Merthyr Tydfil and Rhymney (Gerald Jones) talked about the benefits to his constituency from European funding and the need for a yes vote in the referendum, which is something that I wholeheartedly support.

In the Queen's Speech five years ago, the former Member for South Cambridgeshire, the then Health Secretary, promised "sustainable, stable reforms" that would deliver excellence and greater efficiency in the NHS. That was the rhetoric, but the reality was so very different. In place of stability, the Government forced through the biggest reorganisation in the history of the NHS. They said that it would cut red tape, but instead we have seen bureaucracy boom. We now have NHS England, the Care Quality Commission, Monitor, the Trust Development Authority, Healthwatch England, Public Health England, Health Education England, the National Quality Board, the NHS Commissioning Assembly and strategic clinical networks, and that is just at the national level. Then there are four NHS England regional offices, 25 local area teams, 12 clinical senates and commissioning support units. That is on top of 221 clinical commissioning groups and 153 health and wellbeing boards. Are we confused? We should be. Should we care? We must. *[Interruption.]* The Minister asks why I am going on about this again. I will tell her. As my right hon. Friend the Member for Exeter (Mr Bradshaw) said, the lack of clear leadership and accountability in the NHS, which is a direct result of this Government's reorganisation, is fundamental to why the NHS cannot make the changes that patients need or get a grip on its finances.

Mrs Main: The hon. Lady listed an awful lot of bodies. Obviously, she thinks that there are far too many or that it is too confusing. Will she tell me which ones she would like to scrap?

Liz Kendall: Why is the hon. Lady not talking to her Ministers about the problems created in the NHS? Why do the Conservatives never talk about their reorganisation? I will tell you why: it is because they know it has been a mistake. Far from putting power into the hands of clinicians, let alone patients, it has put power into the hands of bureaucrats.

This Government's addiction to broken promises goes on. Five years ago, patients were promised that they would be able to see a GP from 8 am to 8 pm, seven days a week. That may sound familiar—well, it should. The Prime Minister has had to make the same promise again in the latest Tory manifesto. It is no wonder that he has had to do that, because, under his watch, it has got harder to see a GP. Two million more patients now say that their surgery is not open at a convenient time, and a quarter say that they cannot get an appointment in a week, if at all, let alone on the same day.

The list of broken promises goes on. The Prime Minister said that, under his leadership, we would never go back to the days when patients waited for hours on trolleys in A&E, or months for vital operations. Yet the number of patients kept on trolleys for more than four hours has quadrupled, and the waiting lists are at a seven-year high. Why is that? It is because the Government wasted three years on reforming backroom structures rather than front-line services. They slashed the very social care and community services that should help to keep elderly people at home, piling further pressure on our hospitals instead.

The Government want us to forget their mistakes. But Labour Members will not let them run away from their record. We will hold them to account for their failures every week, every month, every year. I am talking about their failure on NHS finances and the deficits that have soared to more than £800 million and are set to get worse. Those deficits are predicted to be £2 billion by the end of this year.

Mr Jackson *rose*—

Liz Kendall: What will the hon. Gentleman do about that?

Mr Jackson: On the subject of mistakes, apologies and looking back at the past, would the hon. Lady—in her role as a candidate in the Labour leadership election as much as anything else—like to apologise for paying GPs 27% more for doing less work in 2004 through the GPs' contract, which curtailed out-of-hours services so drastically?

Liz Kendall: I will never apologise for Labour's record on the NHS, for the investment and reforms that saw waiting lists at an all-time low and patient satisfaction at an all-time high, for rebuilding our hospitals and our public health and primary care or for tackling health inequalities. That is more than can be said for the record of Conservative Members. We will hold them to account for their failure on A&E as hospitals miss the four-hour target for the 97th week in a row, and we will

hold them to account for their failure on cancer care. The cancer treatment target has now been missed for more than a whole year, and 21,000 cancer patients have waited more than 62 days to start their treatment. Anyone who has a relative or friend with cancer waiting to start treatment knows how desperate that can be, and it is not going to get better any time soon.

The day before Parliament was dissolved for the election, NHS England snuck out a report saying that the cancer target will not be met again until at least March of next year. Would the Minister like to confirm that? If she will not confirm that, will she tell me how many patients will wait longer as a result so that Members can tell their constituents? Does she think that it is acceptable, and what is she going to do about it? I would be happy to give way to the Minister if she would like to respond. No? Well, that is typical of Conservative Members, who create the problems but refuse to admit to them and do not have a plan to deal with the result.

Five years ago, Government Members made important promises to patients and the public on the NHS. They promised stability, but their reorganisation created chaos. They promised to maintain Labour's historic low waits for treatment, but waits have risen year on year on year. They promised seven-day access to a GP, but it is getting harder to get an appointment, and they promised to make the NHS more efficient, but they have wasted billions of pounds on their reorganisation, on agency staff, management consultants and soaring delayed discharges because elderly people cannot get the services they need at home. They come to this House today and repeat their promises and claims, but NHS staff do not trust them, patients will not believe them and we will not allow them to get away with five more years of letting patients down.

6.37 pm

The Parliamentary Under-Secretary of State for Health (Jane Ellison): I echo the words of the shadow care Minister, the hon. Member for Leicester West (Liz Kendall): this has been a very good and passionate debate. We have heard a great deal of expertise and many excellent maiden speeches, to which I shall turn in a few moments. Of course, we have also been treated to rounds three and four of the Labour leadership hustings, which shone through very clearly. Oh, to be a fly on the wall at the shadow Health team meetings. The hon. Member for Denton and Reddish (Andrew Gwynne) and the hon. Member for Liverpool, Wavertree (Luciana Berger) have already declared for the right hon. Member for Leigh (Andy Burnham), but I think that the hon. Member for Copeland (Mr Reed) is keeping his powder dry at the moment. He is not in the Chamber at the moment; perhaps he is away considering his views. He has had a chance to listen to all the prospective leaders now. He is a one-man jury in "Labour's Got Talent", and we want to hear from him. We need to hear what he has to say.

The shadow Minister was rightly generous in her tribute to the new hon. Members who have made their maiden speeches today. It was particularly noticeable how many of them brought relevant health experience to this House. That will greatly enhance our debates over the coming years.

Let me mention in turn the Members from the SNP and from my own party.

The hon. Member for Lanark and Hamilton East (Angela Crawley) spoke powerfully on inequalities. The hon. Member for Glasgow East (Natalie McGarry) spoke of the powerful reputation of the City of Glasgow and her role as a spokesperson for disability. I warmly welcome the SNP spokesman for health, the hon. Member for Central Ayrshire (Dr Whitford), a very beautiful part of this United Kingdom. I was particularly interested to hear about her experience as a breast cancer specialist; I am sure that will greatly enhance our debates on an issue that we have many debates about, and to which I have responded many times.

On my side of the Chamber, my hon. Friend the Member for Eastbourne (Caroline Ansell) spoke about her health campaigning. I was sorry to have missed her speech. I was also sorry to miss the speech by my hon. Friend the Member for Eastleigh (Mims Davies), but I am at least in time to wish her a happy 40th birthday for today. My hon. Friend the Member for Vale of Clwyd (James Davies) spoke about his experience, and that of his constituents, of the Welsh NHS, and I would echo his hopes of improving the health services of people on both sides of the border. My hon. Friend the Member for Faversham and Mid Kent (Helen Whately) spoke about her experience of more than a decade of working in the NHS and highlighted the importance of the way we conduct our debates on health matters, and the need to rise above party political lines. Today's debate has for the most part been an example of how that can be done, but we still have some work to do. I shall return to that.

My hon. Friend the Member for Colchester (Will Quince) spoke about the challenges facing his local hospital and the investment being put into it. I was very struck by hearing my hon. Friend the Member for North West Hampshire (Kit Malthouse) speak of the need to safeguard and champion the interests of children. My hon. Friend the Member for Telford (Lucy Allan) demonstrated the positive effects that the Government's long-term economic plan has had on her constituency and focused on the health needs of Telford and her determination to be a powerful voice for her constituents. My hon. Friend the Member for Cheltenham (Alex Chalk) spoke very warmly of his constituency; having heard his speech, I am confident that we can expect great things from him.

Many speeches focused on health. Many speeches brought out what people could contribute in this Chamber on health matters. A variety of other issues were raised and I shall try to cover them, but it might not be possible to get through them all.

It is clear since the election that the public have resoundingly rejected the politics of fear that so often characterises statements on the NHS from the Labour party. *[Interruption.]* Well, at least it is clear to us that they did that, but, as the hon. Member for Leicester West may reflect when she looks back on the debate, it seems that it is far from clear to many of her colleagues that that tone was rejected by the electorate. The former Leader of the Opposition said he would turn the NHS into a weapon and—thankfully for us and unfortunately for him—that weapon backfired, but a number of Opposition Members do not seem to have taken that message on board. Yes, the NHS faces big challenges. Conservative Members have always been absolutely clear and honest about that—we have said it time and

[Jane Ellison]

again—but we have dedicated staff working on it, and they are stepping up to those challenges and working tirelessly for their patients.

Liz Kendall: As we are speaking of one of the major challenges facing the NHS, will the Minister tell us whether the NHS England business plan published on Friday 27 March said that the NHS would not meet the cancer target until March 2016?

Jane Ellison: That is another example of trying to weaponise the NHS. [HON. MEMBERS: “ANSWER.”] There were 700,000 more cancer patients treated in the last Parliament. Figures show that 12,000 more people are surviving cancer at the end of the last Parliament than were at the beginning. There were millions more diagnostic tests, for cancer and a range of other issues, so there is a great record here. We acknowledge—

Fiona Mactaggart (Slough) (Lab) *rose*—

Jane Ellison: No, I cannot give way at this moment.

The coalition Government had an excellent record on cancer. Yes, there is further to go, and that is why we have made it central to our plans. We want to see the NHS go further and faster on diagnostics. That is why NHS England has an independent taskforce looking at this issue. We got its interim report in March. We will get its final report in the summer and we will act on it.

Andrew Gwynne (Denton and Reddish) (Lab): It is bluster.

Jane Ellison: The hon. Gentleman says it is bluster. Is it bluster to talk about the £1 billion invested in the cancer drugs fund?

Liz Kendall *rose*—

Jane Ellison: No, I am sorry, I will not give way. As they have demonstrated today, the hon. Lady and many of her colleagues sought to weaponise the NHS in the last Parliament and they are seeking to do so again.

In return for NHS staff stepping up and working so tirelessly for their patients, the Conservatives have committed the money that the NHS says it needs. Two elections running, the Labour party failed to commit the money that the NHS says it needs. Until the Opposition do that and explain how they can deliver the strong economy that is needed to do it, they have no right to speak about this. It is only possible to deliver that if we have a strong economy and a long-term economic plan. Listening to the NHS, not running it down—that will continue to be our approach in this Parliament.

Mr Bradshaw: I regret that the Minister missed my speech, because she, like her right hon. Friend the Secretary of State, has so far failed to mention the elephant in the room: the record deficit facing the NHS. She knows about this, because we have debated it in this House; she knows exactly what I am talking about. What is she going to do about that deficit? When is she going to address it? When is she going to fulfil the promises she made to my constituents in Exeter and

the population of Devon, which faces one of the worst deficits in the country? Without action, patient care and services will suffer.

Jane Ellison: I am sorry that I was not in the Chamber for the right hon. Gentleman’s speech. I was briefly attending a meeting of directors of public health, but I know he asked a specific question about the turnaround plan in his area. I believe it has been presented to the new governing body of Devon CCG, but I am happy to pick up the detail. As he says, we have debated the issue.

On the deficit in the NHS, my right hon. Friend the Secretary of State for Health responded in great detail in his opening address, but the thing about NHS finances that the Labour party never gets its head around is that, yes, they are under pressure, but one has to have a long-term plan for how to address that—plans for integration, out-of-hospital care and prevention. One has to be able to say—[*Interruption.*] The hon. Member for Denton and Reddish asks where the money will come from. That is a question the electorate asked the Labour party all the way through the election—that was the No. 1 question the electorate of this country asked the Labour party, and answer came there none.

I am proud of the work we have done in the past five years, in which the NHS has built capacity and improved the care it delivers. It is worth reiterating the facts that my right hon. Friend the Secretary of State gave at the beginning of the debate. The NHS is now performing more than 1 million more operations; it has 9,400 more doctors and 7,700 more nurses; it sees, treats and discharges more than 3,000 more people within four hours every single day. By the end of the last Parliament, public satisfaction with the NHS was up 5% and it was deemed the best performing health system in the world by the Commonwealth Fund.

John Woodcock: The Minister is being very accurate and precise about the figures for the NHS. Would she mind answering the shadow Minister’s question about the cancer targets for next year?

Jane Ellison: I have already responded to that issue. One would think that Her Majesty’s Opposition would have learned by now that to constantly denigrate the things the NHS does so well in pursuit of making political points does them no service at all.

There is a great track record for the NHS in the face of growing demand and tight financial pressures, but the NHS cannot go on treating more people at this rate. We need to move up several gears in prevention. If we prevent avoidable ill health, as well as enhancing the lives of so many of our citizens, we will get more out of the precious resources available for the NHS. In that vein, we are transforming access to GP and out-of-hospital care. It is all about relieving the pressures that we know exist in the health system and building on our work to bring about full parity between physical and mental health. Those measures will help us to ensure that people get the right care at the right time in the right place, and bring prevention to the fore.

The right hon. Member for Leigh asked specifically about the Bill on professional regulation. I can confirm that the Government remain committed to taking forward

recommendations for reformed legislation on regulation of the health and care professions. Work is being done on that important piece of business.

My hon. Friend the Member for Totnes (Dr Wollaston), the former Chair of the Health Committee, and others welcomed our announcement of a clampdown on agency pay. That goes to the heart of how we tackle financial pressures in the NHS. She also asked how agency rates will be set. It will be done on a local basis, agreed by providers and taking into account local circumstances and the regional labour market. Restrictions will not apply to internal “bank” staff—that was one of the specific questions she asked—which we see as a better and cheaper alternative to external agencies.

I said that it was important to get serious about prevention. As the Public Health Minister, I am delighted to see prevention right at the heart of the NHS’s own plan, the plan that we on the Conservative Benches are backing: the Five Year Forward View. We know that to ensure that our NHS is sustainable in the long term, we need to stop many people getting ill in the first place and ending up in hospital, so prevention is key. As the party of aspiration, we want everyone to achieve their potential and get on in life, for themselves and their family. Preventable ill-health and the burden of disease are a barrier to this and can hold people back. As we heard in many of the maiden speeches today, it is a burden that falls disproportionately on the most deprived communities. One of the frustrations that we on the Government Benches often feel is that it is not recognised by the Opposition that tackling health inequalities is something that we all feel passionately about. Improving the health of the most deprived communities in our country is a key part of tackling inequality in our society.

Alison McGovern (Wirral South) (Lab): The Minister mentions deprivation and health inequality. I have listened to council leaders dealing with inequality and deprivation. They face extreme cuts under this Government which have caused massive problems for the NHS. What would she like me to say to them?

Jane Ellison: I do not remember in the last election campaign the former shadow Chancellor going around promising local government any more money. We cannot have big debates about the future of important and expensive services such as social care and healthcare if the Opposition are not prepared to say where they would make savings and how they would keep the economy growing. It is just not sustainable.

Several hon. Members *rose*—

Jane Ellison: No. I shall make some more progress.

On tackling health inequalities, although I missed his speech I pay tribute to the right hon. Member for Rother Valley (Kevin Barron), with whom I have made common cause on public health issues a number of times. He has been a great champion of the health inequalities agenda.

Over the past five years, we have done much to improve people’s health. In my own area we have legislated to introduce plain packaging of tobacco products and banned smoking in cars with children to protect our children from the deadly harms of tobacco. We have

worked with industry to take 1.3 billion units of alcohol off our shelves, and today we had good news of another big fall in the number of under-18s being admitted to our hospitals for alcohol-related illnesses. Two thirds of products on our shelves now have colour-coded front-of-pack labelling thanks to our world-leading voluntary scheme, helping people to understand more about what is in the food and drink they consume. We also have a world-leading salt reduction programme, which has led to a fall in the number of strokes.

Fiona Mactaggart: The hon. Lady is talking about methods of reducing lung cancer and other cancers, which we welcome, yet one in four patients diagnosed with lung cancer and bowel cancer are waiting more than 62 days, sometimes more than four or five months, for treatment after their diagnosis. How is that tolerable?

Jane Ellison: The issue of people surviving cancer and getting proper treatment at the right time is something that we all feel passionately about. We inherited some of the worst cancer survival rates in the world, and the previous Government did a great deal to address that, but of course there is more to do. We have always acknowledged that there is more to do to help our health system respond to issues such as cancer. That is exactly why we are looking forward to the report in the summer from the independent cancer taskforce, which will challenge us all to go further and faster on early diagnosis and treatment.

Grahame M. Morris: Will the Minister address the issue that I raised in my contribution and the advice from Lawrence Dallaglio and the experts who believe that part of the solution to the point highlighted by my right hon. Friend the Member for Slough (Fiona Mactaggart) are regional cancer centres with advanced SABR technology, which is not available in many parts of the country, including my region?

Jane Ellison: I am sure we will return to debating SABR and other cancer treatments, as we did often in the previous Parliament. The hon. Gentleman acknowledged in his speech the progress that has been made on radiotherapy, and we want to build on that.

Jesse Norman: I am glad that the Minister has mentioned radiotherapy. I had the honour of opening the radiotherapy unit at Hereford hospital. Does she share my view that for cancer sufferers an awful lot of the therapy needs to be complemented by wrap-around care for their other health needs? That is something we do terribly well at the Haven in Hereford, and at other centres across the countries, such as Maggie’s centres. Does she agree that that is an important part of cancer care?

Jane Ellison: It is a very important part of cancer care, and something we have debated often in this House. I have seen for myself while on visits just how important the services that wrap around clinical care are.

Let me turn to an issue that we hope to give particular focus to in this Parliament: the need to tackle obesity. It is appropriate that I do so just after an intervention on cancer, because we are understanding more and more about the links between obesity and cancer in later life. They are frightening and shocking. We want to tackle

[Jane Ellison]

issues such as childhood obesity fiercely in this Parliament. The biggest link between obesity and ill health, however, is that between obesity and type 2 diabetes. If not properly managed, type 2 diabetes can have devastating consequences, including loss of eyesight and limb amputations.

Jim Shannon: In my contribution I asked about legal highs. Perhaps the Minister could give some idea of what will happen with those.

Jane Ellison: The relevant Bill is being brought forward by another Department, but I noted that the hon. Gentleman welcomed it and am sure that we will return to that.

The start of a new Parliament provides an opportunity to take a serious and thoughtful look at how we tackle a big issue such as obesity. As I said during Health questions earlier today, there are no silver bullets; it will require effort on a global, national and local scale. We are working up our plans for that and will announce them in due course, but they will involve everyone. All parts of Government, local government, industry and individual families will need to move the dial on such a big issue in a way that has not been done in the developed world. There will be interest right across the House in tackling it, particularly the link with diabetes. I note that the right hon. Member for Leicester East (Keith Vaz), who has so often championed the issue in the House, is in his place.

The NHS is coping well with unprecedented pressures. That achievement has been possible only through the hard work of doctors, nurses and health professionals, together with our commitment to invest in the NHS, but a strong NHS needs a strong economy. It is only by having a long-term economic plan that we can increase the NHS budget by £8 billion in real terms over this Parliament. The public got that, even if the Labour party did not. However, there is much more to do. I hope that the era of scaremongering and running down the NHS is over—[*Interruption.*] Sadly, I am beginning to think it is not. I really hope that we can make a new start. One of the saddest conversations I had during the election—I am sure that this could be echoed by many colleagues on the Government side of the House, particularly new Members—was with an elderly constituent who had been informed very seriously by a Labour canvasser that the NHS was going to be sold to an American company. That was absolutely shocking.

Sir Peter Bottomley: Labour's friend, David Babbs's 38 Degrees, although it says it is not party political, was also pushing that claim to 2 million people on its website list. Would it not be a good idea to ask 38 Degrees why it did not make a single bleat about the Labour party's failure to meet the NHS's request for money in future?

Jane Ellison: That is a very good question, and I think that all Members who found campaigns of that sort in their constituencies were asking the same thing. I am glad that my hon. Friend raised that point.

As many Government Members have stressed, we have an opportunity to put the political football back in the locker. We have an opportunity in this Parliament to provide that all-important political stability and support to our health and care staff. They have a really big challenge to rise to. My hon. Friend the Member for Faversham and Mid Kent made the point very well that the things we say here beyond the Chamber and have a big impact on the people of whom we ask so much. It is important that we try really hard to learn the lessons of the election and stop making health a political football. As our health and care staff rise to the challenges of the next few years, just as they have done in the past, we on the Government side will back them all the way, because our nation's health depends on it.

7 pm

The debate stood adjourned (Standing Order No. 9(3)).

Ordered, That the debate be resumed tomorrow.

Business without Debate

BUSINESS OF THE HOUSE

Ordered,

That at the sitting on Wednesday 3 June, the Speaker shall put the questions necessary to dispose of the motions in the name of Chris Grayling relating to the Women and Equalities Committee and to changes to Standing Order No. 146 (Select Committee on Public Administration) and the motion in the name of the Prime Minister, Ms Harriet Harman and Angus Robertson specifying to which party each chair of a select committee subject to election under Standing Order No. 122B is allocated not later than one hour after the start of proceedings on the first of those motions; such questions shall include the questions on any amendments selected by the Speaker which may then be moved; proceedings may continue, though opposed, after the moment of interruption; and Standing Order No. 41A (Deferred divisions) shall not apply.—(*Julian Smith.*)

Child Sexual Abuse

Motion made, and Question proposed, That this House do now adjourn.—(*Julian Smith.*)

7 pm

Mr Graham Allen (Nottingham North) (Lab): Child sex abuse is the public health issue of our time, and it is about prevention, not just cure. It is vital that our view is driven by the science and not by the media. It is also vital that our efforts are focused through a national institution, and that is what we will debate tonight. This is about sparing generations of children—the next generation and many after—and not about prurient interest in celebrities, the BBC, racial stereotypes, or even politicians. The Government now have another opportunity to get a serious strategic grip on how we can combat and build out child sex abuse.

Creating a national “what works” institution to pull together the best practice and the strongest evidence on prevention of sexual abuse is the most important contribution that this Parliament and Government can make together. I first proposed the creation of a national institute to study and prevent child sexual abuse 26 years ago to the then Prime Minister Mrs Margaret Thatcher, and have done so repeatedly ever since. Now, after years of Governments of all parties being reactive and inactive, I am delighted to welcome real signs of progress. May I put on record my thanks to the officials and Ministers involved? One Minister, Lynne Featherstone, has now left us, but I am glad to see the Under-Secretary of State for Health, the hon. Member for Battersea (Jane Ellison), in her place, and of course the Minister who will reply to the debate. Their contribution to this very serious issue has been second to none, and it would not have happened without them and colleagues in all parts of the House working together on it.

The breakthrough came in March when the Home Office, working with the Department for Education, the Department for Communities and Local Government, the Ministry of Justice and the Department of Health, published this report, “Tackling Child Sexual Exploitation”, which I strongly welcome. I commend the Government for looking to long-term solutions to this deep-rooted issue, not just quick fixes belatedly responding to specific crimes and expensive inquiries. In the report, they pledge to

“establish a new Centre of Expertise to identify and share high quality evidence on what works to tackle child sexual abuse.”

They should do so swiftly and with the support of absolutely everyone in this House. Why?

Nia Griffith (Llanelli) (Lab): Will my hon. Friend give way?

Mr Allen: I am afraid that I have only 15 minutes to make my contribution.

I repeat: why? Let us imagine we had acted a quarter of a century ago—think of the body of work that a national institute could have produced by now on what works, what does not work, and what policies can be applied at lots of different levels in a multi-agency situation. We could have had an absolute treasure chest of things that would help us tackle child sexual abuse. Had we acted then, countless numbers of victims could have been saved from abuse and the development of

thousands of potential perpetrators could have been prevented. The creation of a national institute is a chance for us to make a start now—to banish the feelings that we all have of powerlessness and anger and instead substitute a clear, practical solution.

Jim Shannon (Strangford) (DUP) *rose*—

Mr Allen: I apologise for not giving way because I have so little time to get these things on the record.

There is an enormous amount of excellent work to build on—we are not starting with a blank sheet of paper—by the Lucy Faithfull Foundation, Barnardo’s, the Wave Trust, the National Society for the Prevention of Cruelty to Children, Circles UK, the National Association for People Abused in Childhood, the Quakers, our Children’s Commissioner, the National Working Group Network and the International Centre at Bedford University, to name but a few. I say to the Minister that they should all be valued and made close partners in this venture. Competition in this field would not and should not be tolerated at all. Working together will be the key to unlocking some of the answers.

I have the good fortune to write extensively, and on a cross-party basis, on early intervention and I set up Nottingham as the first early intervention city. As a result, the Prime Minister asked me to write two independent reports on early intervention for Her Majesty’s Government. The reports made many recommendations, the key one being the creation of a “what works” centre for early intervention: an independent charity, rooted in evidence-based policy that would share knowledge, promote best practice and link up early intervention services across the whole country. With the Government’s help, I was able to create the Early Intervention Foundation, which has been running for almost two years and has become the national authority on all early intervention evidence and practice.

I say that in order to make a very simple point: nothing less will be acceptable for a national institute for the study and prevention of the sexual abuse of children. It must be a centre for excellence and the national authority for what has already been proven to work.

One of the most important weapons against child sexual abuse will be evidence-sharing. Many local authorities, charities and agencies do great work, but all of us are stronger if we learn from each other and share wisdom and successes. In order to have that and credibility, it is essential that the institute is broadly constituted and broadly governed, and is not the property of one successful bidder, however eminent they may be.

We can no longer pretend that child sexual abuse has not happened in all corners of the UK. As the Home Office report says:

“Any local authority or police force that denies that it has a problem, or thinks that it is only happening elsewhere, is wrong.”

Organisations confronting child sexual abuse cannot win without a strong, independent source of evidence and best practice that they can turn to, be encouraged by and confide in.

Louise Casey’s superb report earlier this year on child sexual exploitation showed that, even today, many localities continue to deny or totally misunderstand the scale of the problem. A national institute, in the words of the Home Office report,

“will support areas that are struggling to get it right.”

[Mr Graham Allen]

It is so important that we all help each other to understand some of the ways forward in this field. Poor practice in multi-agency working, information sharing and risk assessment have led to the major failures that were highlighted in recent reports on Rotherham and Greater Manchester and that are evident elsewhere. It is vital that a national institute becomes a hub for evidence and best practice, so that all agencies can invest together wisely in prevention and in the most effective therapies to help victims.

A new national institute should never deal with an individual case or initiate inquiries or inquiries on scandals or celebrities. Its reputation must be for hard evidence—it must be unimpeachable and apolitical—so that it will be as trusted, I hope, as the Early Intervention Foundation. Above all, it must research the root causes of child sexual abuse. Why do people perpetrate these unimaginable crimes? How do we prevent abusive behaviour from developing in the first place? Those questions must be addressed, because understanding the causes will allow us to take action to prevent these horrible episodes in future. Simply recognising and breaking the inter-generational nature of much of this offending will save thousands of broken lives.

Of course, firefighting will always be necessary. There is a plethora of public inquiries and criminal proceedings that must be pursued with vigour and rigour. Those inquiries are vital for the victims of these awful crimes, but clearly the Government now understand that they must also think about the future, setting out a long-term plan—crucially, on an all-party basis—so that I do not have to haunt similar debates in another 26 years' time.

One enormous side effect of a national institute would be the local and national economic benefits. Early intervention has been proven to save taxpayers billions of pounds. Tackling the root causes of sexual abuse would mean much less money was spent on large inquiries and criminal trials and, above all, on lifetimes of massively expensive care for damaged individuals and families.

The most important saving that a national institute would bring would be felt by our children themselves. Saving future generations from horrific and avoidable experiences must be the key driver of our actions. We must intervene pre-emptively to eradicate the sexual abuse of children over a generation and longer, not only to protect children now, but to prevent future abuse. A national institute should not have to go around with a begging bowl, or cap in hand; it should be secure in its future so that it can undertake this tremendously important work. I know that the Minister feels strongly about that.

With a national institute, we can start to do something about this issue by helping people and ensuring that they have the social and emotional capability to make choices—the choice not to become an abuser—and the strength to resist grooming when it is taking place. Although there is no magic wand to prevent child sexual abuse from happening, there is a growing body of national and international programmes and practices that can be tested, evidenced and replicated so that they are costed, ranked and accessible to all the agencies that need to access them. They can build on good parenting and the social and emotional bedrock for babies, children and young people that is at the heart of early intervention.

Child abuse is about inhumanity, cruelty, domination and dysfunction; our alternative is about empathy, love, nurture and humanity. When people have social and emotional capability, it is difficult to go wrong. If they do not have that, they might deliver adverse childhood experiences that, at their most dysfunctional and extreme, can include the sexual abuse of children.

I congratulate the Minister on getting the initiative to this point. I must share with him, however, that when I got the concept of the Early Intervention Foundation to this point, even with full prime ministerial approval, it took a further two years of battling in Whitehall to get it established. My hard questions to him are therefore: what time scale does he have in mind? How will he ensure that the governance of a national institute is independent? As I alluded to earlier, what financial provision will he put in place to ensure the longevity and sustainability that will be necessary to match the intergenerational nature of the task?

By the time of the next election, the national institute for the study and prevention of the sexual abuse of children could be celebrating its fourth birthday. It could have a full menu of best practices and programmes. It could have a website, accessible to all agencies. It could be advising perhaps 30 champion localities throughout the country. It could have a clear, independent, charitable governance structure. It could be at the heart of an international network and be a respected, credible organisation. But most of all, it could have enabled tens of thousands more children to have been raised without the life-wasting curse of sexual abuse.

Some may regard it as an onerous responsibility that the Minister is taking on; I suggest to him that it is one of the most exciting and rewarding challenges that any of us could hope for, and I personally will help him in every way he sees fit.

7.15 pm

The Minister for Children and Families (Edward Timpson):

I congratulate the hon. Member for Nottingham North (Mr Allen) on securing this very important debate. Having known him for many years, it comes as no surprise to me that he sought to bring to the Floor of the House the serious issue of child sexual abuse at the earliest opportunity in this Parliament.

I can reassure the hon. Gentleman that tackling all forms of abuse and exploitation of children is a priority for this Government, as it was for the last Government, and it remains essential that how we tackle abuse—as a Government, as professionals and as a society—is underpinned by robust evidence of what works and what will deliver the best outcomes for children and young people. However, the fact remains that we need to know much more about the approaches that are most effective; we need to know not only what services work best for young people who have suffered abuse but how to prevent abuse from happening in the first place.

Jim Shannon: Will the Minister give way?

Edward Timpson: I will give way very quickly, because I want to ensure that the hon. Member for Nottingham North receives a full answer.

Jim Shannon: One thing that concerns me is the issue of gathering evidence, for instance building the evidential base in the case of Kincora and what happened in

Northern Ireland. That evidence should be used to improve the expertise that is necessary to deliver for children and to give them the protection that they need.

Edward Timpson: I will reiterate this point later, but there is no doubt that there is evidence not only in the United Kingdom, within which Northern Ireland plays a key role, but internationally. We need to ensure that we use the best evidence we can gather to inform practice on the ground. We should seek it wherever it exists and not suggest that we have all the solutions here at home. I am sure that anything that could contribute to that process would be welcome.

Social workers, police, doctors, nurses, youth workers, schools and judges all have a crucial role to play in tackling child sexual abuse, and indeed other forms of abuse and neglect, and yet we have not done enough to help to equip those professionals with the evidence of what works. That is why I am pleased to use this debate to reinforce the Government's commitment to establishing a new centre of expertise on tackling child sexual abuse. Its primary purpose will be to improve our understanding of what works to prevent sexual abuse and sexual exploitation, of how best to help people who have suffered from this horrendous crime, and of how to work with the perpetrators to prevent them from reoffending in the future.

Why is that so important? Well, we cannot escape the reality that many victims have been failed by the system. They have been failed by a lack of sensitivity, by a lack of understanding, by a lack of willingness of professionals to listen to and believe them, and by a system that has been too quick to jump to conclusions and to blame.

"Tackling Child Sexual Exploitation", the report that was issued in March, set out how we are responding to the failures identified by Professor Alexis Jay and Louise Casey, to whom I again pay tribute for their insightful and hard-hitting contributions. The inquiry led by Lowell Goddard is investigating the shocking claims of child sexual abuse by those in positions of power. We are also seeing police forces up and down the country showing real and renewed determination to tackle child sexual exploitation wherever it occurs, but they need the tools to do that.

Local areas say that they are frequently told what "failure" looks like but no one has articulated what "good" looks like. So we need to learn not only from areas where things have gone wrong but from areas where things have gone well. We need to garner that knowledge from parts of the country where all professionals are striving to do their best for children and young people; where agencies work closely, and share data and intelligence; where action is taken swiftly; and where services are provided to help victims and to bring perpetrators to justice. Practitioners working in this way are doing so because of their commitment, their experience and their professional judgement, but too often they are hampered by process and by lack of evidence. As the hon. Member for Nottingham North reminded us, he first proposed, as far back as 1990, a national institute to tackle child sexual abuse and, as he put it, the root causes of child sexual abuse. He was right to propose it then, and he is right to raise it again now, and I can assure him that we are fully committed to achieving this shared vision.

That is not to say that our collective understanding has been at a complete standstill since the 1990s, but there is still much we do not know and there are gaps across the full range of work with children and young people, families and perpetrators. That is why establishing a new centre of expertise is a real opportunity to build a shared understanding of how best to address and tackle child sexual abuse, not just to help us to make decisions in government, but to support and improve practice by social workers, the police, the NHS, youth workers, schools, early years settings and many others, all of which the centre will need to work with.

What will the centre do? It will look at the full spectrum of child sexual abuse. As an active advocate of the importance of early intervention, the hon. Gentleman will recognise the need for the centre to look at how to reduce the vulnerability of young people to abuse and exploitation. We need to know what early interventions can help—for example, what role schools can play and what families and carers can do—and what we can do to promote resilience. We also need to understand how to identify risk and prevent situations from escalating. We need to know how agencies work best together, how to assess risk swiftly and effectively, and how to safeguard vulnerable groups such as children in residential care.

We have already established a £7 million fund to support victims of child sexual abuse. I have seen from my own experiences growing up with foster brothers and sisters the impact that abuse and neglect can have. To improve our response to such trauma, we need to know what therapeutic and other support is most effective, and what young people themselves feel they need and for how long. Just as vitally, we need to understand more about the behaviours of offenders. How can we prevent them from offending and reoffending? What leads to the successful disruption of perpetrators? What factors help to achieve a successful prosecution?

Martin John Docherty (West Dunbartonshire) (SNP): I am concerned about how we can join up across the jurisdictions of the United Kingdom, particularly given the announcement by the Cabinet Secretary for Education and Lifelong Learning in Edinburgh recently about the public inquiry into historical child sex abuse in Scotland. How will that be reflected across these islands and jurisdictions, and how will it inform this debate?

Edward Timpson: We have heard now from two important regions of the UK. We have a shared purpose in ensuring that the knowledge we impart to all professionals, wherever they are practising in our country, is based on the best possible evidence. As part of that process, I would welcome any contributions from other parties and parts of the UK that want to learn from the work we are doing to ensure that we are not all trying to reinvent the same wheel.

Nia Griffith: Does the Minister agree that the institute might look at disclosure and barring service checks—how they work, who should be involved, to whom they should be extended—because in the past so often the failure has been from contact with people who have never been DBS checked?

Edward Timpson: I am not going to make that commitment on the Floor of the House now. I am not sure it is the purpose and remit of the centre, but it is an

[Edward Timpson]

area the Government keep under review and I note the hon. Lady's interest in the DBS system. I am sure it is something we will return to later in this Parliament.

The future funding of the centre will be determined at the spending review. The hon. Member for Nottingham North has argued passionately that investing in the evidence base will save money in the long term. Irrespective of the spending review—always dangerous words to put in the same sentence—my fellow Ministers across Government are determined that the centre will be not a short-term initiative but a long-term driver of practice improvement.

We are working across Government to explore what form the centre should take. We want to learn from the success of other organisations that have driven evidence-based practice, including “what works” centres, such as the Education Endowment Foundation, the National Institute for Health and Care Excellence and the Allen-inspired Early Intervention Foundation. We want to understand what has worked in terms of governance, funding and working with local areas, so that we can make the most of this endeavour and do it in such a way that everybody feels they are part of it and have invested in it as a long-term solution.

The centre will identify gaps in evidence, commission research pilots and evaluate local practice. It will, of course, need to learn from international practice, as I mentioned a few moments ago, as well as from what works across England and the rest of the United Kingdom. In all this, however, the centre will not succeed if it operates in isolation. It will need to draw on the expertise of academics, the voluntary sector, practitioners and local leaders. The centre will prove its worth only if it translates evidence into practice. Moreover, it needs to be fleet of foot and to be able to respond quickly to new and emerging risks to children, particularly as social media and technology evolve.

Across Government, we are already supporting projects that will help to build our knowledge in these areas. The £100 million Department for Education innovation programme, for example, is funding four areas to develop and test effective ways of supporting children and young people, including a secure children's home in County

Durham, which will test a model of support for young people who have been sexually exploited. Across South Yorkshire, we are testing the use of specialist foster carers to provide safe placements for young people at risk of child sexual exploitation. The outcomes of these projects will provide a good starting point for the centre of expertise.

Establishing a centre of expertise for tackling child sexual abuse is an ambitious and long-term plan. We know that addressing the gaps in our knowledge will not be achieved overnight. There is so much more we need to know before we can feel confident that every practitioner has the necessary tools at their disposal.

We need to prevent future abuse and to help those who have suffered so terribly, and it is for that reason that I am enormously grateful for the powerful voice that the hon. Gentleman raised on this issue this evening. I am grateful for the contributions from other Members, too. I thank the hon. Gentleman for his offer of advice, and I have no doubt that it will be followed up by a chance meeting at the back of the Speaker's Chair in due course. As he has so eloquently argued, it is essential that we make the investment needed in this research now, so that in 25 years' time we do not need to have the same debate again.

Most importantly, the centre is needed to help to protect vulnerable children and young people. We all know, both in the House and outside it, that the human cost of failing to do so makes this a moral imperative. I therefore hope that the House will unite behind this endeavour. It is going to be a long and committed piece of work that will put us in a much stronger position come the next election. By then, many more people should be working with children and feel that they are able not only to tackle child sexual abuse, but to prevent it from happening in the first place. That is the least we should do for the many vulnerable children who have not had that ready and available for them in their own lives. It is something that we need to tackle, and we are determined to do so.

Question put and agreed to.

7.28 pm

House adjourned.

Written Statements

TRANSPORT

Tuesday 2 June 2015

Rail Franchising (East Anglia)

TREASURY

Government's Shares in Lloyds Banking Group

The Economic Secretary to the Treasury (Harriett Baldwin): Further to the statement provided to the House on 18 December, the Chancellor announced yesterday that the trading plan to sell part of the Government's shares in Lloyds Banking Group will be extended and will now end no later than 31 December 2015.

Under the plan, a broker has been appointed to gradually sell shares in the market over a period of time, in an orderly and measured way and in accordance with pre-agreed parameters.

The extension of the plan is a further step in returning Lloyds to the private sector and getting taxpayers' money back. A statement will be laid before Parliament with further details at the end of the plan.

As part of its plan to return Lloyds to the private sector, the Government plan to launch a share sale which will be open to retail investors in the next 12 months. Further details will be set out in due course.

[HCWS10]

The Parliamentary Under-Secretary of State for Transport (Claire Perry): Today the Department for Transport has announced that the following companies have successfully pre-qualified to bid for the East Anglia franchise competition:

Abellio East Anglia Ltd¹

First East Anglia Ltd

National Express East Anglia Trains Ltd

In order to pass the pre-qualification evaluation each of the bidders had to demonstrate that they have the financial strength, legal, safety and operational experience to run this important franchise. This announcement marks another key milestone in the rail franchising programme and is the next step in delivering real change to the passengers in the East Anglia region.

The Department plans to deliver an invitation to tender to the short listed bidders in August 2015. The bidders will be required to submit plans by December 2015 to demonstrate how they will deliver transformation and growth to passengers across the East Anglia region. The successful franchisee will commence their operation of the franchise in October 2016.

¹Joint Venture: Abellio Transport Group Ltd 60% Stagecoach Transport Holdings Ltd 40%

[HCWS9]

Petition

Tuesday 2 June 2015

OBSERVATIONS

COMMUNITIES AND LOCAL GOVERNMENT

Planning permission for McDonald's in Kenton (Newcastle)

*The Humble Petition of the organisers of the website
mcdonaldspetition.co.uk*

Sheweth that the Petitioners are campaigning to promote and strengthen local democratic oversight of the planning system; further that local people in Newcastle have rejected planning permission for a McDonald's fast food restaurant opposite a school in Kenton and further that an appeal has been made to the Planning Inspector.

Wherefore your Petitioners pray that your Honourable House will urge the Government to listen to the democratic will of local people in Newcastle and duly reject the appeal to the Planning Inspector for planning permission for a McDonald's fast food restaurant in Kenton.

And your Petitioners, as in duty bound, will ever pray, &c.

[P001470]

Observations from the Secretary of State for Communities and Local Government:

Newcastle Upon Tyne City Council is responsible for the day to day planning of their area. However, as they refused planning application (reference 2014/0847/01/DET), the Appellant (McDonald's Restaurant Ltd), on 4 March 2015, exercised their statutory right of appeal, against this refusal under Section 78 of the Town and Country Planning Act 1990.

The appeal has been given the reference number APP/M4510/W/15/3006091 and is being handled by the Planning Inspectorate. An Inspector, appointed by the Secretary of State, will consider the proposals, and all the evidence both for and against, at a local inquiry on a date to be confirmed. Interested persons will be welcome to attend the inquiry and at the discretion of the Inspector to express their views.

On 19 May 2015, the Planning Inspectorate requested that the Council notify interested parties of the appeal by 2 June 2015 in order to invite them to submit any comments on the proposals to the Planning Inspectorate by 30 June 2015. Any views submitted by this date will be taken into account before the appeal is decided.

It would not be appropriate for Ministers or the Secretary of State to comment on the merits of the proposals, as to do so could prejudice the Inspector's consideration of the appeal, however any comments submitted within the appropriate timescales will be taken into account before the appeal is decided.

ORAL ANSWERS

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PETITION

Tuesday 2 June 2015

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