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HOUSE OF COMMONS
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PARLIAMENTARY DEBATES

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Thursday 13 October 2016

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The House met at half-past Nine o'clock

PRAYERS

[Mr Speaker *in the Chair*]

Oral Answers to Questions

ENVIRONMENT, FOOD AND RURAL AFFAIRS

The Secretary of State was asked—

Soil Carbon

1. **Mary Creagh** (Wakefield) (Lab): What progress she has made on increasing soil carbon levels by 0.4% each year. [906539]

The Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Dr Thérèse Coffey): Our ambition is to be the first generation to leave the environment in a better state than we found it, and I am proud that that was in our manifesto. The Government are pleased to be supporting the COP21 Paris initiative to which the hon. Lady refers to promote a 0.4% average growth rate of carbon storage in soils worldwide. Opportunities are rather limited for most UK soil types to increase carbon stores, except for peat land, of which the UK has a high proportion. Our focus therefore is their restoration through Government funding and support for private sector initiatives, in which we are investing millions of pounds.

Mary Creagh: I thank the Minister for that reply and welcome her to her new role. Soil is a Cinderella ecosystems issue, yet it is vital for growing food, preventing floods, and capturing and storing carbon. The Environmental Audit Committee's recent report welcomed the Government's commitment to increase soil carbon levels by that 0.4% a year as part of our Paris climate commitments, but we could not find any evidence of Government policies to support that goal. With the environment plan and the carbon plan delayed, can she set out as a matter of urgency specific, measurable time-bound plans to improve the nation's soil and peat lands?

Dr Coffey: I thank the hon. Lady for her welcome. I agree that soil health is absolutely critical and I note the inquiry of the Select Committee. The 25-year environment plan, which I hope will be out shortly—or at least the framework of it—will provide an opportunity for people to contribute to that. Meanwhile, the Government are investing in research to understand better how we can work more closely with farmers to improve soil health in the forthcoming years.

Mrs Cheryl Gillan (Chesham and Amersham) (Con): I do not know whether the Minister has had a chance to look at the Campaign to Protect Rural England's publication of last August entitled "New model farming: resilience through diversity". I hope that she will have a look at it and get a chance to see the CPRE's suggestions for changing the measures of success for farming. This includes looking at diverse outputs from land management such as carbon storage, water retention and landscape character. Could she look at that and respond to the CPRE?

Dr Coffey: My right hon. Friend mentions a report that I have not yet read, but I am sure it will be in my box this weekend for me to digest. My hon. Friend the Minister of State has met the CPRE to discuss the matter. There are opportunities to continue to improve soil health. I visited Honeydale farm in Witney yesterday with the excellent Conservative candidate and we also saw a demonstrator farm. There are some interesting opportunities for modern agriculture and the countryside.

Rebecca Pow (Taunton Deane) (Con): Soil is such an important part of the environment. It is not just a growing medium; it is very much an ecological habitat. Will the Minister kindly comment on whether we could have a soil monitoring scheme? Unless we know the actual state of our soils, we will not know how to deal with them.

Dr Coffey: I was pleased to meet my hon. Friend just the other day to discuss this matter. I have referred to the research that is happening—we are not waiting for the 10-year surveys. The opportunity afforded to us by leaving the European Union will allow the Government to take a holistic approach to improving the environment, including soil health. It will be a bespoke approach for this country, rather than one that is restricted by EU directives.

Food Labelling

2. **Kerry McCarthy** (Bristol East) (Lab): What steps she is taking to improve food labelling. [906540]

The Secretary of State for Environment, Food and Rural Affairs (Andrea Leadsom): Clear food labelling is vital to show consumers exactly what they are buying. We want to promote the Great British food brand as strongly as possible. One of my top priorities is to look at what more can be done to make it easier for consumers to identify our high-quality home-grown food.

Kerry McCarthy: The Prime Minister recently said that, with Brexit looming, we will be able to choose our own methods of food labelling, but is there not a lot more that we could do on country of origin and method of production labelling? While we are still in the European Union, we ought to emulate some of our EU partners.

Andrea Leadsom: I certainly welcome the hon. Lady's interest in this matter. As she will know, country of origin labelling is already mandatory for unprocessed beef, pork, sheep and goat meat, poultry, fruit and vegetables, olive oil, fish, shellfish, wine and honey. There are many additional voluntary schemes, which we are keen to

support. As she points out, there will be further opportunities, as we leave the EU, to look at what more consumers would like to see from labelling.

Neil Parish (Tiverton and Honiton) (Con): The dairy industry has not really been able to label properly the Great British cheese, butter and milk that is the best in the world. Can we now take this opportunity to ensure that we get the British flag and label on our dairy products?

Andrea Leadsom: I am grateful to my hon. Friend for raising that point. He and I share an ambition for the strongest possible promotion of Great British food. He will be aware that the majority of dairy and processed meat products are compliant with the industry's voluntary principles for origin labelling, but we can, of course, always do more, and we are working with the industry to look at what those options are.

Jim Shannon (Strangford) (DUP): I thank the Minister for her comments so far. In my constituency, many farmers have already diversified—Glastry Farm ice cream, Mash Direct and Willowbrook Foods are examples—but they have found difficulties with labelling. What help has been given to provide clear guidance and support? What initiatives are in place to provide that to new business and to make sure that the labelling is correct?

Andrea Leadsom: As the hon. Gentleman will know, it is an absolute Government priority that food information must not mislead—it must be accurate, clear and easy to understand for the consumer. There are clear guidelines on which foods must carry mandatory information but, as I have already mentioned, a number of food producers already go further on a voluntary basis to try to ensure that they meet consumers' desires for more information about the food that they eat. I am very proud that the UK has some of the highest standards for food and food traceability in the world.

Stephen Crabb (Preseli Pembrokeshire) (Con): One Welsh business in my constituency that understands the importance and power of labelling and branding is Daioni, which exports organic British milk to China, Hong Kong, Vietnam and the Emirates, and has plans to expand further. Will the Secretary of State or one of her Ministers meet Daioni to talk about its plans for international expansion and to tap into its expertise in exporting Great British food?

Andrea Leadsom: I would be absolutely delighted to do that. Exports of organic dairy produce are a huge success for the UK. Later today, I am off to the Great British export truck, which is parked at Stoneleigh, to hear about British exports. I am off to the Paris food fair to promote Great British food next week, and I am off to China next month to do exactly that. I am always very keen to promote the export of Great British food.

Mr Speaker: The excitement in the Secretary of State's life knows no bounds.

Marine Habitats

3. **Rebecca Harris** (Castle Point) (Con): What progress the Government are making on putting in place a blue belt to protect marine habitats. [906541]

The Secretary of State for Environment, Food and Rural Affairs (Andrea Leadsom): We have already designated 50 marine conservation zones, 99 special areas of conservation and 102 special protection areas within UK waters, so more than 17% of UK waters are now within marine protected areas. A third tranche of marine conservation zones will be designated in 2018, and I am proud to say that that will help to complete the blue belt around the English coastline.

Rebecca Harris: I thank the Secretary of State for her reply. As well as the important habitats and wildlife that we have in our domestic waters, including those in the Thames estuary, the oceans around some of our overseas territories are home to hundreds of remarkable species. What action, if any, are we taking to protect them as well?

Andrea Leadsom: My hon. Friend is quite right to raise those wonderful marine habitats. I am delighted to say that marine protected areas were declared around Pitcairn and St Helena in the past month, and work is in train to develop MPAs around Ascension Island and Tristan da Cunha, so the UK is set to double these protected areas to an area the size of India by 2020.

Mr Ben Bradshaw (Exeter) (Lab): The right hon. Lady will know that the marine protections that have led to huge improvements in water quality and the conservation of our marine environment are underpinned largely by EU law. Can she guarantee now that, if we leave the EU, the standards that we currently enjoy will not be any less than they are now?

Andrea Leadsom: I can absolutely give the right hon. Gentleman that assurance. As he will know, the Prime Minister has announced that we will nationalise the acquis communautaire. The advantage of the approach is that while there is continuity of legalisation, we also have the opportunity to look at what is right for the UK, instead of the 28 member states. Marine conservation zones derive from UK legislation, and we remain absolutely committed to our ambition of being the first generation to leave the environment in a better place than we found it.

Peter Aldous (Waveney) (Con): Marine habitats will also be protected by the promotion of sustainable fishing, as practised by the UK inshore fleet and boats that fish out of Lowestoft. Will my right hon. Friend assure the House that she will use the opportunity presented by Brexit to secure a better deal for under-10 metre boats?

Andrea Leadsom: My hon. Friend may be aware that we have already moved some quota to the under-10 metre boats, and it is absolutely our intention, as we leave the EU, to seek a good deal for every part of our great British food, farming and fishing sector. Our fishermen do a fabulous job; we absolutely support them and are totally focused on what we can do to create a better, more sustainable fishing industry.

Mr Barry Sheerman (Huddersfield) (Lab/Co-op): Does the Minister agree that while marine conservation is fine—Labour Members support it wholeheartedly—we have to stop polluting the marine environment with the waste that we pour into it, all over the world? We need the EU and global intervention to stop the horrendous pollution of marine life throughout the world.

Andrea Leadsom: Marine conservation zones are not just fine; they are absolutely superb. I am sure that the hon. Gentleman shares that assessment. I can give him, as a good example, the work that we did just last month to ban microbeads in personal cosmetics and so on. I pay tribute to hon. Members on both sides of the Chamber who have been fighting for that. We are putting that into action, and that is an example of the UK's commitment to much more protection for our marine environment.

Mr Alistair Carmichael (Orkney and Shetland) (LD): Further to the Secretary of State's answer to the hon. Member for Waveney (Peter Aldous), may I encourage the Secretary of State, and indeed the Minister of State, who has responsibility for fisheries, to engage with all sectors of the fishing industry when designing protections for marine habitats? If those habitats are to be effective, that is absolutely essential. The Minister of State knows that because he has a good record in this regard. Would the Secretary of State, or perhaps the Minister, be prepared to meet a delegation that I will bring from the Northern Isles, who are full of good ideas about what can be done?

Andrea Leadsom: The right hon. Gentleman is right to raise the importance of this sector in Scotland. We would be delighted to meet him. In fact, there are already a number of levels of engagement with analysing the opportunities that will arise from our leaving the EU. We will be very happy, keen and enthusiastic to meet his delegation.

Bovine TB

4. **Mr Philip Hollobone** (Kettering) (Con): How many (a) cattle have been slaughtered and (b) badgers have been culled as a result of efforts to prevent the spread of bovine tuberculosis since 2010. [906542]

The Minister of State, Department for Environment, Food and Rural Affairs (George Eustice): Between the start of 2010 and the end of 2015, some 160,393 cattle were slaughtered and 3,961 badgers were removed under licence in England to prevent the spread of bovine TB. We will publish figures for 2016 in due course.

Mr Hollobone: The loss of animal life as a result of trying to prevent this disease is absolutely horrendous. The Government are in the early years of a 25-year strategy to eliminate bovine TB. When does the Minister expect the low-risk area to be declared free of bovine TB?

George Eustice: We expect to have the low-risk area declared officially TB-free in the next four to five years—probably by the end of this Parliament. My hon. Friend makes a good point: this is a long haul. TB is a difficult disease to fight; it is slow-growing and insidious. That is why our strategy is very broad. The badger cull is one element, but we are doing many other things, including vaccination and putting in place cattle movement controls.

Mr David Hanson (Delyn) (Lab): Not one single badger was culled in Wales due to the actions of the Welsh Government in supporting vaccination, but they face the same problem as authorities in England: a shortage of the vaccine. What steps is the Minister taking to ensure that we can maximise the use of vaccines in England and Wales?

George Eustice: I ensured that we continued to have vaccine available for important trial work that we are doing, specifically on developing an oral vaccine that we could deploy on badgers, which could give us an exit strategy from culls, once that was complete. However, the right hon. Gentleman is right: the World Health Organisation has asked people to prioritise use of the available vaccine on humans. It is worth noting that the dose needed for a badger is sometimes 10 times higher than that for an infant, so we have to be careful about how we use the vaccine. That is why we have suspended the use of vaccines for the time being.

Danny Kinahan (South Antrim) (UUP): Minister, will we make sure that we work with all the devolved Governments, and the Irish, and learn from their expertise, so that we can know what, apart from badgers, may be carrying the disease, so that we can continually learn from each other, and so that we can deal with the problem really effectively?

George Eustice: Yes. The hon. Gentleman makes an important point. The chief veterinary officers in all the devolved Administrations work closely with our chief veterinary officer and veterinary teams to share experience and learn lessons. We know that Northern Ireland is using a "trap, vaccinate and remove" strategy, and the strategy in Wales is slightly different from ours in England. We are pursuing a wide range of strategies and do what we can to share evidence between the Administrations.

Mary Glindon (North Tyneside) (Lab): Tragically, the social costs of bovine TB fall largely on the farming community, but the enormous financial burden is shared with the taxpayer. Given that DEFRA has stated that there is considerable uncertainty in the value-for-money figures for the new cull, how will the Minister justify them to the general public?

George Eustice: I welcome the hon. Lady to her post. She and I served on the Environment, Food and Rural Affairs Committee for a number of years in the previous Parliament, so she has had a good grounding for the role that she takes on. The disease is costing us £100 million a year to fight. Doing nothing is not an option; we cannot put our head in the sand. That is why we need to pursue a broad comprehensive strategy. There is no evidence that any country in the world has managed to eradicate bovine TB without also tackling the reservoir of the disease in the wildlife population.

Rural Payments Agency

5. **Mr Laurence Robertson** (Tewkesbury) (Con): What recent assessment she has made of the efficiency of the Rural Payments Agency in making basic farm payments on time. [906544]

The Minister of State, Department for Environment, Food and Rural Affairs (George Eustice): We are expecting payments under the 2016 basic payment scheme to be considerably improved from last year's. The Rural Payments Agency received more than 86,500 BPS applications for

2016. A record proportion of these claims—over 80%—were received online, which will enable the RPA to process them more quickly. The agency is currently focused on paying 90% of farmers by the end of December.

Mr Robertson: The Minister will be aware that this is not a new problem; it has been going on for a long time. Non-payment or even partial payment causes a great deal of hardship to farmers. Given that the situation has been going on for so long, what more can he do to make sure that there is an improvement in the forthcoming year?

George Eustice: As my hon. Friend knows, we had tremendous challenges in year 1. This was an incredibly complex common agricultural policy with all sorts of additional auditing and recording requirements, and which carried with it complexity and caused problems for payment agencies right across the European Union. On his question about what we are doing to improve things, now that we have gone through last year's difficult task of getting all the data on to the computer system, and now that we have 80% of claimants applying online, we believe that we are in a good position for the coming year because all the difficult work was done last year.

Angela Smith (Penistone and Stocksbridge) (Lab): When the chief executive of the Rural Payments Agency came to the Environment, Food and Rural Affairs Committee earlier this year, he made a commitment to pay the majority of claims by 1 December, not 90% by the end of December. Four weeks is a long time for a farmer. Will the RPA make the majority of those payments at the beginning of the month?

George Eustice: The commitment was to pay 90% by the end of December. That has gone into the business plan for the RPA and is one of the targets that it is working to. The payment window does not open until early in December, but clearly we will be trying to pay, as we always do, as many farmers as quickly as possible.

Chris Davies (Brecon and Radnorshire) (Con): Yes, the chief executive of the Rural Payments Agency has appeared in front of us several times at the EFRA Committee and promised to make payments by certain dates. There are cross-border farmers in my constituency and they are always at the back of the queue. Some of them were paid only last month, well outside the payment window. What more can my hon. Friend do to make sure that that does not recur?

George Eustice: With the complexity of the new system, there are always issues relating to cross-border claims, where farms have some of their holding in one Administration and some in the other. It is important that we share information as quickly as possible. We had a particular problem on the Scottish borders because Scotland had far deeper problems with managing the scheme than we had in England, and getting the data to make those payments was particularly challenging. I am aware that there were issues in Wales as well, and we will do all that we can to ensure that we do not encounter such problems in future.

Rachael Maskell (York Central) (Lab/Co-op): Thousands of farmers have been pushed into acute financial hardship, anxiety or stress owing to the failure of the Rural Payments Agency. In the past year, 62% of payments were very late and many have still not been paid. Now the Government are planning further delays of payment, which is unacceptable. Why will not the Minister recruit the staff needed to pay everyone all they are owed by this Christmas and, in the interim, institute bridging loans?

George Eustice: We are not planning to cause any further delays, as I made clear. Last year when we had a difficulty we recruited some 600 additional people to process the claims and pay them as soon as possible. As I have already said, this year we are in a better position. We have 80% of claimants applying online and we have committed to pay at least 90% of claims by the end of December. In any normal year there will always be some cases that are incredibly complex, such as those put forward by the National Trust, whose large, complex claims always take longer to process.

Food Labelling

6. **Chi Onwurah** (Newcastle upon Tyne Central) (Lab): What plans she has to promote (a) local and (b) British produce through food labelling. [906546]

The Secretary of State for Environment, Food and Rural Affairs (Andrea Leadsom): It is fantastic that local food producers are developing labelling to highlight local food provenance, which really adds value to their products for the regional and tourist markets. As I said earlier, we want to do everything we can really to promote the British food brand. I am firmly committed to protecting the UK's iconic food and drink products.

Chi Onwurah: Mr Speaker, you might think of Newcastle upon Tyne Central as an urban constituency, but actually we produce excellent beef from the lucky cattle that graze the nutritious grass on the stunning Town Moor. We are developing Toon Beef labels, but labelling generally needs to be better if consumers are to make informed choices. What practical measures is she taking to ensure that the voluntary and mandatory requirements she spoke of reflect regional origin and animal welfare?

Andrea Leadsom: We are very proud that the UK has some of the highest animal welfare standards in the world, the best food traceability and the best food safety. The hon. Lady is exactly right to point out the importance of labelling. We are doing everything we can. There is a lot of mandatory labelling, as she will be aware, but we also do a lot of work with businesses that want to label voluntarily, particularly for our iconic food products. I did a bit of research and found north-east Craster kippers, Wylam golden ale and other iconic names. I encourage her to apply for protected name status wherever possible, and we intend to support that.

Martin Vickers (Cleethorpes) (Con): This week is Seafood Week. Will my right hon. Friend outline what her Department has done to promote Seafood Week? I urge her to return to Cleethorpes so that we can have a less rushed plate of fish and chips than we had on her last visit.

Andrea Leadsom: I am always delighted to visit my hon. Friend's constituency, because he always has something exciting in store for me. During Seafood Week we have

established a working group with different seafood organisations. We are absolutely committed to promoting it, as we are with all our great British food. As I have mentioned, I am off to the Paris food exhibition and the China food exhibition to see what more we can do for our great British seafood and other food.

Department for Exiting the European Union

7. **Mr Peter Bone** (Wellingborough) (Con): What support her Department is providing to the work of the Department for Exiting the European Union. [906547]

The Secretary of State for Environment, Food and Rural Affairs (Andrea Leadsom): As he was one of my great Northamptonshire colleagues during the EU referendum campaign, I am pleased to tell my hon. Friend that my Department is doing all it can to support DEEU on policy development and stakeholder engagement right across DEFRA's portfolio. I will shortly meet my right hon. Friend the Secretary of State for Exiting the European Union to discuss the enormous opportunities that EU exit presents for our food, farming and fishing sectors.

Mr Bone: Does the Secretary of State agree that one of the Brexit dividends is that we can take the money that the EU currently gives to our farmers and give it out more fairly and efficiently after we have left the EU? *[Interruption.]*

Andrea Leadsom: My hon. Friend is exactly right. The fact is that the money we get from the EU was British taxpayers' money in the first place. The first thing I did on joining the Department was to agree with the Treasury that the current levels of farming and environment support should remain until 2020 to give our farmers continuity. *[Interruption.]* Of course, once we have left the EU we can ensure that our policies deliver for farmers while improving the environment. We want to work closely with industry stakeholder groups and the public to ensure that our policies are simple, good value for the taxpayer and free from the unnecessary constraints that we see today.

Mr Speaker: Order. The hon. Member for Huddersfield (Mr Sheerman), who is an extremely senior and cerebral Member of the House, keeps chuntering from a sedentary position about buried money—just in case colleagues had not heard what he was chuntering about. It would be good if he ceased chuntering.

11. [906552] **Lilian Greenwood** (Nottingham South) (Lab): Improvements to air quality and action to tackle road transport pollution in this country have been driven by EU legislation and the enforcement mechanisms that underpin them. In September the Under-Secretary of State for Environment, Food and Rural Affairs, the hon. Member for Suffolk Coastal (Dr Coffey), alongside the Under-Secretary of State for Exiting the European Union, the hon. Member for Worcester (Mr Walker), was asked seven times by the Environmental Audit Committee whether the Government would retain EU air quality limits following exit from the EU, but she failed to give that commitment. Weeks later, why has she still not confirmed that EU air quality limits will be retained or improved, or explained how they will be enforced, which is essential to cutting premature deaths?

Andrea Leadsom: I absolutely share the hon. Lady's desire to see clean air—nothing could be more important. We are doing absolutely everything we can, and we will continue to be committed. As the Prime Minister has said, we will be nationalising the acquis communautaire, so the EU legislation will become UK law. Just today, as the hon. Lady may be aware, we have announced our clean air zone consultation.

The Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Dr Thérèse Coffey): Including for Nottingham.

Andrea Leadsom: Indeed, as my hon. Friend points out, a clean air zone in Nottingham—in the Nottingham South. We are doing that to try to ensure that we make some real, serious progress towards cleaner air and a clean and healthy environment for all.

Mr Speaker: I call Mrs Caroline Spelman.

Dame Caroline Spelman (Meriden) (Con): Brexit creates an opportunity to put agriculture on a more sustainable footing, but can the Secretary of State reassure the House that Brexit will not change the international leadership the UK has provided on sustainable development?

Mr Speaker: I apologise: I should have referred to the right hon. Lady properly—Dame Caroline Spelman.

Andrea Leadsom: Absolutely, Mr Speaker—Dame.

I can totally give my right hon. Friend that reassurance. The UK, in leaving the EU, is absolutely determined to be more globally focused and, at home, to create sustainable policies that will make our food production and our environment more sustainable and better for our people and our economy. At the same time, we are determined to maintain and enhance our global leadership role in promoting sustainability for everyone in this world.

Calum Kerr (Berwickshire, Roxburgh and Selkirk) (SNP): While the Scottish National party welcomes the Secretary of State's commitment to maintaining pillar one EU funding until 2020, she should be aware that Scotland has some of the lowest payments in the EU; that is why the UK was given millions of euros in convergence funding. So, with the same enthusiasm she has demonstrated with every question today, will she deliver on her commitment to have this in place by the end of the year?

Andrea Leadsom: I welcome the hon. Gentleman to his place, and I look forward to many happy days of fruitful discussions with him in the weeks and months ahead. I can absolutely tell him that we will be reviewing that by the end of this year. We look forward to meeting him and Members of the Scottish Parliament to discuss the interests of Scotland. We have a huge policy review; there are enormous opportunities, and I look forward to Scotland being delighted at the opportunities presented by Brexit.

Rachael Maskell (York Central) (Lab/Co-op): May I welcome the Secretary of State to her place? I am sure she has had discussions with the Department for Exiting the European Union about the impact of the 16% fall in the value of the pound since the referendum outcome. In the light of that, what financial drivers to replace the common agricultural policy will she prioritise, with the mutual support of that Department, to enable farmers to plan now for the future and to remain productive while making the necessary progress on environmental measures?

Andrea Leadsom: I am grateful to the hon. Lady for her remarks, and I also look forward to working with her. May I also welcome all her colleagues to their places? A number of them I have worked with over a period of time on energy matters, with great, fruitful results, so I look forward to a constructive relationship. In answer to her specific question, those are exactly the issues we are now looking at—the opportunities for revising the support we give our food and farm producers, to make sure we can grow more, sell more and export more great British food. It will take time to properly evaluate what that policy set should be, but I hope shortly to consult broadly. I have already had informal consultations, and I will be working closely with the industry.

Dolphin Hunting

8. **Henry Smith** (Crawley) (Con): What discussions she has had with the Secretary of State for Foreign and Commonwealth Affairs on UK representations made to the Japanese government on the Taiji dolphin hunt. [906548]

The Minister of State, Department for Environment, Food and Rural Affairs (George Eustice): DEFRA leads on the conservation and management of whales and dolphins, keeping in close contact with the Foreign and Commonwealth Office, and the UK has always taken a leading position on promoting conservation. The Government raise their opposition to Japan's hunting of whales and dolphins at every appropriate opportunity. Most recently, I raised this issue with the Japanese Fisheries Minister during an official visit to Japan in April this year.

Henry Smith: The international whaling ban has been extremely successful for many decades, but the minority of countries that do not respect it are looking to erode it. What further steps will my hon. Friend take to ensure that it is rigorously enforced?

George Eustice: I completely agree with my hon. Friend. The UK strongly supports the global moratorium on commercial whaling and continues at every appropriate opportunity to call on all whaling nations to cease their whaling activities. I currently plan to attend the International Whaling Commission meeting in Slovenia later this year, when we will reiterate our opposition to commercial and scientific permit whaling and work constructively with other like-minded countries to secure the correct outcomes.

Topical Questions

T1. [906569] **Mr Stephen Hepburn** (Jarrow) (Lab): If she will make a statement on her departmental responsibilities.

The Secretary of State for Environment, Food and Rural Affairs (Andrea Leadsom): Following the referendum, we are working closely with all those with an interest in food, farming and the environment to seize the superb opportunities we now have to develop policies specific to the needs of the UK. Alongside this, we continue to prepare for winter weather by testing our response capability, quadrupling the amount of mobile flood defences and making our critical infrastructure more resilient.

Mr Hepburn: The Secretary of State seems such a nice lady, so I do not know what enjoyment she can take from the thought of a fox being torn apart. May I take it from the silence of her and her Department lately that she has dropped the idea of having a vote in this House on foxhunting?

Andrea Leadsom: My mum says my sisters are much nicer than me, but, that apart, my view is very simple. Like my predecessor and her predecessor before her, I remain committed to the Conservative manifesto promise that we will have a free vote in Parliament on a repeal of the Hunting Act 2004.

Mr Speaker: I am shocked by the Secretary of State's mother's observations. I have a vivid imagination, but I find that utterly inconceivable.

T4. [906572] **Mark Menzies** (Fylde) (Con): The Secretary of State will be aware that consent has been given for the first horizontal shale gas site at Preston New Road in my constituency. Will she assure me that the Environment Agency will conduct immediate on-the-spot inspections, and that many of them will be unannounced? What powers does the Environment Agency have to close down a site if it finds it to be in breach of regulations?

Andrea Leadsom: I am very happy to reassure my hon. Friend that we have a robust regulatory framework in place to ensure that shale exploration is carried out in a safe, sustainable and environmentally sound manner. The Environment Agency can undertake announced and unannounced inspections, and if there is any breach of a permit condition or a serious risk to people or the environment, it can take a number of enforcement actions, including the immediate ceasing of operations.

Sue Hayman (Workington) (Lab): The damage caused by storms last winter cost about £5 billion. Thousands of homes and businesses were flooded and there was significant damage to roads and bridges. The then Prime Minister said that "money is no object", but councils are still waiting. Allerdale, for example, is owed almost £220,000. How many councils are still waiting for the promised funds, and why?

The Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Dr Thérèse Coffey): I welcome the hon. Lady to her place. We both represent coastal communities and we share the issue of flooding.

She raises an important point. She will be aware of the Government's commitment to spend £2.5 billion over six years, which has given the Environment Agency long-term funding. I will have to ask my hon. Friends in the Department for Communities and Local Government about her specific point on the recovery work and then write to her, but we are continuing to invest in such schemes, including in Cumbria, as she will be aware.

T6. [906574] **Jeremy Lefroy** (Stafford) (Con): My constituents and those of my hon. Friend the Member for Cannock Chase (Amanda Milling) and my right hon. Friend the Member for South Staffordshire (Gavin Williamson) enjoy the wonderful Cannock Chase, so we were delighted by the Conservative manifesto commitment to plant trees. May we have an update on how many have been planted?

Dr Coffey: I am pleased to report that woodland cover in England is at its highest since the 14th century—well before I was born—and we are committed to growing it even further by planting another 11 million trees over the course of this Parliament. The second phase of applications for the woodland creation planning grant has opened; the first phase generated plans for over 1,000 hectares of woodland. I ask hon. Members to continue to encourage schools to plant trees and to endorse our excellent scheme with the Woodland Trust, which I draw to the attention of the House.

T2. [906570] **Chi Onwurah** (Newcastle upon Tyne Central) (Lab): Over the summer, the European Union announced proposals to bring 100 megabits to all EU citizens by 2025. The Tory party talks about 10 megabits but has no plan and no funding. Will the Secretary of State join the Countryside Alliance, the National Farmers Union, the Labour party and millions of frustrated would-be rural digerati in condemning the disgraceful state of rural broadband in our country, and say what she is going to do about it?

Dr Coffey: I commend the hon. Member for Newcastle upon Tyne Central for standing up for rural residents, but I assure her that we are prepared to do that ourselves. The Government are committed to the universal service obligation of 10 megabits by the end of the decade. It is an ambitious programme that we will fulfil.

T7. [906575] **Mr Philip Hollobone** (Kettering) (Con): The common fisheries policy is among the very worst aspects of our membership of the European Union. Our waters have been invaded by European trawlermen and there has been vast overfishing. What plans do the Government have to repatriate Britain's territorial fishing waters and revive the great British fishing industry?

The Minister of State, Department for Environment, Food and Rural Affairs (George Eustice): My hon. Friend makes an important point. As we leave the European Union, there are opportunities to manage our fisheries differently. We will work with colleagues in the Department for Exiting the European Union on these matters, as we develop a negotiating position. He may be aware that under the UN convention on the law of the sea, it is accepted that we would have an exclusive economic zone going out to 200 nautical miles or the median line. That will be the starting point for discussions.

T3. [906571] **Chris Elmore** (Ogmore) (Lab/Co-op): In Wales, the common agricultural policy provides £200 million a year, in part to protect the long-term future of the Welsh countryside. Will the Secretary of State or one of her Ministers be meeting representatives of the Welsh Government, including the Cabinet Secretary for Environment and Rural Affairs, to ensure that EU funding to protect the Welsh environment is replaced pound for pound by the UK Government?

George Eustice: The hon. Gentleman will be pleased to know that I met Lesley Griffiths last week to discuss these issues, and the Secretary of State plans to meet her shortly. We intend to work very closely with all the devolved Administrations as we devise a new agriculture policy for after we leave the European Union. We recognise the importance of that to every part of the UK and will engage every part of the UK.

T8. [906576] **Mr David Nuttall** (Bury North) (Con): Parts of my constituency were devastated by the Boxing day floods last year, and the council is still struggling to restore the damaged infrastructure. It calculates that even after the £750,000 it has received from the Department for Transport, it faces a £2.6 million shortfall in repairing the damage. Will my right hon. Friend speak with Ministers across Government to see what further help they can provide to speed up the reinstatement process?

Andrea Leadsom: I completely sympathise with all those who were flooded. It is an appalling thing to happen. Following the Boxing day floods, the Environment Agency carried out £500,000-worth of maintenance work in Bury to remove gravel, debris and blockages. A £1.5-million flood defence scheme was completed in November 2014, providing better protection for 164 homes and businesses in the Stubbins area of Bury. I will, of course, look into the point my hon. Friend raises about people who are still suffering from the damage done by last winter's floods.

T5. [906573] **Patricia Gibson** (North Ayrshire and Arran) (SNP): Will agriculture and fisheries powers be devolved to the Scottish Parliament after we leave the European Union—or do the Government want to repatriate those powers to Westminster, bypassing the Scottish Parliament?

George Eustice: As I said in response to an earlier question, we will work very closely with all the devolved Administrations and, indeed, industry groups throughout the UK as we devise a policy for after we have left the European Union. Some elements are already devolved, but the general consensus is that there will have to be some kind of UK-wide framework. We have made no decisions on this yet and will work very closely with all the devolved Administrations.

Mr Speaker: I would call the right hon. Gentleman who is intently studying his iPad, but as he does not seem keen to engage we will leave him out for now. I am giving him due notice—he had his opportunity.

James Cartlidge (South Suffolk) (Con): When the former Secretary of State for Environment, Food and Rural Affairs, the current Lord Chancellor, visited my

constituency in May, she visited the Orwell food enterprise zone and heard about the skills challenges faced by local small and medium-sized businesses in the food sector. She said that the Government were considering a proposal to allow large food businesses to share their apprenticeship levy with the local supply chain to encourage local buying of food and local skills. Has there been any progress on that?

George Eustice: My hon. Friend makes an important point. I have been arguing for that to happen for some time, because some large food producers are caught by the levy but would rather use it further up their supply chain. In August, the Department for Education published proposals for funding apprenticeships in England from May 2017, which propose that from 2018, employers will be able to transfer up to 10% of their levy funds in any year to another employer with a digital account. That deals with this issue.

Margaret Greenwood (Wirral West) (Lab): Marine habitats are a matter of real concern to my constituents, who are very concerned about the threat of underground coal gasification in the Dee estuary, so I welcome the Secretary of State's earlier response on marine protected areas but would like to push her further on this point. Over the past two Parliaments the Government have created only 50 marine protected areas when their own advisers have recommended 127. Will she confirm that in the third tranche that she alluded to we will reach the recommended 127?

Dr Thérèse Coffey: The original 127 sites were cited, but we have to follow the scientific evidence. That is the basis of this process. It is not about setting arbitrary targets but about making sure that we have a scientifically robust blue belt. That is what we will continue to do with the next phase of consultation.

Victoria Atkins (Louth and Horncastle) (Con): Several farmers in my constituency of Louth and Horncastle have complained to me that the Rural Payments Agency has made mistakes in the land maps that determine how much they are paid. Will my hon. Friend help me to advise them on what can be done to address that, now and in future, so that farmers in my constituency receive fair payment for the land that is actually theirs?

George Eustice: My hon. Friend makes an important point. Lots of farmers have been affected by the challenges we face in this first year of the new, more complex common agricultural policy scheme. A number of farmers —several thousand—had to go through a reconciliation process where we had to match some of the land-use codes they had with the land maps, which caused some complexity. I believe that the issue has now been resolved, but if she has any specific cases that are still a problem I am happy to meet her to discuss them.

Nick Smith (Blaenau Gwent) (Lab): Given the recent discovery of a livestock strain of MRSA in British meat products in UK supermarkets, what action is the Secretary of State's Department taking to stop the emergence of resistant bacteria? Will she increase support to UK farmers on the use of antibiotics in meat production, to address real concerns about food safety and exports?

George Eustice: The hon. Gentleman makes an important point. He will be aware that the UK is the world leader on getting out the agenda that we need to reduce our use of antibiotics in agriculture and tackle the problem of antimicrobial resistance. The Government have a strategy that sets targets for reductions in the use of antibiotics in some livestock sectors. We are also investing in research to support other approaches to husbandry that reduce the need for antibiotic use. This is an important agenda that the Government take very seriously.

CHURCH COMMISSIONERS

The right hon. Member for Meriden, representing the Church Commissioners, was asked—

Church Schools

1. **Chi Onwurah** (Newcastle upon Tyne Central) (Lab): Whether the Church of England has assessed the potential effect of changes to the cap on faith-based admissions on Church schools. [906557]

The Second Church Estates Commissioner (Dame Caroline Spelman): The Church has 4,700 primary and secondary schools that seek to provide excellent education to 1 million pupils each year. These are not faith schools for the faithful but Church schools for the whole community, and the Church does not propose to change that. The 50% cap applies only to new free schools that are oversubscribed. The majority of our new free schools, like many of our existing schools, do not have any faith-based oversubscription criteria.

Chi Onwurah: I welcome that answer. Newcastle is a city of diverse, strong and generally united and mutually respectful communities, and our faith communities make an important contribution. The rise of hate crime since the referendum emphasises the importance of teaching that we have more in common. Mrs Davison, the head of St Cuthbert's in Newcastle, tells me that that school's mix of students from varying faiths and none assists inclusivity and enrichment, and ensures that the school is representative of the community. Do the commissioners agree that the proposed changes threaten the benefits of inclusivity at this crucial time?

Dame Caroline Spelman: I share completely the hon. Lady's concerns about the rise in hate crime following the referendum. Every Member in this House is concerned about that. I point her to what the Secretary of State for Education herself said about the education that Church schools provide:

"They have an ethos and a level of academic attainment that we are trying to achieve more broadly across the whole system."—[*Official Report*, 10 October 2016; Vol. 615, c. 22.]

Church schools provide education for the community as a whole, not just those who go to church.

Anglican and Catholic Churches

2. **Victoria Prentis** (Banbury) (Con): What assessment she has made of the effect on relations between the Anglican and Catholic Churches of the Archbishop of Canterbury's visit to Assisi and Rome in October 2016. [906558]

Dame Caroline Spelman: The Archbishop of Canterbury recently visited Assisi and Rome to deepen and strengthen relationships with His Holiness Pope Francis, and the relationship between the worldwide Anglican communion and the Roman Catholic Church. That visit coincided with the 50th anniversary of the founding of the Anglican centre in Rome, which was itself the beginning of a process of healing and reconciliation.

Victoria Prentis: I thank the right hon. Lady for her answer, but if I may, I will seamlessly move to relations with the Orthodox Church. Does she agree that the visit of Patriarch Kirill in the next week give us an opportunity to build bridges with the Orthodox Church at a time when our relationship with Moscow is perhaps not all it should be?

Dame Caroline Spelman: The hon. Lady is right. The Archbishop of Canterbury believes that deeper relations between all Christian Churches is a contribution to the peace that we all desire in such turbulent times. The visit by the Patriarch of Moscow and all Rus' is an opportunity not only to celebrate the 300 years of Russian Orthodox worship in London, but no doubt to discuss current affairs.

Community Relations

3. **Chris Davies** (Brecon and Radnorshire) (Con): What steps the Church of England has taken to build community relations and to counter extremism. [906559]

Dame Caroline Spelman: The Church of England, through its presence in every community and its large network of schools, is an enormous asset in building community relations. As we have just discussed, Church of England schools play a leading role in value-based education. That building of trust, awareness and community is an important bulwark against the spread of extremism.

Chris Davies: With extremism being such a great threat to the UK, what plans does the Church of England education office have to expand its "What if Learning" approach, which was recently successfully piloted in more than 20 schools?

Dame Caroline Spelman: The Church promotes a number of schemes around the country to counter extremism and improve relations. The "What if Learning" scheme in schools has proved to be a good example of how we can help children from a very young age to understand the important principles of our society and the tolerance that we need to show to others of different faiths and points of view. We must also think about how we reach adults. I commend two schemes: the Church's Living Well Together initiative, and the Near Neighbours initiative. I should like to take this opportunity to invite colleagues to hear more about those initiatives on 23 November at 4 pm, after the autumn statement, in the Jubilee Room.

Mrs Madeleine Moon (Bridgend) (Lab): Recent research on extremism suggests that a sense of humiliation, particularly among traumatised communities and individuals, is a major driver of extremism. Are the Church Commissioners aware of the need to look at bullying and traumatisation?

Dame Caroline Spelman: The hon. Lady is right that humiliation is a strong emotion that can lead to people taking strong positions and actions as a consequence. The Church is not just looking at that, but has rolled out those important initiatives. I commend to her initiatives such as Near Neighbours, funding for which came from the Department for Communities and Local Government, which demonstrated that, in our cities, there is a great opportunity to bridge the gap and speak into the humiliation that some people feel.

Jim Shannon (Strangford) (DUP): Does the right hon. Lady agree that it is imperative that those of other faiths are not left isolated in our communities, and that more help should be offered to facilitate community events to establish relationships that span the divides of religion?

Dame Caroline Spelman: The hon. Gentleman can speak with feeling on that subject. One of the most important things that the Christian denominations can do is work together to reach across to people of other faith, with whom we have a great deal in common, and defuse some of the misrepresentations of those faiths, so that the wider secular aspects of society know that we can speak and live in harmony.

ELECTORAL COMMISSION COMMITTEE

The hon. Member for South West Devon, representing the Speaker's Committee on the Electoral Commission, was asked

Electoral Fraud

4.. **Sir Desmond Swayne** (New Forest West) (Con): What assessment the Electoral Commission has made of the implications for its policies of the findings of "Securing the ballot: Report of Sir Eric Pickles' review into electoral fraud", published in August 2016. [906560]

Mr Gary Streeter (South West Devon): The Electoral Commission welcomed in August the publication of the Pickles report and recommendations on electoral fraud, particularly his support for the commission's recommendations that the Government should consider introducing voter ID at polling stations in Great Britain. The commission will submit its response shortly to the Parliamentary Secretary, Cabinet Office, the hon. Member for Kingswood (Chris Skidmore), who is responsible for constitutional matters.

Sir Desmond Swayne: What can be done to ensure that staff at polling stations observe and enforce the rule that voters are accompanied to the polling booth only if they are blind or otherwise unable to make their mark?

Mr Streeter: There is Electoral Commission guidance for electoral registration officers on this very point. My right hon. Friend raises an important point. That should not happen, but I will refer his concerns to the Electoral Commission to see whether the guidance needs to be clarified or made more robust. I am grateful to him for raising it.

Philip Davies (Shipley) (Con): My hon. Friend knows that I have had long-standing serious concerns about electoral fraud in some parts of Bradford. I particularly welcome what he says about ID at polling stations. When might we expect the first elections to take place where that is the rule?

Mr Streeter: I am delighted to say that that is not a matter for the Electoral Commission, which has recommended this measure strongly since 2014. It is now a matter for the Government and this House to introduce this more robust new provision.

Jeremy Lefroy (Stafford) (Con): If someone wants to open a bank account, they have to produce all manner of identities. Yet to do the most important thing we can in our democracy, which is to vote, they do not have to produce ID. Can we expect to see that change?

Mr Streeter: I am delighted that my hon. Friend supports the Electoral Commission's recommendation that registration and identification should be introduced at polling stations. It is now for the Government to respond.

Mr Speaker: I call Barry Sheerman. Where is the fella? He has beetled out of the Chamber. That is very unlike the hon. Gentleman. I call Mr David Hanson.

CHURCH COMMISSIONERS

The right hon. Member for Meriden, representing the Church Commissioners, was asked—

Refugee Resettlement

6. **Mr David Hanson** (Delyn) (Lab): What steps the Church of England is taking to assist with refugee resettlement in the UK. [906564]

The Second Church Estates Commissioner (Dame Caroline Spelman): The Church of England is working on two main levels to assist refugees being resettled under the vulnerable person relocation scheme. The Home Secretary went to Lambeth Palace on 19 July to launch the new scheme for community sponsorship, which demonstrates the importance the Church attaches to action as well as words.

Mr Hanson: The Church nationally has been very active on refugees. Parishes such as Holywell in my constituency have been very supportive and active, too. The Home Secretary has now apparently made a commitment to accept child refugees to the United Kingdom. What steps can the Church take to help with resettlement, particularly in the field of fostering?

Dame Caroline Spelman: The Church has reached out through its parishes to provide practical help—clothing, food and English language lessons—for the refugees in our midst. To be practical about expediting reuniting children with their families in the UK, the Archbishop of Canterbury has sent a youth worker to Calais. There is a call in all our parishes for more foster parents, so that unaccompanied asylum-seeking children can have a warm welcome and a safe home in our country.

LGBT Christians: Pastoral Care

7. **Susan Elan Jones** (Clwyd South) (Lab): What discussions the Church Commissioners have had with the Church of England on the pastoral care of lesbian, gay, bisexual and transgender Christians. [906565]

Dame Caroline Spelman: I am unable to answer on the work of the Church in Wales, but the chaplaincy there recently launched in the diocese of St Asaph. It is true that the Church of England is operating a similar number of smaller scale projects. The best example I can think of is in Manchester, where a monthly communion service operates in some parishes specifically for the LGBT community.

Susan Elan Jones: I am delighted that, although the Church Commissioners' writ does not run in the Church in Wales—we are not seeking to change that—the right hon. Lady has already noticed the excellent work of the diocese of St Asaph LGBT chaplaincy. Does she agree that now is the time for those of us who are Christian but not of the LGBT community to give more careful consideration to these issues?

Dame Caroline Spelman: Yes, absolutely. It is completely in line with the policy of the Church of England. The House of Bishops has consistently encouraged the clergy to offer appropriate pastoral support, including informal prayer with LGBT people, Christians and others. I think that that injunction is on us all.

Scrooby Church

8. **John Mann** (Bassetlaw) (Lab): When the Church Commissioners plan to visit Scrooby Church. [906566]

Dame Caroline Spelman: The hon. Gentleman knows very well that I need no excuse to visit his beautiful constituency, having fought the election there in 1992. I was back there this summer visiting friends at Hodsock Priory, which I know he is aware of. The important and beautiful church at Scrooby is home to the festival that will celebrate the 400th anniversary of the Pilgrim Fathers. I have looked into the needs that it may have. I suggest we work together to ensure that the event is a great success.

John Mann: The right hon. Lady is very welcome to re-tread the streets of Scrooby, and if she does, she might care to bring one of the many descendants of the pilgrims with her. If, with her good contacts, she could arrange it, the most popular would probably be Mr Richard Gere.

Dame Caroline Spelman: If only! I know that what the hon. Gentleman is looking for specifically from the Church Commissioners is some assistance with the improvement to the facilities. I have looked into this question. The church hall has facilities to ensure that the event is a success, but perhaps if he encourages the church wardens to contact me or Church House, we can make sure the event is a great success, with or without a celebrity attendance.

Priests: Same-sex Marriage

9. **Mr Ben Bradshaw** (Exeter) (Lab): What the policy of the Church of England is on priests in same-sex marriages; and if she will make a statement. [906567]

Dame Caroline Spelman: I suspect the right hon. Gentleman wants to ask me, as he did before, about a specific case, but the case of Canon Pemberton is still pending a judgment from his appeal, so I am afraid I will be unable to comment on it in any detail. The Pilling report was commissioned by the Church of England at the start of a shared conversation about sexuality, which reached its conclusion at the Synod in July. The House of Bishops has asked for a summary to be created by the bishops reference group.

Mr Bradshaw: But with a growing number of priests, including now one bishop, deciding commendably to be open about their sexual orientation, and indeed their marital status, why is the Church of England spending our money pursuing a legal case against Canon Jeremy Pemberton simply because he is married?

Dame Caroline Spelman: Obviously the Church is on a journey with this issue, as many of us have been, but I would gently point out to the right hon. Gentleman that the Church was not the plaintiff. Canon Pemberton was the plaintiff and therefore the Church had to defend itself in a legal process. The initial case was lost and now Canon Pemberton has sought to appeal. There will be significant costs attached to that, but the Church did not initiate those legal proceedings.

Cathedral Repairs

10. **Pauline Latham** (Mid Derbyshire) (Con): Whether the Church of England has made an assessment of the effect of the first world war centenary cathedral repairs fund on the fabric of English cathedrals. [906568]

Dame Caroline Spelman: Last month I attended, alongside my hon. Friend the Member for Lichfield (Michael Fabricant), a service of thanksgiving for the world war one centenary cathedral repairs fund at Lichfield. Without the generosity of my right hon. Friend the Member for Tatton (Mr Osborne), it would not have been possible to effect the kind of repairs that many of our cathedrals have required just to remain open.

Pauline Latham: Derby cathedral is such an important asset to the city, bringing visitors and businesses to the wider region. Without the financial support of the world war one cathedral fund, the cathedral would potentially have faced closure to the public, due to the condition of the electrics and the roof. Will my right hon. Friend join me in congratulating all the trades, craftspeople and apprentices who have worked to keep the cathedral open and to secure its future for at least the next 100 years? It is much improved.

Dame Caroline Spelman: I would be very happy to join my hon. Friend in congratulating them on all that remarkable work. In fact, Derby cathedral has received the third highest amount of world war one grant funding to date—nearly £1.4 million—to effect, as she said, roof repairs and completely refurbish the interior. There is no question but that these repairs have created jobs for skilled craftsmen and ensured a sustainable future for our cathedrals.

Business of the House

10.33 am

Valerie Vaz (Walsall South) (Lab): Will the Leader of the House give us the forthcoming business?

The Leader of the House of Commons (Mr David Lidington): The business for next week is as follows:

Monday 17 October—Second Reading of the Savings (Government Contributions) Bill.

Tuesday 18 October—Debate on the BBC on a Government motion.

Wednesday 19 October—Opposition day (9th allotted day). There will be a debate on an SNP motion, subject to be announced.

Thursday 20 October—Debate on a motion on BHS, followed by a general debate on industrial strategy. The subjects for these debates were determined by the Backbench Business Committee.

Friday 21 October—Private Members' Bills.

The provisional business for the week commencing 24 October will include:

Monday 24 October—Second Reading of the Health Services Medical Supplies (Costs) Bill.

Tuesday 25 October—Opposition day (10th allotted day). There will be a debate on an Opposition motion, subject to be announced.

Wednesday 26 October—Consideration of Lords amendments.

Thursday 27 October—Business to be nominated by the Backbench Business Committee.

Friday 28 October—Private Members' Bills.

I should also like to inform the House that the business in Westminster Hall for October and early November will be:

Monday 17 October—Debate on e-petitions relating to the UK's exit from the European Union.

Thursday 20 October—Debate on the Education Committee reports on mental health and well-being of looked-after children and on social work reform, followed by a general debate on National Arthritis Week 2016.

Monday 24 October—Debate on an e-petition relating to the local government pension scheme.

Thursday 27 October—Debate on the Defence Committee reports on defence expenditure and the use of Lariam for military personnel.

Monday 31 October—Debate on an e-petition relating to driven grouse shooting.

Thursday 3 November—General debate on the future of the steel industry.

Valerie Vaz: I thank the Leader of the House for his warm welcome and for the time he took to speak to me about this role. I also thank my predecessor, my hon. Friend the Member for Newport West (Paul Flynn), for all his hard work in the two jobs that he undertook.

It is the first week back, and there is a crisis. This morning I received a text—an upgrade from an email—from a Jeremy, who says, "We want our Marmite back", so will the Leader of the House do all he can to make sure that there is Marmite on the shelves? I say to Jeremy: "Cut back on the salt, and if you want to protest, do not sit on the floor and shave your beard!"

It is the first week back, and it has been a bad week for the Government. On Tuesday, the Prime Minister's honeymoon period, most of which was in the Swiss Alps in the recess, came to an end as she faced her first Government defeat in the other place, which voted through new laws to compensate phone-hacking victims. Quite rightly in the age of legal aid cutbacks, victims should have access to justice and protected costs.

May we have a debate to clarify the policy of the Home Secretary's proposals for firms to provide a list of foreign workers whom they employ? The Prime Minister said at Prime Minister's Question Time that that was not what was said, so why did more than 100 business leaders write an open letter to the Home Secretary, calling for the idea to be abandoned, saying that foreign workers should be "celebrated not demonised"? The Government may have back-tracked on the policy, just a week after it was outlined, but we need clarification that it is obsolete. If the Leader of the House went back to his alma mater, the University of Cambridge, he would know that the new Vice-Chancellor is, in fact, Canadian, so would he have to be reported to the Home Secretary? It is the anniversary of the battle of Hastings on Friday—it took place 950 years ago—so this reversal could be seen as one in the eye for the Home Secretary.

At the Conservatives' annual conference, the Chancellor announced a U-turn on six years of Government policy. You will know, Mr Speaker, that at the time of the party conference, the pound fell—and it is still falling. Since last week, we have seen a loss of 6% against the dollar—usually a headline associated with the Labour party. The Chancellor also said that he is cancelling the plan of the right hon. Member for Tatton (Mr Osborne) to balance the nation's books by 2020. Instead, the Government will invest their way out of the deficit and would now borrow to invest. That sounds remarkably like the Opposition's policy. May we have statement immediately, before the autumn statement in November, on what is being done at the Treasury on the state of the pound?

So this Government are not the Government of business, not the Government of sound fiscal policy and not the Government of the vulnerable. The new Secretary of State for Work and Pensions now says that people with severe, lifelong conditions will no longer face those humiliating six-monthly reassessments—but only those claiming employment and support allowance; claimants of the personal independence payment will still be subject to those inappropriate assessments. Bizarrely, the former Work and Pensions Secretary, the right hon. Member for Chingford and Woodford Green (Mr Duncan Smith), welcomed this "progressive" reform of the retesting regime, although he introduced the assessments and they were voted for by Conservative Members. May we have a debate in Government time on the state of the assessments and their removal, as called for by my hon. Friend the Member for Oldham East and Saddleworth (Debbie Abrahams)?

This is our first week back after the conference recess, and there have been no votes. The first was scheduled for the Opposition day yesterday, but the Government conceded the Opposition's motion, which basically asked for Parliament to be sovereign. We want our sovereignty back. That was all that was being asked for—making Parliament sovereign in any negotiations that affect the British people.

The referendum posed a simple question: in or out. It did not cover immigration, and it did not cover the single market. All that has to be negotiated and put to the British people through their elected representatives. The great repeal Bill, which will feature in the next Queen's Speech, will deal only with the incorporation of EU laws in domestic law. May we have a debate in Government time on the framework of the negotiating stance, given that there are only five months—and 170 unanswered questions—before article 50 is invoked?

I know that the Leader of the House is keen to restore Parliament's reputation. On Tuesday, he will have seen Parliament at her best—as will you, Mr Speaker, when you were in the Chair—and I am sure he will agree with me that it was incredible to see members of all parties present petitions as part of the Women Against State Pension Inequality campaign for fair transitional arrangements, led by my hon. Friend the Member for Worsley and Eccles South (Barbara Keeley). My hon. Friend the Member for Wirral South (Alison McGovern) put the figure at roughly £2 billion. Given the strength of feeling among all our constituents throughout the United Kingdom, may we have a statement to do justice to the WASPI women?

May we also have a debate on the report "The Good Parliament" by Dr Sarah Childs, which recommends making Parliament user-friendly to men, women, families and those with disabilities, and could that debate be consolidated with the debate that is to be held on restoration and renewal?

You will have noted, Mr Speaker, that peace has broken out—in Colombia. I congratulate its President, Juan Manuel Santos, on a hard-won peace, and on his Nobel peace prize. We look forward to his visit on 1 November.

The Prime Minister said yesterday that she was speaking for the British people who voted to leave. Well, that amounts to just 51.9%, because 48.1% voted to remain and 28% did not vote at all. If the Prime Minister is representing only 51.9%, my colleagues—each and every one of them, with their talents and skills—are ready to serve all the British people.

Mr Lidington: I warmly welcome the hon. Member for Walsall South (Valerie Vaz) to her new responsibilities. I am sure that she will bring to the role the wit and good humour, as well as the commitment to the House, that we have grown to expect of her during her time here. Let me also thank and pay tribute to her predecessor, the hon. Member for Newport West (Paul Flynn), for his service. He is the living embodiment of the principle that age is nothing but a number. Throughout his parliamentary career, he has continued to express his views, and to speak on behalf of his constituents and his party, with all the passion and commitment that brought him into politics in the first place.

The hon. Lady made various points about work and pensions matters. The Government will, of course, respond in the way that they normally do to petitions that Members present to the House, and Members in all parts of the House will have an opportunity to put questions to DWP Ministers about their responsibilities as early as next Monday, when DWP questions will take place.

I think that the hon. Lady tempted providence slightly when she talked about honeymoons. I have yet to see the Leader of the Opposition's honeymoon even begin, let alone end.

I am sure that Members on both sides of the House will have sympathy for the hon. Lady's call to restore our Marmite. The best advice I can give her, in relation to her email correspondent, is to advise Jeremy that a number of own-brand yeast extracts will be available during the current commercial dispute between the wholesaler and the retailer, and I am confident that in an area such as Islington there will be a wealth of traditional and organic alternatives available to the discerning customer.

I shall now touch on some of the other points that the hon. Lady raised. I shall take back and reflect on the points she made about a debate on the Childs report, "The Good Parliament", and whether it would be appropriate to link that to the debate that we are going to have on the restoration and renewal report in due course. I know that the Select Committee on Women and Equalities is looking into the implications of "The Good Parliament" report as part of its own work at the moment. The Chancellor of the Duchy of Lancaster, my right hon. Friend the Member for Derbyshire Dales (Sir Patrick McLoughlin) and the Leader of the Opposition gave evidence to that Committee on some of those matters earlier this week.

The hon. Lady raised questions about foreign workers. The position on this is perfectly clear. The Government have made it plain that there is no question of naming individual employees or trying to shame companies, but it is not unreasonable for the Government to go out to consultation—which is what is being planned—on whether firms should be asked to supply evidence about the proportion of their workforce that is made up of workers from outside the UK. For one thing, that might be a way of providing independent evidence about labour shortages and informing the Government's approach to what we and British industry might do address that issue. This system already operates in the United States of America, after all, so I do not think that a consultation of that sort is unreasonable in the way that she suggests.

The hon. Lady also asked about European matters. The Secretary of State for Exiting the European Union, my right hon. Friend the Member for Haltemprice and Howden (Mr Davis), said yesterday during his speech, and I reiterate today, that we will make Government time available for debates on the European Union on the Floor of the House. At the moment, we are considering exactly when that will happen and what form those debates might take. I was glad that the Opposition accepted the Government amendment yesterday, but before the hon. Lady gives lectures on democracy, she really needs to have a word with some of her shadow Cabinet colleagues. I yield to no one in my open support for the remain cause during the referendum, but if we are democrats, we have to accept the outcome. It remains the case that, as recently as 11 September, the shadow Foreign Secretary, the hon. Member for Islington South and Finsbury (Emily Thornberry), said on "The Murnaghan Programme" that that was not enough. She said:

> "I think that we have to have some form of democratic, an injection of democracy in some way…I think we need to go back to the British people in some way".

[Mr Lidington]

That is at odds with the message that came from the Opposition Front Bench yesterday about the Opposition accepting the referendum outcome, whatever view any of us took during the campaign. So I hope that we will see greater consistency from the Opposition in future.

Mrs Cheryl Gillan (Chesham and Amersham) (Con): May we have an early debate on gravy trains? That would give us the opportunity to look at the latest jobs on offer at HS2, namely the position of chief executive, which will pay between £700,000 and £800,000 a year, and posts for four recent graduates, which offer salaries of up to about £30,000. Those graduates would be required to

"write the story of HS2 from inception to the present day".

I do not know whether the Leader of the House and the Speaker would agree with me that our constituents would not consider that a good use of taxpayers' money. What success has the Leader of the House had in persuading HS2 and the Department for Transport that spending money on writing their version of "Thomas the Tank Engine" is not exactly enhancing their reputations?

Mr Lidington: When this report reached Transport Ministers, they immediately issued instructions to cancel the advertisement and approach this matter in a different way. Undoubtedly, there are lessons to be learned from the history of HS2 up till now, but my right hon. Friend will share the view of the Transport Secretary that the approach that she has described was not the best use of taxpayers' money.

Pete Wishart (Perth and North Perthshire) (SNP): I thank the Leader of the House for announcing the business for next week. I warmly congratulate the hon. Member for Walsall South (Valerie Vaz) on her appointment. She comes to her position as a well-liked and respected individual, and I certainly look forward to working with her. I wish also to pay a short tribute to the hon. Member for Newport West (Paul Flynn). To go from two jobs to no jobs is pretty callous, so let us get a petition together to get the hon. Gentleman restored to the Front Bench. The hon. Member for Walsall South is the fourth shadow Leader of the House in my short tenure here. I hope that her position is a little more durable than that of some of her illustrious predecessors.

Who would have thought that the first casualty of this hard Brexit would be the nation's supplies of Marmite? The catastrophic collapse in the pound has led to an unseemly spat between Tesco and Unilever, which seems to suggest that even our supplies of PG Tips might be threatened. As I was sitting around with a morning brew, I thought that perhaps it was time to reconsider and rethink this plan for a full English Brexit. Perhaps we could consider a more palatable continental Brexit instead.

We need an urgent statement about the position of European nationals in this country. A number of my constituents who are EU nationals are getting increasingly anxious and concerned about some of the anti-immigrant, xenophobic rhetoric that has emerged from the Conservative party in the past few weeks. They want to be reassured that their status is secure. All this talk about lists, closed or not, and about having their position in this country relegated to little more than bargaining chips, is setting off all sorts of alarm bells.

We learned next to nothing about the Tory Brexit plans yesterday, other than the fact that it is the hard right of the Conservative party who are now in charge of the agenda. I support the calls to have full debates on this matter. We owe it to our constituents to ensure that they are properly consulted and involved in the process. I am grateful to the Leader of the House for announcing that further details will be forthcoming. Perhaps he could tell us a little bit more about them just now.

It is great to be back after the conference recess. The reason that I cut such a lonely figure on these Benches this morning is that our conference actually starts today, which makes the idea of a conference recess almost totally pointless. Will the Leader of the House have another look at this again? If we are to have a conference recess, can it please include all the main parties of this House or none of them at all?

Mr Lidington: I will certainly take on board the hon. Gentleman's last point about party conferences, although, as he will know, all parties fix the dates and book the venues of their conferences several years ahead, so this is not something on which I can offer hope of change in the immediate future.

On his serious point about EU nationals living in the United Kingdom, I will respond by saying two things. First, people who have come lawfully from other European countries and who are living here, working here and contributing to our society in many different positive ways should be both welcomed and respected. We should have no truck whatever with xenophobic language let alone with tolerance of some of the appalling instances of abuse or even physical attacks that we have seen. Those should be deplored and condemned by people from all political parties, and by people who were active on both sides of the referendum campaign.

Secondly, my right hon. Friend the Prime Minister has made it clear more than once that her objective is to secure an agreement that enables people who are already in the United Kingdom lawfully to remain after we leave the EU. She would be keen to get agreement on that at an early stage of the exit negotiations. The only thing that we can see that would stop that happening would be if, for some reason, it were not possible to persuade the other 27 countries that British citizens on their territory should not be accorded similar rights. It ought to be in everyone's interests to settle this definitively and early on, and I hope that we are able to achieve that.

I do not want to dwell too much on Marmite; I am sure that there is as much appetite for that product in Scotland as there is anywhere else in the United Kingdom. I simply note that, on the information that I have been given this morning, the ingredients of Marmite are not imported into the UK but are manufactured and supplied here. It is probably not for the Government to intervene in what seems to be a dispute between two commercial companies.

Dr Julian Lewis (New Forest East) (Con): The Government have done extremely well in making their announcement about the disapplication of aspects of the European convention on human rights from the

battlefield in future conflicts. This has been welcomed by hon. Members on both sides of the House, not least by my hon. and gallant Friend the Member for Plymouth, Moor View (Johnny Mercer) who, with fellow members of the Defence Sub-Committee and other hon. Members, has focused attention on this important issue in a tremendous campaign. When will the Government make further announcements, not about protecting people in future conflicts, but about protecting people who currently face pursuit in the courts over past and present conflicts?

Mr Lidington: Following the statement made by my right hon. Friend the Defence Secretary a few days ago, the Government, led by the Ministry of Defence, are actively looking at the measures that we would need to take to give effect to this policy. Legislative change might be required, in which case we shall have to prepare such legislation and bring it forward as early as we can, when there is an appropriate legislative opportunity.

Ian Mearns (Gateshead) (Lab): I thank the Leader of the House for the business statement and the news that next week we will be debating British Home Stores and the impact on its former work force. There will also be a general debate on industrial strategy, which is long overdue. I thank the right hon. Gentleman for notice that Thursday 27 October will be a full day for Backbench Business Committee debates; we had understood that it would be a part day.

May I ask Members bringing applications to the Committee for specific dates to give us a number of weeks' notice? This afternoon, for instance, we have a debate on baby loss, which has been secured with the advance agreement of the Leader of the House, but we were able to do that only because we had advance notice. This week, of course, is baby loss awareness week.

Members may have noticed that the occupation of these particular Benches has been a bit thin in the past few weeks, and this week in particular. It is because my hon. Friends the Members for Easington (Grahame M. Morris) and for Blyth Valley (Mr Campbell) are both undergoing treatment as they battle their illnesses. I wish them, on behalf of the House, a speedy recovery.

Mr Lidington: On behalf of the Government and my right hon. and hon. Friends, I join the hon. Gentleman in wishing a speedy restoration to health to the hon. Members for Easington (Grahame M. Morris) and for Blyth Valley (Mr Campbell).

I am grateful to the hon. Gentleman for what he says. We always try to give as much notice as possible to him and his Committee. I should issue a word of caution about Thursday 27 October, however. The Government's current intention is that half a day will be allocated to the Backbench Business Committee. As I said in my statement, the business for that week is provisional at this stage; I will be able to speak with much more certainty next week.

Amanda Milling (Cannock Chase) (Con): Given that I was born and brought up in Burton upon Trent, I feel that I should be talking about Marmite—after all, that is where it is made—but I am going to talk about buses. In July, I supported Arriva's "catch the bus" week. Only a matter of weeks later, Arriva announced that it was axing services, including the No. 3 bus to Norton Canes, leaving elderly residents who are reliant on that service completely cut off and unable to catch a bus. May we have a debate in Government time about the importance of bus services to the health and wellbeing of elderly residents?

Mr Lidington: My hon. Friend is a fierce champion for the communities in her constituency on bus services, as on other matters, and I hope that she will have the opportunity to make her case directly to Arriva, as the local bus provider, and to the relevant local authority about whether it can provide any kind of subsidy to bus services that are essential socially, but that are not viable in strictly economic terms. The Government want a diverse mix of public transport provision—bus and rail services, and other kinds—and I am sure that if she wants to put her case in detail to my right hon. Friend the Secretary of State for Transport, he and his team will look carefully at the concerns that she expresses.

Derek Twigg (Halton) (Lab): The Care Quality Commission has said today that it is becoming concerned about the fragility of the adult social care market, with evidence suggesting that it might be approaching a tipping point. May we have an urgent debate about the crisis in social care funding? Only on Tuesday I raised with the Secretary of State for Health the fact that local authorities must be properly funded for social care.

Mr Lidington: All hon. Members, on whichever side of the House they sit, certainly understand the importance to their constituents of ensuring that NHS services and local authority social care are organised and managed in a way that looks to the constituent—to the client or patient—first of all, and that budgets are organised and commissioning takes place to try to ensure there is as much support for the needs of the individual as possible. I had the chance this morning to look briefly at the Care Quality Commission's report. What struck me was that it says that 72% of adult social care services, 87% of GP practices and 56% of the core services of NHS hospital trusts have been rated as either good or outstanding. It does point to challenges that need to be addressed and argues that less-well-performing authorities need to learn from the experience of those that are more successful. It seems to me that the commission is doing its job as an independent inspectorate, but what it has actually found is that the quality of care that most people receive in this country is very good.

Oliver Dowden (Hertsmere) (Con): Constituents in Potters Bar, Borehamwood and Radlett in my constituency rely on Govia Thameslink railways. They are used to endless excuses for its lamentable performance, but the company reached a new low yesterday, when we discovered that it is cancelling trains if it discovers graffiti that it deems offensive. Does the Leader of the House agree that that is completely absurd? Is there some mechanism for the House to convey to the company that its first priority should be getting passengers to work and home on time?

Mr Lidington: My hon. Friend is clearly campaigning very hard on behalf of his constituents. Some years ago, I used to live quite close to his constituency, so I am well aware of the importance of those commuter rail services

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to the people whom he represents. I suggest that his message to Govia should be to encourage it, yes, to put the need to provide for passengers first, but also to work more closely with its cleaning contractors and the transport police to ensure that trains are cleaned of offensive graffiti in a timely fashion and that the people responsible for the graffiti are identified and brought to justice.

Mr Speaker: I think that the Leader of the House went to school in Elstree, if memory serves me correctly.

Keith Vaz (Leicester East) (Lab): May I join the Leader of the House in congratulating the shadow Leader of the House on her appointment? It has taken her only six years to get to the Front Bench; I am still in the same place I was 29 years ago. This is also my first opportunity to congratulate the Leader of the House on his appointment. I first met him 40 years ago, and indeed may well have voted for him to be chairman of the Cambridge University Conservative Association all that time ago.

Last week, 140 young Yemenis were killed in Sanaa, when bombs fell on a funeral cortège. Last night, Houthi rebels fired at warships owned by the Americans in the gulf of Aden. The situation in Yemen is deteriorating. We had an important debate on Syria that was well attended in the House and granted by you, Mr Speaker, but we must not allow Yemen to be the forgotten conflict. When can we have a full debate on the situation in Yemen, before it gets even worse?

Mr Lidington: I am grateful to the right hon. Gentleman for his kind words. I think that somewhere in my loft I have the programme card that lists him as a CUCA college secretary at some distant date in the past. He raises a really serious subject. Yemen is too often overlooked as we focus on the appalling situation in Syria. As he will, I think, know by now, he has obtained an Adjournment debate on Yemen on 18 October, which will enable him to raise some of these matters, and we have Foreign and Commonwealth Office questions on 18 October, too, which will enable him and other colleagues to raise these matters with the Secretary of State and Foreign Office Ministers. I completely share the right hon. Gentleman's view that the Government need to continue to do all that they can to help to support the UN special envoy for Yemen and his valiant efforts to establish a credible peace process, and to devote a decent slice of our humanitarian aid budget to helping people in desperate need in that country.

Sir Edward Leigh (Gainsborough) (Con): The Leader of the House will soon bring to the House a debate on the full decant of Parliament from the Palace of Westminster. He knows my views—I question the proposal—but that is not important; what is important is that we get a range of options. Will he consider, when he brings forward the debate, having not just one nuclear option—that we all leave for six years—but a range of options? For instance, one option could be that we start the work now, during the summer breaks, and we do so from 20 July to 12 October, either by abolishing the September sitting or, if that is not possible, holding it in Edinburgh, to buttress the Union, or Belfast or Cardiff. May we please have a full range of options? Sometimes in life, a Marmite solution that one loves or hates is not the best solution; sometimes a more nuanced approach is a better way of doing things.

Mr Lidington: As I said earlier, there will be, as recommended by the Joint Committee on the Palace of Westminster, a debate and decision by this House, and separately by the House of Lords, on the proposals in the Committee's report. I am giving thought to the precise wording of the motion to be tabled. Whatever the form of words used, the motion will be, subject to your ruling, Mr Speaker, capable of amendment. I am sure that hon. Members of all parties will want to look at the motion and see whether they want to change it in any way.

I hope that hon. Members take the time to read the Joint Committee's report. It is a completely cross-party Committee. It spent a lot of time on the subject and interrogated a lot of witnesses before reaching its recommendations, and the House owes it to colleagues who served on the Committee to look seriously at the arguments and evidence that it has presented.

Mr Ben Bradshaw (Exeter) (Lab): The Leader of the House just put a very complacent gloss on the Care Quality Commission report. This is our independent health and social care regulator. The report is devastating. It contains an explicit request, which is unprecedented from the commission, for urgent funds for social care now. That follows exactly the same call by the person whom the Government appointed to lead the NHS, Simon Stevens. When will we get an emergency statement from the Secretary of State for Health on what he will do about our collapsing health and social care sector?

Mr Lidington: I take issue with the right hon. Gentleman's description of my earlier response. I not only had a look at the report this morning, but listened to the chief executive of the commission speaking on BBC radio, and it was he who said that the key lesson was that best practice needed to be copied by those authorities and NHS areas that were not delivering the best quality service at present. My right hon. Friend the Secretary of State for Health will, of course, want to consider very carefully and urgently the views expressed in the Care Quality Commission's report. I am sure he will want to make clear to the House in the relatively near future his view on its recommendations, and there will be opportunity at Health questions or otherwise to put questions to him.

Mr Andrew Turner (Isle of Wight) (Con): In East Cowes, as well, no doubt, as elsewhere, the Homes and Communities Agency appears to have forgotten that its brief includes delivering much-needed business premises as well as homes, thus threatening economic development and island homes. Will the Leader of the House consider scheduling a debate on this issue?

Mr Lidington: I cannot promise a debate in Government time, but my hon. Friend has been in the House long enough to know that there may be opportunities by way of Adjournment debates or questions to Ministers that enable him to speak up on behalf of his constituents.

Karin Smyth (Bristol South) (Lab): Figures show that one in five of my constituents are over-indebted, which is why I am bringing the Money Advice Service to Bristol South tomorrow to meet other local debt advice

services and support them. May we have a debate on problem debt to help us to understand the Government's position and their strategy for addressing this serious issue for working people?

Mr Lidington: We all have constituents who have benefited from debt advice, which is not always best provided by an agency that has "OHMS" stamped all over it. It is sometimes better provided through a voluntary organisation that is able to engage with people in a less rule-bound way than is usually the case with even the best-intentioned Government agencies. I will take back to my hon. Friends with ministerial responsibility the concern that the hon. Lady has expressed and ask the relevant Minister to write to her directly.

Tom Pursglove (Corby) (Con): The National Citizen Service provides incredible opportunities for young people in Corby and east Northamptonshire, ably led by Nigel Anderson and his team at the University of the First Age. With the very welcome news that David Cameron is to take a greater role in the NCS programme going forward, may we have a debate next week on the terrific opportunities that that provides for young people across our country?

Mr Lidington: That is a cause that David Cameron championed during his time as Prime Minister and I am delighted that he is continuing his association with the cause afterwards. As my hon. Friend will know, earlier this week the Government introduced the National Citizen Service Bill, which will put the NCS on a statutory basis for the first time.

Steven Paterson (Stirling) (SNP): Yesterday I attended an event organised by the Gun Control Network to mark the 20th anniversary of the implementation of measures for gun control following the Dunblane tragedy. Measures brought in at that time have made an enormous difference and have undoubtedly saved many lives. However, regrettably, people are still dying from gun use and gun ownership, and too often that is caused by licensed firearms. May we have a statement from the Government on their plans to continue to combat gun crime?

Mr Lidington: I know that the Home Office is looking at the legislation governing gun dealers, and that may go some way to address the hon. Gentleman's concerns. It is right that we remind ourselves that police forces have an important responsibility to ensure that people who hold firearms licences legitimately store guns and ammunition in a secure and safe fashion, and that they are fit and responsible people to have such licences.

Mr Peter Bone (Wellingborough) (Con): The Government have a policy of closing old Victorian prisons and replacing them with modern ones. Wellingborough prison, which is a reserve prison, is a modern one. May we have a statement next week from the Secretary of State for Justice on how that policy is working and, in particular, on what is happening to Wellingborough prison?

Mr Lidington: My hon. Friend will want to talk with the Prisons Minister about Wellingborough prison, but I am sure that the policy is the right one for our right hon. Friend the Secretary of State to be pursuing. Not only are more modern prisons more cost-effective than maintaining prisons on what has become very valuable inner-city real estate, but they provide conditions for prisoners that are more secure and humane than those in the old-fashioned, Victorian prisons, which in some cases have lasted for far too long.

Paula Sherriff (Dewsbury) (Lab): Many constituents have contacted me recently regarding visitor visa refusals for close relatives who want to visit their family. Most unsuccessful applicants have travelled to the UK previously on a visitor visa and ensured full compliance. May we have a debate in Government time so that we can look into the issue and find out why we appear suddenly to be having many more refusals, which are largely unexplained, than we did in previous years?

Mr Lidington: Those of us who deal with a significant amount of immigration casework in our constituencies will know that it is quite difficult to generalise about cases when the quality of evidence varies greatly. From my experience, I advise my constituents that it is really important to have the audit trail of evidence to show that there is a previous pattern of sticking to the terms of visas that have previously been granted, and also the best possible documentation to show that a potential visitor has good reasons to return home afterwards, such as family or job reasons.

Sir Desmond Swayne (New Forest West) (Con): The late Eric Forth used to have a description for early-day motions, but there is insufficient chastity in language to repeat it without offence. Nevertheless, may we have a statement from my right hon. Friend on the wholesale abuse and trivialisation of EDMs, not least by the Scottish National party?

Mr Lidington: My own view is that early-day motions are an overrated currency. I was somewhat surprised to see reports this morning that Scottish National party Members have been spending so much time tabling early-day motions, and on subjects ranging from Christmas trees to the anniversary of the first screening of "Star Trek". They need to be a little careful, because a number of us are coming to the conclusion that they do not have enough work to do, and I think their constituents would be somewhat shocked to find that out.

Mark Durkan (Foyle) (SDLP): I welcome the shadow Leader of the House to her post and acknowledge her reference to the peace in Colombia and the forthcoming visit by President Santos. In that context, will the Leader of the House ensure that he and his colleagues, who have in very valid terms ruled out a second referendum here, do not mistranslate that message, given the particular challenges in Colombia, because a second referendum might well be what they need following the national dialogue and other negotiations now in train?

Mr Lidington: As the hon. Gentleman knows, we have, for a long time and under successive British Governments, supported the efforts to try to bring about an end to the appalling conflict in Colombia. We welcome the courageous work President Santos has done to try to reach that agreement, and British Ministers are certainly not going to, in any way, seek to tell the

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President of Colombia how he should proceed in setting the final seal on an agreement that we all hope will endure.

Philip Davies (Shipley) (Con): Can we have a statement from the Secretary of State for Justice on the policy of allowing prisoners out to spend time with their families at Christmas? It seems from an answer to a parliamentary question that 973 prisoners were allowed home to spend time with their families last Christmas, including 61 murderers. I would have hoped that it went without saying that the victims of those murderers will never be able to spend Christmas at home with their families again. The Government might reflect on what the families of those victims must think when those murderers are allowed out to enjoy a family Christmas at home, when the victims will never have that experience again. The Government might tell prisoners that if they want to spend time at home with their families at Christmas they should not commit the crimes in the first place that get them sent to prison.

Mr Lidington: I will certainly draw the Justice Secretary's attention to the point my hon. Friend has made, but I would just add this: all but a very small number of prisoners are going to be released one day, either at the end of the sentence or on life licence. It is not unreasonable, in the context of people who are approaching the end of a sentence, to be looking at ways in which to make it possible for them to adjust to society outside prison and to earn a living, take family responsibility and, hopefully, pursue a better path at that point. Where my hon. Friend is absolutely right is that such a step needs to be looked at in the context of overall sentence planning, and should not be a way in which to soften the necessity for the punitive aspect of a prison sentence, which the public rightly expect judges and the Prison Service to see enforced.

Nic Dakin (Scunthorpe) (Lab): In response to the crisis in the steel industry, the Government produced some better procurement guidelines. It would appear that those have not yet reached the Ministry of Defence, which is using French steel to build Trident submarines. May we have a statement by the Business Secretary on how those procurement guidelines are affecting the steel industry in a positive way and how he will move the Ministry of Defence's marks up from E minus to alpha plus?

Mr Lidington: We do source British steel wherever possible, but in this case there was no viable UK bid for the specialised steel required for this particular part of the Successor submarine manufacture. Other stages of construction will include steel that British suppliers can support, and we expect them to take the opportunity to bid. As with every major Government procurement, we are working hard to ensure that, where we can, we source British steel. We expect about 85% of the BAE Systems supply chain for the new submarines to be based in the UK.

Jeremy Lefroy (Stafford) (Con): May we have a debate in Government time on long-term funding for health and social care and on the way in which we raise that funding? There was an interesting leader in *The Times* yesterday on that subject, which made some suggestions, but it is vital that we take the opportunity now to look at how things move forward post-2020, given the Government's welcome support up to that point.

Mr Lidington: It will be important, as we move towards 2020, to see the NHS making best possible use of the extra £10 billion the Government have allocated to it—£2 billion more than the NHS itself had requested—but also for the NHS to deliver on the internal reforms that the chief executive has said he intends and needs to carry out. I am sure my hon. Friend will find an opportunity to raise some of these wider questions about future funding with Health Ministers, either at questions or perhaps through a Westminster Hall debate.

Mr David Nuttall (Bury North) (Con): May we have a debate on the political and security situation in Kashmir? As my right hon. Friend will be aware, there has been a serious escalation in violence there in recent weeks, which is understandably a matter of great concern to those with a Kashmiri heritage not just in my constituency but right across the country.

Mr Lidington: My hon. Friend may well have the opportunity to raise this matter directly with the Foreign Secretary at Foreign and Commonwealth Office questions on Tuesday. I share his wish to see an end to the violence in Kashmir, which has continued for far too long. That will in the end depend on the readiness of the Governments of both India and Pakistan to hammer out an agreement with which they both feel able to live.

Paul Flynn (Newport West) (Lab): I offer warm congratulations to my hon. Friend the Member for Walsall South (Valerie Vaz), whose talents have at last been recognised. Her appointment guarantees that the exchanges between the shadow Leader of the House and the Leader of the House will continue to be a very welcome oasis of political restraint, good sense and good humour.

When can we debate the royal prerogative and the supreme duty of the sovereign to act in the interests of the nation when a Government start to act in their own interests rather than those of the nation? Now that there is a certain Brexit crisis ahead—and given that we should judge the value of the referendum on the basis that it was won by deceptions, exaggerations and lies from both parties—how will the Leader of the House handle the situation if, in the service of the nation and in the service of the will of the democratic majority of this House, a decision is taken to withdraw the royal prerogatives delegated by the sovereign? What will he do in such a situation, if the sovereign is acting in the service of the nation?

Mr Lidington: I do not want to say anything that could prejudice court proceedings under way today that touch on precisely the issues the hon. Gentleman raises. However, when I looked at the *Hansard* report of yesterday's debate, I found that the issues of prerogative powers and the rights of Parliament were aired at considerable length and I am sure that that will continue as we find other opportunities to debate the European issue in the months to come.

Martin Vickers (Cleethorpes) (Con): Services to my constituents provided by North East Lincolnshire Council may well suffer in the near future because the council has been forced to make safe and to maintain a listed building, to the tune of £2 million and rising, after the owners abrogated their responsibilities. Will the Government find time for a debate to consider whether legislative changes are required to avoid this happening again?

Mr Lidington: I cannot offer my hon. Friend a debate in Government time. If he would like to put some of the detail in a note to me, I will draw it to the attention of the relevant Minister in the Department for Culture, Media and Sport so that he can have a comprehensive response.

Liz McInnes (Heywood and Middleton) (Lab): Today is Secondary Breast Cancer Awareness Day. May we have a debate on the support given to people living with secondary breast cancer, given that Breast Cancer Care's campaign "Secondary, not Second Rate" has found that people living with this incurable disease face poor care, delayed diagnosis and a lack of information and support?

Mr Lidington: A half-hour debate on cancer diagnosis in Westminster Hall on Tuesday may provide the opportunity for an intervention, but the hon. Lady has done the House a service by reminding us of the importance of this issue. I am sure we would all wish to support the work the cancer charities are doing to highlight the importance of secondary breast cancer to ensure that that challenge is not overlooked, and that we would all wish to support both the research on causes and cures, and the work going on to support those who have to live with secondary breast cancer and their families.

Chris Davies (Brecon and Radnorshire) (Con): Given the Government's excellent support for keeping fit, healthy and active, may we have a debate on the possible closure of sports centres, such as the one in Knighton in my constituency, which provides fantastic facilities on a cross-border basis, but is sadly under the threat of closure by the local authority?

Mr Lidington: I am sorry to learn about what is happening in my hon. Friend's constituency. These decisions are sometimes a matter for the local authorities involved. If he will let me have the details, I will ask the Sports Minister to respond to him. He may also like to seek an Adjournment debate, where he can secure a ministerial reply in open session of the House.

Robert Flello (Stoke-on-Trent South) (Lab): I declare an interest as an affected resident. Many of my constituents, and hundreds if not thousands of people across the country, have had their summer ruined again. They cannot sit in their gardens and cannot even open their windows. Why? Wagons carrying rotten carcases, emitting a horrendous stench, travel up and down our roads and past people's homes. May we have a debate in Government time on the need for sealed wagons to control the stench that is given off by the rotten corpses of animals and other meat products, or should we bring containers of rotten meat here, because if it is good enough for my constituents to inhale, perhaps it is good enough for this House?

Mr Lidington: I am grateful to the hon. Gentleman for raising this matter on behalf of his constituents. I confess that it is not a subject with which I am familiar. It strikes me that it is likely to involve the responsibilities of a number of Departments. My advice to him is to look for opportunities to raise it with the relevant Ministers at questions or to secure an Adjournment debate, so that he can get a direct response from Ministers to the concerns his constituents are expressing.

Sue Hayman (Workington) (Lab): More than 65,000 people are employed in the British nuclear industry, and I am delighted that more than a fifth of that workforce are women. May we have a debate on the importance of the nuclear sector to our economy, particularly considering the looming energy gap, and on how we can support nuclear through continued investment in skills, infrastructure and the supply chain? It would be particularly pertinent, given the recent announcement on Hinkley Point C.

Mr Lidington: I very much welcome the hon. Lady's support for the nuclear industry. I share her view that nuclear has an important part to play in this country, as it already has in France, as part of the overall energy mix to ensure that we have supplies of fuel that are as clean as possible and reliable. The nuclear industry provides many opportunities for high-skilled and relatively well-paid employment, often in parts of the country where such jobs are very scarce indeed. Although I cannot promise her an early debate in Government time, I think her comments will have struck a chord with hon. Members in all parts of the House.

Danny Kinahan (South Antrim) (UUP): On Monday, there was a written statement from the Ministry of Defence on protecting our soldiers overseas from the legal process. The Chairman of the Select Committee on Defence today highlighted how we should be looking after our soldiers who are under that process. In Northern Ireland, we are just about to start a process for some people who are being hauled back, quite possibly for political reasons. May we please have a statement by Ministers from the three Departments together—Defence, Northern Ireland and Justice—to ensure that our servicemen are treated fairly?

Mr Lidington: Clearly, in all parts of the United Kingdom, decisions about individual prosecutions and court cases are rightly the province of independent prosecuting authorities. I am uneasy about the idea that Governments should intervene to either initiate or stop a prosecution that has been decided upon independently in that way, but I completely understand the point the hon. Gentleman makes. Pretty well everyone in the House will acknowledge the bravery over so many years of the servicemen and women who served in Northern Ireland. They were a line of defence for decent, law-abiding people of all communities in Northern Ireland against ruthless terrorism. I will draw his remarks to the attention of the Ministers he mentioned.

Simon Danczuk (Rochdale) (Ind): Walter Kershaw from my constituency is a world-famous mural artist. His work is exceptionally well received from Portugal to Peru, but that work needs to come back home. May we

[Simon Danczuk]

have a debate on what Arts Council England funding is available for projects such as Walter painting a mural in Rochdale town centre?

Mr Lidington: I cannot promise an immediate debate in Government time. It is quite an important principle that the Arts Council administers its budget at arm's length from Ministers; we do not want any suggestion that political sympathies might start to influence individual grant decisions made by Arts Council England or arts organisations elsewhere in the UK. But the hon. Gentleman has demonstrated again that he is a champion of the achievements of Rochdale in the artistic world as well as in many other areas of life.

Mrs Madeleine Moon (Bridgend) (Lab): Tom Weaver and Philip Loveday are two disabled veterans living in Bridgend. They decided to spend £1,500 of their own savings to buy lunch for citizens across the county borough of Bridgend. They wanted to carry out random acts of kindness for people because in living with their disability they had found great help and support in the local community. The local branch of Subway added another 500 meals, so we handed out 1,000 lunches. Given that this week we have discussed Brexit, Aleppo and the fall of the pound, may we have a Government statement on the importance of random acts of kindness in raising the spirits of us all and making this a great country to live in?

Mr Lidington: I welcome the hon. Lady's comments and add my unreserved congratulations, support and good will to her two constituents. It is the truth that in our constituency work every single one of us in this House comes across cases, such as the one she has described to us this morning, of the most incredible acts of selflessness and public spirit by our fellow citizens. Whenever politics is at risk of making us feel a bit low and depressed, those sorts of acts of kindness and generosity by ordinary, decent British citizens really warm the heart and make us have faith in this country.

Angela Smith (Penistone and Stocksbridge) (Lab): I am sure the House will join me in wishing Sheffield's very own Jessica Ennis-Hill all the best as she announces her retirement, and in congratulating Yorkshire—God's very own county, of course—on securing the world road cycling championships in 2019. Will the Leader of the House commit the Government to continuing to support the county as it works to make the most of this wonderful opportunity?

Mr Lidington: I am happy to endorse the hon. Lady's congratulations to Yorkshire, and will make sure that the Sports Minister is aware of her concerns about funding—I am sure that the Sports Minister will want to have due regard to the importance of the success of that event. Everyone in the House will want to thank Jessica Ennis-Hill for all that she has done, for her achievements in her chosen sport and for the inspiration she has given to so many aspiring young athletes, and women athletes in particular, in Yorkshire and far beyond in the UK.

Nick Smith (Blaenau Gwent) (Lab): Houmous and taramasalata are big business in Blaenau Gwent. Zorba Foods makes dips, employs more than 300 people and has a turnover of £50 million a year. However, the cost of its imported ingredients such as chickpeas has increased because the pound has dropped by nearly 20%. May we have a debate on Brexit and its impact on family food bills, because it looks like both breakfast and lunch are getting more expensive as our currency weakens?

Mr Lidington: We seem to be moving from toast and sandwiches through to pitta bread and dips. The truth is that when sterling falls, imports become more expensive but exports become cheaper. When sterling rises, it is the other way around. Companies of all types learn to plan and adjust for those currency risks. Currencies go up and down, fluctuating in value. If the companies in the hon. Gentleman's constituency are producing good, high-quality products in an efficient way, they should look forward to a successful future.

Jim Shannon (Strangford) (DUP): The increase in childhood cancers is alarming—it is some 40% in the past 16 years. Even given population growth, the increase is still 30%. That is down to things such as lifestyle, the environment, genetics, air pollution, pesticides and diet. May we have a debate on the increase in children's cancers, which are critical for each and every one of us in the House?

Mr Lidington: Nobody would dissent from the hon. Gentleman's view that any increase in incidence of childhood cancer should be deplored and that we should be active in seeking ways in which to prevent the occurrence of cancer, and to ensure early detection and effective treatment. I hope he will have the opportunity at Health questions in future or in an Adjournment debate to continue to highlight that important subject.

BILL PRESENTED

Criminal Finances

Presentation and First Reading (Standing Order No. 57)

Secretary Amber Rudd, supported by the Prime Minister, Mr Chancellor of the Exchequer, the Attorney General, Secretary David Mundell, Secretary James Brokenshire and Mr Ben Wallace, presented a Bill to amend the Proceeds of Crime Act 2002; make provision in connection with terrorist property; create corporate offences for cases where a person associated with a body corporate or partnership facilitates the commission by another person of a tax evasion offence; and for connected purposes.

Bill read the First time; to be read a Second time tomorrow, and to be printed (Bill 75) with explanatory notes (Bill 75-EN).

Backbench Business

Baby Loss

11.42 am

Antoinette Sandbach (Eddisbury) (Con): I beg to move,

That this House has considered baby loss.

It is an honour and privilege to open the debate, and I thank you, Mr Speaker, for giving us the use of your house to launch baby loss awareness week in Parliament yesterday, which is the first time it has been officially recognised. Parliament is helping to break the silence around the death of a child, which is the most devastating loss that can happen to any parent. Last year, when my hon. Friend the Member for Colchester (Will Quince) spoke in the Adjournment debate, neither of us was prepared for the huge response from parents who have suffered similar losses.

In the Prime Minister's recent speech, she spoke about tackling injustice where she found it. The sheer scale of child loss in the UK is an injustice, and one that is suffered by so many families year in, year out. Child loss is devastating for each family involved. I should like to outline the size of the problem facing parents, speak about what can be done to prevent loss on the scale we currently face in the UK, and finally talk about bereavement care and best practice to support parents through such a terrible time.

The major types of child loss include miscarriage, stillbirth and neonatal death, although the Department of Health needs to look at streptococcus B deaths, ectopic pregnancies and many other specialist areas such as multiple birth pregnancies.

One in four pregnancies will end in miscarriage. This is often a silent killer, one where parents receive very little support. Of the estimated 200,000 mothers and their families who are affected by miscarriage every year, many will suffer in silence and isolation. A woman has to go through three consecutive miscarriages before any investigation will be carried out.

Ms O'Sullivan, speaking of her experiences after four miscarriages, said:

"The lack of recognition for miscarriage often just serves to reinforce the flawed idea that somehow a pregnancy 'didn't matter', which increases the feelings of isolation".

She went on to say:

"The loneliness and isolation that miscarriage brings, and the way that it can affect other aspects of life—hopes, dreams, decisions about work—are so difficult and yet under-recognised. We need to demystify it and make it okay to talk about."

One parent I know wrote this to me:

"Before I even knew I was pregnant I developed a butterfly rash across my chest. My GP dismissed it as an 'allergic rash'. No blood test, nothing. When I miscarried 9 weeks later at 12 weeks, my GP cheerily said, 'Keep trying. Miscarriage is common at your age.' I was 37. No blood test. Feeling disheartened and dismissed I went onto a further two early miscarriages without even daring to call the GP and waste his time. At my fourth miscarriage, I started googling. I approached my GP again—could all this be due to my existing thyroid condition? 'Extremely unlikely' was the response. Again, no blood test, but a recommendation to quit my stressful job. I obliged. It was only at a routine annual hospital check-up with my thyroid doctor after my fourth miscarriage four years later that I heard, 'This sounds like Hughes syndrome, let's do a blood test.' St Thomas's hospital confirmed the diagnosis, but sadly not soon enough to save the baby I was carrying—my fifth. Happily, after proper treatment I became pregnant again, finally giving birth to a healthy boy on the eve of my 42nd birthday. After five miscarriages and five years of my life lost to hope and grief and hope again due to my GP's ignorance, I still feel cheated and, shame on me, a little bitter. I urge you please, give miscarriage the research, resources and respect it deserves."

This is just one example of why we need action to help us to find the root causes of miscarriage. I am pleased that earlier this year the first miscarriage research centre in the UK dedicated to preventing early miscarriage opened. That centre is working with Warwick, Birmingham and Imperial NHS trusts, as well as Queen Charlotte's. It is undertaking excellent research. I know that because my sister, who has had seven miscarriages, has benefited from its work. This year, she gave birth to baby Ella. I am thrilled for her.

The clinicians there, Dr Maya and the team, Dr Tom Bourne and others are doing ground-breaking work on the Genesis Project, looking at the issues around early miscarriage. As an example of how dedicated the staff are, the receptionists who had seen women walking in and out of Queen Charlotte's, organised for the first time, and in their own time on a Saturday, a multiple miscarriage support group. Clinicians and psychologists also attended in their free time. It has benefited a huge number of women. That learning has the potential to really help to support the work the Government would like to achieve in tackling our child loss rates.

In 2014, 3,245 stillbirths were recorded by Embrace UK. That rate is shockingly high for a high-income country. Even more frightening is the fact that the causes of 46% of stillbirths are unknown. This is devastating for families who want answers. It is also unacceptable in this day and age that more is not being done to identify and investigate the cause of death. When combined with neo-natal death rates, over 6,000 patients are suffering child loss every year. Feelings of isolation and loneliness are experienced by parents who suffer other forms of child loss. Data on tackling stillbirth in *The Lancet* rate the UK 114 out of 164 countries for progress in reducing stillbirth. Justin Farrimond, who engaged in the digital outreach debate organised by the House on Monday, put it this way:

"To the nurse that had a bad day, that didn't take correct measurements, that failed to notice a lack of growth, that chose not to look at previous records, that decided not to engage with the mother, that was instrumental in the loss of our baby—we don't want an apology—your actions were unintentional—we don't want you to lose your job, you need to continue in your post. In future we know you will be more careful, you will be a model nurse, because you will know what can happen if you have just one bad day. When you have lost a baby you don't want revenge, retribution, or compensation. You only want to be understood, and for it to never happen again".

That powerful quotation reflects what so many parents have said to me. They want lessons to be learnt. Most of all, they do not want it to happen to anyone else.

In order to achieve that, there needs to be better investigation of full-term stillbirth where no foetal abnormality is present. There needs to be greater willingness by medical staff to discuss the value of post mortems with parents, so that causes can be identified. There needs to be better and thorough investigation. Professor Cameron of the Royal College of Obstetricians and Gynaecologists has stated:

[Antoinette Sandbach]

"The quality of local investigations into cases of stillbirth, early neonatal death and severe brain injury occurring as a result of incidents during term labour must improve".

Nick Boles (Grantham and Stamford) (Con): My hon. Friend is making a wonderful, wonderful speech and I am very glad to be involved in this debate. I am here because of my constituent Rolf Dalhaug, who lost one of his twin sons, Thor, due to some mistakes during birth. He is particularly concerned that we should take on board the messages in the report to which my hon. Friend has referred about the importance of learning and reviews. I want to underline the point she is making and look forward to hearing the Minister say what we are doing to ensure that that happens.

Antoinette Sandbach: I am grateful for that intervention because it makes the point entirely.

Professor Cameron went on:

"Stillbirth rates in the UK remain high and our current data indicate that nearly 1,000 babies a year die or are left severely disabled because of potentially avoidable harm in labour. The emotional cost of these events is immeasurable…When the outcome for parents is the devastating loss of a baby, or a baby born with a severe brain injury, there can be little justification for poor quality reviews. Only by ensuring that local investigations are conducted thoroughly with parental and external input, can we identify where systems need to be improved. Once every baby affected has their care reviewed robustly we can begin to understand the causes of these tragedies."

The parents who engaged in the digital debate on Twitter earlier this week to raise their concerns about baby loss spoke of the need for third trimester scans and greater consistency of care during the pre-birth period, during labour and following the loss of an infant.

I want to move on to neonatal death. Mr Speaker, as you know, I spoke about my experiences with Sam last year. Parents from around the country wrote to me of their experiences, some dating back many years and others from more recently. One father told me about his son George. He wrote:

"On 7th November my wife and I were delighted when baby George came into our lives, but on the 5th January just days after the festivities our lives were rocked, when our beautiful baby boy passed away in his sleep. Nothing could have prepared us for the hopelessness and feeling of loss, each morning waking up wishing that it was just a bad dream. As we watch the seconds turn into hours, days, weeks and even months, things for us felt hopeless, it was only the knowledge that our other children needed us that kept us from drowning in self-pity."

George's father went on that, like other parents,

"I found everyone affected share similar experiences, all wanting to do something, all wanting to make a difference. This is probably why I still feel I should do more, and more is never enough. I am now putting my spare time into raising awareness of sudden infant death syndrome and raising money for charities".

Kevin Hollinrake (Thirsk and Malton) (Con): My hon. Friend is making an emotional and passionate speech. Two of my constituents, Annika and James Dowson, attended a reception yesterday that was kindly provided by Mr Speaker. They suffered the loss of their baby, Gypsy, who was stillborn in Scarborough hospital. Annika stayed on the maternity ward, with expectant mothers, listening in the most tragic of circumstances to babies crying. Following that, she started to raise money, putting her energies to good use. She raised £9,000 towards the funding of the £134,000 bereavement suite at Scarborough hospital. Does my hon. Friend agree that by directing their energies in such ways, parents can really make a difference to other people and gain support from each other in the process?

Antoinette Sandbach: I do agree. I had the pleasure of meeting Annika last year, following on from the speech in Parliament. I know that there are many parents like her who want to see some good come out of the loss. It demonstrates the importance of motivating those parents and allowing them to get involved. Very often, the Snowdrop suite at Scarborough hospital acts as a real reminder in memory of Gypsy.

Heidi Alexander (Lewisham East) (Lab): I congratulate the hon. Lady on securing the debate and on speaking in such a powerful and deeply human way. She is talking about parents' desire to see some good come from their loss. Does she agree that where failings have occurred, part of that critical process should involve NHS trusts communicating with parents on an ongoing basis about the actions and steps being taken to ensure that these tragedies are not repeated?

Antoinette Sandbach: I certainly do. The more open trusts can be and the more they can share information, the more we are likely to achieve reductions in baby death rates. We need that learning to happen in order to tackle what went wrong and why. Without openness, we will not have that.

Freedom of information requests that I submitted to every NHS England trust indicated that approximately 25% of maternity hospitals still do not have bereavement suites. I am aware that, because of the huge difference it makes to parents, the Government have done much to ensure that funding is available and that action can be taken to tackle the problem.

Jim Shannon (Strangford) (DUP): I congratulate the hon. Lady on bringing this matter before the House. We well remember the Adjournment debates to which she and the hon. Member for Colchester (Will Quince) contributed. One in four pregnancies end in loss, and every one of us in this House has seen the reality of that. My own mother had three miscarriages, as did my sister and one of my staff members. We want to take the opportunity to stand together with all those who have loved and lost a baby. We want to say to them, "We acknowledge the loss; we grieve with you; we pray for peace for your family." Does the hon. Lady acknowledge the importance of having someone with faith in the grieving suite and of the Church assisting?

Antoinette Sandbach: I know many good examples of that. I shall talk a little later about the Doncaster and Bassetlaw Hospitals NHS Foundation Trust, where a midwife together with the chaplain have developed the most amazing suite of resources to support parents. They have tailor-made the information available specifically for the loss that parents face—whether a miscarriage or a stillbirth—and it was all done in their own time, unpaid and unsupported. There is that level of dedication. For every area where there is bad practice, there are fantastic and dedicated clinicians, midwives and indeed chaplains, providing support to bereaved parents.

Like George's father, members of the all-party parliamentary group want to make a difference. We welcome the Government's commitment to a 20% reduction in stillbirth rates by 2020 and a halving by 2030 and the additional resources that have been put into the perinatal mortality tool. We are calling for some additional steps which we believe will help to deliver those targets.

The report that we launched yesterday identifies three key aims. The first is prevention. We need a sustained public health campaign that informs parents of the known risks. We know that parents of twins are three times more likely to suffer loss. Black and ethnic minority groups face much higher rates of stillbirth and loss. Mothers over 40, mothers living in poverty, and teenage mothers all have increased risk of stillbirth or neonatal death.

Liz Saville Roberts (Dwyfor Meirionnydd) (PC): I am most grateful to both the hon. Lady and the hon. Member for Colchester (Will Quince) for securing the debate.

A Dwyfor mother asked me to take the opportunity to express the depth of her feeling. She wrote:

"We don't just suffer the loss of a baby, we lose a toddler, a child, a teenager, birthdays, Christmas days, mother/father's days the list is endless as is the grief. The pain of losing a child never leaves you."

She also wanted me to say that she believes that a third-trimester scan would have made a significant difference in her case.

Antoinette Sandbach: I am very grateful to the hon. Lady for raising that point.

We know that information needs to be targeted at high-risk groups: messages about smoking during pregnancy, risks associated with obesity, and, of course, the importance of not sharing a bed with your baby, and of putting the baby back to sleep. The success of the Back to Sleep campaign, supported by the Lullaby Trust, has shown what can be achieved in reducing sudden infant death. We now need similar information campaigns in relation to stillbirth, Count the Kicks and reduced foetal movement. I welcome the additional steps being taken by the Department of Health—along with the major charities—to highlight avoidable risks, but it is vital for such messages to be targeted at the most at-risk groups in order to have the biggest impact.

Mr Jim Cunningham (Coventry South) (Lab): The hon. Lady has done a great service in raising this issue today. I have had letters about it, and I know that many others have as well. What she is saying is very informative to people such as me, who have not had this experience. What struck me particularly was her observation that one individual had had five or six miscarriages before anything actually happened about it. I found that very enlightening, as, I am sure, did many people outside the House.

Antoinette Sandbach: I think it is shocking. Miscarriage is one of the silent subjects. Other Members will probably speak about it, or will have had their own experiences.

The second key principle involves commissioning. We know that the knowledge and learning are out there. There are some inspirational NHS trusts, consultants, midwives and chaplains who have established best practice in hospitals. Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks has developed a stillbirth-specific integrated pathway. Doncaster and Bassetlaw Hospitals NHS Foundation Trust has introduced butterfly signs on maternity room doors to alert staff when parents have lost a baby, and has adapted its literature to ensure that they receive relevant information and advice. Abigail's Footsteps offers equipment such as cold cots to hospitals.

The work that is being done by many charities and dedicated healthcare professionals needs to be shared within the NHS to address gaps in the service when parents are effectively left to fend for themselves. That means that there needs to be better and more effective training for healthcare professionals. It is really not acceptable that such limited pre-qualification bereavement training—sometimes as little as an hour—is given to midwives, given the current stillbirth rates. There needs to be better pre-qualification training for them and also for sonographers and GPs, given the statistics.

There are a number of inspirational examples of good practice in the country, and this weekend they are being celebrated at the Butterfly Awards ceremony in Worcester. If Members have examples of good practice in their constituencies, they should consider nominating them for next year's Butterfly Awards, so that we can increase their prominence.

Alison McGovern (Wirral South) (Lab): I thank the hon. Lady very much for initiating the debate. If there is one thing that we can do in the House, it is break taboos, and she, along with other Members, has done that very successfully. Does she think that it is partly because of that taboo that the quality of training is so poor, and does she agree that the more we talk about miscarriage and baby loss, the better it will be?

Antoinette Sandbach: I certainly do. Baby loss awareness week has been running for 13 years, but we in this place need to ensure that it affects policy and delivers better outcomes, and that when outcomes do not change, we hold the Secretary of State and the Minister to account. I know that they have recognised the problem, but we will need to see a change in the figures by 2020.

Chi Onwurah (Newcastle upon Tyne Central) (Lab): I want to add my congratulations to the hon. Lady and also to express my intense respect and admiration for her moving and evidence-based opening to this debate. She mentioned the Butterfly Awards. Daddys with Angels, a charity that offers online help for those who have lost a baby, is campaigning for a day—15 October—to recognise baby loss, as well as raising awareness. Does she agree that that could help to make us more aware as well as helping those who have suffered to gain greater respect and understanding?

Antoinette Sandbach: October 15 is the international Wave of Light day, on which parents across the world will light candles in memory of their children. I believe that a lighthouse in Scotland will be lit up for the first time in many years in memory of lost children. I agree that if we talk about the issues and really drill down into the causes, we can start to change the figures in the UK. Key to that is raising the issues here in this place.

[Antoinette Sandbach]

Our final ask to the Secretary of State for Health and the Minister is for a bereavement care pathway for parents. That needs to involve an integrated support service, including counselling for parents following the death of a child. I am grateful that, as a result of the work of the all-party parliamentary group on baby loss and information obtained through freedom of information requests, the Department of Health has commissioned Sands—the stillbirth and neonatal death charity—to start developing such a pathway. It is clear that it will require clinical commissioning groups, GPs, local NHS trusts and healthcare professionals to recognise the need for these services and to support such a pathway, working together with the third sector.

Victoria Atkins (Louth and Horncastle) (Con): I join other Members in thanking my hon. Friend and my hon. Friend the Member for Colchester (Will Quince) for bringing this issue to the Chamber today. A mother and father living in my constituency had the nightmare of their baby boy passing away unexpectedly at home. The baby boy was rushed to the nearest hospital, which happened to be in a different region. The fact that the death was registered in a different region from the one in which my constituents live has caused them incredible problems, not least in accessing counselling and therapy. Does my hon. Friend agree that geographical and regional boundaries must not prevent grieving parents from getting the help that they need and deserve?

Antoinette Sandbach: I most certainly do. That is exactly the kind of bureaucratic barrier that needs to be broken down. My hon. Friend's example powerfully demonstrates the need to have a proper bereavement care pathway in place in every region. It should not matter where someone lives; everyone who needs such support should be able to access it.

Mr Jamie Reed (Copeland) (Lab): In relation to the integrated bereavement care pathway, does the hon. Lady envisage the same level of service for parents who have suffered bereavement post-hospital discharge as the service that parents would receive following a bereavement in their own home?

Antoinette Sandbach: I agree with the hon. Gentleman. It should not matter what kind of loss a person suffers; they should be able to access that bereavement care pathway whether it is inside or outside hospital.

Mrs Sharon Hodgson (Washington and Sunderland West) (Lab): The hon. Lady has been very generous with her time. Before she concludes her remarks, may I, as an officer of the all-party group, commend her and my fellow officers, including the hon. Members for Colchester (Will Quince) and for Banbury (Victoria Prentis), for breaking the taboo, as my hon. Friend the Member for Wirral South (Alison McGovern) has said? I also commend the hon. Member for Eddisbury (Antoinette Sandbach) for her bravery in bringing this important issue forward for debate in the House. My daughter, Lucy, would have been 18 this year. When I became an MP 11 years ago, I intended to raise the issue, but I never had the hon. Lady's bravery—I just wanted to commend her for that.

Antoinette Sandbach: I am very grateful to the hon. Lady for her words; I know how important this debate is to her. She has done important work in the all-party group in helping to set out these aims and this vision so that other parents can benefit from our experiences. We know that the energy and commitment of a number of brilliant charities could be brought together with NHS trusts to help deliver the care pathway that is so badly needed for parents such as the hon. Lady.

By breaking the silence and the taboo of talking about child death, the APPG, which is composed of parents who have suffered loss, hopes that the debate will lead to better scrutiny of what is happening in maternity units and primary care relative to child loss. We welcome the additional focus from the Government in this area, but there is more to be done if other families are not to suffer the same grief and loss as so many parents in the UK.

Andrew Bingham (High Peak) (Con): Will my hon. Friend give way?

Antoinette Sandbach: I am sorry, but I am about to conclude my speech.

The time has come to act and to see real change in the rates of child loss. I thank all the charities and the bereaved parents who have worked with us and whose expertise has helped to inform this debate. I know that other Members will have their own personal contributions to make.

Several hon. Members *rose—*

Mr Deputy Speaker (Mr Lindsay Hoyle): Order. Just before I bring in the next speaker, may I suggest that, although I am not imposing a time limit, we should aim to speak for no more than 10 minutes? In that way, everybody will have a fair speech time, and things will be equal across the Chamber.

12.12 pm

Vicky Foxcroft (Lewisham, Deptford) (Lab): I want to start by paying tribute to the hon. Members for Eddisbury (Antoinette Sandbach) and for Colchester (Will Quince) for securing this debate. This is probably the hardest speech that I have ever had to write and deliver.

This week has been a tough week, as I had never heard of baby loss awareness week but it has been all around me. There have been online discussions and commemorative badges, and we have a debate in the Chamber today. I have struggled in a debate with myself about whether I should contribute today, as it is such a personal issue, and whether I want to share my very personal experiences. The absolute truth is that I struggle to talk to my family and very close friends about this, but during the events of this week, I can see that a large focus is on people talking about their loved ones, supporting each other and making sure that, when needed, important issues are raised and addressed.

I thank all my friends who have come into the Chamber today to support me as they know how hard this is for me. I also want to apologise to my many friends who I have not told about this. It is not because I do not want them to know or that I am embarrassed; it is just because I find it so very hard to do so. Ever since I was elected, I have always said that I want to be the kind of

politician who is willing to share my experiences—not for therapy, but to empower others and to seek to change things for the better. Lewisham bereavement counselling service tells me that it has a two-to-four month waiting list, and that just is not good enough.

I guess that now is the time for me to talk about and pay tribute to my little angel, Veronica. When I was 16 years old, I became unexpectedly pregnant. At first, I was terrified and even debated having her adopted, but during my pregnancy something changed—I became so attached; I was excited; I was going to be the best mum ever. Me and my partner at the time named our baby girl Veronica. We could not wait to meet her. I went full term and was 10 days overdue, so they had to induce me. I was in labour for a long time. I was sick, tired and in a huge amount of pain.

Veronica's heartbeat was checked regularly and everything was fine, but once I was dilated, the staff checked for her heartbeat again and could not find it. This went on for about 20 minutes, checking with different machines because the staff were not sure whether the equipment was broken. Eventually, the doctor was called and I was rushed to the emergency room. I had to push, and forceps was used to get her out. The umbilical cord had been wrapped around her throat for the whole 20 minutes. She lived for five days, but we had to agree to the life machine being turned off. I got to hold her then for the first time until her heartbeat eventually stopped. She stayed alive for hours. I never wanted to let her go.

My baby awareness week is every year from 22 to 27 February—my five days of her being alive. She was never able to cry or to smile, but I loved her and I desperately wanted her. I still love her. She is always in my thoughts—all these years afterwards—even if I do not talk about her all the time. I do not not talk about her because I am embarrassed—I am not. It is because it hurts so much to do so.

After Veronica was taken from me, my coping mechanism was to chuck myself into college and work. I could not talk about it; my heart was broken. I do not have children now because I have lived with the fear of the same thing happening again, and I just could not go through it twice. I have to say that, as a young woman going through this, I felt as if most people looked at me as if I should be grateful—I was not and I am not. It felt like every organisation I dealt with gave me that same message. Every time I wanted to campaign to highlight the problems that led to her life being taken away so unfairly, I was treated like a kid, not a grieving mum. I was her mum. I also hoped that, one day, I would be her best friend. If she was alive today, she would be 23 years old. The pain does get easier to deal with over time, but it never ever goes away.

I really welcome this debate and genuinely pay tribute to Members for bringing it forward. I hope that, one day, no one else has to endure this pain. I want my experience to be heard by young women in my constituency and across the country who have been through this, or who may go through it in the future, and to just say to them, "You're not alone."

12.17 pm

Sir Nicholas Soames (Mid Sussex) (Con): I hope that the whole House will read the speech of the hon. Member for Lewisham, Deptford (Vicky Foxcroft) and feel that she has done something incredibly brave and courageous today. To my hon. Friends who have proposed this debate, I say that nothing but the greatest respect is due. To my hon. Friend the Member for Eddisbury (Antoinette Sandbach), who talked about this with such courage and straightforwardness, I say that all our thoughts are with her and all the other parents who have suffered these terrible losses.

I do not think that it is possible—having heard the hon. Member for Lewisham, Deptford I know that it is not possible—for anyone who has not suffered the unbearable tragedy of the loss of a child truly to understand the grief, the pain and the hopeless feelings that it must involve. I therefore warmly congratulate my hon. Friends the Members for Eddisbury and for Colchester (Will Quince) on securing this very important debate.

I will, if the House will allow me, speak about two issues. For the past 15 years, I have worked with a wonderful charity in my constituency that is very close to my heart and I greatly admire. I am patron of Group B Strep Support. I first became aware of the work of the charity in 2003 when its founder and chief executive, Jane Plumb—a remarkable woman—came to see me to raise the issue of group B strep. Jane and her husband, Robert, lost their middle son, Theo, to a group B strep infection in 1996 less than a day after he was born.

I learned that group B strep is the UK's most common cause of serious infection in newborn babies. It is the most common cause of meningitis in babies under three months, and also causes sepsis and pneumonia. It is truly shocking that on average in the United Kingdom one baby a day develops group B strep infection, one baby a week dies from group B strep infection, and one baby every two weeks survives with long-term disabilities. It is even more shocking that most group B strep infections in babies can and should be prevented. The parents of these precious babies and their wider family live with the consequences of their baby's unnecessarily horrible illness for the rest of their lives.

Matthew Pennycook (Greenwich and Woolwich) (Lab): The right hon. Gentleman will know of the case of my constituents Fiona Paddon and Scott Bramley, whose son Edward tragically died at just nine days old from a group B strep infection. As devastated as they were and still are, they have channelled their grief into campaigning work and on a petition that has reached almost 250,000 signatures. Does the right hon. Gentleman agree that there is an urgent need for more consistent and effective screening, and that the risk factor strategy by which we have assessed this infection to date has failed to reduce the number of instances and should be reviewed?

Sir Nicholas Soames: I certainly agree, and I am grateful to the hon. Gentleman for talking to me last night. I look forward to working with him on this terrible illness and to joining him to present the petition when it comes along.

I have to say to my hon. Friend the Minister of State—he is not only my hon. Friend, but a real friend—who will be responding to debate, that what I have to say is not meant in any disrespectful way to him, but I have what can only be described as "issues" with the Department of Health about this matter. I have made representations on the issue to Governments of both

[Sir Nicholas Soames]

complexions, and it has been an uphill, pretty unrewarding and generally lowering experience. Since the time of an Adjournment debate introduced by the previous Prime Minister, the former Member for Witney, on 9 July 2003, I have dealt with five Ministers, all of whom have promised prompt action and progress, all of which has been unacceptably slow, for reasons that I, the charity, the families involved and mothers to be would find pretty hard to understand in any objective examination.

The campaign has been pushing since 2003 for the enriched culture medium test to be made available, and I would like my hon. Friend to note that the Government committed to making the ECM test available on the NHS from 1 January 2014, following a meeting we had with the then Minister, my hon. Friend the Member for Central Suffolk and North Ipswich (Dr Poulter), and the chief medical officer in December 2012, only to make a complete U-turn on the decision in the final weeks of 2013. Despite these setbacks and the dismal pattern of indecision, I want to congratulate Group B Strep Support on all that it has achieved to raise awareness of this terrible, unnecessary infection since its founding in 1996, and to ensure that the issue is at least on the agenda among the key decision makers, even if they do nothing about it.

The charity has one overarching objective: to eradicate group B strep infection in newborn babies. To achieve that objective, which is frankly military in its clarity and precision, the charity informs and supports families affected by group B strep, educates the relevant health professionals and pushes for improvements. The charity has virtually single-handedly raised awareness of group B strep from virtually nothing to a position where one in 10 new and expectant mothers had heard of it in 2006, and five in 10 new and expectant mothers had heard of it in 2015. Amazingly, the NHS does not routinely provide information about group B strep as part of standard antenatal care, which makes that a significant achievement for a small charity. The charity has covered for an inexplicable shortcoming on the part of the NHS.

From the very start, Group B Strep Support has pushed for improvement to policy and practice, and it has done an extraordinarily good job. It is my view that the reason for the shortcoming is a fundamental disagreement between doctors, and we all know what that means. It is not clear to me why Ministers do not simply override this and order the test, which would save lives, and spare the tragedy and agony of those involved. I know that the Government say that they are committed to finding a way forward, but it is taking them a very long time to get there, and neither I nor the charity are one bit satisfied by the progress. When my hon. Friend the Minister winds up the debate, will he particularly mention group strep B and give us some hope that that cause will be considered?

The most wonderful young constituent of mine, an adorable girl aged 14 named Emily McStravik, came to see me at my surgery 10 days ago with her mother. Emily is a miracle child who survived two strokes at the age of 18 months. I shall be sending my hon. Friend the details of Emily's case and the wider case for dealing with childhood stroke, which needs to achieve greater prominence and understanding. Stroke is one of the top 10 reasons why children die, and an alarming number of children who have had a stroke are misdiagnosed or sent home. There is no greater honour or privilege that Members of Parliament can have than to raise on the Floor of the House a child's story and talk about her remarkable courage and survival. I would be grateful if my hon. Friend would examine carefully the information that I will be sending him from Emily and her family.

12.27 pm

Patricia Gibson (North Ayrshire and Arran) (SNP): I am deeply honoured to participate in this debate on an issue that could not be closer to my heart, and I am grateful to the cross-party group on baby loss for bringing this forward.

As we have heard, the loss of a baby is what every parent dreads. Those to whom it occurs are irrevocably changed for ever—their lives scarred by unspeakable tragedy. A year before I was elected, I had no notion that I would ever have the honour of being elected to represent the good people of North Ayrshire and Arran, but here I am, and because of my own horrific experience of stillbirth I feel profoundly that I should use that experience to help shine a light on this issue, which truly is the last taboo.

For too long, too many of those to whom this has happened understandably did not feel equal to the task of speaking out about this issue, and in turn those who have no direct experience of this issue simply do not know how to broach it and are often surprised to find out how prevalent stillbirth is across the UK. Around 3,500 babies each year across the UK are stillborn and another 3,000 die shortly after birth. To put this into context, that is around one baby every hour and a half, the equivalent of 16 jumbo jets crashing every year. It is inconceivable that this should continue. But it will, unless we remove the taboo and shine a light on this awful, awful phenomenon and do all we can for all the mums and dads of the future and all the babies yet to be born. It is sobering to think that in the course of this debate, somewhere in the UK two more little babies will have died, and two families will have been destroyed. It does not bear thinking about, but think about it we must. Yes, it is extremely difficult to talk about this, but we have a duty to all the babies who have been lost and a duty to all the bereaved parents who are struggling to put the pieces of their lives back together.

The fact is that, in Scotland, 34% of stillbirths are babies at the full term of pregnancy, and in England the figure is 33%. This is shocking, since medics at all levels will say that, barring some terrible freak accident, no baby who has survived a full pregnancy need die—not if proper monitoring and procedures are in place—yet such babies do die. In Scotland, some progress has been made in recent years to reduce the incidence of stillbirth, but we still do not compare favourably with our European neighbours. Across the UK, we still have a long way to go.

I know, as many others do, the horror of losing a baby. My baby, Kenneth, would have been seven years old this Saturday, the very day when we reach the culmination of Baby Loss Awareness Week—international pregnancy and infant loss awareness day—when we will see a wave of light for all our babies.

When children lose their parents, they are called orphans. When a husband loses his wife, he is called a widower. When a wife loses her husband, she is called a widow. When parents lose their child, there is no name for that. The reason that there is no name for it is that there are no words. It goes against nature. And in other loss of loved ones, all those who knew and loved them can share memories such as the last holiday, the last Christmas or the last important family milestone, but it is not like that with a stillbirth, so people understandably do not know what to say. How on earth could they? Sometimes, people are so keen to avoid saying the wrong thing that they say nothing at all. I have heard reports of women after a stillbirth seeing their neighbours cross the road to avoid speaking to them, such is the discomfort and anxiety about saying the wrong thing, because there is no right thing to say. There simply are no words; just a deafening silence and a terrible sense of being utterly isolated in consuming grief.

Like so many parents who have lost their babies, my husband and I are haunted by the loss of how we expected our lives to be after five years of fertility treatment. We are haunted by the potential wiped away so cruelly, so suddenly and so unexpectedly; haunted by the fact that it was completely avoidable; haunted by the fact that all this grief and sense of waste was because the Southern general hospital in Glasgow, now called the Queen Elizabeth university hospital, made a series of basic errors; haunted by the fact that that same hospital pulled the shutters down and for six and a half years refused to recognise that any mistakes were made at all and to this day has still not done so; and haunted by the fact that that same hospital, despite independent experts flatly contradicting it, insists that it did nothing wrong.

And this matters. It matters because this is an all too common story and demonstrates an unwillingness openly to engage in a learning process when mistakes are made. That shows the real culture—a fear even—of improvement if people cannot accept it when mistakes are made. How many parents must go through this horrific ordeal only to feel swept aside, ignored, dismissed and told, "It's just one of those things," as they try somehow to cope with the crushing weight of grief?

As we have heard already, bereavement care for parents is simply not good enough. Sands has done very important work in this field, and I want today to pay tribute to it. It understands the importance of listening to mothers' concerns. It found that 45% of the mothers it surveyed who had undergone a stillbirth felt something was wrong before any problems were diagnosed, yet too many of those women were told that their concerns were unfounded and sent home, only for their babies to die shortly afterwards. Antenatal care must be a collaborative process. Mothers' concerns must be paid attention to. Women know their own bodies.

We must have better monitoring of pregnancies, particularly those of women at risk of experiencing a stillbirth or neonatal death. The truth is that we are failing to identify many babies at risk. In addition, we must have more knowledge, data and research to help us to tackle this issue. The more we know about why our babies are dying, the more measures we can take to militate against it happening. It is very important that if mistakes are made—and remember that one in three stillbirths are at full-term babies—health boards and trusts should not investigate themselves. For investigations to be credible, they must be independent and carried out by people outside the situation. That is the right and proper thing to do to challenge the culture of secrecy.

Where it is believed to be merited, we should allow coroners in England to investigate stillbirths, so that errors in care can be addressed, where they have occurred. In Scotland, the equivalent would be a fatal accident inquiry. These are not straightforward or easy asks, but such an investment now will increasingly mean that, as expertise grows and intelligence is gathered, the need for such measures will necessarily decrease over time.

Mr Kevan Jones (North Durham) (Lab): Does the hon. Lady agree that local authorities need to take into account the registration of deaths? I have heard of cases where people have had to register deaths at the same place where people were registering births. That is most upsetting for those parents.

Patricia Gibson: Indeed. I take on board what the hon. Gentleman says. It is an extremely traumatic experience to register the death at the same place where people are registering births. That simply makes the experience much more traumatic.

In my own case, my notes recorded that I was asked if I wanted a post mortem performed on my son. My notes did not record who asked me this question, what information I was given, or when I was asked it. I was so drowsy on morphine in intensive care, since my liver had ruptured after my body tried for 48 hours to deliver my baby naturally and the hospital repeatedly refused to perform a caesarean section, that I have no idea if I was actually asked this question. Why was the conversation not properly recorded in my notes? It is all pretty suspicious and only feeds into the sense of cover up and evasion by hospitals in such circumstances.

I am delighted that we are finally putting this very important issue firmly on the political agenda, and that is where it must stay. For those of us inside the Chamber and those of us outside—all the grieving parents watching today—it is too late to save our little boys and girls. But there are other boys and girls—other people out there, thinking of starting their own families, for whom it is not too late. It is our duty to do all we can to ensure that those little boys and girls enter the world as safely as possible. It is our duty to commit ourselves to this cause for their sakes and for the sake of all the babies who have been lost but will never be forgotten.

12.37 pm

Will Quince (Colchester) (Con): It is an honour to co-chair the all-party parliamentary group on baby loss and a privilege to follow the hon. Member for North Ayrshire and Arran (Patricia Gibson), who is an active member of the group.

I should like to share some statistics, some of which have already been shared with the House, but repetition is important in this case, so that we have a real understanding of the scale. One in four pregnancies end in miscarriage. One in 200 babies are stillborn in the UK. About 15 babies die each day either before, during or shortly after birth in the UK. There are about 3,500 stillbirths every year in the UK. Half of all stillbirths

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are said to be preventable. The rate of stillbirth in the UK is higher than in Poland, Croatia and Estonia. The lives of 2,000 babies could be saved every year if the UK matched the best survival rates in Europe.

It is a great honour to follow all those right hon. and hon. Members who have spoken so far and shared such harrowing accounts of what has happened to them. In particular, I should like to praise—I do not want to appear patronising in any way—and to say how proud I am of the hon. Member for Lewisham, Deptford (Vicky Foxcroft), who is a good friend of mine, for giving her account in such a powerful and emotional way. I want to make it absolutely clear that I genuinely believe that we are doing something very special in the Chamber today. We are breaking a silence; we are breaking a taboo; and we are showing parents up and down this country that it is okay to talk about the babies and children we have lost. In fact, it is more than okay; where we feel that we are able to, we should. I hope that people across this country have seen today that there is no subject that we will not debate and talk about in the mother of all Parliaments if doing so will improve the lives of others.

Kevin Hollinrake: I congratulate my hon. Friend on securing this debate. On his point about inspiring people to come forward, what he describes is exactly what happened to Luke and Ruthie Heron, constituents of mine. Their son Eli was born after 23 weeks and six days. He lived for two and a half days further. Had he not lived those two and a half days, he would have been considered a miscarriage, rather than a short life. Grief cannot be measured in hours, days or weeks. Does my hon. Friend agree that we should reconsider the time criteria that determine when a life is considered a life?

Will Quince: Yes. I thank my hon. Friend for that contribution. The all-party parliamentary group is very much looking at that. He is absolutely right to say how important this is. There are people who have suffered what is currently termed a miscarriage when—let us be clear—we are talking about a life, a baby. However, because of our abortion laws and all sorts of other rules and regulations, we are not allowed to register that life and give that baby a name. We are certainly looking at that.

Mrs Hodgson: Lucy, my daughter, was born at 23 and a half weeks. Sadly, she did not live; if she had, she would have been rushed straight to the special care baby unit at the Royal Victoria infirmary. I always class her as a stillbirth, but officially it was put down as a miscarriage, and I was not given a death certificate, which was another trauma on top of the trauma I had already gone through. On paper, it was a miscarriage, but she was blessed by the chaplain while I was still in hospital, and we went on to have a funeral, which I felt was right; I had held her in my arms, and she was a fully formed baby. There is an anomaly that has to be addressed.

Will Quince: Indeed. I absolutely agree with the hon. Lady. Moreover, I thank her for the huge role that she plays on the all-party group, and played in its formation.

To come back to the point that I was making about the importance of today's debate, we are really lucky—I hope that all hon. Members agree—to have the best job in the world. We have a duty and responsibility to try to use our experiences—some great, some good, and some terrible—where we can to make the lives of others better. Through this debate, we would like to, in the fullness of time, reduce the stillbirth rate and neonatal death rate by 50% and save the lives of 2,000 babies. That is an incredible target to aim for.

Hannah Bardell (Livingston) (SNP): I congratulate the hon. Gentleman and other Members on being so brave and speaking out in this debate. In the spirit of sharing experiences, friends of mine who were due to have twins sadly lost one due to twin-to-twin transfusion syndrome. Does he agree that it is important that, in the aftercare for parents who have lost babies, we consider the very different nature of, for example, multiple births, and ensure that care is tailored appropriately in all circumstances?

Will Quince: Absolutely; the hon. Lady makes a very good point. I will mention that a bit later. Charities such as the Twins and Multiple Births Association do incredible work in this field; one of my hon. Friends raised that issue earlier.

Melanie Onn (Great Grimsby) (Lab): Following on from the point about mothers who experience late-term baby loss and the treatment that they receive in hospital, very often they are kept on maternity wards, which can be incredibly traumatic. The point was made about tailoring care and support for parents who lose their children. Is remaining on a maternity ward the most suitable option for them?

Will Quince: I thank the hon. Lady for that point, which I will come to in a moment.

Begging the indulgence of the House, I would like to share my experience, in the spirit of showing people outside the Chamber how important it is to talk about this, if we are able to. We found out at our 20-week scan that our son had a very rare chromosomal disorder called Edwards syndrome, a condition that is rather unhelpfully described as being "not compatible with life". We knew throughout my wife's pregnancy that the most likely outcome would be stillbirth, but our son was an incredible little fighter, and he went full term—over 40 weeks. He lost his life in the last few moments of labour at Colchester general hospital.

To pick up on the hon. Lady's point, Colchester has a fantastic hospital that has a specialist bereavement suite called the Rosemary suite, where we got to spend that really special time—including before the birth, because we knew what outcome was, sadly, likely. I got to stay with my wife; we got to stay there overnight; we had a cold cot, so that we could have lots of cuddles. We could continue, the next morning, to spend time with our son. I completely agree with the hon. Lady, which is why my hon. Friend the Member for Eddisbury (Antoinette Sandbach) and I had a debate in November last year on bereavement care in maternity units. Bereavement suites are so important. In this country, in the NHS, there should never be any excuse for a mother and father, or a mother, who have lost a baby to go back on a maternity

ward with crying babies, happy families and balloons; that is just not appropriate or acceptable. Having gone through that experience, I know that what people need is the peace and quiet to come to terms with the personal absolute tragedy that has just happened.

Keith Vaz (Leicester East) (Lab): I congratulate the hon. Gentleman, the hon. Member for Eddisbury (Antoinette Sandbach) and all others who have been involved with the all-party group. When my child died at term, 23 years ago, we did not have a bereavement suite in Leicester, although we do now. The issue is not just parents' ability to grieve and be with their child; it is also about getting expert help and counselling at that moment. My wife was told that she would never have children again after the stillbirth, but we had two children subsequently. It is so important to get that advice right at that time. Does he agree?

Will Quince: Yes, of course I agree. I will come to that point later. After the debate in November on bereavement care in maternity units, my hon. Friend the Member for Eddisbury and I were taken aback by the number of people across the country who got in touch and shared their stories with us. We sat down—this was during proceedings on a Finance Bill, so it was about 1.30 am—with the then Minister with responsibility for care quality, my right hon. Friend the Member for Ipswich (Ben Gummer), my hon. Friend the Member for Banbury (Victoria Prentis), who is not quite in her place, and the hon. Member for Washington and Sunderland West (Mrs Hodgson). We thought, "This is a far bigger issue than just bereavement suites. The whole subject of baby loss needs addressing." We were pretty surprised that there was not already a group looking at the issue.

The all-party parliamentary group was formed in February, and I am very proud of the work that we have done so far, working with amazing charities across this country. I cannot name some of them, because I would have to name them all. From large charities that do the most amazing work and fundraising, through to the groups made up of just a handful of people who get together in a local pub or village hall and knit really small pieces of clothing for babies who are premature and sadly stillborn, it means so much that so many people across this country want to play their part and make a difference.

I cannot let this speech go by without referring to the support of Mr Speaker, who is not in the Chamber at the moment, not just for this campaign, but in kindly allowing us to use his apartments for the reception yesterday, and during baby loss awareness week. Yesterday, which would and should have been my son's second birthday, he called me to ask a Prime Minister's question on this subject, and so raise the issue in front of millions of people and the country's media.

Mr Kevan Jones: I know that the hon. Gentleman does not want to name individual charities, but Sands does a great job. The point raised with me by Ashleigh Corker, a north-east co-ordinator who lives in my constituency, is that one of the most powerful things that Sands can do is put parents in touch with other parents—people who have gone through the same thing—so that they can share experiences. Does he agree that that is a very powerful thing to do? A lot of people can empathise with what parents are going through, but unless a person has gone through this themselves, it is very difficult to understand.

Will Quince: The hon. Gentleman raises an incredibly good point. In the run-up to birth, people can go to groups such as NCT and prenatal classes, so I totally agree. We have made friends who have gone through similar experiences. You feel that you can talk openly with them, because they have gone through very similar experiences and are feeling the same things as you. That is very powerful. There may be a role that charities and the NHS can play in putting parents—where they feel able—in touch with other parents who may want to talk about their experience.

I shall speak briefly about Government targets. I know that the Government sometimes get a hard time on the NHS, but they have accepted the premise of our argument. I remember first meeting my right hon. Friend the Member for Ipswich as Minister responsible for care quality—it was like pushing at an open door. We now have firm commitments to a reduction of 20% by the end of this Parliament and 50% by 2030. It is our job as an all-party parliamentary group to hold the Government's feet to the fire and to make sure that they are working towards those targets and that we start to see results.

I could not let this debate go by without talking about some of the issues that charities have raised with me. I shall touch on prevention and then talk about bereavement. Research in this area is vital. As my hon. Friend the Member for Eddisbury said, around 50%—in fact, the figure is 46%—of stillbirths and 5% of neonatal deaths are unexplained. We need to look, for example, at ethnicity and ask why south Asian women are 60% more likely to have a stillbirth, and why black women are twice as likely to do so. Why is there a geographical disparity across the UK? I know that part of the answer is social inequality, but why is the figure 4.9% in some parts of the UK and 7.1% in others? That is around a 25% variation. It is not acceptable and we need to understand why it exists.

We need to look at multiple pregnancies, as the hon. Member for Livingston (Hannah Bardell) mentioned from the Scottish National party Front Bench, and at lower income families. We need to study our European counterparts and see why they are getting it so right and whether we can implement similar measures in the UK.

Some right hon. and hon. Members have mentioned public health and they are right to do so. Maternal age, nutrition and diet, drugs, alcohol and smoking are all relevant. We could achieve a 7% reduction if no woman smoked during pregnancy. That is a huge target to achieve and we could do a lot of work on smoking cessation, especially during pregnancy. Studies show that we could achieve a 12% reduction if no mothers were overweight or obese.

There is a huge piece of work that we could do on empowering women and mothers-to-be. Initiatives such as Count the Kicks are important. Nobody knows their body as well as a mother. If she feels that there is something wrong, there is a good chance that something is wrong. When she picks up the phone to the hospital or to her GP and her concern is dismissed with the words, "Don't worry, it's not important," she needs to get it checked out. If there is nothing to worry about,

[Will Quince]

great, but on the occasions when we do not get a concern checked out and then something terrible happens, we have to hold ourselves responsible.

There are various initiatives to empower women. Teddy's Wish is currently sponsoring fantastic folders—as anybody who has had a baby will know, mothers-to-be get purple maternity notes which they carry around religiously just in case the baby comes early. The wonderful plastic folders that the maternity notes go in inform mothers—and fathers—what to look out for, what are the signs if something is not right, when to pick up the phone, when to go and see their GP and when to go to the hospital. Such innovation is exactly what is needed.

Investigation and reporting are important so that we learn the lessons of every stillbirth and neonatal death. Covering things up and dismissing them with comments such as, "That's unexplained. These things happen. I'm terribly sorry," are unacceptable. We have to learn from every case. I am pleased that the Government have put a significant amount of money into setting up a system of reporting to enable us to investigate and learn from every stillbirth and neonatal death.

The hon. Member for North Ayrshire and Arran (Patricia Gibson) rightly mentioned post-mortems. So many parents are not offered a post-mortem. One might wonder what parent would want that opportunity, but parents who lose children often want to know why. They want to understand how and why it happened and how they can make sure that it does not happen again. Offered the opportunity, many parents opt for a post-mortem because they know that that research can help others, but clinicians may not be asking the question—often with good intentions, because it is not an easy question to ask. We must ask the question if we are to get post-mortem rates up, which will feed into the research that will allow us to cut our stillbirth rate.

An hon. Member—I apologise, I cannot remember who it was—mentioned late-stage pregnancy scanning. In this country we do not scan past 20 weeks. We scan at 12 weeks and we scan routinely at 20 weeks, but there is no routine scanning past that. I find it bizarre that the abnormality scan takes place halfway through the pregnancy, but after that the mother-to-be is not seen again for a scan until she arrives at the hospital when she is in labour. Other countries across the world and particularly our counterparts in Europe do scans at 36 weeks or Doppler scans. There are huge improvements that we could make in that area.

I want to clarify one point in relation to prevention. The NHS is brilliant, and where we get it right in this country, we really get it right. The problem is the inconsistency across the NHS. I know that the Secretary of State and the Minister of State will agree when I say that we have some of the best care in the world, but it is important that that is replicated in every hospital and every maternity unit in the country, so that whatever hospital a woman goes into and whatever GP she sees, she will get the same level of care and consistent advice.

Even if we manage to achieve our target, even if we match our European counterparts and reduce our stillbirth and neonatal death rates by 50%, that will still mean between 1,500 and 2,500 parents going through that personal tragedy every year. That is why it is important that the APPG puts an equal emphasis on bereavement. I have talked about consistency of care across the NHS, and there should also be consistency of bereavement pathway and bereavement care across the NHS. It is important that we consider aspects such as training for staff. I know that Ministers have put huge amounts of funding into training as part of the plan to achieve a significant reduction in the stillbirth rate.

Victoria Atkins: I am extremely grateful, as I said, to my hon. Friend for his part in securing this debate. I mentioned my constituents who had the nightmare of losing their baby boy. I asked the mother to write to me to set out precisely what had happened. Perhaps one of the most harrowing parts of an already harrowing story was when she told me that at the hospital she and her husband were not allowed to stay with the little boy for long. They were pressured to leave and when she was leaving the baby boy, she wanted to go back to say her last goodbye. She was refused. She collapsed to the floor and the officials around her said that if she did not get up, she would have to leave in a wheelchair or a stretcher, as it was time to go. Does my hon. Friend agree that kindness costs nothing, and that there is a duty on everyone, whether in the NHS or in the police, to make sure that when they are dealing with parents in such a situation, kindness is very much part of the way that they behave?

Will Quince: Yes, and my hon. Friend raises a good point. I only wish that the disgraceful behaviour and story that she has just related was unique, but sadly it is not. Reports from across the country and personal testimonies that I have read, sadly, echo such experiences. That is exactly what we need to address, and it is why training in this area is so important. Midwives and clinicians should be trained to deal with bereavement, including what language to use and what not to say. I will not repeat some of the things that I have heard said to parents who are grieving.

In our case, a stillbirth did not come as a huge shock, but let us not forget that many parents have no idea that such an experience, of stillbirth or neonatal death, is coming. It is one of the most emotionally sensitive periods of their lives and they are at their most fragile. My hon. Friend is right: it costs nothing to act with kindness, empathy and compassion. I would like to think that we can reach a point where those themes run through every maternity unit in the country. I know that that is the case in the vast majority of maternity units, but where we have instances such as my hon. Friend describes, they have to be ironed out.

I know that I am pushing your patience with regard to time, Mr Deputy Speaker, but I think that the bereavement point is so important. We must have bereavement suites and bereavement-trained midwives in every hospital in the country, and we need gynaecology-trained counsellors in every maternity unit. We also need ongoing mental health support, because the time a bereaved parent leaves the hospital is the not the end of their grief; for many it is just the start. Indeed, future pregnancies can be the most traumatic periods, because from the day they find out they are pregnant to the day they have a crying baby in their arms, they are thinking, "Is this going to happen again?" What mental health support is available? In some parts of the country it is fantastic, but in others it simply is not.

I want to make two final points. One relates to relationship support. We know that between 80% and 90% of relationships break down after the loss of a child, and that has a huge social cost. That is why mental health support is so important. I also think—this is one of the reasons I co-chair the APPG—that the voice of fathers must be heard. Fathers feel that they have to act as a rock, but in many cases we were there too. In my view, there is no worse experience than seeing your wife give birth to a lifeless baby. It is something that never leaves you. Every single day I think about my son. I think about what he would have been like yesterday, on what would have been his second birthday. I imagine a small boy running around our house, causing havoc and winding up his sisters. It is not to be, but every single day we live with that grief. Fathers need support too, as indeed do the wider family.

I want to end on a positive note. This is a hugely exciting time for us, because the opportunity for change is enormous. The APPG has made enormous progress since publishing our vision document, and I encourage those Members who have not yet seen it to find a copy—it is available online and in paper copy. What we have achieved since February, working with magnificent charities across the country, and with individuals feeding in their personal experiences, has been absolutely incredible. This is just the beginning of the journey, because we have just set out our aspirations and our vision of what we want to achieve. I know that we are pushing at an open door, because the Government want to achieve these targets too.

I want to send one final message to every parent who is bereaved up and down this country: we care; we are going to keep talking about it; and we are not going to stop talking about it until we reduce the stillbirth rate and, most importantly, we have the best quality bereavement care in the world.

1.2 pm

Diana Johnson (Kingston upon Hull North) (Lab): It is a pleasure to follow such an excellent and passionate contribution from the hon. Member for Colchester (Will Quince). This is such a sensitive and important subject. I congratulate him and the hon. Member for Eddisbury (Antoinette Sandbach) on securing the debate in this important week, and on speaking about their own personal experiences. I also pay tribute to those other brave Members who have shared their personal experiences so eloquently today: my hon. Friend the Member for Lewisham, Deptford (Vicky Foxcroft), the hon. Member for North Ayrshire and Arran (Patricia Gibson) and my hon. Friend—my very good friend—the Member for Washington and Sunderland West (Mrs Hodgson).

In Hull the levels of stillbirth and neonatal deaths are higher than the national average. There is so much more that needs to be done, as we have heard. I want to put on the record my tribute to the excellent work in supporting parents of the Hull and east Yorkshire branch of Sands. I also pay tribute to the Lullaby Trust, under the inspirational leadership of Francine Bates.

I want to go back to the issue that the hon. Member for Eddisbury talked about at the beginning of her contribution: injustice. We know that the trauma of losing a baby can be compounded by what happens next. I want to share with the House the story of my constituents Mike and Tina Trowhill, who came to tell me about what happened to them. They explained that their baby son William had very sadly died in 1994, which was a long time ago. They were told at the time that when he was cremated there would be no ashes. Many years later, Tina discovered that William's ashes had in fact been retained—they were never returned to her—and that somebody had scattered them without her knowledge. That was very sad and bewildering. Why would somebody do that? It soon became clear that it was not a one-off incident.

Tina has worked relentlessly in Hull and the wider area to help the many other families who have discovered that their baby's ashes were not returned to them and were scattered without their knowledge, or that there is still a mystery as to where the ashes are. Tina set up the local Action 4 Ashes group, which now has 420 members. She has discovered that many families were told by NHS clinicians and nurses that there would be no ashes when their babies were cremated. Many families have since discovered that the ashes were scattered. Over 50 sets of ashes are still held by the Co-operative funeral service and have not been returned to the families. Cases are now coming to light in which babies appear to have been transported to the crematorium without the use of an undertaker. Tina has helped families submit forms to the local authority seeking information about what happened to those babies. She has submitted over 50 such requests so far.

It is clear that this has happened not only in Hull, but up and down the country, for example in Scotland and Shrewsbury. The local authority in Shrewsbury rightly held a local inquiry to find out what happened and get answers for local families. Tina and I decided to ask Hull City Council for a similar independent inquiry. Although initially sympathetic, the council decided that it was not willing to hold such an inquiry. We challenged that, stating that it was not okay for the local authority to investigate itself and that it had to be done in an open and transparent way. But the council said no. It was not willing to have that local inquiry.

I therefore raised the matter with the previous Prime Minister, David Cameron, and asked what he thought about it. He expressed to me that he thought it must be absolutely dreadful not to know what happened to a baby's ashes and that something should be done. Eventually, Tina and I went to see the then Justice Secretary, the right hon. Member for Surrey Heath (Michael Gove), who I think was genuinely moved by Tina's plight and by hearing about the many families in Hull who still did not know what happened. Tina made it clear that she wanted a local inquiry so that those families could get answers. On 10 May this year the Justice Secretary wrote to me, stating:

> "I am pleased to be able to tell you that my fellow Secretaries of State at the Department of Health and the Department for Communities and Local Government have agreed with me that there is a need for an historic investigation into the practices relating to infant cremations in the Hull area, and we have today jointly written to the Chief Executive of Hull City Council asking him to commission this."

As Members can imagine, we were delighted to have three Secretaries of State acknowledge that the families in Hull deserve to know what happened. It was excellent news.

However, two issues rightly remained of concern. One related to jurisdiction. It was not just about the local council, which had responsibility for the crematoriums;

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it was also about the role that the national health service had played. It was about the training needs and anything else that might come out of an inquiry. It was therefore important that the health service was involved. There was obviously an issue about how private funeral directors would be compelled to take part in any investigation. It was clear that there were some issues that needed to be addressed.

The other issue, which I had a lot of sympathy with, was the cost on holding an independent inquiry, which we know can be expensive. We also know that local councils are under enormous financial pressure at the moment. I supported Hull City Council in returning to the Ministry of Justice and asking for clarification and assistance on the two points of jurisdiction and available financial help. That all seemed to be going well, and I thought those were genuine issues that the Department would deal with.

However, on 26 September, the new Justice Secretary wrote to Hull City Council saying she thought there was no longer any need for an inquiry. The letter was not copied to me or my constituent, and I became aware of it only because the chief executive of Hull City Council sent a copy to me. I have to say, on behalf of my constituent and the many families affected in Hull, that I am absolutely furious that a decision made by three Secretaries of State was completely overturned without any consultation—indeed, without any attempt to consult me, my constituent or the Action 4 Ashes group in Hull. As Members can imagine, my constituent is devastated.

The letter from Hull City Council said the council had carried out investigations and was satisfied that everything that could be done had been done. Reading the letter, it was clear that the council had not really engaged fully with the problems around the NHS and funeral directors, and it certainly had not engaged fully with the families. In recent years, we have become a very much more open country, and we are less willing to take on trust the word of authority figures. Organisations left to investigate themselves rarely see the need for independent scrutiny of their actions; we only have to look at cases such as Hillsborough. Organisations that investigate themselves almost always find nothing much wrong and no one answerable for any error that is owned up to. "Nothing to see here. Go away. Move on" could be the motto of that culture.

The nearly 100 families in Hull who have come forward are not just going to go away and accept that they will not get the answers to their questions about what happened to the ashes of their deceased babies. A proper independent inquiry from outside the council—as they had in Shrewsbury—to ascertain whether more can be learned is the least those families deserve. If we do not learn the lessons of the past, there will be less confidence about whether measures proposed by Ministers to reform practices at crematoriums will be enough. I really do not understand what the Secretary of State for Justice had to gain by closing down the prospect of proper independent scrutiny of what went wrong in Hull.

In this week, in particular, I would ask the Minister to put himself in the shoes of those families in Hull who want answers and justice. There are three key demands. First, my constituent ought to receive an apology from the Secretary of State for Justice. Secondly, the Secretary of State should give her the courtesy of a personal meeting, just as the previous Secretary of State did. Thirdly, the independent investigation into what happened to the ashes of the babies of over 100 families in Hull should be reinstated forthwith, with funding from the Government to ensure that it can go ahead.

1.12 pm

Victoria Prentis (Banbury) (Con): What an honour it is to follow that speech by the hon. Member for Kingston upon Hull North (Diana Johnson). She and I have worked closely together over the last year on difficulties relating to infant cremations, and I very much listened with interest to what she had to say.

When my son died, I was told by our consultant that, one day, it would be possible to put my grief in a box and open the box only when it suited me. Obviously, at the time, I thought she was completely insane; now I realise it is possible to have an element of control over lifting the lid in public—although it is not one I have exercised particularly well today.

Over the years, I have talked about my experiences to raise money for charities, including mental health charities, and I have learned that nothing opens those wallets quicker than a few tears. I have also trained hundreds of midwives for Action on Pre-eclampsia; midwives are fairly used to emotional mothers, so the lid can be fully lifted with them around.

It is an honour to be vice-chair of the all-party group and to have been there at its conception one very late night in the Tea Room. We have well and truly lifted the lid this week in Parliament, which is an achievement in itself. However, just as importantly, we have succeeded in enlisting Health and MOJ Ministers—certainly to date—to our cause. The emotion of the Secretary of State for Health was obvious to all yesterday, and I was pleased to see him here earlier in the debate. The charitable fundraiser in me did wonder whether, next year, we should ask a well-known tissue manufacturer to sponsor baby loss awareness week in Parliament.

In brief, my story is that, following two miscarriages, I developed severe pre-eclampsia and HELLP—hemolysis, elevated liver enzymes and low platelet count—syndrome during my third pregnancy 16 years ago. My son died soon after he was born, and for some time it was not at all clear whether I would survive. To put that in context, my father was slipped from this place at a time of enormous difficulty for the Government, which shows that my condition was clearly very serious. I went on to have two more children, now aged 15 and 13.

With your permission, Mr Deputy Speaker, I would like to touch first on learning points from my own experience and then on some of the work the all-party group has done this year, and finally to make some general points about maternity care going forward.

The learning points from my own experience are out of date, but, sadly, not all of these things have been put right—in fact, most have not. Obviously, physical care comes first where maternal and baby death is a real possibility. However, someone needs to be tasked with the mental care of the whole family, because the death of a baby, as we have heard, leaves deep scars in so many of his or her relations. Memories, clothes and photos make a real difference later, however much they seem like fripperies at the time. Putting bereaved mothers

in with live babies is simply not on, however ill they are. Explaining what is going on all the time is critical, and it may need to be done many times to different family members. Medical conditions have to be understood by those who are suffering.

Midwives, as my hon. Friend the Member for Eddisbury (Antoinette Sandbach) said, need considerably more than one hour of bereavement training. They also need training on how to have grown-up conversations on things such as lactation—conversations which were utterly lacking, in my experience. In fact, training all obstetric staff is important, as so many parents go on to have more children. GPs, who are often the first port of call, and other health workers, also need to be aware of the very long-term effects of baby loss.

It is difficult to go back to hospital with whatever condition in the future, let alone one to do with pregnancy. Where possible, parents should not have to tell and re-tell their story at every appointment. HELLP syndrome, which I suffered from, leads to multiple organ failure. I am not a doctor, and I do not really understand what is wrong with me, but if I go to the doctor with a minor condition, I have to go through the whole blinking story again. It would be easy to have a simple flag on my notes so that every time I have my blood pressure taken, for whatever reason, I do not have to re-tell everything.

Fathers, as my hon. Friend the Member for Colchester (Will Quince) mentioned, get ignored. We need proper evidence of the effects on relationships of babies dying. We have some evidence, which he touched on, but it is not broad enough or good enough. Let me read from an article about stillbirth in *The Lancet* this January:

> "Fathers reported feeling unacknowledged as a legitimately grieving parent. The burden of these men keeping feelings to themselves increased the risk of chronic grief. Differences in the grieving process between parents can lead to incongruent grief, which was reported to cause serious relationship issues".

The effects on grandparents should also be considered. My parents had to cope with the loss of their grandchild and the near loss of their daughter.

Access to mental health provision must be standardised, and good practice copied. According to Bliss, 40% of parents of premature babies need some mental health intervention. I would suggest that every one of those whose babies die needs at least an assessment. Relationship counselling should also be offered as part of an automatic deal, although I do not know at what stage that would be beneficial. At the very least, we need evidence on the effects of baby loss on relationships.

The all-party group is made up of individuals with different experiences and talents. My hon. Friend the Member for Colchester is excellent on parental leave. My hon. Friend the Member for Eddisbury knows more than all others about pathways of care. My role this year has, sadly, been dealing with the issue of infant cremations, not least because of a constituency case I had. I am aware that the Minister is not the Minister who should respond on infant cremation, but it is important that we have a cross-departmental and joined-up approach to the issue, and I would welcome it if he could intervene or at least speak to the MOJ about it.

Bob Stewart (Beckenham) (Con): I have been horrified in listening to this debate. I have never lost a baby in my family, but I am horrified and upset. Surely for a mother who gives birth to a child, stillborn or not, that is her baby or the family's baby, and surely she and the father should have absolute rights about what happens with the cremation and thereafter. I am absolutely horrified that they do not do so at the moment.

Victoria Prentis: I thank my hon. Friend for his helpful intervention.

We in the all-party group welcome the MOJ's consultation and the subsequent response, which was published just before the summer. It seems that we are—I really hope we are—on the cusp of making some very important changes in this area. I ask that we push for these changes to happen speedily, because they are really important.

The Minister of State, Department of Health (Mr Philip Dunne): I am very grateful to my hon. Friend for letting me intervene during her impressive and important speech. On the back of that comment, I want to inform the House that my colleague the Under-Secretary of State for Justice, my hon. Friend the Member for Bracknell (Dr Lee), announced last month the formation of a national cremation working group. It is now working with all interested parties, and it intends to take evidence from Members of the House. I strongly encourage all hon. Members with such an interest to participate.

Victoria Prentis: I very much thank the Minister for that intervention. We in the all-party group were thrilled about the formation of that group.

In that contest, may I give the House a few more examples from the response of the MOJ that we feel are particularly important to take forward speedily? We hope that the MOJ will provide a statutory definition of ashes to make it clear that everything cremated with a baby, including personal items and clothing, must be recovered. We hope that the MOJ will amend cremation application forms to make explicit the applicant's wishes in relation to ashes that are recovered. Crucially—I know this point is very important for many Members in the Chamber—we hope that the cremation of foetuses of fewer than 24 weeks' gestation can be brought within the scope of the regulation, where parents wish that to happen. There is some positive news in this very sensitive area.

Moving on to the future of maternity services more generally, my overriding constituency concern at the moment is the future of the Horton general hospital. In fact, if I am honest, it occupies most of my waking moments, and my children complained during our summer holiday in August that I cannot formulate a sentence without the word "Horton" in it, which I fear is true. This summer, I found the lid repeatedly lifted on my own experiences, as we have real safety concerns about the downgrading of our obstetrics unit at the Horton general hospital.

Since last week, a midwife-led unit remains at the Horton general hospital, but all mothers who might—might, not necessarily will—need obstetric care, which is of course the majority of them, have to go under their own steam or be transferred as an emergency to the John Radcliffe hospital in Oxford. In a blue-light ambulance, that journey of between 22 and 27 miles, depending on the route taken, takes about 45 minutes. If my labouring mothers travel in their own car—of course, not all of them have one—the journey can easily take up to an

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hour and a half, depending on where they live and on the state of the Oxford traffic. The decision to downgrade the service was taken on safety grounds, as the trust had failed to recruit enough obstetricians, but I must say that I have severe safety concerns for the mothers and babies in our area. In 2008, an Independent Reconfiguration Panel report concluded that the distance was too far for our unit to be downgraded. As I see it, nothing has changed except that the Oxford traffic has worsened. I am keen, generally, that we start to be kinder to mothers during pregnancy and birth, and in my view, that does not mean encouraging them to labour in the back of the car on the A34.

We know that personal care leads to better outcomes. We need to take very careful note of Baroness Cumberlege's recommendations in her "Better Births" report. She said that births should

"become safer, more personalised, kinder, professional and more family friendly".

We must use the impetus of events such as this week to drive through her major recommendations.

Chief among these recommendations must be the recommendation for continuity not of care but of the carer, which has been shown to reduce premature deaths by 24%. Professor Lesley Regan, recently elected the first woman president of the Royal College of Obstetricians and Gynaecologists for 64 years, has done a plethora of well-evidenced research on miscarriage, demonstrating again and again that a system of reassurance and continuity, with weekly scans and meetings with a midwife, has reduced the rate of recurrent miscarriage by 80%. That figure of 80% is for women who have miscarried three or four times.

My hon. Friend the Member for Eddisbury mentioned the excellent work being done at Queen Charlotte's as well. In this context, I am troubled that the sustainability and transformation plans might push us towards larger and larger units with less personal care. I may be wrong—I hope I am—and perhaps it is safer for such giant units to deliver the majority of babies, but I worry that in our case in Banbury decisions are being taken about my constituents without their views being considered and without real evidence of the risks involved.

Everyone in the House today is clearly committed to reducing baby loss, and I have never heard such emotion in a debate. We have evidenced-based research to show us how, in part, to do that. I refer the Minister very firmly to Baroness Cumberlege's report. Yes, better bereavement care is important. Sadly, some babies will always die, as mine did, but let us really now make a commitment to reduce miscarriages and deaths from prematurity.

I need to be able to tell my constituents that they will not have to suffer as I did.

Hon. Members: Hear, hear.

1.26 pm

Liz McInnes (Heywood and Middleton) (Lab): It is a pleasure to follow the excellent and very moving, yet very practical speech made by the hon. Member for Banbury (Victoria Prentis), who is making me want to cry as well. I think the idea of having a tissue manufacturer to sponsor this debate was quite a good one.

I pay tribute to the hon. Members for Eddisbury (Antoinette Sandbach) and for Colchester (Will Quince) for bringing this very important debate to the House. We owe both hon. Members and their families a great deal of gratitude for raising awareness about this issue through Baby Loss Awareness Week and their commitment to the all-party group.

I also pay tribute to the families who started Infant Loss Awareness Day back in 2002, and to the thousands of families across the country who continue to make a commitment to helping other families through their grief while highlighting the lack of maternity bereavement care in hospitals and in the community. As we have heard, thousands of families each year in the UK suffer the tragedy of losing a child. I hope that this debate may in a small way lead to their not having to suffer in silence and to their realising that they are not alone in their grief. This debate has raised many issues, some of which are uncomfortable, albeit very necessary if we are to change policy to help to reduce infant death, to save bereaved families from isolation and to make sure that the best possible maternity and neonatal care is available to everyone across the NHS.

Before I was elected to this place, I worked for the Pennine Acute Hospitals NHS Trust, which is based in the north-west. It performed some good work in this area, including by holding an annual baby memorial day for parents who had lost babies in the hospital. That was led by our excellent hospital chaplains, who perform such a good service for bereaved parents.

I was asked to attend this debate by my constituent Jane Casey, whose daughter Niamh tragically died shortly after her birth at the trust. Jane has still not received the root cause analysis of her daughter's death from the trust and, 11 months after Niamh's death, I am helping her to obtain the report. Jane says:

"The hospital has made me feel that my daughter's life was not important. I am completely broken and find life a struggle. I keep on going because of my son."

Those are such sad words, but they are typical of the examples that have been shared today. I really hope that this debate will achieve some practical steps to help other families to avoid such grief.

Health visitors, who have not yet been mentioned, play an important role pre and post-pregnancy. They can give support and practical help, but I feel that their role is undervalued. Since 2015, health visitors have been devolved to local authorities, but in that time there have been cuts to local authorities of nearly £200 million. The former Chancellor of the Exchequer announced a further £77 million cut in 2016-17 and an £84 million cut in 2017-18. The funding that was transferred with the health visiting services was not ring-fenced. I sincerely hope that, under the guidance of a new Prime Minister and Chancellor, the Government will consider protecting this vital service and investing more.

Staggeringly, 68% of local authorities do not commission bereavement support, and neither do nearly a fifth of clinical commissioning groups. This is a vital provision for families at their time of greatest need, and the failure to provide it is clearly apparent in our healthcare structures. I am pleased that NHS England is developing the children's palliative care funding currency. That includes pre-bereavement care before a baby or child dies,

but it sadly overlooks bereavement care after a baby or child dies, so I hope that amendments will be made to that policy.

The Government and the House have the opportunity, by passing the Parental Bereavement Leave (Statutory Entitlement) Bill, which was introduced by the hon. Member for Colchester, to put parental bereavement leave on the statute book. It would give bereaved parents the entitlement to a leave of absence from employment, which is a common right across Europe. That would be an important first step in the right direction as the entitlement should be afforded to all at their time of greatest need.

Although mothers, fathers and families will never forget the children they have lost, baby loss awareness week is a chance for them to meet other families and share memories in remembrance. The collective sharing of experiences can begin the process of healing and alleviate a small part of the pain. The most powerful thing it provides is the opportunity to speak out and prevent other parents across the UK from suffering the same agony. We, as legislators, must act upon the words that have been spoken today in the House and create a better environment of support for bereaved families.

Finally, I pay tribute to my hon. Friend the Member for Lewisham, Deptford (Vicky Foxcroft) for sharing the tragic story of her daughter, Veronica. I am in awe of the bravery and courage she showed in speaking out today. Her bravery and courage were echoed in the words of the hon. Member for North Ayrshire and Arran (Patricia Gibson), my hon. Friend the Member for Washington and Sunderland West (Mrs Hodgson), the hon. Member for Banbury and the two hon. Members who brought this debate to the House, whom I thank for giving me this opportunity to speak.

1.33 pm

Byron Davies (Gower) (Con): It is a great pleasure to participate in this incredibly important debate. I congratulate my hon. Friends the Members for Eddisbury (Antoinette Sandbach) and for Colchester (Will Quince) on securing it and thank them for the outstanding work they have undertaken on this issue through the all-party group on baby loss. I also thank the other hon. Members who have participated in that group. I pay tribute to the hon. Members for Lewisham, Deptford (Vicky Foxcroft) and for North Ayrshire and Arran (Patricia Gibson) and my hon. Friend the Member for Banbury (Victoria Prentis) for their brave speeches.

I have known my hon. Friend the Member for Eddisbury for quite some time. We are friends and were Members of the National Assembly for Wales together. Indeed, we used to sit next to each other in the Assembly, and I witnessed at first hand the terrible devastation she faced when going through the loss of her baby. It is testimony to her courage and resolve that, despite her tragic loss, she is highlighting once again this issue that has affected some of us who are here today. It takes bravery to tackle the silence and stigma that used to exist around baby loss. She was instrumental in tackling it as an Assembly Member, and she has been instrumental in bringing this issue to the national stage and raising awareness for the tens of thousands of families who need help and support. I pay tribute to the outstanding work that she does.

In November 2015, the Secretary of State for Health launched the national ambition to reduce the rate of stillbirths, neonatal deaths, maternal deaths and brain injuries that occur during or soon after birth by 50% by 2030, along with the short-term aim of achieving a 20% reduction during this Parliament—by 2020. That was, no doubt, in large part due to the extraordinary work that my hon. Friends the Members for Eddisbury and for Colchester are doing.

In 2014, there were 3,245 stillbirths and 2,689 infant deaths in England and Wales. The death of a baby is one of the most traumatic events for a mother and father to go through and to deal with the aftermath of. The care that families receive afterwards is vital in helping them to cope in the long term with the loss of their child. That is why I am so pleased that this issue is being raised by my hon. Friends. Awareness is the key to reducing stillbirths and infant mortality, and to tackling the stigma surrounding the issue.

There can be no greater grief than that caused by the loss of a child. It causes psychological conditions that can last years and even a lifetime. The loss never truly leaves you, but how we care for families and individuals can make a huge difference to the future lives of those who live with such tragedy.

I have been through it myself. My wife and I have a wonderful son, but we also lost a child in the 1980s, when there was certainly a stigma around the issue—you just could not talk about it; it was taboo. It was almost an embarrassment to bring it up in public. We could not discuss the grief and sadness that we felt, and we did not have help to deal with what was one of the most traumatic experiences of our lives. It is a devastating experience. I am pleased to say that my son, who is now 34, and his lovely wife Natalie have presented us with a grandchild.

Having children is one of the most marvellous and truly happy experiences for a couple, and something we cherish. Yet, in a moment, we can go from one of the happiest, life-changing experiences to one of the most devastating. When you lose a child, you lose something for which you and your loved one have built a life for and around. You looked forward to going to sports at school, graduations and marriages, and in an instant that cherished future, that child and that happiness are cruelly taken away. I well remember that when we experienced that loss, there was no way to talk about it and all those feelings had to be bottled up. That never does and never can help the grieving process. We, too, were given medical advice to keep trying. I am afraid that that was not quite good enough at the time.

That brings me to the crucial point that, as with many mental health issues, we must communicate to everyone that talking about problems is always a sign of strength and never one of weakness. It is vital that we have the very best care, counselling and services for mothers who have experienced this agonising loss. They must be treated with kindness, sensitivity and respect in the hospital afterwards. It is also crucial that we support fathers who, while being strong for the mother and focusing on her needs, also have to bear the terrible loss.

As I have said, my family have experienced this at first hand. There is a great feeling of powerlessness and anguish when you see your wife, girlfriend or partner rushed into hospital and then into theatre, with no idea of the issue or the outcome, when all you are trying to

[Byron Davies]

do is to start your own family. In an instant, the whole world, your family and your life spiral out of your control. You are a bystander to your fate and future, with no power to help your loved ones.

We must therefore ensure that the national health service provides counselling and advice, coupled with statutory leave, so that parents have the best professional support. With that in mind, I wholeheartedly support the efforts of my hon. Friend the Member for Colchester through the Parental Bereavement Leave (Statutory Entitlement) Bill. It is fundamental to guarantee that parents will have some time to grieve for their loss. To ensure that that opportunity is given, it needs to be on a statutory footing.

Finally, I am pleased that the Department of Health has conducted a survey to map the bereavement provision in England to build up a picture of current provision and identify where the gaps are. It is crucial to highlight areas of good practice and understand the challenges that services face. It is also crucial that the Government are increasing the number of midwives, and I hope that that leads to an increase in the number of midwives who have specialist training in bereavement. That should be a lesson to all our devolved Governments.

A Sands report found that fewer than half of doctors and midwives had had mandatory training in care for after the death of a baby. It is vital that staff are trained in caring for the psychological and physical needs of families, and in counselling them when needed. I hope that the Government commit to going even further in improving mandatory training and in supporting the need for statutory leave for families to grieve for the loss of the most cherished thing in our lives—a child.

1.40 pm

Anna Soubry (Broxtowe) (Con): It is always with great care that one treads into some areas of one's own life, but, like many hon. Members, I remember around that 21-week or 22-week point of pregnancy—obviously I am addressing the women Members in the Chamber—having that marvellous, magical moment of what the books describe as a fluttering. You suddenly realise then that the nightmare of morning sickness and the other afflictions that there often are in pregnancy are all about the new life there within you. I suspect that I am not alone in this but that many hon. Members of both sexes have had that moment of looking into the Moses basket and knowing that the next time you look into it that bundle of life that you bear will be in it. That is extremely exciting, and, the truth is, also really rather frightening, especially when it is your first child and so you have obviously never had a baby before. I absolutely cannot imagine what it must be like—something experienced by so many in this Chamber who have spoken today with such great courage—never to have that Moses basket filled with the joy of the child that you have borne for well over nine months.

I warmly congratulate my hon. Friends the Members for Eddisbury (Antoinette Sandbach) and for Colchester (Will Quince) not only on securing this debate but on the great work they have done. No one could been unaffected and unmoved by the incredibly sad stories of the hon. Members for Lewisham, Deptford (Vicky Foxcroft) and for North Ayrshire and Arran (Patricia Gibson). If I may say so—and I do so with no sense of lessening the terrible story we heard from the hon. Member for North Ayrshire and Arran—we were all particularly struck by what the hon. Member for Lewisham, Deptford experienced. I was not just struck with great sorrow, but, I have to say, I also felt anger rise within me. What happened to her was outrageous. I want to be made certain that what happened to her will never happen again to anyone in our society. Obviously, I extend that wish to the experiences related by everyone who brought to this place today either their own experiences or those of their constituents. We must learn the lessons from all of those experiences and do everything we can to make sure that babies do not die in the first place, so that we do not have the high rates of stillbirth that we have heard about or babies dying in the early months of their lives. But in addition, the treatment of both parents, as we have heard so eloquently expressed, must change.

I want to hold a spark of hope in my mind that what happened to the hon. Member for Lewisham, Deptford was a one-off, but sadly I have no doubt that it was not. But I would like to think that, given the passage of time, we can be confident that that kind of experience is now extremely rare. We must all work to make sure that no one ever again suffers what she did or what the hon. Member for North Ayrshire and Arran suffered.

I will make a short contribution about bereavement suites. My remarks are based entirely on the experience of two of my constituents. I first met Richard Daniels for reasons with which I need not trouble the House, and he and his wife have now become friends of mine. Members can imagine, as can anyone who hears their story, that there was much sympathy and real concern at the discovery that when their baby Emily was born in a stillborn birth at the Queen's Medical Centre, in 2013, there was no bereavement suite. I had both my daughters there; I found that fact quite astonishing, as I know everyone else did who heard their story.

Hon. Members have already discussed this. There is no greater tragedy for any parent than the loss of a child, and, although there are no degrees of grief, I genuinely cannot imagine any greater tragedy and loss than to lose a baby in the circumstances that we are all now becoming more aware of. And then—and, let us be honest, this is almost cruel—while the rest of us are celebrating with balloons and relatives coming along, to be there with that terrible grief, which cannot really be described if it has not been suffered, and to have to sit with your loved one while all that jollity is going on around you because there is nowhere to go to grieve, and to have your private last moments with your baby before they are properly buried, is just appalling. I was horrified to learn from my hon. Friend the Member for Eddisbury that 25% of hospital trusts still do not have bereavement suites.

I am not one of those who says that it is just the role of the NHS to provide those suites. When a terrible tragedy happens, whatever it might be, human beings want to come together to make good of something that has been wholly horrible. I therefore have no difficulty in such circumstances with the idea of parents working hand-in-hand with hospital trusts that do not have a bereavement suite to create one.

Nottingham University Hospital Trust did much to make sure that when Richard and Michelle Daniels decided that they would raise money to fund such a

suite, it was a relatively easy journey. It was not all easy—there were many bumps along the way—but they got through it. They started with a plan to raise £25,000 and within 18 months had raised more than £150,000. They did so by a variety of fundraising methods that we will all be familiar with. Emily died in 2013. They finally opened the Serenity suite at the Queen's Medical Centre, with real joy and pleasure, in April this year. Such has been their dedication to Forever Stars, the charity that they founded, that even though they said that the fundraising would end, as they have been contacted by parents from other parts of the east Midlands—notably, from Derby, where there is no bereavement suite—they have decided to resurrect Forever Stars. They are embarking once more on a huge fundraising exercise to open a bereavement suite. I urge them to continue—I know they will. It is right that parents are involved. However, it is equally right that all those hospital trusts that do not have bereavement suites should now get on with getting them. They should not rely on a parent who has suffered such terrible loss to spark them into taking action to make sure that those suites exist and are fully equipped and their staff are fully trained.

I offer my absolute congratulations to all those who have spoken, and in particular to those who have laid bare the worst moments of their lives. They have put those experiences forward so that we can say to the Government—and I know that the Minister will be listening—that this is an area in which it is time for action, for all the reasons and in all the ways that have been described, as it is not just about bereavement suites. We must take that action so that we can be proud, as a nation, that we are reducing the number of babies who are born dead or who die in the first months of their infancy, and we are doing the right thing by their parents and families, for the sake of the future that they looked forward to but has been denied to them and their children.

1.48 pm

Fiona Bruce (Congleton) (Con): I pay tribute to my hon. Friends the Members for Eddisbury (Antoinette Sandbach) and for Colchester (Will Quince). My constituency neighbour, my hon. Friend the Member for Eddisbury, made a courageous and gracious speech; my hon. Friend the Member for Colchester made a powerful and practical one. The number of colleagues in the House who have shared their personal experiences shows how many people across the country have been affected by this issue and the great potential there is to make a real difference to so many people's lives by bringing it forward for debate. I pay tribute to my hon. Friends for doing that.

I add my tributes to those of other hon. Members to the contributions from my hon. Friends the Members for Banbury (Victoria Prentis) and for Gower (Byron Davies), and the hon. Members for Lewisham, Deptford (Vicky Foxcroft) and for North Ayrshire and Arran (Patricia Gibson). They were truly moving. I have never before in more than six years seen so many Members so visibly moved in the Chamber.

I also pay tribute to the many midwives, consultants and other NHS staff, who in many cases provide good medical and bereavement care to families who have experienced stillbirth and miscarriage. As we have heard, for many people, losing a child is the most difficult time in their lives. High-quality, empathetic care is vital. Thanks should go to all those in this country who work with such dedication and commitment in this arena.

I want to tell a constituent's story that shows that, yes, the NHS does in part provide extremely good care, but also that it requires more rigour. I received a letter from a constituent whose daughter lost a baby at 20 weeks. She had had excellent care from the gynaecological consultant and the hospital staff, who treated the loss very sensitively, but there were failures in her care. My constituent writes:

"Unfortunately the symptoms leading to the loss of the baby occurred at a weekend. Protocols about sending her straight to the gynae department were not followed. (There was a chance that the pregnancy might have been saved). Nor were other protocols, so that, for instance her midwife hadn't been informed and rang up"—

that must have been some time later—

"asking why antenatal appointments hadn't been kept. It took a year for my daughter to get the specialist follow-up counselling that should have been offered immediately and she didn't know she was entitled to some maternity leave."

That shows, as my constituent says, that there was a "lack of joined-up communication" between different physicians, who were there to assist her daughter. I understand that hospitals in the area are improving the training of staff and support for bereaved parents, but that happened in a large city. In this day and age, that care should have been better. I pay tribute to that young lady because she is setting up a new branch of Sands in her area. It has been wonderful to hear today of the personal experiences of so many Members who, in the course of assisting others, will relive them time and again and put their energies into such organisations.

Stillbirth is a taboo subject but, thanks to this debate, decreasingly so. Stillbirths affect the whole family and, as my constituent says, the

"wider social and work contact groups…Mothers losing babies suffer grief compounded by feelings of guilt and inadequacy"

and

"suffer hormonal effects whilst still trying to hold down jobs. I myself"—

she is the mother of a daughter who lost a child—

"have found this time emotionally very hard…Surely with more openness and appropriate training of staff our country's shameful record of stillbirths could be improved. Mental health of bereaved mothers would be improved, resulting in less cost and burden to our health services…my daughter had an undiagnosed streptococcus infection. If screening for this during pregnancy were introduced less babies would be lost."

I therefore support other Members who have called for better screening.

As an adjunct to the contribution of my hon. Friend the Member for Colchester, who mentioned smoking and obesity advice for mothers during pregnancy, may I, as chair of the all-party parliamentary group on alcohol harm, ask that advice on drinking alcohol during pregnancy is added? The chief medical officer recommended earlier this year that the best advice is simply not to drink alcohol during pregnancy because, as the all-party group has heard, different mothers respond to different levels of alcohol very differently. There has been inadequate publicity regarding that clear recommendation, which I welcome because it clears up decades of confusing advice.

[Fiona Bruce]

I should like to add my support for one or two points that have been mentioned. Finally, I want to mention one other issue that is still a taboo that we must bravely address and endeavour to break in this country. A quarter of a million miscarriages occur every year. As I have said, it is not only the mothers who feel the loss and grieve and mourn when a miscarriage occurs, but fathers, grandparents and the wider family. They need help too.

Statistics cannot compare with the power of personal experiences such as those we have heard today, but to frame some of the problems encountered by women who miscarry, I have a Miscarriage Association survey of 300 women. Forty-five per cent. of the women surveyed said that they did not feel well informed about what was happening to them physically; only 29% felt well cared for emotionally; and nearly four out of five—79%—received no aftercare at all. The association has noted that access to information and emotional support has been shown time and again to help people to cope with the experience of loss, but that we need to make such support available later if needed. The association has also noted that what was said to grieving women and men was not always important; it was just enough that someone was listening. By having this debate and hearing so many individual experiences, I hope the House has shown to the nation that we are listening and that we care.

Another issue that has been raised is how unborn children are treated before the 24-week stage. As we have heard, when a woman has had a miscarriage, she can be in an extremely vulnerable state. As my constituent has said, women are often not in hospital—in fact, only 18% of miscarriages occur in hospital. As such, a mother is likely to ring up the hospital for advice on what to do, particularly to ask what they should do with the miscarried child. It is of grave concern that there appear to be no strict guidelines on how to advise women in such circumstances.

Zoe Clarke-Coates of the Mariposa Trust, an organisation set up to assist those who have experienced baby loss, has told my office recently that she regularly receives calls from women who have been advised to flush the miscarried foetus down the toilet or put it in a jar in the fridge. That is extremely distressing and traumatising for families. Some women have had to buy new fridges afterwards because it has upset them so much.

Hospital mortuaries need to be available for the foetuses for the unborn child to be properly taken to and stored at the request of parents. The staff who take those calls need to have training across the board to be aware of that. Mortuaries need to be open seven days a week for that purpose and it is important that a directive driven by the Government is given to that effect, and that it is not left to trusts to set up their own systems, which has clearly been completely unsatisfactory to date.

Carol Monaghan (Glasgow North West) (SNP): The issue of stillbirths has been raised, with people having to be on wards with celebrating families. Another problem is that women who have suffered miscarriage use the same early-care pregnancy unit. When I had a miscarriage at 16 weeks, I had to sit next to women who had scan photographs. It was very difficult. That must be considered more seriously by medical staff.

Fiona Bruce: The hon. Lady makes an extremely good point. It is vital that we support women in appropriate settings for their situation. As other Members have mentioned, for women who have lost their babies inside the womb but need to go through labour, separate wards should be a priority. They might need to be in hospital for several days. To hear other women around them with their babies must be very distressing. Hospitals need to create better spaces for women at all stages in their pregnancies in such situations.

Victoria Prentis: With your permission Madam Deputy Speaker, I would like to share my own experience. As I told the House earlier, I was in hospital for a considerable time because I had been very ill. After I was in intensive care, I was put in a post-natal ward with people with babies. I was in a separate room, but I had to share the bathroom, the midwives and all the other staff, with mothers of live babies. I found it terribly difficult when nice people who had not been told, who were bringing me cups of tea, food and all sorts of care, repeatedly asked me where my baby was. That was so distressing.

Fiona Bruce: My heart goes out to my hon. Friend. The compounding of grief in that way is so unnecessary.

Families who have lost babies have spoken about the importance of acknowledging their child's life. Unfortunately, this is an area where the law adds to distress. Under current UK law, a baby is effectively only considered a person at 24 weeks. This often means that that acknowledgement is not there as it could be. I have even heard of parents lying about the gestation period in order to try to obtain a birth certificate. Alongside other hon. Members, I appeal to Ministers to look again at this. As modern technologies improve, unborn babies are increasingly viable earlier than 24 weeks. The law should move not only with technology, but compassion. I ask Ministers to look at that, too.

There is one last point I would like to mention. It is very sensitive, but I feel I need to mention it. It is the taboo I mentioned earlier, but as one colleague said, if there is one thing we can do in this House it is break taboos. Parents can also suffer a deep sense of loss and bereavement when their longed-for child is not lost during pregnancy due to a miscarriage or stillborn, but due to a disability being diagnosed while their child is in the womb, leading them to have to make the often heart-rending decision to have a termination, sometimes late in pregnancy. There is little, if any, bereavement support or adequate counselling for such parents either before they make that decision or sometime after, yet they too have lost a much-loved child.

In 2013, the all-party pro-life group conducted a detailed, year-long inquiry into abortion on the grounds of disability. I have a copy here with me today. We were repeatedly told by witnesses about the lack of proper counselling and bereavement care for such parents should they want it, which many do. We were also told of some examples of very good practice. One parent told us that they had had a funeral service, which helped enormously. Another told of how they were able to bathe their child before the child was appropriately cared for following the termination. Other witnesses were amazed that this kind of care was available, because they had received none at all. One of our report's key recommendations was that appropriate bereavement support and counselling should be available for all parents who want it in such situations, even if it is some time later.

I regret to say—I am following slightly in the footsteps of my right hon. Friend the Member for Mid Sussex (Sir Nicholas Soames) who spoke earlier about an uphill struggle—that I have had an uphill struggle in trying to gain the attention of the Department of Health on this issue. I thank hon. Members who have raised their losses in this debate. I hope now that the Department will consider it. Our report was issued in 2013. After the deeply moving Adjournment debate led by my hon. Friends the Members for Eddisbury and for Colchester, I spoke with the then Minister responding to that debate. We agreed that I would send the report to the Department of Health after the debate, which I did. Unfortunately, I received no reply. I sent a reminder some time later. Again, I received no reply. I hope that as a result of today's debate, the Department of Health will take seriously the additional point that parents in this situation need the same kind of care and support as the others who have been spoken about in this debate today.

2.4 pm

Tim Loughton (East Worthing and Shoreham) (Con): First, may I apologise? I very much hoped to be here at the beginning of the debate, but we had a three-and-a-half hour meeting of the Home Affairs Committee. Due to very poor chairmanship, it dragged on. I was chairing it at the time, so it is entirely my fault.

I pay tribute to the hard work of my hon. Friends the Members for Eddisbury (Antoinette Sandbach) and for Colchester (Will Quince). I was lucky to have caught many of the emotional speeches in this debate, which has been extraordinarily well informed by personal experience. It has shown the House at its best. It has also shown some quite extraordinary systemic insensitivities within the health system that can only make a tragic outcome even worse for parents experiencing the grief of baby loss. We must do so much better.

This is a big and partly hidden problem. The rates of prenatal, perinatal and post-natal mortality in this country are appalling and shameful. We rank for stillbirths 33 out of 35 developed nations in the world. One in every 200 babies dies as a result of stillbirth in the UK, which is 15 times the rate of mortality for cot deaths, an area on which we have made huge progress. We have heard many statistics so I will not quote many more, but there is a 25% variance between mortality rates in different parts of the country. That is a cause for great concern in itself. We need to be doing better as a nation, but certainly we need to be doing much better for certain parts of the country that do not deserve to be lagging so far behind in the progress that has been made elsewhere. We have heard that that is down to a whole host of reasons, including poor and patchy monitoring during pregnancy and a shortage of specialist midwives in some parts of the country, but at the end of the day 4.9 out of every 1,000 live births are stillborn. That figure must come down, because it has stayed stubbornly high for too many years.

I welcomed the Secretary of State's pledge in March this year to seek to halve the number of maternal and baby deaths by 2030. If successful, that would save some 1,500 more lives every year. I welcome the progress made in giving out information and advice leaflets to all expectant mothers by week 24, but for reasons I will come on to in a moment, that is too late. We need to do better.

Smoking is a serious cause of baby loss. The self-induced poison of smoking during pregnancy, and in too many cases smoking excessively, has been attributed to 2,200 pre-term births, 5,000 miscarriages and 300 perinatal deaths. There has been progress and I pay tribute to the work done in this area. My hon. Friend the Member for Congleton (Fiona Bruce) mentioned the progress on foetal alcohol spectrum disorder. The all-party group, on which she and I serve as officers, produced a report on this recently. We have visited hospitals with the charity that promotes this subject to give clearer, better and more high-profile advice to women about what is acceptable and potentially harmful about the use of alcohol during pregnancy. Progress has been made, but we need a lot more. I contrast the lack of progress on baby loss with the great progress made on cot deaths. The very high-profile cot death campaign, some decades ago now, had a huge and very quick effect.

The brief we have received from Together for Short Lives mentions the appalling figures for bereavement support, which we have heard about—that 17% of clinical commissioning groups and 68% of local authorities do not commission bereavement support. This is not something that happens just in a medical environment; it happens when people are at home and maybe coming into contact with other council services, yet it does not happen in two thirds of local authorities. There is also the psychological and bereavement support in neonatal services, or rather the lack of it. The figures from Bliss show that 41% of neonatal units said that parents had no access to a trained mental health worker, while 30% of neonatal units said that parents have no access to any psychological support at all and one third of neonatal intensive care units, which look after the smallest and sickest babies, said that their parents had no access to a trained mental health worker.

This is not just about a bit of tea and sympathy from untrained bereavement support; it is about ongoing trauma. We have heard from my hon. Friend the Member for Colchester (Will Quince), for whom this tragedy happened some time ago, that it is still there. It is not something that leaves people, that they grow out of when they leave the hospital or that disappears when they are fortunate to have a healthy baby. It does not. People deal with it in different ways, with different levels of success or not, and those counselling services need to be available.

The figures for perinatal mental illness in this country are appalling. One in six women will suffer from some form of perinatal mental illness. Those are the women who are fortunate enough to give birth to a healthy baby, and we all know about the impact that attachment dysfunction can have on the child and the problems they may have growing up without a proper, good quality attachment with their primary carer. We know, too, from our report by the all-party group on the 1,001 critical days that the cost of not getting that right is £23 billion every year. It is therefore a hugely false economy financially, let alone socially, not to be doing more about this at those early stages.

There are many charities that step in and help on this front, particularly with after-support, and we have heard some good examples. As my right hon. Friend the Member for Broxtowe (Anna Soubry) mentioned earlier, this is not just down to the NHS. A very good charity approached me recently called Aching Arms, which provides free

[Tim Loughton]

comfort bears to bereaved parents to support their mental health and healing after the loss of a baby during pregnancy, birth or soon after. Significantly, the bears it gives out are gifts from other families who have experienced the loss of a baby, so the parents receiving a bear will know that they are not alone. Each bear has a label attached with information about the charity and signposts to other charities from which bereaved families can seek support that is relevant to them. Thank goodness there are charities doing work like that, but frankly it should not be down to them to be relied on to provide what is some pretty basic, essential health and social welfare care to mums and dads at a point in their lives when they are particularly vulnerable.

What I want to major on—I thought my hon. Friend the Member for Congleton was going to upstage me earlier—is my private Member's Bill, the Registration of Stillbirths Bill, which I launched in the House on 14 January 2014 with cross-party support. I want to resurrect my Bill and reheat its contents, because it has not come into law—surprise, surprise, for a private Member's Bill—but it is just as essential now. Indeed, much of the evidence we have heard today shows why this is something we could do, without advances in medical science or huge costs, that could have a huge impact by giving some comfort and closure to the many thousands of our constituents who go through some of the experiences we have heard about today.

The private Member's Bill I introduced in 2014 would have amended the Births and Death Registration Act 1953 to provide that parents may register the death of a child stillborn before the threshold of 24 weeks' gestation. Twenty-four weeks is an arbitrary threshold. If someone happens to give birth to a stillborn child after 23 weeks, six days and 23 hours, that child never existed in the eyes of the state and is to all intents and purposes a miscarriage. If that child had clung on for another couple of hours and been stillborn beyond the 24-week threshold, it would be a child in the eyes of the state. That is an extraordinary anomaly in the law which we need to address.

As we have heard, some experience loss through miscarriage, often repeatedly, some give birth but routinely experience the pain of losing a child within days, weeks or months, and some go through all the trials and tribulations and the highs and lows of pregnancy, only to give birth to a stillborn child. The aim of my Bill was to help those parents. We have heard of the problems we still face, but the situation is made worse for parents who have stillborn children before 24 weeks because of the arbitrary nature of that figure. There are no central records of exactly how many babies are born in that way; they do not form part of the perinatal mortality figures; and therefore the position with stillbirths is actually even worse than we appreciate, because of those born before 24 weeks.

I do not wish in any way to downplay the importance and pain of a miscarriage, particularly for new parents struggling to have their first child, but those experiences are different. That was brought home to me most starkly by the story of a constituent of mine, Hayley, who came to see me back in 2013 to campaign for the change in the law that I then took up. Hayley was pregnant. For nearly 20 weeks, she carried the child of her and her partner Frazer. She felt the baby kicking. She went through all the other ups and downs of a first-time pregnancy, but sadly, after around 19 weeks, something went wrong, and Hayley and Frazer's baby died unborn. It was not a miscarriage, and the following week Hayley had to go through the pain of giving birth to a baby that she knew was no longer alive. She had to take powerful drugs to induce the pregnancy. She experienced contractions. She went into Worthing hospital and had pain relief.

I pay tribute to Worthing hospital, which has the safest maternity department in the whole country. It has been rated as such by the Care Quality Commission and we are immensely proud of it. We are particularly relieved, given that many thousands of my constituents and I marched to save it back in 2008, when the idiot primary care trust thought we did not need a good maternity department at Worthing hospital. Despite having the oldest population in the country, if not the universe, in Worthing, we also have the best start-of-life facilities, and we are greatly thankful for that.

The day after Hayley went into hospital, she gave birth to her baby, Samuel—she gave him a name. She held Samuel in her arms. She and her partner took photographs, had his hand and footprints taken and said their goodbyes. Fortunately, Hayley was given good support by the clinical staff at Worthing hospital, as one would expect, and they had bereavement guidance. She has an understanding employer in West Sussex County Council and was also fortunate to find a sympathetic funeral director. The funeral took place two weeks later.

To all intents and purposes, Hayley, with her partner, went through all the experiences of pregnancy and the pain of childbirth endured by any other mother, but they were coupled in this case with the unimaginable grief of a parent who has lost a child before they could ever get to know him. She did not just go through a stillbirth: she had a still baby; she became a mum. The crucial difference is that Hayley and Frazer's baby is not recognised in the eyes of the state because he was born before 24 weeks' gestation. If he had been born after 24 weeks and one day, he would have been recognised and the death properly registered in a register of stillbirths, forming part of the statistics I referred to earlier. More than just adding to the statistics, though, that would have been the acknowledgment of an actual, individual life. To add further insult to injury, Hayley had to hand back her maternity exemption certificate straight after going through that experience.

When I launched that Bill, I got, as we all do, a wave of extraordinary, tragic experiences from mums and dads around the country, including one from a woman who had twins, one of whom was stillborn before 24 weeks. The other survived and was tragically born stillborn after 24 weeks, but in the eyes of the law she only had one baby. How absurd is that? That is why the law needs to be changed.

That stark difference surely cannot be right. It adds insult to the unimaginable pain that the parents have already had to suffer. Until the passing of the Still-Birth (Definition) Act 1992, which amended the Births and Deaths Registration Act 1953, the threshold was 28 weeks, so prior to that even more babies went unrecognised in official records. That change followed a clear consensus in the medical profession on the age at which a baby is

considered viable. Since then, in fact, there have been cases of babies born well before 24 weeks who have, incredibly, survived.

It is true that there is an informal procedure for hospitals to issue so-called commemorative certificates for foetuses that are not classified as stillbirths. They provide parents with a certificate that records their pregnancy loss before 24 weeks; and Sands, that excellent charity of which we are all in awe, has produced a template for a certificate of births which it encourages all hospitals to adopt. However, it is unofficial and still counts for nothing in the eyes of the state. Since that Bill, there has been a happy ending, because Hayley and Frazer had a bonnie baby daughter called Bonnie, who I am delighted to say is well and healthy.

My Bill would provide for the official recognition and registration of stillborn babies of below 24 weeks' gestation. It would be based not on a crude time threshold of what is deemed a viable foetus, but on the experience of giving birth. Hayley and Frazer's baby would be recognised as having existed, and Samuel's death would have been registered, which would go some way to providing some comfort to parents such as Hayley and Frazer at an unimaginably painful time.

Antoinette Sandbach: The issues around registration and the line between miscarriage and stillbirth were very much brought up by parents in the online digital debate that we had on Monday. The difficulty of parents having to go to a registry office to register a birth and death of a baby also came up, as it is hugely distressing when parents have to explain what happened to a registrar. The Liverpool Women's hospital has the ability to carry out those registrations in the hospital; the Minister might want to look at that good practice. I very much support what my hon. Friend is saying.

Tim Loughton: I thank my hon. Friend for that. The solutions are, frankly, not rocket science; a bit more sensitivity and common sense would go a long way towards alleviating an awful lot of pain and trauma.

The suggestions in my Bill, or a variation on my Bill, would go some way to providing some comfort to parents such as Hayley and Frazer at this difficult time. It would also provide more data to aid the analysis of why stillbirths happen and hopefully suggest what can be done to jumpstart a resumption of falling numbers from last decade's plateau. For those who say that the physical act of registering such a child alongside those registering a healthy birth could open up wounds and exacerbate the parents' grief—we have just heard that—I am sure that a more discreet and empathetic procedure could easily be devised. We could even do it online, you never know.

The Bill had nothing to do with changing the law on abortion. It did not propose to change the status quo on the entitlement to maternity benefits or bereavement entitlement, although I think official recognition would make it easier to secure appropriate empathy and flexibility from employers. The Government have already rightly made changes to maternity allowance guidance to ensure that mothers whose babies are stillborn after 24 weeks receive the benefits to which they are legally entitled; the process has been made easier.

The wheels turn slowly. I was making some progress with my Bill. I am particularly grateful to the former Minister, my hon. Friend the Member for Central Suffolk and North Ipswich (Dr Poulter), who with his own clinical experience recognised the problems in this area. He worked with me, with various royal colleges and others, and we had a big stillbirth roundtable at Richmond House at the beginning of 2015, involving the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, Sands, NHS England, the Miscarriage Association and other relevant bodies. I think we found a way ahead in a hugely complex area that is not easy to solve.

A new law was introduced in New South Wales, Australia, whereby a formal recognition of loss certificate is issued in such circumstances, and it has official status. If we could investigate something like that, perhaps we could get back on track with this problem.

We are talking about something that should not happen and that medical technology and innovation are not required to solve. It is something that should not be subject to the restraints and constraints of funding that might apply within the national health service. We are talking about a bit of common-sense admin, but a really important bit of common-sense admin, for somebody who has had to go through this traumatic experience.

In paying tribute to the extraordinary testimonies we have heard today from people who are far more expert and who have had far more first-hand experience—mercifully—than me, may I gently ask the Minister to put this matter back on the agenda as part of improving the whole issue of baby loss? We could do an awful lot of good for an awful lot of our constituents if we could just get this one simple thing done properly.

2.25 pm

Justin Madders (Ellesmere Port and Neston) (Lab): I congratulate the hon. Members for Eddisbury (Antoinette Sandbach) and for Colchester (Will Quince) on securing this debate, and I pay tribute to their courage in speaking so movingly about the incredibly difficult circumstances that they, sadly, have experienced personally. It is a great tribute to their character that they responded to such tragic experiences by seeking to do all they can to help others. We have heard from many Members how their constituents have done the same, following their own personal tragedies. I commend the work of the Members who comprise the all-party parliamentary group on baby loss, which has made an important and valuable contribution, addressing both the prevention of baby loss and the importance of offering the best possible care to parents when this happens.

This is the first time that we have discussed baby loss in the Chamber, but the third occasion on which I have responded to a debate on the subject over the past year. Each occasion has shown the House at its absolute best. I would like to take a few minutes to go through some of the compelling contributions.

The hon. Member for Eddisbury talked about the lack of recognition of how miscarriages can increase feelings of loneliness and isolation. I was sorry to hear about the lack of understanding that some people have faced when they have been contacted having suffered a miscarriage. I know from my own experience that there is a propensity to put miscarriage down as "just one of those things", as we have heard several times today. The hon. Lady made very powerful comments that most parents just want to make sure that whatever has happened

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does not happen again. There is a recognition—a number of Members spoke about this—that parents sometimes do not feel that they get the answers they need.

It is disappointing to hear the statistic that the hon. Lady revealed that 25% of maternity hospitals do not have bereavement suites. Time and again today, we have heard Members welcome the provision of these suites in maternity units. I know from those I have visited up and down the country what a valuable contribution they make. They are often built following local fundraising and are often born from tragic circumstances. They always seem to receive significant input from parents who have suffered bereavements. I hope we are all agreed that we should aim to get a bereavement suite in every maternity unit.

As the hon. Lady said, one hour of bereavement training for midwives is clearly not enough, and the issue of training and support featured in several contributions. She is also right, however, that there is plenty of good practice out there, which we should disseminate across the country. Her comments about a bereavement pathway were important, and I am pleased to hear that Sands has been asked to look into it. I hope we will hear some good news about developments in that respect.

The hon. Member for Colchester spoke from personal experience with great passion and knowledge about what he believes needs to be done. He is absolutely right that no one who suffers a bereavement should have to go back on to a maternity ward. A number of Members made that point. He was right, too, to say that this is a far bigger issue than just ensuring that we have bereavement suites everywhere. We need to do much more work to understand why there are such disparities in occurrences across the regions and across different ethnic groups. His point that a mother can sense when something is not right was a powerful one. We should always stress how important it is to seek medical advice if there is any scintilla of doubt. The hon. Gentleman was right, too, that every stillbirth and every neonatal death is something that we should learn from. We need consistency right across the bereavement pathway and right across the NHS.

I wish the hon. Gentleman success with his private Member's Bill, the Parental Bereavement Leave (Statutory Entitlement) Bill. We know that the odds of such legislation succeeding are not great, but perhaps today's comments and the no doubt eloquent case he will make in support of the Bill will persuade the Government to bring forward legislation of their own.

My hon. Friend the Member for Heywood and Middleton (Liz McInnes) spoke with her customary experience of the health service. She gave examples of some of the best practice in her constituency, but also spoke of the struggle of one of her constituents, Jane, who had been trying to obtain answers following the death of her daughter Niamh, and referred to the gaps in support throughout the country.

The right hon. Member for Mid Sussex (Sir Nicholas Soames) talked about Group B Strep, which, he said, is one of the most common causes of infection. He told us that one baby a day develops it. That is a shocking statistic, given that, as we know, the infection is largely preventable. The right hon. Gentleman also mentioned childhood strokes and the courage of his constituent Emily. I look forward to hearing the Minister's response to what he said.

The hon. Member for North Ayrshire and Arran (Patricia Gibson) has her own personal experience. She very bravely told us about Kenneth, who would have been seven on Saturday. She rightly made the point that people often do not know what to say in such circumstances, and end up saying nothing at all. We hope that the more Members talk about these issues, the less often such situations will arise. The hon. Lady also said that the response that she had received that it was "just one of those things" was not good enough. She talked about the culture of secrecy and the pulling down of shutters, which cannot possibly help bereaved parents who are looking for answers.

My hon. Friend the Member for Kingston upon Hull North (Diana Johnson) raised an important issue about her constituent's son William, whose ashes had been scattered without the constituent's acknowledge. She talked about her campaign to get Hull council to conduct an independent inquiry into what is apparently a widespread practice in Hull. The campaign was initially successful, and my hon. Friend is right to be furious about the U-turn that has now taken place, with no consultation or warning. We certainly support her campaign to have the inquiry reinstated, and I hope that the Minister will agree to look into the matter and make representations to the Secretary of State for Justice.

The hon. Member for Banbury (Victoria Prentis) spoke, very bravely, about her personal experiences. She observed that we often hear that the nature of the public's interaction with many public services means that people must tell their story again and again. She stressed the importance of relationship counselling, or, at the very least, an evaluation of how bereavement affects relationships. She also spoke with great knowledge about the importance of getting cremation right. I was pleased to hear that a working group is now looking into that.

The hon. Member for Gower (Byron Davies) said that awareness was the key to tackling this issue. He spoke with great sincerity about the fact that he and his wife had felt that they could not speak about their own loss, such was the stigma surrounding it. He rightly said that the medical advice that they were given at the time to "keep trying" was simply not acceptable.

The right hon. Member for Broxtowe (Anna Soubry) talked about her constituents' daughter Emily, who was stillborn, and their subsequent discovery that there was no bereavement suite. She said that it was almost cruel for bereaved parents to have to be in close proximity to those who had experienced successful births, and I think we can all understand that sentiment.

The hon. Member for Congleton (Fiona Bruce) highlighted the experience of her constituents, and the lack of joined-up communication in dealings with bereaved parents. She gave some disturbing statistics from a miscarriage survey which found that four out of five women received no aftercare at all. I think it is clear to all of us, given what we have heard today, how important it is for that support to be provided as often as possible.

The hon. Member for East Worthing and Shoreham (Tim Loughton) spoke with great knowledge of this subject. He mentioned the shocking statistic that 68% of local authorities do not commission bereavement support,

and presented a volley of other statistics revealing a lack of access to mental health support across the board. As he said, this is not something that just fades away; ongoing support is needed for parents. He paid tribute to the many charities that provide such support, but rightly said that people should not have to rely on charities to receive it. He also drew attention to his own private Member's Bill, and to the legal absurdity of the classification of births before 24 weeks. He made, I think, a compelling case for a change in the law.

Finally, let me pay tribute to the outstanding contribution from my hon. Friend the Member for Lewisham, Deptford (Vicky Foxcroft), who showed incredible courage in telling us about her daughter Veronica. We could all feel the pain that she must have felt every day for the last 23 years, and we all admire her bravery in talking about her experience. I am sure that Veronica would be as proud of her mum as we all are today.

As we have heard, this debate coincides with baby loss awareness week, which provides an opportunity for bereaved parents, their families and their friends across the world to unite and commemorate their babies' lives. I echo the tributes that have been paid to the many charities that do so much to support families through what is possibly the most challenging time that they will ever face. I do not think that any Member can be in any doubt about how difficult it is, having heard the moving speeches that have been made today. I know that the hon. Member for Colchester did not want to single out particular charities, but I shall name four. Sands, Bliss, the Miscarriage Association and Antenatal Results and Choices all do excellent work.

It is a demonstration of the importance of this issue that in baby loss awareness week—as in every week—we know that more than 100 families will experience one of the biggest tragedies of their lives. An average of 15 stillbirths occur each and every day. We have heard from Members that stillbirth is often a taboo subject that many find difficult to discuss. I think we are beginning to change that, but we owe it to all those families to address the issue, and I know that today's debate is a valuable part of the process. The loss of 100 lives a week in any circumstances is a tragedy, and if it were happening in a particular industry, there would no doubt be calls for action to be taken. That is why the words of the Members who have spoken today about their personal experiences are as important as they are brave.

I followed with great interest Monday's baby loss debate on Twitter, and I commend the hon. Members for Eddisbury and Colchester for their innovation in facilitating it. The debate offered members of the public from all over the country an opportunity to share their views about this issue, and I want to put on record my thanks to everyone who took part. Twitter and social media generally have gained a bit of a reputation over the last few years for being unforgiving and cruel domains, but Monday's debate showed how that arena can be harnessed to bring about genuinely thoughtful and meaningful engagement with the public.

One of the key themes that emerged from the debate was the fact that this country offers some of the best neonatal care in the world, along with some exemplary psychological and bereavement support services. However, it also made clear that—as we have heard from many Members today and in the past—it does not offer that excellent care equally in every area. There is a great deal of variation across the country, which is why, much to our shame, our rates of stillbirth are unacceptable in comparison with those of similar countries. There has been an enormous amount of progress in reducing the rates of stillbirths and infant deaths in the last century, but it has sadly stalled in recent years. Indeed, according to *The Lancet*, the annual rate of stillbirth reduction in the UK has been slower than those in the vast majority of high-income countries. Our annual rate of reduction has been 1.4%, compared with 6.8% in the Netherlands. I think we would all agree that that is not an acceptable level of progress, and variability may well be one of the key reasons for it.

We welcome the Government's commitment to reducing the rate of stillbirths, neonatal deaths, maternal deaths and brain injuries that occur during or soon after birth by 20% by the end of this Parliament, and by 50% by 2030. During the debate that took place in June, the former Minister, the hon. Member for Mid Norfolk (George Freeman), confirmed that the first annual report on progress towards meeting those targets was due to be published this autumn. I should be grateful if the Minister would tell us whether that is still the Government's intention, and when we can expect to see the report.

If we are to see a reduction in the number of avoidable deaths, another key priority, which is linked to the variability of care, is to ensure that there are safe staffing levels in neonatal units. According to the "Bliss baby report 2015: hanging in the balance", 64% of neonatal units do not have enough nurses to meet national standards, and 70% of neonatal intensive care units regularly look after more babies than is considered safe. Given the strong evidence of a link between staffing levels and babies' mortality, I ask the Minister to set out what steps the Government are taking to address that. We shall simply not be able to achieve the Government's laudable ambitions if we cannot provide safe staffing levels in neonatal units.

Another issue that was raised during the debate in June was the investigation of stillbirths. At present, coroners do not have the jurisdiction to investigate the deaths of children who are stillborn to try to understand exactly why the deaths occurred and to inform best practice. As we have heard from many Members today, parents simply want to know what went wrong and whether it will happen again. Members of all parties were encouraged when the previous Minister undertook to discuss expanding the remit of coroners with his counterpart in the Ministry of Justice. I should be grateful if the Minister could tell us how those discussions have gone.

Let me end my speech by focusing on the families who so sadly experience bereavement, and the care and support that is offered to them afterwards. This is another area in which, sadly, there is a great deal of variability, with some families receiving the levels of support and care that we would expect while others have had shocking experiences such as those about which we have heard today. I should be grateful if the Minister could outline the steps that he will take to realise the Government's commitments on parity of esteem for mental health in neonatal care. No one who has suffered the trauma of losing their baby should be left to suffer alone.

Members in all parts of the House have spoken very bravely and with great passion about their personal experiences. I hope that, following the debate, we shall

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be able to move forward, continue to break down the taboos, and ensure that every family to whom this happens receives the very best care, both medically and in terms of bereavement support. Families experiencing the very worst of times deserve a system that offers them the very best.

2.40 pm

The Minister of State, Department of Health (Mr Philip Dunne): I am humbled to be responding to this debate. It is undoubtedly the most moving debate that I have participated in during the 11 and a half years I have been in the House and I pay an enormous tribute to all those who have spoken, particularly those who spoke of their own personal experiences. I shall touch on that further in a few moments. I want to start by congratulating my hon. Friends the Members for Eddisbury (Antoinette Sandbach) and for Colchester (Will Quince) on initiating this debate during baby loss awareness week. I also commend them on the remarkable progress they have made in launching the all-party parliamentary group on baby loss and on securing cross-party support for it. The group has had an unusually large impact compared with the plethora of other groups, and it has managed to achieve a Commons Chamber debate within a few months of being set up. That is an unusual and impressive achievement by them and the other officers of the group on both sides of the House.

Yesterday, hon. Members from across the House showed tremendous support for the work of the group. This was evidenced by the support from Mr Speaker in hosting a reception in his state rooms which was attended by many of the 21 pregnancy and baby loss charities that are dedicated to arranging support and care for families that go through this terrible experience. Events such as those that have taken place throughout the week here in the House—and indeed on Twitter, as the hon. Member for Ellesmere Port and Neston (Justin Madders) mentioned earlier—help to raise awareness for the families who suffer this loss, often in silence. One of the things that has struck me most about this debate is the determination of those who have experienced such loss, either directly or through their families or constituents, not to allow the issue to remain in the closet.

I would like to address some of the comments that have been made and to applaud the contributions and interventions that we have had today from the more than 30 hon. Members who have spoken of their own personal experiences and those of their constituents. Interestingly, although we have had contributions from 17 Back-Bench women, we have also had contributions from 13 Back-Bench men, some of whom have had personal direct experience as well. Particularly moving have been the contributions from Members who have not raised their experience of this issue in public in this place before. They included the hon. Members for Lewisham, Deptford (Vicky Foxcroft) and for North Ayrshire and Arran (Patricia Gibson), my hon. Friend the Member for Banbury (Victoria Prentis)—she might have mentioned it before, but she made another moving contribution today—my hon. Friend the Member for Gower (Byron Davies) and the hon. Member for Glasgow North West (Carol Monaghan). Such personal testimony obviously touches the heartstrings of everyone who hears it, and there was barely a dry eye in the House when they were speaking. I pay tribute to their courage in making so clear the pain that they went through, either recently or some years ago. Foremost among those Members are my hon. Friends the Members for Eddisbury and for Colchester, who brought this matter so vividly to our attention with their speeches nearly 12 months ago.

I shall not go through every contribution that has been made today, but I shall try to refer to many of them in my remarks. In particular, I should like to pay tribute to the hon. Member for Ellesmere Port and Neston for his very thoughtful contribution and for the spirit in which he made it. I shall try to address most of his questions as I continue. Before I forget, I should like to address the question put by my right hon. Friend the Member for Crawley—

Sir Nicholas Soames: Mid Sussex.

Mr Dunne: I am sorry. Have I got it wrong again?

My right hon. Friend the Member for Mid Sussex (Sir Nicholas Soames) asked about progress on screening for group B streptococcus, and I can reassure him that the UK national screening committee is reviewing its recommendation on antenatal screening for GBS carriage as part of its three-yearly review cycle. It will be taking new published evidence into account. We are anticipating that a public consultation will be held on this topic shortly, and I am sure that my right hon. Friend will want to participate in it. Once it has been concluded, we will review the recommendations that emerge.

The loss of a baby is clearly devastating for its parents and the family, regardless of when or how the death occurs. Those experiencing the heartbreak of miscarriage, stillbirth, the death of an infant or the decision to terminate a much-wanted pregnancy need our support and kindness, and the acknowledgement that their child was here for a short time and was loved. I have been deeply struck by the comments about the lack of sensitivity that can occur when such a loss takes place, and it is absolutely right that the Department of Health should encourage best practice across the NHS in order to minimise the distress caused by insensitive conduct on the part of those involved in supporting families at this time.

Such feelings of loss are real, but as has been said, in particular by my hon. Friend the Member for Gower, who explained this dispassionately and clearly, the issues are often not discussed. Many of us do not realise that on an average day in England around 32 women will be diagnosed with an ectopic pregnancy, 15 babies will be stillborn and eight babies born on that day will die before their first birthday. Most of those infants will probably be less than a month old. It is therefore important that we in Parliament discuss the issues around baby loss and the care for those families experiencing such tragedies.

I want to talk about the steps we are taking with the NHS to reduce stillbirths and other adverse maternity outcomes. I also want to talk about what we are doing to support families who experience this loss. England is a very safe country in which to have a baby, and it is encouraging that the stillbirth rate in England has fallen from 5.2 per 1,000 births in 2011 to 4.4 in 2015. In 2014, the neonatal mortality rate was 2.5 deaths per 1,000 births, and the rate of deaths in babies aged 28 days to

one year was 1.1 per 1,000 births. Those rates have been steadily declining and are now at their lowest levels since 1986. There is, however, as we have clearly heard from every contribution today, more that we can do, and, as a Government, we are determined to do so.

It is important that we do not accept all miscarriages, stillbirths, pregnancy terminations or neonatal deaths as inevitable, or simply nature taking its course, as has been touched on by a couple of contributions today, because many of them might have been prevented.

When compared with similar countries, our stillbirth rates remain unacceptable. In the stillbirth series of *The Lancet*, which was published earlier this year, the UK was ranked 24th out of 49 high-income countries. The same publication showed that the UK's rate of progress in reducing stillbirths has been slower than that of most other high-income countries. The annual rate of stillbirth reduction in the UK was 1.4% compared with 6.8% in the Netherlands. That places us, as we heard from my hon. Friend the Member for Eddisbury, in the bottom third of the table, in 114th place out of 164 countries around the world, for progress on stillbirths.

We also know that the rates of death in some higher risk groups are not coming down. Again, that was referred to by my hon. Friend the Member for Colchester. According to the Twins and Multiple Births Association, stillbirth rates for pregnancies involving twins, triplets or more increased by 13.6% between 2013 and 2014. Multiple births make up 1.5% of pregnancies in the UK—around 12,000 pregnancies each year—but a disproportionate 7% of stillbirths and 14% of neonatal deaths.

We want NHS maternity services to be an exemplar of the kinds of results we can achieve when we focus on improving safety. With a concerted effort, we can make England one of the safest places in the world in which to have a baby. That was why, last November, the Secretary of State launched a national ambition to halve the rates of stillbirths, neonatal deaths, maternal deaths and brain injuries that occur during or soon after birth by 2030, with a shorter-term aim of achieving a 20% reduction in each of these rates by 2020. I am glad that that was recognised by my hon. Friend the Member for Eddisbury and pleased that she will be keeping an eye on the progress that we make each year to achieve those targets.

To support the NHS in achieving this stretching ambition, the Government have announced plans for investment. There will be a £2.24 million fund to support trusts to buy monitoring or training equipment to improve safety. More than 90 trusts have been successful in receiving a share of the fund, enabling them to buy equipment such as training mannequins, and foetal or maternal monitoring equipment such as carbon monoxide monitors and portable ultrasound equipment.

As my hon. Friend the Member for Colchester acknowledged, we are also investing in the roll out of training programmes to support midwives, obstetricians and entire maternity teams to develop the skills and confidence they need together to deliver world-leading safe care. We hope to be able to say more about how maternity services can apply for this funding soon.

We are also providing funding via the Healthcare Quality Improvement Partnership for developing the new system—the standardised perinatal mortality review tool—which, once complete, should be used consistently across the NHS in Great Britain to enable maternity services to review and learn from every stillbirth and neonatal death. That was an important element of the APPG's vision for the future. We need to develop proper learning and understanding from what goes wrong, and then the lessons learned should be spread to maternity services across the country. As my hon. Friend the Member for Grantham and Stamford (Nick Boles) emphasised, many reports have highlighted that we do not effectively learn from our mistakes. Indeed, the guidelines of the Royal College of Obstetricians and Gynaecologists state that all stillbirths should be reviewed in a multi-professional meeting using a standardised approach on analysis for substandard care and future prevention. That is something that we would like to see taken up.

We must view individual failings as important and recognise the need for accountability, but balance that with a need to establish standard processes that can prevent avoidable mistakes from happening again. In April we established a new independent healthcare safety investigation branch to carry out investigations and share findings. The HSIB will operate independently of Government and the healthcare system to support continuous improvement by using the very best investigative techniques from around the world, as well as fostering learning from staff, patients and other stakeholders.

An important improvement in maternity care is care that is more collaborative and responsive to the needs of women. Several Members referenced the investigations by Sands, the stillbirth and neonatal death charity, which has revealed that 45% of women who raised a concern with a health professional during pregnancy were not listened to and then went on to have a stillbirth. Clearly, that is not acceptable. All women should receive safe, personalised maternity care that is responsive to their individual needs and choices.

The hon. Member for Ellesmere Port and Neston asked where we are on supporting those with mental health conditions through pregnancy. I draw his attention to the announcement in January in which the Government set out that an additional £290 million will be made available over the next five years to 2020-21 to invest in perinatal mental health services. That is funded from within the Department of Health's overall spending review settlement, and it will go a long way to providing support for women who are pregnant and need mental health counselling both before and after birth.

Last November we asked the national patient safety campaign Sign up to Safety, which was launched by the Government in 2014, to support all NHS trusts with maternity services to develop plans to improve safety and share best practice. In March this year we launched "Spotlight on Maternity", with guidance for maternity services to improve maternity outcomes. This set out five high-level themes that are known to make maternity care safer that services could focus on: building strong clinical leadership; building capability and skills for all staff; sharing progress and lessons learned across the system; improving data capture and knowledge; and improving care for women with perinatal mental health problems.

In February this year, "Better Births", the report of the independent national maternity review that was chaired by Baroness Cumberlege, was published, and hon. Members have touched on it today. It sets out that the vision is for maternity services across England to

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become safer, more personalised, kinder, more professional and more family-friendly. The Department of Health is leading the promoting good practice for safer care workstream of the maternity transformation programme that was launched last July to deliver the vision set out by the national maternity review, and we will set out our action plans shortly.

As my hon. Friend the Member for Eddisbury highlighted, it is vital that we support research into the causes of stillbirths and neonatal deaths so that we can better understand how to identify babies at risk and improve services. In recent years, the Government have invested in research, looking at important questions regarding stillbirths and neonatal deaths. From 2012, the National Institute for Health Research biomedical research centres at Cambridge and Imperial College will have invested £6 million over five years in research on women's health, including research to increase understanding of the causes of still births and neonatal deaths. We continue to encourage research bids for new studies that will help us to identify babies at risk.

The evidence shows that this stretching ambition cannot be achieved through improvements to NHS maternity services alone. The public health contribution will be crucial. As *The Lancet* stillbirth series concluded, some 90% of stillbirths in high-income countries occur antenatally and not during labour.

We heard from a number of hon. Members about the need to do more to highlight risks during pregnancy so that women are aware of what they can do while they are pregnant to minimise the risks. When starting pregnancy, not all women will have the same risk of something going wrong, and women's health before and during pregnancy is one of the factors that influence rates of stillbirths, neonatal deaths and maternal deaths. We know that a BMI of over 40 doubles the risk of stillbirth, that a quarter of stillbirths are associated with smoking, and that alcohol consumption is associated with an estimated 40% increase to stillbirth risk. In addition, the MBRRACE—Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries—report published in June last year showed that women living in poverty had a 57% higher risk, babies from BME groups have a 50% higher risk, and teenage mothers and mothers over 40 have a 39% higher risk.

Tim Loughton: I sense that the Minister is coming to the end of his speech—if you have anything to do with it, Madam Deputy Speaker. Will he give me a guarantee that he will look into the registration of stillbirths? He has not mentioned that yet.

Mr Dunne: I will come back to my hon. Friend's point just as I conclude.

These striking facts are why the Department of Health will continue to work closely with Public Health England and voluntary sector organisations to help women to have a healthy pregnancy and families to have the best start in life. A new information campaign will be launched shortly, and I encourage all hon. Members to support it during the launch period.

I would like to say a few words before I conclude about the importance of delivering good bereavement care for those families who have experienced baby loss, which was a topic raised by many hon. Members. Having not gone through the experience myself, I can scarcely comprehend how devastating it must be for parents to lose a baby. It is important that parents receive appropriate care and support as sensitively as possible when that occurs. The MBRRACE report that I referenced stated that 60% of parents currently receive a high standard of bereavement care, but that clearly leaves 40% who do not, which is not good enough.

Since 2010, we have invested £35 million in the NHS to improve birthing environments, including better bereavement suites and family rooms at some 40 hospitals, to support bereaved families. I have seen some of those rooms, including the superb suite opened last month in the Medway Maritime hospital, which I think was one of those that indicated that it did not have such a suite when my hon. Friend the Member for Eddisbury undertook her research. We have heard from my right hon. Friend the Member for Broxtowe (Anna Soubry) about the recent improvement in Nottingham.

We have been working with Sands, the Miscarriage Association, the Lullaby Trust and others to understand the challenges that maternity services face and to highlight areas of good practice. I am pleased that the all-party group's report, which was published this week, recognises the work that we are supporting to develop an overarching bereavement care pathway to help to reduce the variation in the quality of bereavement care provided across the NHS.

In response to the comments made by my hon. Friend the Member for East Worthing and Shoreham (Tim Loughton) in his intervention and elsewhere during the debate, I should like to say that I have been impressed by comments made about the distress caused by the registration of post-24 week baby loss, often in the same place where mothers with young babies are registering births. I can well imagine that that compounds the sense of grief. It is appropriate that we look at best practice and the common-sense delivery of registration to see whether it could be spread more widely, so I will ask officials to look at that, but I am not promising legislation.

I again thank again all hon. Members for participating in the debate and their deeply moving contributions. In particular, I thank those who secured the debate for their work in driving the all-party group and raising awareness across the nation. It is important that we as a Government try to drive an improvement in outcomes, and I reassure hon. Members that the Government are fully committed to reducing the number of babies who die during pregnancy or in the neonatal period, and to supporting those families who are bereaved. Although the Baby Loss Awareness Week events here in Westminster culminate with today's important debate, other events are continuing to take place throughout the United Kingdom and internationally. I should like to encourage everyone to join in the global wave of light, which we heard about earlier this afternoon, by lighting a candle at 7 o'clock this Saturday 15 October and letting it burn for one hour in remembrance of all the babies who have died during pregnancy or at, during or after birth.

3.2 pm

Antoinette Sandbach: I want to pay a huge tribute to my colleagues, particularly the hon. Member for Lewisham, Deptford (Vicky Foxcroft). I know that it is incredibly hard when we sit in this place to decide whether we want to put something that is a deeply personal piece of

our lives into the public domain. Any parent who is dealing with child loss deals with the same dilemma. Do they talk to their employers? Do they talk to their friends? Do they explain what has happened?

I therefore thank the hon. Lady and all other colleagues: the hon. Member for North Ayrshire and Arran (Patricia Gibson), my hon. Friend the Member for Banbury (Victoria Prentis), the hon. Members for Washington and Sunderland West (Mrs Hodgson) and for Glasgow North (Patrick Grady), and my hon. Friends the Members for Gower (Byron Davies) and for Colchester (Will Quince). We were not aware a year ago where this path would take us. I am grateful for the fact that we are breaking the silence about child loss. We need professionals in the NHS to break the silence about child loss, too. That way, we will get real change.

I certainly will join the wave of light on Saturday. There is a series of awards called the Butterfly awards whereby people can nominate good practice in their local hospitals, or a local blogger or small charity that has made a difference in this field. I urge hon. Members to think about nominating people they know for next year. I will be there, listening to the awards. I will certainly be lighting a wave of light candle, and I know that many others will, too.

Madam Deputy Speaker (Mrs Eleanor Laing): Before I put the Question, I should like to commend everyone who has taken part in this extraordinary debate, many of whom have shown incredible courage in talking about sensitive personal issues. Those who criticise this Chamber and the way it works should pay a bit of attention to how powerful it is when it operates as a unique forum for national debate, and how effective it is when it operates at its best, as it has done this afternoon.

Question put and agreed to.

Resolved,

That this House has considered baby loss.

Hormone Pregnancy Tests

3.5 pm

Yasmin Qureshi (Bolton South East) (Lab): I beg to move,

That this House notes that an Expert Working Panel Group Inquiry was set up by the Government to investigate and assess evidence on children born with serious deformities due to hormone pregnancy test drugs taken by expectant mothers between 1953 and 1975; further notes with concern that the terms of reference as set out by the Medicines and Healthcare Products Regulatory Agency do not clearly allow for an investigation into the systematic regulatory failures of government bodies at the time; notes the conflict of interest of some panel members; further notes that all evidence must be presented to expert panel members as set out in the term of reference; calls on the Inquiry to ensure that all evidence is presented to the expert panel with sufficient time for due consideration; further calls on the inquiry to guarantee thorough background checks on all panel members; calls for the terms of reference to be amended to include an investigation into the conduct of the Committee on Safety of Medicines; further calls on the Government to ensure that the inquiry has the trust and confidence of the victims for whom it was set up; and believes that, unless these changes are made, the ability of the Inquiry to achieve a fair outcome will be significantly compromised.

I thank the Backbench Business Committee for granting this debate—the second on this issue, which I started to campaign on five years ago. Just under two years ago, I asked the Backbench Business Committee for a debate about a drug called Primodos, which was prescribed to pregnant women in the 1960s and 1970s. It had 40 times the strength of oral contraceptives prescribed today, and we know what they were devised for. It is estimated that at least 1.5 million women may have taken this drug, and thousands of families suffered. In answer to a written parliamentary question, the then Minister assessed that 3,540 women may have suffered effects. We think that the actual figure is much higher.

This all started in 2011, when I met my constituent Nichola at her home. She was born with life-threatening internal congenital deformities to her stomach, spine, heart and womb. She had her first operation was when she was seven days old. Since then, her life has consisted of visiting hospital, as an in-patient and an out-patient, and going through various procedures. Another of my constituents is Bridget Olive.

When I met Nichola at her home, I saw boxes and boxes of documents, some of which had been leaked by various pharmaceutical companies and other bodies. I had a brief look through some of those documents, and it was at that point that I decided that the issue needed more than mentioning, or raising; we needed a real investigation and an inquiry on what happened. I am not exaggerating or being over-emotional, but, applying my legal knowledge in my capacity as a barrister, I am prepared to say that there was deliberate criminal, negligent oversight by the then Committee on Safety of Medicines as regards this drug and its usage, and the fact that it continued to be prescribed for years, despite most of the medical community knowing that it had caused adverse consequences for the women who took it.

At the end of the first debate on this subject, the Minister agreed that there would be an expert panel inquiry on the issue. He agreed, in and outside Parliament, that the inquiry would look at all the available documents, including those that we would provide, or had come across, and those in the archives. The Minister went

[Yasmin Qureshi]

further and ordered that all the documents held by the current equivalent body, the Medicines and Healthcare Products Regulatory Agency, should be revealed. The inquiry was to look at all the documents and assess what had happened. I will come on to what the inquiry has produced, but this debate is more about how the inquiry has progressed. An inquiry that becomes a whitewash is pointless and a waste of time and money.

Mr Jacob Rees-Mogg (North East Somerset) (Con): I congratulate the hon. Lady on securing this incredibly important debate, and I reiterate and agree with what she says. When at the heart of the matter there is a regulator who took eight years to act between 1967 and 1975, and many years later is investigating what it had done, it is crucial that that inquiry is seen to be independent and full.

Yasmin Qureshi: I thank the hon. Gentleman. I shall come on to the issue of the independence of the inquiry and the members of the panel.

The Minister indicated that the inquiry would be carried out by an independent panel of experts and said that it would look at everything that had happened and the lessons to be learned. Our present concern is about what happened, who did what and who failed to do what, and what compensation and apology victims will receive.

I shall briefly highlight some of the evidence that we have uncovered, which shows what happened in the 1960s and 1970s.

Mr George Howarth (Knowsley) (Lab): My hon. Friend will be aware that between 1970 and 1971 Finland, Sweden and Norway all banned the use of such treatments. Does she think that there was plenty of indication at that time to give people reason to believe that there was a real problem that needed to be addressed, and is it not timely—I congratulate her—that we are now starting to get the evidence out and have it discussed?

Yasmin Qureshi: My right hon. Friend is right. It is amazing how other countries reacted to the evidence. The medical association in the UK was first alerted by Dr Isabel Gal in 1967, a paediatrician who said that her research showed that there was a link between women who had taken the drug and deformities in babies. Her letters and her research were dismissed out of hand by Dr Inman, who headed the regulatory authority. In a letter the authority referred to her in a derogatory manner as a "pathetic eastern European woman", completely ignoring what she had to say.

We know that other information was available. For example, in February 1969 a committee received a letter from a Dr Dean of the Royal College of General Practitioners, who stated that

"Primodos should be withdrawn from use".

However, the chief scientist of that committee, Dr Inman, refused to support that and instead wrote to the manufacturer of the drug, Schering, stating that

"the opinion expressed by Dr Dean that Primodos should be withdrawn should not be taken into account. Some women deliberately use excessive doses of Primodos with the intention of ridding themselves of an unwanted pregnancy".

We have heard that Norway and Sweden banned the drug in 1970.

Again the Committee on Safety of Medicines took no action. Similar notices were issued in Finland, Germany, the USA, Australia, Ireland and the Netherlands, but again the committee took no action. In fact, in 1974 a letter from Schering—from PGT Bye—stated that

"after discussion with the Committee on Safety of Medicines we agreed some time ago not to recommend for the use of pregnancy diagnosis. It is not recommended for early pregnancy since the possibility of virilisation of the female foetus cannot be excluded with certainty".

Yet still the committee issued no warning.

A further letter stated that

"side effects cannot be reliably excluded"

and that

"Primodos should no longer be recommended for the diagnosis of pregnancy."

Again the committee said nothing. There are countless such documents. One of our concerns is that panels should have sight of those documents and be given sufficient time to read them, because they must be looked at properly and not ignored.

In 1975 the Committee on Safety of Medicines issued its first warning, stating:

"A number of studies have shown a possible association between Hormone Pregnancy Tests and an increased incidence of congenital abnormalities."

On 15 October 1975, 41 years ago, Dr Inman wrote:

"We are defenceless in the matter of the eight-year delay".

In November 1977, eight years after the committee had first been alerted, an adverse reaction leaflet was issued to the medical profession, stating:

"Further results have now been published and the association is confirmed."

I want to refer briefly to some of the documents, many of which were archived in Berlin and at Kew. Marie Lyon, who chairs the victims association, has painstakingly gathered the documents, and the panel has been informed of them. I want to pay particular tribute to Marie Lyon, who has been doing a considerable amount of work over the past five years. She has spent months and months working on the documents, travelling the length and breadth of the United Kingdom and visiting Germany. She has effectively been working alone, with no support from Government bodies or local authorities. She and the victims association have been on their own. The only support they have had has been from members of the all-party parliamentary group and the Members in the Chamber today who have been fighting their cause. I also want to thank Jason Farrell of Sky News, who has been instrumental in getting some of the documents from Berlin and having them translated.

Translation of the documents is another issue, because many of those that came from Berlin are in German, as is to be expected. I want to know whether all those documents will be translated into English for the panel, because clearly it cannot carry out the inquiry if they are in a different language. We need to know whether all the documents that the victims association has gathered will be looked at and presented to the panel and, if so, in what format? When I used to prepare a large case with thousands of pages, there was a way of presenting the evidence so that the jury could understand it. Will that be done for the inquiry? If not, why not?

The reason we are asking these questions is that I have tried to contact the chair of the panel, Dr Ailsa Gebbie, and written letters to her, asking her to answer numerous questions, and, to be honest, we have not received a satisfactory answer to any of them. If anything, Marie Lyon, who has observer status on the panel, has been put under what I would call a gagging clause, which means she cannot talk about anything, because if she did she would be criminally prosecuted.

One of the things I remember from our discussion with the Minister was that the purpose of the inquiry was to have transparency and openness. We accept that there is obviously a need for a degree of confidentiality when evidence is presented, but we need to know what is going on. We need transparency, because without it, what is the purpose of this?

One thing the Minister promised was that the inquiry would have the victims at its heart. Yet, how have the victims been treated in this inquiry, which has been going for over a year now? I got a letter from one of the victims who turned up, and it is so distressing. The victims were told they could come and speak for a few minutes. Some travelled for five or six hours across the country to get to the hearing. They were promised at least 15-minute slots, but some were given three minutes or five minutes. Nobody even spoke to them properly; they were just asked to get on with it and to say what they had to say.

Fortunately, the victims who gave evidence were not subject to the gagging clause, so we were able to find out a little about what happened on the one day that seems to have been allocated for the victims. The panel heard from a few of them, but it did not ask them any questions. They were not cross-examined; they were not asked for anything—they just had three minutes. One lady said she was devastated; it had taken her five hours to drive there, and she was given three minutes. The victims said they were sitting so far from the panel, where the microphones were, that they were not even sure the panel was hearing what they had to say.

How can an inquiry that has victims at its heart not take more than a day to listen to them and, when they turn up, give them just three minutes? That is why we are having this debate. Given the way this inquiry is going, I do not think that any of the Members of Parliament who are supporting and assisting the victims have any confidence in it. As in the Hillsborough inquiry and the sexual abuse inquiry, everybody accepts that it is all about the victims; it is not about protecting regulatory bodies or the scientific community—it is about the people who have been affected.

There is another thing the Minister said. Obviously, it goes without saying that any inquiry must be independent—the panel members must be independent. When I raised that in a letter to Dr Ailsa Gebbie, the chair, she said, "Well, we got the expert panel members just to declare that they had nothing to declare." There was no independent vetting or investigation into the background of any of these people. We have to understand this: people in the medical community, scientists and people in the pharmaceutical companies often work with each other. People have been advisers or consultants to somebody, or they have gone from the pharmaceutical companies into medicine or hospitals. There is a community of people who are linked.

We do not have the resources, but our basic research has shown that one of the panel members, Laura Yates, put on her social media that she does not think that Primodos caused any defect. How can this person be part of the panel? Then we have information about Doctor Schaefer. This man has worked with the company concerned, so he is directly linked with Schering—and he is still on the panel. That is two people, just from our basic inquiry. We want to know from the Minister whether the panel members will be properly vetted to see whether they are really independent and to find out about their connections. Again, without that, we will not have any faith in the inquiry.

We have asked the inquiry how long it will go on and how many sessions it will hold. There has been no response—nothing. We have tried to find out for well over a year, but nobody knows what on earth is going on with this inquiry. That leads to another question for the Minister. How long is the inquiry going to carry on? How many days have been set aside for it? How many hours have been spent on the inquiry to date?

In addition, how have the experts been chosen? We do not even know by what methodology they have been chosen. There are about 15 people on the panel, but does it need that many? Who are they, and how relevant is their experience to what they are looking at?

Madam Deputy Speaker (Mrs Eleanor Laing): Order. I am sure the hon. Lady will soon be drawing her remarks to a close, in the knowledge that many other Members wish to speak this afternoon. She has vastly exceeded the guideline length of time, but I will allow her a peroration.

Yasmin Qureshi: I was just coming to the end of my speech, Madam Deputy Speaker.

Lastly, we are very grateful that the inquiry has been set up, but we have genuine concerns about what is happening with it and where it is going. As has been said, at the end of the day, there is no point in having the inquiry if it does not look at the things that matter, one of which must be to provide an explanation of the regulatory failures and the cover-ups in the 1960s and 1970s.

3.26 pm

Yvonne Fovargue (Makerfield) (Lab): I congratulate my hon. Friend the Member for Bolton South East (Yasmin Qureshi) on securing this debate. I am pleased to be called to speak, not least to pay tribute to my wonderful constituent Marie Lyon, whom my hon. Friend has mentioned. She has worked absolutely indefatigably to pursue justice for the families affected by the hormone pregnancy test drugs. In large part, it is her persistence that has led to this inquiry, on which she sits as an observer representing the Association for Children Damaged by Hormone Pregnancy Tests.

Marie Lyon is bound by confidentiality and prohibited from discussing the process, but I know from my own observation that she has been swamped by a deluge of paper, with 36 large files in the past two weeks alone. She has two weeks to read and research those more than 3,000 pages of densely written and complex information, which is often in a foreign language, as we have heard. If I were a cynic, I would suspect that those involved were trying to deter her from continuing, but it is obvious that they do not know Marie. If all the group members

[Yvonne Fovargue]

have been given the same timescale, I wonder at the ability of any of them to assimilate that amount of information, however much support they have.

Marie has a daughter who was born with her left arm missing below the elbow joint. Marie took Primodos on the advice of her doctor, whose words were, "We've got this great new pill to find out if you're pregnant—we've no longer got to kill the rabbit." She was excited and eager to find out whether she was pregnant, and of course she took her doctor's advice, as did a number of women in my constituency. I have the highest concentration of constituents affected by thalidomide and the highest concentration of families affected by Primodos, and there is a cluster in certain practices. To me, as a lay person, that demonstrates beyond doubt the link between the drug and the birth defects, and I question the reasonableness of placing the burden of proof on those affected. Surely the key test should be to prove that the tablets were safe to take and that there were no contraindications. We must also find out whether, when it became apparent that there were contraindications, the tablets were withdrawn speedily and in time to stop any further birth defects.

These women, whose stories I will mention, were all advised to take the drug by their GPs. They took it to find out whether they were pregnant, not for any other reason—shamefully, that has been suggested—and they are still living with the consequences. Wendy's son has badly deformed feet; June's son has congenital heart problems; Elsie's daughter has severe learning difficulties and epilepsy; Anita's son died five minutes before he was born, and had a large lump on the back of his neck; Tom lives with a club foot, and has many serious health problems; and Mike has severe problems swallowing and eating. Those are all different defects, but people would have thought that they were pregnant and would have taken the pill at different times throughout the gestation period, so of course the problems will be different. All of those are personal tragedies.

The story that has remained with me the longest is that of a constituent who does not want to be named. She came to me with her husband. They had looked forward to having a large family. She said to me, "I have a lot of love to share." She was excited about her first pregnancy, which was confirmed after she took Primodos. Her son was born with learning difficulties and feeding problems. When they asked the doctor what the reason for this was, he said it could be hereditary, passed down from her husband. In fact, he said to her husband, "It could be your fault." They decided not to have any more children because of that risk, so this drug not only affected their child, but cheated them out of having the other children they so desperately wanted. My constituent's husband died earlier this year, worn out by the strain of looking after the son and of thinking for years that it could be his fault.

It is for those families that justice needs to be done, and that it needs to be seen to be done. I therefore support the motion fully. Marie Lyon and the other members of the association have done sterling work in bringing this issue forward. They have achieved great things with little money and support. It is now up to us to ensure that their voice is heard loud and clear, and that the expert working group operates without bias and undue influence. Only through lifting the veil of secrecy can we be sure of that. Only then can there be full confidence in the conclusion. We cannot give these families back what they have lost, but we can at least give them that.

3.32 pm

Hannah Bardell (Livingston) (SNP): I speak on behalf of my constituent, Mrs Wilma Ord, her daughter Kirsteen and the many hundreds of thousands of women and families who have been affected by the drug Primodos. It is a sad and tragic irony that this debate follows another hugely important debate on baby loss, in a week when we remember parents and families who have lost their little ones.

Miscarriages, cerebral palsy, brain damage and children being born without limbs are just some of the alleged side effects that the hormone pregnancy drug Primodos can inflict. Dubbed the forgotten thalidomide, Primodos was a drug given to women in the 1950s, '60s and '70s to establish whether women were pregnant. Many believe that it caused damage and deformities in thousands of babies in the UK and across the world. Primodos, as prescribed, was 40 times stronger than the average oral contraceptive pill. Recorded tests undertaken by the producing drug company Schering, now known as Bayer, in 1966 found that Primodos was potentially "embryo lethal" and "embryotoxic". The Medicines and Healthcare Products Regulatory Agency has stated:

> "The regulatory and social environments have changed greatly since the 1970s and as a result no medicines are recommended for use in pregnancy unless considered essential."

I urge the Minister to keep those points in mind throughout this debate and while considering the role he has to play in ensuring the integrity of the inquiry that was set up last year to establish whether there is a link between Primodos and the birth defects.

Before I touch on the detail of the inquiry, I want to pay tribute to my constituent, Mrs Wilma Ord and her daughter Kirsteen, who are here in the Gallery today, along with many other families whose lives have been affected by this issue. They have made long journeys from around the country at their own expense. Wilma has visited me and my staff a number of times and I will speak more about her story later. Marie Lyon, who has been mentioned, has done a power of work and is an inspiration to me and my staff on a daily basis.

I also pay tribute to my colleague and friend, the hon. Member for Bolton South East (Yasmin Qureshi). She has been fighting on this issue for many years. Sometimes we must put party politics to one side for the greater good. Today is one of those days when politicians of all colours stand together in unity to fight for justice for those who have been silenced or who cannot speak for themselves.

On the scope of the inquiry, in October 2014, the former Minister for Life Sciences, the hon. Member for Mid Norfolk (George Freeman), ordered an independent review of all papers and evidence linking hormone pregnancy tests to birth defects, following wide-scale concerns raised over many years by many Members of the House. I have been following recent developments in the progress of that inquiry and have grave concerns about its scope and the way in which it is being conducted. In summary, I am concerned about conflicts of interest, as there is a lack of clarity on the framework, including the scope of work and the decision makers; the evidence

being presented to the group; the lack of focus on regulatory failures; and, finally and most importantly, transparency and openness.

On the conflicts of interest, my concerns are severe yet simple. Panel members have been asked to self-declare their interests. We know of one instance of an undeclared interest that went unnoticed until highlighted to the individual. That suggests that no proper checks are in place to ensure that declarations are made. There is no clarity on how or whether such conflicts of interests are declared or investigated, or on how it is decided whether they are conflicts of interest. There is a lack of clarity on who is responsible, if anyone.

It was thought appropriate to invite an expert panel member as a visiting expert who was later removed from the working group because of his previous associations with the drug manufacturer. I am concerned about the logic in deciding, first, to invite him as an expert and then to remove him because of a conflict of interests. Who is making those decisions and why are they being made?

I and other members of the all-party group on oral hormone pregnancy tests were told in a letter from the chair of the expert working group that

"no core members of the Expert Working Group have declared any interests in Bayer".

What is a core member? How has the information given been verified? Is it acceptable for non-core members to be associated with Bayer? The letter also states that there are "participant categories", but again there is no explanation available of what that means or who decided those categories. It further states that all recommendations about who ought to sit on the working group

"were considered and where appropriate, endorsed by the Chair, taking into consideration the expertise required for the Expert Working Group and following consultation with the MHRA Executive".

What expertise does the chair consider is required? Is it up to only the chair to decide or is it decided in conjunction with the MHRA? Are they the correct people to decide, particularly in the light of what I have just said about decision making?

I know from a particularly odd experience of my own concerning a panel member —the hon. Member for Bolton South East also mentioned this situation; we are unsure whether the person in question is a core member—that there is a potential conflict of interest. Earlier this year when we convened with Marie Lyon we came across a website for something named "bumps/UKTIS"—that stands for UK Teratology Information Service. It purports to be funded by Public Health England. It was with some concern that we read an article on that site on the apparent safety of Primodos. By way of example, I quote just one section, which states:

"Although older smaller studies suggested a possible association between oral hormonal pregnancy tests and congenital malformation, subsequent larger prospective controlled studies showed no increased risk."

That is doublespeak at its worst.

Upon noticing the article, I telephoned the number on the website to ask about its content and share my concerns. The gentleman with whom I spoke assured me that the head of UKTIS, who wrote the article and whom he named during the call, had lots of knowledge on the subject on account of her sitting on the expert working group. The content of the article has also been tweeted on numerous occasions. Members may imagine my dismay not only upon reading the article, which suggests to the public that the drugs are safe—as we all know, that at best remains uncertain—but upon then learning that a member of the working group was behind its content.

The review's scope is to

"examine the evidence to assess whether there are grounds for accepting a link between the use of HPTs and the conditions experienced by some patients."

Given that, will the Minister consider how independent and impartial the expert working group truly is or can be? Is the situation I have outlined not in fact a clear conflict of interests? Is that particular member of the working group a "core member", expected to make a decision on whether there is a link between hormone pregnancy tests and birth defects in babies? I would suggest from her tweets that her decision is already clear. That would appear to undermine the whole purpose of the formation of the working group.

Given the obvious conflict of interest, I wrote to the chair of the inquiry panel, who I thought had a duty to check on such conflicts, for confirmation that that group member had declared an interest. I also asked what measures were taken to decide that no conflict existed. I suggested that, if it was not declared by the panel member, it should be investigated, and asked whether it was investigated. Given that one member had already been asked to leave the panel following an unveiled conflict, I looked for assurance that checks and balance were in place. I wrote and sent my letter at the end of August and am yet to receive a response.

Given the gravity of my concerns, combined with other alarming evidence that all hon. Members have seen, I get a sense not only that something is amiss with the inquiry, but that it smacks of a continued cover-up on a significant scale. I do not use those words lightly. My final question on conflicts is this: how can we have confidence in the membership of the working group, and have the members been carefully considered to ensure an appropriate balance and expertise while maintaining impartiality?

The letter from the chair that sought to reassure the all-party parliamentary group members about the documentation being considered by the group raised more questions than it answered. We were told that

"members, invited experts and observers were recently given access to all of the documents the MHRA had so far used in preparing the assessments…These are the documents that have been used as a basis for the MHRA papers for the first four meetings including 11th August meeting."

In case anyone missed that, I will say it again: the documents given to the expert working group panel have been used by the MHRA to prepare assessments. What exactly does that mean? It strikes of the MHRA cherry-picking what the panel members get to see. Frankly, that is not acceptable. How can it make decisions based only on MHRA-chosen information when there is a vast amount of information available on Primodos? How does that fit with the order from the hon. Member for Mid Norfolk for a review of all of the evidence and papers?

I fully appreciate that I have delved into significant detail, which we occasionally lack in the House, but I hope the significance of it is not lost on the Minister

[Hannah Bardell]

when he considers the numerous documents found in the Germany and Kew archives, some of which I have seen and will describe later. Furthermore, articles published in *Der Spiegel* in July released damning information about Bayer and Primodos and Duogynon, as it is known in Germany. The article is exceptionally detailed and includes the many failings of Bayer and the deliberate suppression of evidence. I will of course be more than happy to share the documents with the Minister.

My concern with the lack of focus of the inquiry into regulatory failures relates to my concern about the evidence provided to the working group. By way of example, let me share the experience of my constituent Mrs Wilma Ord and her daughter Kirsteen. Mrs Ord came to see me when I was first elected. She had been pregnant in 1970 and gave birth to her daughter Kirsteen, who was born with multiple defects, including cerebral palsy, profound deafness, asthma and bone density issues. Mrs Ord had taken Primodos to test whether she was pregnant. Her medical records, which she brought to my office, show a gap between 27 November 1968 and 27 January 1971. In other words, there is no evidence of her ever being pregnant or being prescribed Primodos by her GP.

Having tried desperately to track down her missing medical records, my constituent received a letter from NHS Scotland, which states:

"I refer to missing notes for the period 1969 to 1970...I have done a full investigation and contacted all the previous GP practices you gave me and also checked our offsite storage...but with no success. Unfortunately we have no way of knowing when or where these notes were lost or mislaid at a practice".

Evidence I have seen—I do not know whether it has been provided to the expert working group members—shows that Schering knew of GP concerns from the 1960s about the adverse effect of Primodos experienced by their patients. I have also seen documents showing that Schering sought legal advice, and that it was told that it would be more than likely to be found guilty of negligence by a trial judge.

I have seen a document saying that Schering should try to "buy off" a family who were attempting to take legal action against it because there was no telling how many more cases there would be. I have seen a document with my own eyes dated 13 March 1964 clearly stating that, for GP doctors worried about adverse reactions, it would be best for them to destroy any evidence or records to protect themselves "however wrong that was". I ask the Minister to think again about where Mrs Ord's missing medical records may have gone, and about the adequacy or relevance of the documents that are actually being shared with the expert working group.

Carol Monaghan (Glasgow North West) (SNP): I am listening to my hon. Friend with great interest as a scientist who will always make decisions based on evidence. It seems there is a lot of evidence missing, both in terms of documentation and scientific research. Does she agree that one of the big issues for many people affected is that they feel responsible themselves? Some people have not done all the work her constituent has done and the burden they are carrying is really quite severe at this point.

Hannah Bardell: I could not agree more with my hon. Friend. Many families around the world do not have the answers. Their children have been affected and it is nothing short of a scandal that, many, many years later, they still do not know. It is therefore very important that we ensure the inquiry is effective and ask what other steps we can take.

I ask the Minister to consider whether the scope of the inquiry should be increased to look at why it was apparently hidden that the drug was known to be potentially unsafe in the 1960s or even earlier. I should mention the eight years—this has been mentioned by other hon. Members—from 1967, when the adverse reaction committee advised that there was cause for further investigation of Primodos, to 1975, when the Committee on Safety of Medicines actually issued its warning. The Minister may also be interested to know that Norway and Sweden banned hormone pregnancy test products in 1970. In Norway, it was said to be blacklisted after evidence was submitted that the test caused foetal malformations. Finland banned it in 1971. Germany issued a warning notice in 1972, the USA in 1973, Australia, Ireland and the Netherlands in early 1975, and the UK, finally, on 4 June 1975. Notably, a document shows a comment by a Dr Inman on 15 October 1975 stating that

"we are defenceless in the matter of the eight year delay".

The families affected are now concerned about this inquiry being a whitewash. They are concerned about a Hillsborough-style situation where there have been years of cover-ups and an inability to get information they have asked for repeatedly. In early July of this year, an article in the German newspaper *Der Spiegel* reported from old court files that it had gained access to:

"Schering was warned in the late sixties by various animal tests. They had knowledge of possible side effects of this hormone drug."

Tests were conducted with different dosages, with the result that some dosages resulted in disabilities and the death of foetuses. Other tests showed that animals showed weight loss. In 1971, a scientist recorded that a test dose was

"highly embryotoxic and a cause of early cell death."

Earlier this year, a major radio station in Germany broadcast a 45-minute documentary on Primodos. Here are just some brief extracts of the stories told:

"My name is Petra Marek and my mother has taken Duogynon as a pregnancy test, but was unaware of what consequences this would have"—

Madam Deputy Speaker (Natascha Engel): Order. I remind the hon. Lady that she is a Front-Bench spokesperson and this is a Back-Bench debate. I am already going to have to impose an informal time limit of 10 minutes per speaker. If she could start to get to the end of her speech, we would all be very grateful.

Hannah Bardell: Thank you, Madam Deputy Speaker. I will wind up my comments as quickly as I can.

Another said:

"My name is Birgit Rothlaender. I am almost 50 years old, I have a deformation of my genitals and I have a colostomy for the last 43 years. I think enough is enough, I would like to get 100% confirmation on what happened."

Let me be clear that for the families who have suffered for decades, this is not about money. It is absolutely about unveiling the truth. The Scottish Government

have raised and continue to raise the issue of the independent panel with the UK Government and the MHRA. Public money is being used for this inquiry and it would be an absolute dereliction of duty if it was misused. We must ensure that we do right by the victims of Primodos. We must have an effective inquiry and get the answers for the families which they so desperately need.

3.49 pm

Jonathan Reynolds (Stalybridge and Hyde) (Lab/Co-op): I, too, thank my hon. Friend the Member for Bolton South East (Yasmin Qureshi) for securing today's debate. It is a privilege to follow the fine speeches from my hon. Friend the Member for Makerfield (Yvonne Fovargue) and the hon. Member for Livingston (Hannah Bardell).

I rise today at the request of my constituent Susan, who is from Stalybridge. It was in the early '70s that Susan suspected and hoped that she was pregnant. With no home urine stream pregnancy testing yet available, Susan did what any woman of her generation would do—and will do for years to come—and visited her local GP. Yet that simple visit, that routine appointment, was to haunt her with the need for answers for the rest of her life. As with 1.5 million others of her generation, several of whose stories we have learnt about today, Susan's GP prescribed her with a couple of pills, to be taken a day apart, to determine whether she was indeed pregnant. If she was not, she would bleed, and if she was, she would not.

The pills were handed over without lengthy explanation, detailed precautions or any warning. These pills Susan now knows to be Primodos. The Primodos she took contained a now unfathomably strong cocktail of hormones: 10 mg of norethisterone and 0.2 mg of ethinyl estradiol—I ask the House to forgive my poor pronunciation. Those hormones, in those doses, equate to 13 morning-after pills or 157 contraceptive pills. Yet many patients, like Susan, at that most optimistic moment in their lives, had no inkling of what the pills contained. They simply trusted their doctor.

In 1972, Susan's beautiful baby daughter Sarah was born. As time would tell, Sarah had severe learning difficulties. Now 44, Sarah will never enjoy her life independently. She relies on others for her care. She will never work, marry or have her own children. Her family face the challenges that all families with a loved one with additional needs face—the limitations, obstacles and "what ifs".

In 1978, six years after Sarah was born, Primodos was withdrawn from the medical market amid fears it prompted instant miscarriage. For many women, its stated purpose of indicating whether they were pregnant or not may, sadly, have been more like "pregnant or not any more". For those women fortunate enough to carry their babies to term, thousands may never know whether the wide-ranging disabilities their children share, from brain damage to heart defects and sensory impairments to undeveloped limbs, may have been caused or worsened by hormone pregnancy testing, or those allegedly harmless little pills—pills whose use many doctors and researchers queried at the time; pills that were to be decisively discontinued.

I do not rise today to suggest that every single disability or birth defect originating from the period of its use was caused by Primodos. That would of course be speculative. I do not rise to say that any specific reparations from Bayer, the manufacturer, should be made or to ask the Government, the NHS or the pharmaceutical industry to take speculation as fact. I rise to say that we need to give women such as Susan the opportunity to examine whether that speculation is indeed fact—whether suspicion could give way to transparency and whether peace of mind is a price worthy of investigation. I believe it is time for a thorough public inquiry into the safety of Primodos, its passage on to GPs' shelves and its effects on both the babies who survived and those that did not. I fully accept that it may not be possible to identify all the answers, but it is none the less time to ask the right questions.

I myself am the father of four beautiful children. My eldest son has significant learning difficulties, including pronounced autism. He is absolutely wonderful and I love him and always will, yet I cannot pretend that, through the initial years of his diagnosis and in the many challenging situations that have followed, any parent would not be in a position of asking themselves "Why? Why my child? What has caused his condition? It is something that we did?" Listening to this debate, I am glad that my son is a millennial baby and not a child of the '60s or '70s, because if there were the slightest hint that his life chances might have been robbed by something wholly preventable and unnecessary, I confess that I would find that very difficult indeed to deal with.

Yet the importance of a rigorous investigation into this drug goes beyond the need to examine the past. We must call for this investigation because failure to do so may jeopardise something so important and fundamental to our treasured NHS, and that is the implicit trust that our doctors know what is best for us. If we allow potentially harmful drugs to ease in and out of widespread use without robust examination, that will chip away at the assurance that trained professionals are sure that they know what is best for us.

Another of my constituents was the notorious, late Dr Harold Shipman. I have close friends who had a parent among his victims. Indeed, almost everyone in the town of Hyde knows someone affected by the crimes of Harold Shipman. I have therefore experienced the most extreme example of how abuse of the fundamental trust between doctor and patient can rock a community to its core. Our NHS doctors are among the best in the world and each of us owes the whole UK medical profession our gratitude for the tireless public service they give. A GP is more than a stranger in a room; they are a friend, a confidante, an advocate and a signpost to further help.

I am sure no GP wants to find themselves in the awful position of wondering whether they have dispensed prescriptions without being fully aware of the risks to the patients who took the medication. Let us not undermine this most important of relationships by failing to look closely enough at the drugs that we have asked doctors in the past to distribute. Let us put Primodos under the microscope—for Susan, for Sarah and for continued trust in our NHS.

3.55 pm

Maria Eagle (Garston and Halewood) (Lab): I congratulate my hon. Friend the Member for Bolton South East (Yasmin Qureshi) on her work in this area and on securing today's debate. I am here to speak on

[Maria Eagle]

behalf of my constituents: Pamela Mawdsley from Garston and her daughter Louise; a constituent who lost a baby son; and Sonia Fitzpatrick from Halewood. All of them believe—I think correctly—that the disabilities with which they or their children live and the losses they have had to face were caused by Primodos being administered in pregnancy. This was not for any therapeutic reason, but simply as a test to determine whether or not there was a pregnancy.

Pamela's daughter, Louise, is now 42. In 1973, Pamela visited her doctor to find out whether she was pregnant, and she was given Primodos. Her daughter was born in November that year with many severe disabilities. She has extensive brain damage, cerebral palsy, a right leg two inches shorter than the left and a right foot four sizes smaller than her left foot, spina bifida, scoliosis, partial deafness and significant special needs. She nevertheless lives a good life with her family at the age of 42, and her family obviously value her tremendously, but she has ongoing medical problems. My constituent Pamela had her medical records go missing when she became one of the people who tried, with other families, to sue in the early 1980s. The hon. Member for Livingston (Hannah Bardell) also raised that issue in respect of her constituent.

Sonia Fitzpatrick from Halewood is also 42, and in common with Louise Mawdsley, she believes—again, I think, correctly—that the disabilities with which she was born that affect her every day were caused by the Primodos given to her mother to see whether or not she was pregnant. She has spina bifida and other significant medical problems. Since being a young child, she has had a colostomy and a urostomy. She has significant ongoing difficulties with her feet, her hands and other joints. She, too, has lived for 42 years with the effects of that day when her mother went to find out whether she was pregnant.

I first met Pamela Mawdsley in 2011, and I had never heard of Primodos at that time. As a former lawyer who used to conduct product liability litigation and medical negligence cases, however, I rather wondered why I had not. I practised from 1990 to 1996, specialising in this field among others. Products that cause harm, especially medical products, were one of my focuses at that time; and seeking the truth and, where appropriate, compensation for those adversely affected was what I sought to achieve. Yet I had still never heard of Primodos, which is why I am participating in today's debate.

The stories my constituents and others tell me are familiar to anyone who has practised as a lawyer in product liability litigation. From Thalidomide to Primodos and vaccine damage, there are some common themes: a lack of warnings about possible side-effects; being called a fussy mother when disabilities of a young baby are first noticed and raised with medical practitioners; denial of causality when there are reports of adverse effects; the sudden and inexplicable loss of medical records that indicated what was prescribed and when—often "just for the week" or "just for the month". I have come across that many times in litigation. Then there are overt hostility and lack of transparency when doubts are finally expressed; no acceptance of liability by drug company or regulatory agency or prescriber, even after the withdrawal of the product in question; and a legal battle—it also happened in this case—usually with gross inequality of arms, when those at fault are utterly unwilling to concede any kind of liability or causation or to co-operate at all in finding some way through the difficulties that the victims have to suffer for many years.

The results are always the same. There are years of denial and agony for those affected, and a subsequent failure to help to alleviate the consequences or to understand the motives of the people who come forward. There is agony for parents, who invariably blame themselves for what has happened to their children, particularly in cases such as these in which there is no therapeutic reason for taking the drug. There are also extremely long, frustrating and often fruitless campaigns for truth and justice, many of which involve failed litigation, as in this case. The litigation usually fails on the basis of causation, or, effectively, because there is no real co-operation or willingness to discover the truth but merely a defensive attitude on the part of medical authorities, scientists, and frequently—I hesitate to say it—Governments. That is what I see going on here.

I think there is little doubt that hormonal pregnancy tests caused the birth defects about which many of the families affected have complained. There was significant disquiet, and evidence from the 1960s, that there were adverse effects that led to the kind of disabilities that Louise and Sonia now live with, but there were no warnings. Obviously proving causation in individual cases is difficult, particularly when the medical records have gone missing, but why should these families have to prove it? Drugs containing such hormones in such doses were banned elsewhere. The fact that existing drugs contain them in much smaller doses does not mean that the large-dose versions could not cause the problems that we are discussing now.

Survivors such as Louise and Sonia have significant and ongoing serious health problems, and they and their families deserve the truth about what happened, in addition to the further help that they need. We have the so-called independent review that the Government established in October 2014, and I think that they were right to establish it, but it does not seem to be going well. I am not sure that it has the confidence of the families, or the confidence of those who have been fighting for so long to get to the bottom of what happened. There seems to be a failure to work with the families who are affected by this scandal.

I have seen independent reviews that work. The Hillsborough independent panel springs to mind: I had a long association with that campaign, and I know what works and what does not. Independent reviews that work are not based on expecting campaigners to sign confidentiality agreements before they can even observe proceedings. They are not based on appointing experts who are suspected by some families—rightly or wrongly—to have a conflict of interests. They are not based on proceedings being so slow and opaque, with so little information emerging, that those affected become suspicious, or do not know what is going on behind the closed doors of the review. They are based on proper consultation and obtaining the full confidence of those affected.

If that does not happen, the end result, whatever it is, will make matters worse. It will make the affected families feel that there has been another establishment

whitewash, that their hopes have been raised only to be dashed, that things have been swept under the carpet, and that the authorities, whoever they are, do not really want to find out what happened because it is inconvenient.

In view of the debate and in view of the concern that many of the families are expressing, the Minister must get a grip on the process and ensure that it works. He must take steps to secure the confidence of the families. He must be much more transparent about what is going on, and he must have a proper understanding of what the process is seeking to achieve. I can tell him that if there is another whitewash—if the review does not work—those families and their Members of Parliament, whether that means us or our successors, will not go away. We will be coming back to the Minister and to the Government, and we will make sure that our constituents—those families—are given the truth, the information, and the acknowledgement and help that they deserve.

4.4 pm

Peter Dowd (Bootle) (Lab): It was fantastic to hear that compelling speech by my hon. Friend the Member for Garston and Halewood (Maria Eagle). A theme is developing. One thing we have learned in this country time and again from many public inquiries into various issues is the need to ensure that the victims of injustice, the survivors and their families have an opportunity to have their say, in whatever format, in as transparent and open a way as possible, with no regulatory or industry cosying-up.

The second thing we have learned is that we need to bend over backwards and go the extra mile to ensure that the victims, or those speaking on their behalf, have full confidence in the mechanism set up to seek out the truth behind what has occurred. How many times have we in this country failed to investigate such matters properly, only to have to revisit them and reach the conclusion that those seeking justice were right in the first place? It often seems as though a blanket is deliberately drawn over difficult and challenging issues, to prevaricate and procrastinate until those affected are worn out, worn down or die. Institutions live on; people do not. It is a cynical game of cat and mouse. The victim is the mouse, but often it is the mouse that roars. In this case, it roars "No cover-up!"

After all the miscarriages of justice that have occurred in this country over the years, do we really have to drag institutions and organisations kicking into the light of an examination? How has it come to this? Have we learned no lessons from the history of all those inquiries? Are our institutions so arrogant that they feel immune to the democratic process, to scrutiny and to accountability? What has it come to when this House has to consider such a motion from my hon. Friend the Member for Bolton South East (Yasmin Qureshi)? We should not have to be here doing this today.

My hon. Friend has done a remarkable job on behalf of the people affected by this scandal. That is what it is—a scandal, pure and simple. She has been tenacious in pursuing the matter on behalf of the families affected by this sorry tale of incompetence and deficiency and a lack of will to put it to the test. In her, those families have a doughty champion. She and my hon. Friends the Members for Garston and Halewood, for Makerfield (Yvonne Fovargue) and for Stalybridge and Hyde (Jonathan Reynolds), and the hon. Member for Livingston (Hannah Bardell), have today laid out the inadequacies of the process so far. I do not want to repeat what they have said. They could not have been any clearer, any more forensic or any more passionate. However, I will make just two brief points.

First, I want to express my continued support for my hon. Friend the Member for Bolton South East and for the families affected, some of whom are my constituents. I am grateful for the work that she has done on their behalf so far. There is no time for subtlety in this regard, so secondly, I want to say that if the people in the institutions who have been given the task of getting to the bottom of this issue, paid for by the taxpayer—and, yes, by the families who are here today—are not prepared to carry out that task to the full satisfaction of the thousands of people affected, namely the victims, they should move aside and let others, who want to expose the inadequacies of a system that has left those people adrift for decades, get on with the job.

Enough is enough. I hope and trust that the Minister will hear the just and reasonable pleas of our constituents, and that he will take this motion and away and put it into effect, to the letter and in spirit. This injustice has gone on for 40 years, and it is time to draw a line under it. It is time to give closure and peace to the victims and their families. Anything less would be a betrayal of our duty and of our constituents.

4.8 pm

Liz McInnes (Heywood and Middleton) (Lab): I want to thank my hon. Friend the Member for Bolton South East (Yasmin Qureshi) for bringing this debate to the Chamber. I congratulate her on her work on this matter, on continuing to put pressure on the Government to hold an inquiry and now on working to ensure that they are held accountable following their promise. I also wish to express my support and admiration for the campaigners, particularly Marie Lyon, whom it has been my pleasure to meet over the past couple of years since I became an MP. The campaigners have pursued justice on this issue over decades to have their voices heard and their questions answered. They have shown resilience and fortitude in their search for clarification on the possible association between the prescription of hormone pregnancy tests having adverse effects in pregnancy and subsequent birth defects in their children.

My predecessor in Heywood and Middleton, Jim Dobbin, was working with constituents, trying to get some answers to their strongly held beliefs that the prescription of hormone pregnancy tests had led to birth defects in their children. After Jim's sad death in 2014, I have carried on his work. No one was more pleased than me when, finally in 2015—40 years after hormone pregnancy tests were banned—an independent inquiry was finally set up. The families, the children and the campaigning group, the Association of Children Damaged by Hormone Pregnancy Tests, would finally receive the answers that they had sought for so long.

Hormone pregnancy tests were banned in 1975 following advice from the former Committee on Safety of Medicines that they should not be used and that a warning about a possible hazard in pregnancy should be inserted in all promotional literature. Let us consider that for a moment: this was a pregnancy test, and yet it was suggested that a warning should be inserted that it should not be used in pregnancy. The Committee on Safety of Medicines

[Liz McInnes]

wanted a clear statement that pregnant women should not use these products. Clearly, there had been sufficient adverse reactions reported for the committee to reach those conclusions.

I can remember how jubilant we were last year when the inquiry was finally agreed to. We thought that, finally, the evidence and the causal relationships would be examined. We even thought that we might get an explanation of why the medical notes had mysteriously gone missing. We felt that we had achieved something and that we would get answers to the questions that had tormented affected families for decades.

The Government had promised in good faith that the inquiry would be transparent and in good time, but, disappointingly, the inquiry has delivered on neither transparency nor timeliness so far. Questions need to be answered. Why did it take more than a year to set up the expert working group? Why has the working group met only three times? We have no idea at what stage the inquiry is now. The Government must now provide reassurances and clarity.

The expert working group has to be more accountable and more open to scrutiny. It has to engage and work with the Association of Children Damaged by Hormone Pregnancy Tests to address its concerns on the current progress, or lack of it, of the inquiry process. A key concern, which has been voiced by many Members, is that the expert working group has also signed a confidentiality clause. It is felt that that compromises the possibility of a fair and just outcome.

The former Minister for Life Sciences, the hon. Member for Mid Norfolk (George Freeman) set out quite clearly to the families that his Government would establish a means to closure and justice, while alleviating their fears that past failings would not be investigated. The delays and deliberation on following through on those promises should now be over. The Government must now give answers and make sure that they deliver on that deal to the thousands of affected families.

4.14 pm

Seema Malhotra (Feltham and Heston) (Lab/Co-op): Thank you, Madam Deputy Speaker, for the opportunity to speak in this debate on this devastatingly sad topic. I also thank the Backbench Business Committee and my hon. Friend the Member for Bolton South East (Yasmin Qureshi) for securing the debate today. It is an honour to follow some passionate speeches today. I pay tribute to Marie Lyon and the hormone pregnancy test campaign for their powerful representations in telling their own stories and the story of Marie's daughter in the media.

Much that we take for granted today, given the improvements in health care and the ease of pregnancy tests, sheds an important light on what happened 40 years ago. It is a matter of great sadness and shame that it happened in our country. Many of the tributes and stories that we have heard today show that many are still living with the consequences and that we must learn the lessons. This inquiry and our confidence in its findings is critical not only to close this chapter of our history but to ensure that lessons are learned and clear findings will be adhered to in the future when it comes to regulation and the description of how medications should be used.

When I first came to hear of this issue, I found it hard to comprehend why it seems to have taken so long for those who were prescribed Primodos to get clarity and answers about what happened to them, for the issue to be comprehensively researched, for an explanation to be given about why the drug continued to be used after concerns were raised and for families affected to be given an apology and justice. Studies in the UK and elsewhere from the late 1960s into the early 1970s suggested a link between the use of hormone pregnancy tests and a range of abnormalities including cleft lip, limb reduction and heart abnormalities.

Bethan Dickson from my constituency was affected after her mother took the drug. I want to thank her for having the courage to come and meet me about this issue and for giving me permission to share her story with the House. She says:

"My name is Bethan Dickson, I am 48 years old and work as an occupational therapist in West London. But I was born in 1968 in South Wales with heart and limb defects that have impacted on my entire life. My mother was given Primodos, an oral pregnancy test, by her doctor and I believe that this is the cause of these physical defects.

Along with members of the Association for Children Damaged by Hormone Pregnancy Tests I am supporting an inquiry into how this damaging drug could have been prescribed to mothers when there were already concerns raised about its safety.

I feel it is important that accountability is accepted by the drug company who put profit before patient safety, and for the government to acknowledge its responsibility for not ensuring that the citizens of this country were protected from harm.

I was born with a heart murmur and poorly formed bones in my feet. I experienced some shortness of breath as a child, slept poorly as a baby and was restricted in sporting activities. The heart murmur did not require a surgical intervention, but I had frequent and regular visits to cardiologists.

I suspect that many Association members can relate to waiting to see the doctor in hospital in the 1970s and '80s and knowing where you are in the queue because you can see the thickest medical record in the stack and knowing that it's yours. Thankfully the introduction of electronic medical records means I don't suffer that particular humiliation any more.

The defects in the bones of my toes became more obvious as I grew, and from my earliest memories (about six years old) I remember pain in both feet that prevented me from participating fully in activities in school.

When I was nine years old the orthopaedic surgeon in the local hospital recommended surgery to address the deformed joints. He felt that although I was still growing the pain I was experiencing needed to be addressed sooner. I had my first orthopaedic surgery in 1980, but the problems have persisted and I have required six further surgical interventions since then.

The pain today varies depending on the activity, but prolonged standing or walking is painful. I have been fortunate to have had excellent healthcare both in South Wales and in west London to address my physical impairments; and lucky enough to have had loving parents and a husband to give me the strength and support to deal with the emotional strain of dealing with the ongoing difficulties.

I have been able to live a full life, going to university, working full time and making a contribution to society in my capacity as an occupational therapist. Every day at work I meet people with disability and physical or cognitive impairments, but nothing prepared me for my first meeting with other Association members in June 2014.

The severity of impairments in some of my contemporaries both shocked and angered me. Some have profound disabilities that have prevented them from living a full life, and left them dependent on carers and family for care and support. This could

have been avoided with responsible oversight of the drugs being given to expectant mothers, and more robust testing of drugs before they were brought to market across the world.

When I met other Association members I felt guilty that their suffering was so much worse than mine, and then felt guilty that I was relieved at that. My mother along with the mothers of many members feels guilty that she took a tablet that caused these lifelong problems to her child.

Of course logically I understand that the guilt does not lie with me or my mother, but in the absence of any form of apology or recognition of wrongdoing by the drug company or the government we do not have closure or the confidence this won't happen again."

Hannah Bardell: The hon. Lady makes the absolutely crucial point that, until the families have answers, they cannot deal with the trauma and they cannot get the proper counselling and support that they deserve.

Seema Malhotra: I thank the hon. Lady for her intervention. That is certainly the reason why Bethan Dickson has written to me. She said:

"That's why I support an inquiry to establish the facts and explain to the country how this could have happened just a short while after the Thalidomide scandal."

Bethan's story highlights the impact of this drug and how it was prescribed and the effects that it still has to this day. I have been struck as well by the work of Marie and her campaign, their patience and their systematic and honest work. They have desired to work in partnership simply to find answers, for justice and to ensure everything is done so that this does not happen again, but I am concerned that they are not being met halfway by an inquiry that does not appear to have had effective governance while there are concerns about the constitution of the panel, the robustness of its procedures and the approach to the evidence collected and how it is analysed.

I want to close my contribution today with some questions to the Minister and some commitments that I would like to hear being made today. I believe that it is time to make sure that there is commitment today to respond to the issues raised and to do so formally in writing to my hon. Friend the Member for Bolton South East; to reconfirm the status of the inquiry, its terms of reference and its timetable for delivery; to say how quality will be ensured; to explain what action is being taken to address the concerns that have been raised by hon. Members today; and to state on the public record that Ministers will see through their commitment on this inquiry to a report and findings that will command the confidence of the House and, indeed, the families and victims who have waited so long for those answers and for justice.

4.24 pm

Emma Reynolds (Wolverhampton North East) (Lab): I pay tribute to my hon. Friend the Member for Bolton South East (Yasmin Qureshi) for securing this debate, and for championing in Parliament the concerns of families who have been affected by hormone pregnancy tests. I also pay tribute to all those families who have for years been involved in the Association for Children Damaged by Hormone Pregnancy Tests.

One such family lives in my constituency. Stephen Fensome is a constituent of mine. His mother went to the GP early on in her pregnancy to see if she was pregnant, as any woman would. She was given Primodos. Like any of us, she trusted her doctor, and her doctor, in turn, trusted the advice he had been given. It was only months later when Stephen was born, in 1967, that his parents discovered that he was severely brain-damaged, would suffer a severe form of epilepsy all his life, which would get worse with age, and that he would suffer from daily seizures, often in the middle of the night.

I have met Stephen. He came to my surgery with his parents. He requires 24-hour care. His parents, now in their mid and late 70s, have cared for him all his life, and they love him, just as they love their two healthy daughters, but they struggle to find respite because of the severity of his seizures. It was years before the family discovered that the medication that Pat had been given was equivalent to taking 40 contraceptive pills in one dosage. One does not have to be a medical professional for that to ring alarm bells.

It also became apparent that, as early as the 1960s, and into the 1970s, research carried out warned of the toxic and, in some cases, lethal impact of the drug. Indeed, in 1975, GPs were sent advice not to prescribe it any more, but it was several more years before the drug was withdrawn from the market. Research suggests that it is likely that many women who took the medication suffered miscarriage or stillbirth. Babies who survived this toxic medication were severely affected by abnormalities or disabilities.

I was pleased to learn, as was the Fensome family, that the Minister's predecessor, the hon. Member for Mid Norfolk (George Freeman), agreed to the establishment of an inquiry. However, as the Minister has heard from all the speakers in this debate, the families have serious, deep and genuine concerns, and I understand that they do not have confidence in this inquiry.

Mims Davies (Eastleigh) (Con): I would like to put on record my thanks to Stephen's family, including Charlotte, who lives in West End in my constituency. She came to see me to thank the all-party parliamentary group on oral hormone pregnancy tests for its work on the issue, and to explain how her care for Stephen carries on, as her parents age.

Emma Reynolds: I thank the hon. Lady for that intervention. Charlotte has been a tireless campaigner for the truth of what happened in the 1960s and 1970s.

I hope that when the Minister winds up, he will answer a number of questions about the inquiry. As my hon. Friend the Member for Garston and Halewood (Maria Eagle) said, we want him to get a grip on the inquiry. Will he guarantee that all the relevant evidence will be put before the inquiry? As the hon. Member for Livingston (Hannah Bardell) suggested, there is great concern that evidence is being cherry-picked. Will he guarantee that the inquiry is independent, full and transparent, and will he give a commitment today, to the House and the families present, that he will do everything in his power to ensure that the inquiry gets to the bottom of what happened, including: why evidence in the 1960s of the harmful—indeed devastating—impact of the drug was ignored for so long; why it continued to be prescribed; why there seemed to be a medical cover-up; why it took so long to be banned; and what was behind the continuous regulatory failure?

The family whom I represent would, although they might not admit it, of course like more help caring for Stephen, as any family would, but they are not driven by a desire for compensation. They are driven by a long

[Emma Reynolds]

and anguished search for truth and justice. They do not want a whitewash. They want to have confidence in the inquiry, but regrettably they do not have it. I urge the Minister to ensure that they get the truth, and justice. Surely they deserve nothing less.

4.30 pm

Mr Jacob Rees-Mogg (North East Somerset) (Con): Along with other Members, I want to pay great tribute to the hon. Member for Bolton South East (Yasmin Qureshi), who has run a terrific campaign on this issue, worked tirelessly, set up the APPG and raised an issue that ought to be of the greatest concern to all Members because it goes, in a way, to the heart of how Governments behave. I want to focus on the inquiry and the need to establish faith with the families who have been involved with what has happened in relation to Primodos.

It seems to me that there is a strong prima facie case that something was wrong with this drug, that it was known to the authorities and that they failed to act on it for an extended period. The first warning about it was on 11 July 1967 and the adverse reaction committee felt that there were grounds for further investigation, yet it was eight years later in 1975 when it was said that Primodos was not to be prescribed for women who were pregnant. That seems to me so irresponsible, when the risks of prescribing drugs to pregnant women are so particularly high.

Governments are amazingly good at apologising for things that happened so long ago that there is nothing that can be done about them. I seem to remember that one Government apologised for the Irish potato famine 150 years after it had happened. That does no good to anybody. What Governments need to do is to put things right when people are still alive and affected by the failings that took place. But when they have not acted, when time has gone by, the onus of proof shifts to them.

It is for Governments at that point to show how well they are behaving and how properly they are going through the process. It is for them to rebuild the trust with the families, not for the families to accept guarantees from the Government without any depth to them. Therefore, with the appointments to this inquiry, the information that is being made available to it and the investigations that are taking place, the Government have a long way to go to re-establish a trust that was probably lost as long ago as 1975. It is in that context that I hope the Minister will respond to make it clear that the Government understand the strength of the case that has been made, will be looking at it with a genuinely open mind, and will see not that things can be put right, but at least that some amelioration should be made if it is found in the end that there was fault in what the Government did, what the regulator did and, of course, what the drug company did.

There are so many bits and pieces that cause suspicion—the disappearance of records is a particularly important one. Where did those records go, as the hon. Member for Bolton South East asked? A lot of the information is in German and there is a question over whether it is being translated even for the committee. When such issues hang over an inquiry, the Government have a lot of work to do to re-establish trust so that Members of this House and, more importantly, the people affected can believe that the inquiry is fair.

Once again, I congratulate the hon. Lady on what she has done. I do not want to go into specific cases because I think those will be judged by the inquiry and that it will be a proper process to investigate whether the evidence is there on a widespread scale, but with such a strong base case, as we already know, we must have an inquiry that people can trust.

4.34 pm

Justin Madders (Ellesmere Port and Neston) (Lab): I congratulate my hon. Friend the Member for Bolton South East (Yasmin Qureshi) and the hon. Member for Livingston (Hannah Bardell) on securing this debate, and I welcome the well-informed and passionate nature of the contributions that we have heard from across the House. I take this opportunity to pay tribute to Marie Lyon, chair of the Association for Children Damaged by Hormone Pregnancy Tests, who has never given up in her fight to ensure that parents like her get to the bottom of exactly what happened to their children and why.

I also pay tribute to the all-party parliamentary group on oral hormone pregnancy tests, ably chaired by my hon. Friend the Member for Bolton South East, which has offered the campaigners a huge amount of support. It was its campaigning, alongside the Association for Children Damaged by Hormone Pregnancy Tests, that led to the expert working panel group being set up.

There are serious concerns about the process that clearly need to be addressed. We welcome the fact that the former Minister for Life Sciences has sought to set up an independent investigation into the issues. Unfortunately, as we have heard, there appears to be a divergence between the type of process that the Minister sought to establish and the way it is currently operating. I will address that point later in my remarks.

As we have heard, hundreds, if not thousands, of families have been affected by this issue and have suffered not only debilitating physical conditions but, in some cases, sadly, premature death. Alongside that, they have experienced a sense of injustice and the pain of more than 40 years of questions being left unanswered. My hon. Friend the Member for Bolton South East, in setting out the history so well, made the crucial point that the victims should be at the heart of the process. The testimony she gave on their behalf clearly showed that that is not currently the case.

My hon. Friend the Member for Makerfield (Yvonne Fovargue) spoke about her constituent Marie Lyon, who is on the panel, and gave the specific example of her being required to read 36 files in two weeks, which she cannot talk to anyone about. That is a patently absurd way to go about this business, and a stark example of what is going wrong.

The hon. Member for Livingston (Hannah Bardell) spoke forcefully about her legitimate concerns about the impartiality of the working group and, disappointingly, a lack of any substantive response when those concerns were raised.

We also heard from my hon. Friends the Members for Stalybridge and Hyde (Jonathan Reynolds), for Garston and Halewood (Maria Eagle)—she made a particularly powerful speech—for Bootle (Peter Dowd), for Heywood and Middleton (Liz McInnes), for Feltham and Heston (Seema Malhotra) and for Wolverhampton North East (Emma Reynolds), and from the hon. Member

for North East Somerset (Mr Rees-Mogg). Time prevents me from going into much detail, but all those Members spoke passionately on behalf of their constituents and clearly identified the issues that we need to address in the current process.

As we now know, from the late 1960s warnings began to emerge about adverse reactions to the drug Primodos, including birth defects and miscarriage. A wide range of studies prompting warnings continued, and by the early 1970s it was declared that Primodos should not be used as a pregnancy test. However, despite this and a warning issued in 1975 by the Committee on Safety of Medicines about an association between hormone pregnancy tests and an increased incidence of congenital abnormalities, Primodos continued to be provided to women until its withdrawal from the market by Schering in 1978. In 1977 there were still, unbelievably, 7,038 prescriptions of Primodos to pregnant women.

That really is the crux of the issue: the delay between warnings emerging and any action being taken to stop the drug being offered to women. As we have heard today, steps were taken in Sweden, Finland, Germany, the USA, Australia and Ireland up to five years before any warnings were issued in the UK. It was that delay that led to thousands more women taking the drug than would have done so had it been withdrawn from the market when the warnings became clear in 1970. It is a scandal that families are still waiting for answers about why that was allowed to happen. There is a duty on all of us to ensure that is put right.

When the issue was last debated, in October 2014, the families were very pleased when the previous Minister for Life Sciences agreed to set up what he termed

"an independent panel of inquiry"

and committed to

"the release of all information that is held by the Department".

He also promised that the committee would be comprised of "independent members" and that he would ensure that

"the association is properly represented and has a chance to give evidence."

Finally, he stated that he wanted to

"shed light on the issue and bring the all-important closure in an era of transparency, so that lessons can be learned and this never happens again."—[*Official Report*, 23 October 2014; Vol. 586, c. 1139-1143.]

As I said earlier, the Opposition welcomed the establishment of that process and the assurances offered by the Minister at the time. However, as we have heard today, there is now a gaping chasm between those assurances and the current process. I therefore hope that following this debate the Minister will take some urgent steps to ensure that the families, who have already been through so much, can regain confidence in the process.

With regard to independence, we have already heard that the selection process for members of the panel can at best be described as opaque. Serious concerns have been raised about conflicts of interest, and they need to be answered. Can the Minister tell us whether he is absolutely satisfied with the transparency arrangements for the selection process and with the independence of the panel? With regard to the promise to release all information, it is vital that the panel, in addition to being provided with absolutely every piece of relevant evidence, is afforded sufficient time to consider it. The evidence must also be presented in an accessible format, as is good practice in a process of this nature. Is the Minister satisfied with the way the information is being presented to members of the panel, and can he now confirm that every piece of information held by the Department has in fact been released?

In terms of the association being properly represented, we have heard that just one member of the association is entitled to attend meetings as an observer and that they have been required to sign a confidentiality clause. I understand that the clause applies both during and after the inquiry, and not only to the panel's discussions but to the documents that are presented. How can that person raise concerns about the process if they are prevented from talking about it? Can the Minister explain why such a high level of secrecy is being applied to a process, the primary purpose of which was originally to "bring the all-important closure in an era of transparency"?—[*Official Report*, 23 October 2014; Vol. 586, c. 1143.]

Justice must not only be done but be seen to be done, and there is a danger that this inquiry is failing properly to serve the people it was set up for. Given the public interest and the cost of this process, the Minister simply must address these issues now if the inquiry is to bring closure and the correct lessons are to be learned. Can he see how some of these issues will look if the families and victims of this scandal do not get the correct answers? Does he not agree that we owe them a process that is fair and transparent and, most importantly, that has their trust and confidence? Victims and their families have fought for 40 years to get answers, and during that time they have experienced grief, anger, a sense of injustice and, sadly, in some cases, even guilt, but despite all that their determination has never waned.

I am incredibly proud that, after 30 years, justice was finally served for three of my constituents and 93 other people who were tragically killed when they attended a football match at Hillsborough. That justice was achieved only because the families refused to give up, and, as the Minister will no doubt be aware, the families of the children harmed and killed by hormone pregnancy tests will not give up either. Why should the injustice that those people have suffered be compounded by further injustice and the sham of an inquiry that is patently not fit for purpose? Transparency, impartiality and completeness are not unreasonable demands; they are the basic ingredients for justice to be done. So, I ask the Minister, please to listen to the words he has heard today and act on them.

4.42 pm

The Parliamentary Under-Secretary of State for Health (David Mowat): May I just say at the outset that nobody in the Government has any interest other than in getting to the truth in this matter? We are as keen as the people who have spoken today, and indeed the families that are watching us, to make sure that we do that, and there is a process that is to be followed to make that happen. We have heard some strong words today: "establishment whitewash", "sham inquiry" and "a blanket over the issues". I say again: nobody on the Government side of the House has any interest in anything other than getting to the truth, and the process that was put in place two years ago had that at its heart.

Let me join others in congratulating the hon. Members for Bolton South East (Yasmin Qureshi) and for Livingston (Hannah Bardell) on leading the charge on this, not just

[David Mowat]

today, but in terms of the APPG and making sure that this issue is very high on the Government's agenda. It is massively important that those who feel their lives have been adversely affected by drugs, albeit 40 or 50 years ago, see that processes are in place to make sure that we do what we can.

I would also like to pay tribute from the Government side to the Association for Children Damaged by Hormone Pregnancy Tests, and particularly to Marie Lyon for the work that she has done and continues to do—and should continue to do until we get to the truth of this matter.

I am going to talk in some detail about the progress on the inquiry, but it was very clear, as I listened to the debate, that, at the very least, the association does not have confidence in the work of the inquiry, and that is unsatisfactory. I have heard people talking about letters being unanswered and all that goes with that, and that is unacceptable. I make a commitment at the start to the association, or the APPG, that one of the things that should come right out of what we are talking about today is a letter from them, in as much detail as they want it to be, raising as many concerns as they feel they have about the details of the inquiry—a lot of detailed points have been made, which I will not be able to answer today. That letter will be answered in detail, and after that we should have a meeting to make sure that everyone is content with the direction in which we are going.

Mr George Howarth: I am grateful to the Minister for his offer. Does he accept that part of the problem is that if people do not have confidence in the process and do not feel that it is being conducted in a transparent way—there is evidence that that is the case—they will say that the inquiry is likely to be a whitewash? He needs to reassure not just the families and my hon. Friends, but everybody concerned with the inquiry that the process will be transparent and open. In those circumstances, people would have more confidence in it.

David Mowat: I accept that, which is why I have made the offer. I guess the caveat is that, in the end, science will play a big part in getting to where we need to be. The science will find its own path, and I want to talk a little about how we are trying to achieve that.

As hon. Members have said, two years ago my hon. Friend the Member for Mid Norfolk (George Freeman), who was then the Minister for Life Sciences, established an inquiry that, at the time, was committed to having an independent review of the evidence and to attempting to find a scientific link between the hormone pregnancy test—in particular, Primodos—and the adverse effects on pregnancy and all that goes with it. It is worth saying at this point that, as hon. Members have said, this is an international issue that has been around for 40 to 50 years. We are the only country to have set up such an inquiry, and the only one to have attempted to find a scientific route to the truth in this way.

Hannah Bardell: Will the Minister give way?

David Mowat: I will continue to make progress, but will come back to the hon. Lady.

Two years ago, the MHRA was charged with putting the inquiry in place. It worked with the Commission on Human Medicines to set up an expert group, whose job was to establish whether there was a scientific link between the drugs prescribed and the adverse effects. The first meeting was a year after that, which was a long time. I apologise for that on behalf of the Government; I think it was too long. I have inquired why that was, and I have been told that there was the election and the purdah period, but it was too long. The group has met four times, and its next meeting is on Tuesday next week. I think we can all conclude that the members of the inquiry will be watching our proceedings and listening to the points that have been made. At that time, the review's focus was on the science to establish whether it could be shown that there was a link between the drugs prescribed and the adverse effects. The terms of reference were subsequently altered to cover going into the lessons learned.

Hannah Bardell: I absolutely take on board what the Minister is saying—he is being very positive, and has clearly listened to the concerns we have raised—but I have a couple of comments. First, the fact that we are the only such country is surely a good thing given how far behind we lagged. We have an opportunity to lead the world on this and to show how this can be done positively. Secondly, as he says, no Government members want the inquiry to fall down. Is it not therefore his duty to intervene to make sure that it has the right resources, the right expertise and the right processes?

David Mowat: There is nothing in that intervention with which I disagree. We all want the inquiry to work. The Government have not established an inquiry in order for it to fail. We have not established an inquiry for it not to have the confidence of the association. We need to get to the truth, but that is a scientific process, and because it is a scientific process, it can be frustrating and long-winded; it can take a long time.

I want to talk about some of the concerns that have been raised. There were three types of concerns. The first was that the independent group of experts is not reviewing the regulatory concerns or the delays that took place at the time, in particular the failures of the then Committee on Safety of Medicines and the five or eight-year delay, which we have heard about. The UK was not the first country to ban the drug, but it was not the last either. The second concern, which I will talk about at some length, was that members of the expert group might not be independent and might not have fully declared their conflicts of interest. We have heard words like "colluding" and "cover-up" from some Members. The third concern was that not all the available evidence is being considered by the group, and we heard about the German material not being translated. I will address all three points.

On the first issue, we have heard that there was a regulatory failure and that the inquiry should look at it. I say to the House that if, when the expert group reports next spring, it finds a clear causal link, that will be the time to take further action on issues such as regulation and liability, and everything that goes with that. The first step we are taking is to establish the science. The group that has been set up is an expert group. It is science-led. It is important to make it clear in the House that we are not criticising individual members, because they are striving to get to the truth. It is a group of eminent people.

It would be quite wrong if we conflated the possible eventual need to look at the regulatory actions that were taken, the legal liabilities and everything that goes with that, with the first step of the process, which is to establish whether the science leads us to that link. In spite of some of the comments that have been made today, that has not been done yet in any country. The first serious attempt to do it is the one that is going on now.

The second concern is that the expert working group is not impartial. The MHRA has taken a vigorous approach to evaluating and handling potential conflicts of interest. No member of the expert working group can have any interest in any of the companies that were involved or their predecessors. Members should not have publicly expressed a strong opinion, favourable or unfavourable, about the possibility of birth defects arising from these drugs. We heard that one of the members had tweeted. If there is evidence of that, we will follow it up. It is true that one member not of the expert group, but of the advisory group was removed because it was felt that he had a conflict of interest that was not properly declared. Action was taken very quickly in respect of that.

The inquiry is chaired by a consultant gynaecologist from the Chalmers centre in Edinburgh. The group has 14 scientists drawn from some of the best universities in the UK. We have no reason to believe that any of them have any more reason not to want to get to the truth than Members on both sides of this House.

Maria Eagle: Does the Minister not realise how important it is that, whatever the rights and wrongs of this and whatever the qualities of the members of the panel, the families need to have confidence in it? There is no point in saying that they are all wonderful people. The families have concerns and if they are not assuaged, in one way or another, the outcome will not have their confidence.

David Mowat: I said at the start of my remarks that the learning point I have taken from this debate is that, whatever we think about the truth, the science and whether we are doing the right thing, the families are not happy. I also said that we will do what we can to amend that.

As well as that, Members on both sides of the House need to accept that we need to get to the scientific truth. In order to do that, there needs to be a scientific process. That has to happen and that is why some of this is time-consuming and difficult, even though we wish that it was not.

Mr George Howarth: The Minister is being generous in giving way. I am not sure that the terminology he is using is necessarily suitable. I do not understand this to be a scientific process per se. I understand it to be an informed judgment about the available evidence and, understandably, that is best conducted by scientists. I think he was a lawyer in a previous existence, so he will understand the difference between the two approaches.

David Mowat: I am guilty of many things, but I have never been a lawyer. However, in case I was not clear, I understand the difference between the two processes and accept the distinction that the right hon. Gentleman makes. The point I would make again, however, is that the panel has 14 members who have been chosen for particular skills in the issues involved, plus lay members who are not scientists.

Yvonne Fovargue: Will the Minister give way?

David Mowat: I will not, as there are only a couple of minutes left and the hon. Member for Bolton South East needs to sum up.

I will now address the third point that arose in the debate, namely whether all the available evidence will be reviewed by the expert group. The answer is yes. That is one reason why the process is taking so long. A specific question was raised about a great deal of evidence that has recently come to light which is in German. All that evidence will be translated, and all the translations will be put before the group. The chairman will be responsible for ensuring that that evidence is looked at and reviewed properly. There is absolutely no intention that the inquiry be anything other than a properly resourced attempt to get to the truth. That is difficult for something that happened 40 or 50 years ago. We all need to accept that point.

I finish by making the same point that I made at the start of my remarks. The Government are responsible for the efficacy of this inquiry, and we need to get to the right answer. It is important, and I accept, that the inquiry clearly does not have the confidence of some of the stakeholders. That is not acceptable or satisfactory. I will make the same undertaking as was made by the then Minister for Life Sciences two years ago when putting the inquiry in place, namely that we will try to put things right. I make the offer again: if there is a letter giving the detail of the points that have been made, that letter will be answered and we will hold a meeting to discuss it subsequently.

4.56 pm

Yasmin Qureshi: I am conscious of the time. First, I thank all Members who have attended the debate. I thank the victims, some of whom are in the Gallery today, and Marie Lyon. I know we do not often refer to our staff, but I thank my researcher Sadia Ali, who has done incredible work on this issue with me for the past couple of years.

I am glad that the Minister has said that he will meet us, and we will happily write with detailed information about our concerns, but we need to emphasise again that, as my right hon. Friend the Member for Knowsley (Mr Howarth) mentioned just a minute ago, the inquiry is not so much about the medical evidence. It is not carrying out experiments to ascertain whether there is a scientific link. The crux is that a lot of evidence was available at the time and the regulator failed to do anything. Also, the victims have not been heard properly so far. The inquiry needs to do that.

I accept the Minister's assurances and will wait to see what happens.

Question put and agreed to.

Resolved,

That this House notes that an Expert Working Panel Group Inquiry was set up by the Government to investigate and assess evidence on children born with serious deformities due to hormone pregnancy test drugs taken by expectant mothers between 1953 and 1975; further notes with concern that the terms of reference as set out by the Medicines and Healthcare Products Regulatory Agency do not clearly allow for an investigation into the systematic

[Yasmin Qureshi]

regulatory failures of government bodies at the time; notes the conflict of interest of some panel members; further notes that all evidence must be presented to expert panel members as set out in the term of reference; calls on the Inquiry to ensure that all evidence is presented to the expert panel with sufficient time for due consideration; further calls on the inquiry to guarantee thorough background checks on all panel members; calls for the terms of reference to be amended to include an investigation into the conduct of the Committee on Safety of Medicines; further calls on the Government to ensure that the inquiry has the trust and confidence of the victims for whom it was set up; and believes that, unless these changes are made, the ability of the Inquiry to achieve a fair outcome will be significantly compromised.

Independent Living: Disabled People

Motion made, and Question proposed, That this House do now adjourn.—*(Heather Wheeler.)*

4.58 pm

Tulip Siddiq (Hampstead and Kilburn) (Lab): I decided to call this debate because I wanted to highlight the cost of living people for disabled people. The truth is that disabled people should be able to learn, work and live independently without facing a financial penalty. Unfortunately, however, that is not the case. Whether because of a huge digital divide, or a wheelchair charge in taxis, or unaffordable social care, disabled people face a financial penalty in almost every aspect of their lives.

When we consider the ability to live independently in 21st-century Britain, we often think of factors such as growth, prices, wages and, of course, short-term shocks to the economy. But as we try to ensure that the taxpayers of this country can afford to get by and we put financial costs at the heart of policy making, we often overlook the fact that disabled people face a financial penalty that none of us have to face if we are able bodied. We do not think about the difficulties that disabled people face in order to live independently and the extra costs they face from time to time. Approaches to the root causes of these extra costs have been fragmented, and imbalances in the market mean that the costs of things disabled people have to buy, such as assistive technology, remain higher than they need to be.

5 pm

Motion lapsed (Standing Order No. 9(3) .

Motion made, and Question proposed, That this House do now adjourn.—*(Heather Wheeler.)*

Tulip Siddiq: Owing to the lack of time in the debate, I will focus mainly on the causes of the extra costs rather than the well-trodden path of existing support payments, although I acknowledge from the outset that the battle to manage the extra costs is made all the more difficult by the fact that state support is increasingly difficult to obtain.

As most people will be aware, the Government are currently undertaking a second review into personal independence payments. They must continue to protect PIP from any form of taxation or means-testing so that disabled people have adequate support to help meet extra costs. The PIP assessment cannot be said to reflect the extra costs that disabled people face, and the sector is clear that the Government must redesign the PIP assessment so that it more accurately captures the level of disabled people's extra costs. However, it seems to me—I am sure many Members would agree—to be a grave injustice that disabled people face disproportionate costs to live a life of dignity and independence.

I am of the firm belief that a society is judged by how it protects the most vulnerable and the most needy. If we as a society allow those costs to mount, we are abandoning our principles, because we will be failing to protect the most vulnerable. In my constituency of Hampstead and Kilburn, there are around 12,000 disabled people of working age. According to February 2016 Department for Work and Pensions figures, the number

of my constituents in receipt of employment and support allowance, personal independence payments and incapacity benefits stands at nearly 6,000. The number of people awarded PIP in London stands at just over 80,000.

My personal experience of supporting a disabled parent and the number of disabled people who live in my constituency is why I have brought the debate to the House. Some of the disabled people in my constituency live in the top 4% of income-deprived wards in the country. The extra pressures they are under are clear—they have been underlined heavily by the Extra Costs Commission in an independent report undertaken by Scope. I put my thanks to Scope on the record it has helped a lot with this debate. Scope has found that the average additional expense to a disabled person living in Britain is £550 per month, which means that disabled people are spending £6,500 per year to live a life in which they can independently eat, independently travel and independently function as part of a community. The consequences of that are profound.

Ruth Cadbury (Brentford and Isleworth) (Lab): Does my hon. Friend agree that, severely disabled people who relied on the independent living fund to function—to eat independently, take part in society and so on—face additional problems, because the funding for the ILF has not been replaced? My constituent Mary Ellen Archer is an active member of the community but needs help for many hours every day so that she can eat when she wants, and get up and go out and about when she wants. By withdrawing ring-fenced funding from local authorities, the Government are making life almost impossible for people such as her to live a normal life.

Tulip Siddiq: I wholeheartedly agree with my hon. Friend. Like her constituent Mary, others want to live independently and not be humiliated in their everyday living, and it is being made more difficult for them. The other point I should add in respect of my hon. Friend's point is that people who are severely disabled are at the bottom of the ladder when it comes to receiving payments.

The consequences are profound. Disabled people are twice as likely to have unsecured debt totalling more than half of their household income. Disabled people are three times more likely to use payday loans. Disabled people have, on average, £100,000 less in savings and assets than non-disabled people. In London, where my constituency and the constituency of my hon. Friend the Member for Brentford and Isleworth (Ruth Cadbury) is based, 51% of disabled people have a household income of less than £10,000 compared to 19% of non-disabled Londoners. Worst of all, disabled people are twice as likely to live in poverty. That statistic should shame us all.

The ghastly £6,500 tax on living has been itemised by the Extra Costs Commission, with a clear set of recommendations on how to reduce it. It identified transport, energy, clothing, bedding, specialised disability equipment and insurance as areas where the impact of additional costs are most starkly felt. However, one year on since its publication, there has been only a piecemeal response from the Government. That is disappointing.

One area in which the Government could take great strides to support independent living, is through improving digital accessibility. Some 25% of disabled adults have never used the internet, compared to 6% of non-disabled adults, highlighting a considerable digital divide. Some disabled people face instances where websites are not accessible and others may not have the necessary skills to use the internet. For example, in London, Transport for London statistics reveal that only 46% of disabled people use the TfL website compared with 81% of non-disabled people.

A significant challenge in reducing extra costs is to unlock the potential of disabled people as a collective of consumers. Equal access to the internet for disabled people will empower them, and it will increase access to the job market and learning opportunities. The rewards for business will be great, with an estimated £420 million a week currently being lost through the failure to meet the needs of disabled people. Ultimately, however, it will enable disabled people to participate in an increasingly digital society and digital age.

A number of charities have suggested that the Equality and Human Rights Commission should review the impact of the Equality Act 2010 in improving web accessibility. I hope the Minister will consider the request carefully. It has also requested that the Government ensure that a proportion of existing and future funding for training in digital skills is targeted at disabled people who never or very rarely use the internet. Expanding digital access could be vital for reducing the disability employment gap, which is a critical factor in independent living. I will not cover this in detail today due to lack of time, but I simply note for the record that in London about 48% of all disabled residents in London are employed compared with 74% of non-disabled London residents. That needs serious attention. I know that right hon. and hon. Members across the House are focusing on this issue. I am sure the Minister will embrace the opportunities in her new brief and see this issue as a path to improving lives for disabled people.

Transport is a common and hugely restrictive area of extra cost for disabled people. They are much more regular users of taxis and buses. Section 165 of Labour's Equality Act 2010 states that taxis and private hire vehicles are required to carry wheelchair users and that they must not charge extra for doing so. This, however, is flouted on a regular basis. Two thirds of wheelchair users report being overcharged when using taxis or private hire cars because of their wheelchair. That practice is unforgiveable and must not be allowed to continue. I therefore join Leonard Cheshire, Scope and others in welcoming the decision by the Government to bring Section 165 of the Equality Act into force.

Seema Malhotra (Feltham and Heston) (Lab/Co-op): My hon. Friend is making a powerful speech and putting the issue firmly on the agenda in the House. On her points about accessibility to taxis and private hire vehicles, does she agree that that is because of some of the problems that people with disabilities can experience with public transport? My constituents have told me that that can sometimes include difficulties getting on buses, which mean they can be left in the cold and rain, waiting in the hope of getting on the next bus.

Tulip Siddiq: I thank my hon. Friend for her intervention. I have seen real-life instances of what she describes in my constituency. I agree that we need to do more to ensure that Transport for London makes both buses and tube stations more accessible. Indeed, only 4% of

[Tulip Siddiq]

the tube stations in London have full wheelchair access. I am proud to say that our station here in Westminster has full wheelchair access, but there needs to be a focus on that all across London.

Wes Streeting (Ilford North) (Lab): I am grateful to my hon. Friend for giving way and for raising this important issue. I hope we can shortly achieve a breakthrough in the long-running campaign for step-free access at Newbury Park station. As chair of the all-party group on taxis, may I say to her that the wheelchair accessibility of London's black taxis is something in which drivers take immense pride? I share her concern that people should not be charging for wheelchair access, because the behaviour of the small number of taxi drivers who are engaged in that practice damages the otherwise excellent reputation of London's iconic black taxi trade.

Tulip Siddiq: I thank my hon. Friend for his intervention. I absolutely agree with him and recognise all the hard work he has done to secure the voices of black cab drivers in his area. Not long ago I was in a black cab with him and the driver instantly recognised him because of all the hard work he has been doing—he did not recognise me at all. My hon. Friend has been championing the voices of black cab drivers and he is absolutely right. Every time I am in a black cab, the driver is very supportive of me with my pram or my disabled father. It is a small number of people who are making it uncomfortable for disabled people to live and travel independently.

As the Minister will know, drivers have an obligation to comply with the Equality Act 2010. The problem is that compliance is not an explicit condition of licence. Making compliance an explicit condition of the licence would underline its importance and enable disabled people to live independent lives, get to work, visit friends, attend hospital appointments and do everything that we take for granted. Such changes would be crucial, especially in London, where 62% of all disabled residents define themselves as mobility impaired. Although 45% of disabled Londoners own a pass that gives them reduced fares or free travel, 26% of disabled people said in a recent survey that transport costs remained a barrier to use. The wheelchair charge in taxis will not be helping their situation at all. I therefore urge the Minister to support the private Member's Bill of my hon. Friend the Member for Denton and Reddish (Andrew Gwynne) and oversee real progress in this crucial area.

I wish briefly to cover housing. Research shows that inaccessible housing can contribute to extra costs, as there is a strong correlation between suitability of housing and disability-related spending. Leonard Cheshire Disability has revealed that almost two thirds of councils broke the law at least once by failing to fund agreed property adaptations within the one-year legal deadline. As a result, almost 2,500 disabled people waited over a year to get the vital funds to make their homes accessible to use. As Leonard Cheshire went on to highlight, the impact of this issue, along with social care, can vary from the worrying to the unforgivable.

For some, delays to housing adaptations may result in disabled people spending far too much time at home, feeling isolated, and using their income to make adaptations themselves, again with knock-on effects for their long-term finances. Others will incur preventable injuries, illnesses or other health problems due to inaccessible homes. In 2014, that led to nearly 180,000 hours of GP time being taken up, with a cost to the NHS and care services of up to £450 million.

I wish to give the Minister as big an opportunity as possible to cover all the areas I have raised, so I will close with these few comments. Disabled people deserve the same life opportunities as able-bodied people. They deserve to reap the same benefits from the legislation as able-bodied people. They deserve to shop in a market that treats them with the same dignity as able-bodied people. And they deserve homes that afford them the same dignity and independence as anyone else.

Having spoken with so many disabled constituents across my area about these costs, I am clear that the huge number of causes of these restrictive extra costs demands a cross-departmental approach from the Government in finding solutions. For too long, disabled people have had to rely on piecemeal, fragmented progress, and I sincerely hope that the Minister's comments today will provide a strong framework in which disabled people can expect serious progress to be made over the course of this Parliament. As I mentioned earlier, I judge society by the way in which we look after the most vulnerable and the most needy. If we cannot look after disabled people, we are failing in our duty as members of society and as parliamentarians.

5.15 pm

The Minister for Disabled People, Health and Work (Penny Mordaunt): I am delighted to respond to the debate. This is my first Adjournment debate in my new ministerial role, and I am now in my 13th week. One opportunity a new Minister has in getting acquainted with their new Department is to ask dumb questions. Many of the dumb questions I have asked over the last few weeks are very pertinent to the debate: "How did you arrive at that particular figure?"; "What exactly is this money for?"; "Who is actually responsible for ensuring that this is paid?"; and "How do we know this is value for money for the disabled person?"

If we consider the history of our welfare system and the other layers of support administered by local government and civil society, we see that the picture is incredibly complex and muddy. I therefore thank the hon. Member for Hampstead and Kilburn (Tulip Siddiq) and others who have contributed to the debate, because it affords me the opportunity not only to address some of the issues she raised, but hopefully to further the cause of simplicity, transparency and, critically, accessibility.

I very much welcome the work Scope has done. Historically, Governments have had little detail about what disabled people have had to, and are choosing to, spend their money on. Scope has yet formally to launch its latest report—I do not want to steal too much of its thunder—but has done a valuable service in identifying certain key areas where costs for disabled people are considerably higher. This is not just clothing, transport and equipment, but, as the hon. Lady mentioned, energy and insurance, too.

Other organisations have helped on this agenda—Age UK, to mention only one, which is understandable when so many older people are also disabled. It has

clearly established that the older people are, the higher their cost of living—an argument I have often deployed in defending the triple lock and pensioner benefits.

Part of the challenge of capturing these costs is that, apart from certain common trends, extra costs are so personal to the individual. Governments have therefore hypothecated for these additional costs for daily living or mobility. Increasingly and importantly, as we have seen with the Care Act 2014 and the personal independence payment, we leave the individual with a choice on how to spend that money. The spending power that a person has—that empowerment—is the best safeguard against poor-quality services and poor-quality provision. A disabled person will always be better than any five star-rated local authority in spending that money.

The other motivation for PIP was to ensure that we were directing money to those in the greatest need and with the most significant ongoing costs. Designed to cover those extra costs, PIP also improved on the disability living allowance by, critically, recognising mental health conditions, learning disabilities and sensory impairments, as well as physical disabilities. There are now more than 220,000 people receiving over £7,250 a year to help with these additional costs.

Under DLA, only 15% received the highest level of support, while it is 24% under PIP. Under DLA, only 22% of those living with a mental health condition received the enhanced daily living component, while under PIP the figure is 66%. The number of people on the Motability scheme has gone up since PIP was introduced, but we are keen further to improve its working. We have a programme of continuous improvement and evaluation by expert external bodies and stakeholders, including the Disability Charities Consortium. I am pleased that Paul Gray will lead a second review following his extremely helpful report, on which we have acted.

The forthcoming Green Paper affords us a further opportunity to look at those processes holistically, and to look at the person's whole journey, whatever his or her personal destination might be. We have already made public the intention to stop retests for employment and support allowance when it makes no sense, and we hope that we can do more to reduce the bureaucracy and the burden on the individual. We must seize the opportunity presented by the Green Paper, and I urge every Member with an interest to engage in that consultation.

We also need more clarity about the vast array of support that is out there to ensure that the reach of our programmes and schemes matches the need. It is no good having an Access to Work scheme, a disabled facilities grant or 15 hours' free childcare if people do not know about it and are not taking it up. However, as the hon. Lady said, we also have a duty to ensure that disabled people have every opportunity to secure best value for money.

Members have spent much time on the Floor of the House discussing energy costs, and I am confident that both Scope and the Government will continue to focus on them. Insurance markets can also afford more opportunities. There are certain practices that do, I think, require more Government action. The hon. Lady mentioned transport, and I agree that the scandal of charging disabled people higher fares is grossly exploitative. As one who has long campaigned on the quality of rail franchise agreements and the comfort, facilities and experience of the travelling public, I can tell the hon. Lady that she is preaching to the choir when she highlights the different treatment that disabled people experience on public transport.

I could give many other examples. However, I want to make it clear that this is not just about disabled people being short-changed—charged more and getting less for their money—but about businesses that are missing opportunities. The combined spending power of disabled people is immense. Some of the Department's analysts have been working on the subject, and I can tell the House that we have vastly underestimated the spending power of that group. We will make the findings public shortly. Businesses, however, seem content to miss out on a huge customer base. Stores and products are inaccessible, irrelevant, or not even worth considering owing to the lack of accessible toilets. For some, spending a penny—in every sense—can be extremely difficult.

We need to change that. We need to help businesses and other organisations to understand what they must do, and, with us, really understand what the unmet need is and what the game-changing investments will be, in equipment, in technology, and—as the hon. Lady rightly pointed out—in connectivity. How can we drive down the costs, achieve faster take-up, and ensure that Government-funded services provide real value for money for a disabled person? Tackling the costs of living and the digital agenda to which the hon. Lady referred, and improving the targeting and reach of our welfare and support services, is only one half of the equation. If we want everyone in our society to enjoy a good quality of life, financial resilience and wellbeing, we must not only continue to improve welfare, tackle the extra costs and champion the disabled consumer; we must increase incomes as well.

Giving more people the opportunities that come with a pay packet and a career is part of that. The disability employment gap is a scandal. It is a scandal that disabled people have not had the opportunities that others enjoy, it is a scandal that businesses and other organisations have been missing out on huge talent and insight in the workforce, and it is a scandal that the costs of unemployment—people not having the chance to have meaningful activity in their lives and all the health benefits that we know come with it—have been piled on to our public services. We have been tackling the problem in a number of ways, and I thank all Members who have helped the Department by, for instance, running Disability Confident events, but we need to do more.

The Green Paper—the first of its kind, truly joint with health—will move the debate to where it needs to be, and create the momentum it requires. The paper should also consider the resilience and opportunities of carers, and the need to ensure that they can nurture their own ambitions and dreams as well as their loved ones. That includes being economically active, either now or in the future, if that is their wish.

As well as ensuring that opportunities are open to disabled people seeking work, if we are to make more than a dent in the disability employment gap we must also create more jobs, including jobs that offer the activities and flexibilities that disabled people want and need. There is much good work in this space, but it is often down to considerable luck that such ventures are created, with the right people from education, the local enterprise partnership, the council and social enterprise

[Penny Mordaunt]

being in the right place at the right time. We must make such ventures more mainstream, more frequent and more the norm.

The number of people with a learning disability who benefit from such opportunities is considerable, and we must grip this issue in order to afford them the income and experiences that they are currently being denied. Such activity forms part of every think-tank-produced checklist for a good life I have ever seen, together with a warm secure home, financial resilience, opportunities and choice, connectivity, the ability to travel and a social life. These are all things that enable a person to reach their full potential, and we must ensure that people do that, or our nation never will.

Ruth Cadbury: The Minister waxes lyrical about the importance of disabled people being able to participate in society—to work and to socialise if they want to—but does she not recognise the fact that the withdrawal of funds to key services and the withdrawal of benefits make that aspiration virtually impossible?

Penny Mordaunt: I would take issue with what the hon. Lady says about this Government's record. I have mentioned some statistics on PIP, and I could mention others relating to how we are using the increasing welfare bill better and in a more targeted way. I do agree, however, that we need to join these things up much better.

I welcome the tone taken by hon. Member for Hampstead and Kilburn in an article that she wrote for her local paper, in which she called for more cross-party working on these issues. Politics can often be divisive, and these issues are too important not to make common good, and common cause. Welfare reform is often lengthy, but certainty and stability are desirable. Such is the scale of the challenges that we need everyone to work towards the change we need in business, services and products, in the public sector and in our communities. We need to link the national to the local. We need closer working across all sectors, and we need the opportunities that the third sector brings to be understood and capitalised on by commissioners. We need all parts of the public sector to work better together, and utilising the data that we all have will be a game changer for delivery. We need to extend our reach to those patient groups and peer support forums that we do not currently work with. We need to build consensus, common good and common cause across all sectors.

In the hon. Lady's constituency, local government consultations are taking place right now that will impact on the people we have been discussing today. It is no good even the most perfect policy being formed in Whitehall if it cannot be delivered on the ground. It is no good having a wonderfully evaluated Work programme if the person who could benefit from it does not know about it, or if the type of benefit they are on precludes them from benefiting from it. It is no good a person getting into work, or getting a college place, if their bus pass does not work before the hour they need to start. It is no good a person having a back-to-work plan if they cannot access the healthcare intervention they need to be sufficiently pain-free to hold down a job.

If we are to continue to improve welfare delivery, to close the disability employment gap, to build resilience and choice, to open businesses' eyes to the possibilities, to enforce the Equality Act 2010 and to continue job creation with everyone in mind, we need a cultural change towards disability. It needs to be part of the mainstream, because it is the mainstream. It needs to be at the heart of every consideration and every plan.

The new role that I occupy, the fact we are in the youth of this Parliament—although it might not feel like it at times—the raised awareness of these issues, the new opportunities technology brings and the Green Paper will all present an opportunity to achieve those aims. Colleagues must maximise these opportunities, along with their councillors, their local Jobcentre Plus team, their healthcare professionals, businesses and the third sector organisations in their patch. We need hon. Members' help, and I hope that they will give it.

Question put and agreed to.

5.30 pm

House adjourned.

Westminster Hall

Thursday 13 October 2016

[Mr Graham Brady *in the Chair*]

BACKBENCH BUSINESS

Tobacco Control Plan

1.30 pm

Alex Cunningham (Stockton North) (Lab): I beg to move,

That this House has considered the tobacco control plan.

It is a pleasure to serve under you chairmanship, Mr Brady. I am grateful to the Backbench Business Committee for granting us the opportunity to debate this issue in the depth and detail required. The subject has an impact on all of us, and it is right that time is allocated for a meaningful and thorough debate. I am also grateful to my colleagues from across the House who helped to secure the debate and who will, I am sure, make some incisive and insightful contributions.

I am pleased to have been part of the team that has consistently advocated tobacco control, and I am proud of the achievements we have made. The great thing about those achievements is that they have been built on strong cross-party commitment in both Chambers, with the devoted support and drive of external organisations and charities across the country that are determined to keep the harm caused by tobacco very much in the minds of the public and, of course, Ministers. Those organisations have succeeded.

A recent Action on Smoking and Health survey of more than 12,000 people found overwhelming public support for Government action to limit smoking and strong support for the Government to go further and do more. That is no surprise, really, as tobacco control is an area where Government action is highly effective.

Let me start with a parochial statistic. Back in Stockton, 250 miles up the road, smoking prevalence was estimated at 27.5%—more than one in four people—as recently as a decade ago. However, by last year various policies and interventions had seen that figure fall to 18.4%, which is a decrease of about a third. That means that some 14,000 fewer adults in Stockton now smoke than in 2005. I, for one, am very proud of that achievement.

I speak not only as a member of the all-party parliamentary group on smoking and health, the secretariat for which is provided by ASH, but as an MP who, as a humble Back Bencher, successfully pressed for the legal changes around smoking in cars when young children are present, with the support of groups including the British Lung Foundation, Cancer Research UK and the British Heart Foundation. That is on top of the principled and unwavering support I have received from north-east organisation Fresh, which covers my patch in Stockton North and whose joint conference on the harms of tobacco and alcohol I was pleased to address just a fortnight ago.

The dedication to improving public health and promoting tobacco control runs deep not only in my own psyche but in that of colleagues across the House. Back in 1998, the Labour Government introduced the country's first comprehensive tobacco control strategy. Legislation has moved on since then to prohibit tobacco advertising, smoking in public places and smoking in cars carrying children, and to implement controls on point-of-sale displays. I welcomed all those measures, but I am only too aware that there is much more to be done.

The most recent measure was the introduction of standardised tobacco packaging, which I repeatedly called for and supported. Although the original form of the Children and Families Act 2014 contained no measures at all to protect children from the dangers of smoking or to avert uptake, the amendment on standardised packaging tabled in the House of Lords by Baronesses Finlay and Tyler and Lords Faulkner and McColl was swiftly taken up by the Government and brought to fruition.

In the spirit of debating the issues and the evidence base rather than the politics of any decision, I thank the previous public health Minister and current Financial Secretary to the Treasury, the hon. Member for Battersea (Jane Ellison), for her consistent support for tobacco control and, in particular, standardised packaging. That was duly recognised by her receipt of the prestigious World Health Organisation director general's special award to mark World No Tobacco Day earlier this year.

A great deal was achieved under the previous plan, "Healthy Lives, Healthy People: A Tobacco Control Plan for England". Progressive tobacco control legislation was introduced, and the three key ambitions of the plan have been achieved. Smoking rates among adults and children have fallen below the target levels, and rates of smoking during pregnancy reached the 11% target earlier this year. That illustrates perfectly why Britain is a world leader in tobacco control, with the UK coming top in a European survey measuring the implementation of key tobacco control policies and passing legislation that goes further than the requirements set out in European Union directives—perhaps that is one area in which we can expect no negative impact from Brexit. Yet there is still much to be done.

Smoking is responsible for approximately 78,000 preventable and premature deaths each year in England alone, and nearly 100,000 across the UK. In the north-east, the number of deaths from smoking-related diseases is some 30% higher than the English average. Despite the fact that we have hit the national targets on smoking prevalence laid out in the previous plan, stark variations in prevalence persist regionally and among different groups. A national tobacco control strategy should therefore be introduced without delay.

In her Downing Street speech, the new Prime Minister committed her Government to

"fighting against the burning injustice that if you're born poor you will die on average nine years earlier than others".

Half of that difference in life expectancy is solely due to higher rates of smoking among the least affluent members of our society, with smoking rates among those with multiple complex needs reaching as high as 80%. I am clear that we should all share that commitment.

In Stockton, just under 30,000 people smoke—that is just over 18% of the population. However, it has been estimated that 539 children between the ages of 11 and 15 start smoking in Stockton-on-Tees every year, with 964 people dying from smoking-attributable causes from 2012 to 2014. Shockingly, that is the equivalent of

[Alex Cunningham]

almost 5,000 years of life lost due to smoking. That death and disease is disproportionately borne by the poorest people in my area.

Although smoking rates among the adult population fell throughout the life of the previous tobacco control plan, health inequalities have remained stubbornly high. In 2013, for instance, smoking prevalence among people in the routine and manual socioeconomic group was more than twice that among the professional managerial group—28.6% compared with 12.9%. The picture is even worse for those who are unemployed, with smoking rates of approximately 35%. People earning under £10,000 a year are more than twice as likely to smoke as those earning more than £40,000 a year. The higher rates of smoking place a significant financial burden on poorer members of society. If the costs of smoking were returned to households, 1.1 million people, including more than 300,000 children, would be lifted out of poverty.

In Stockton-on-Tees, when tobacco expenditure is taken into account, almost 6,000 smokers fall below the poverty line, including more than 1,300 dependent children. Those innocent children not only suffer from the financial burden of their parents' smoking but are more likely to be exposed to second-hand smoke and to try smoking themselves. We all know that those who grow up in a household where parents or siblings smoke are far more likely to become smokers themselves.

Those children may experience considerable peer pressure to start smoking, and tobacco is often more accessible to them in the community and at home, thus creating a cycle of inequality and leading to the life expectancy gap noted by the Prime Minister. Perhaps worse still is that when poorer smokers attempt to quit smoking, they are less likely to succeed than their more affluent peers.

To tackle inequalities, support to stop smoking needs to be specifically tailored to meet the needs of those in lower socioeconomic groups. Although the ambitions in the previous plan have been met and smoking rates continue to decline, they remain stubbornly high in disadvantaged sections of society. Further action is needed from the Government and the public sector to reduce smoking rates and associated health inequalities, and the new strategy is necessary to drive that action forward.

With that in mind, and given that the policy development work for a new tobacco control plan was in place for publication this summer, I would welcome the Minister telling us when the new plan will be published. I say to her that there is a standard to live up to, because the last time there was a debate about the plan in this room, the then Minister confirmed the timing of its publication. I hope we will hear about that in depth today.

Perhaps the Minister will also oblige the British Lung Foundation and outline the Government's plans to prioritise lung health as an area for health improvement. Will she tell the House whether an assessment of respiratory health could be included in the NHS health check?

Norman Lamb (North Norfolk) (LD): I am grateful to the hon. Gentleman for giving way, and I very much agree with what he is saying. He has talked a lot about inequality, which of course spreads beyond this country. I understand that some 80% of smoking deaths, which will rise to 8 million by 2030, are in lower and middle-income countries. Does he share my desire to see the Government publish the plan before the meeting in India in November? We could then see what the special fund for developing countries will be used for, because we need to have an impact there, too.

Alex Cunningham: I agree. With the huge proportion of deaths in lower-income countries, which are suffering even more than we are in this country, it is imperative that the report is published so that we can show a lead. We are a leading country, if not the leading country, on smoking control, and we must continue to demonstrate that.

As colleagues will be aware, stop smoking services are one of the most effective healthcare interventions. Smokers are four times more likely to quit successfully with the combination of behavioural support and medication provided by those local services. Significantly, smokers from routine and manual socioeconomic groups are more likely to access the support of stop smoking services, which have real potential and are an effective way of beginning to address health inequalities. In 2014-15, for example, more than twice as many smokers from routine and manual groups set a quit date with a stop smoking service compared with those in professional and managerial occupations. Such services are not only effective in supporting efforts to quit but can prevent the disability and distress caused by smoking-related diseases without the side effects of many of the drugs used to treat such diseases. Indeed, the National Institute for Health and Care Excellence considers smoking cessation treatment to be among the most cost-effective healthcare interventions.

Smoking cessation treatment is also cost-effective for those who already have smoke-related diseases. Take chronic obstructive pulmonary disease, for instance. Some 900,000 people in England have been diagnosed with smoking-related COPD, out of about 3 million sufferers. Some 25,000 people a year die from the disease, and the NHS spent £720 million on treatments in 2010-11. The British Lung Foundation estimates that in my constituency, people are as much as 60% more likely to be admitted to hospital with COPD than the UK average. We also discovered recently that the rate of lung disease in my constituency is the second worst in the country.

Yet COPD is a disease that is almost entirely preventable. Smoke is the cause of more than three quarters of COPD cases, and in this country exposure to such smoke is primarily through smoking. Although it is clearly better to prevent COPD through the provision of smoking cessation treatment to help smokers quit before the disease develops, that treatment can help improve quality of life even after the onset of COPD and is highly cost-effective compared with other treatments. Indeed, it is the only treatment that can prevent the disease from progressing in smokers. The cost of smoking cessation treatment for people with COPD is estimated to be £2,000 per quality-adjusted life year, whereas the cost of drug treatment for those with the disease ranges from £5,000 per QALY at the bottom end of the scale to £187,000 per QALY for triple therapy.

I am mindful that this is a co-operative debate with cross-party support, but I believe it is fair to highlight the impact of some of the Government's economic measures on smoking cessation programmes. In 2014-15,

despite all the evidence of their cost-effectiveness, approximately 40% of local authorities cut the budgets of their stop smoking services, with half of all services being reconfigured or recommissioned. It is not just local authority cuts that are happening; we are now hearing that clinical commissioning groups are also cutting funding for prescriptions to stop smoking medications and refusing to fund smoking cessation services.

Local authorities faced with huge cuts to their budgets are reducing investment not only in stop smoking services but in other areas essential to effective tobacco control. Trading standards staff, who are crucial to tackling illicit tobacco and under-age sales, are increasingly under threat. During the past six years, the total national spend on trading standards has fallen from £213 million in 2010 to £124 million today. Teams have been cut to the bone, with a 12% drop in staff working in trading standards since 2014, on top of the 45% drop over the previous five years identified by an earlier survey.

The importance of trading standards, working in partnership to deliver concerted multi-agency enforcement activity, is shown in my region, the north-east. After setting up a regional illicit tobacco partnership, the region has seen a significantly greater fall in the illicit tobacco trade than has been seen at national level, to the benefit of both public health and Government revenues. Between 2009 and 2015 the illicit market declined by more than a third in the north-east, from 15% to 9%, whereas the decline at national level was less than a fifth, from 12% to 10%.

Without sustained funding, such services are simply unable to continue to operate effectively. The new tobacco control plan therefore needs to prioritise cutting health inequalities rather than budgets, and in so doing must protect public health funding for tobacco control. I hope the Minister will confirm today that the Government will take steps to sustain protected funding for tobacco control, and will outline what those steps will look like.

I would similarly welcome hearing the Minister commit to bringing mass media spending in line with best practice evidence. Research has shown mass media campaigns to be highly effective in promoting quit attempts and discouraging uptake. In the UK, however, we are currently falling far below best practice spending on such campaigns. When funding was cut back in 2010 there was a noticeably negative impact on quitting, with a whopping 98% decrease in requests for quit support packs, a fall of almost two thirds in quit-line calls and more than a third fewer website hits. That should hardly come as a surprise, with year-on-year cuts seeing only £5.3 million spent on mass media in 2015, which is less than a quarter of the amount spent in 2009. Spending has actually declined further this year to £4 million. To make matters worse, it is not even clear how much, if any, of that budget is reserved for televised mass media campaigns.

This year's annual Stoptober campaign, for instance, is being run without any televised advertising. Yet the evidence confirms that it is precisely such mass media campaigns that are essential to motivate quitting and to inform smokers of the useful resources provided by Public Health England to help smokers quit. Those campaigns, which discourage smoking and encourage quitting, are most effective when they are sustained and sufficient, with the best results being achieved when people are exposed to televised anti-smoking adverts around four times a month.

Again, I draw attention to my own patch and the "Quit 16" mass media campaign co-ordinated by Fresh and Smokefree Yorkshire and Humber, which focused on the damage smoking does to health. Some 16% of those exposed to the campaign, or roughly 53,300 people, cut down on their smoking. A further 8.4% made a quit attempt, and 4% switched to electronic cigarettes. That shows the clear impact that mass media campaigns have on triggering quit attempts and changes in behaviour, and the Government need to take such evidence seriously and commit to investing in mass marketing campaigns without delay.

Members will be aware that the decline in smoking prevalence in the UK since the first comprehensive strategy was published in 1998 has been comparable to that in Canada and Australia, both of which have consistently addressed the harms caused by smoking through comprehensive and sustained tobacco control strategies. Smoking prevalence has declined rapidly among adults and children in England since the Government first implemented such strategies from 1998. The latest figures show that adult smoking prevalence in England has declined by more than a third, falling from 27% in 1998 to 16.9% last year. The proportion of 15-year-olds in England who are regular smokers fell by two thirds between 1998 and 2014, hitting 8%, and the proportion of 11 to 15-year-olds who have ever smoked fell from 47% to 18% over the same period. Those are the lowest figures ever recorded for both adults and children.

None the less, smoking remains the leading cause of preventable premature death and the major reason for differences in life expectancy between the richest and poorest in society. Experience elsewhere shows what can happen if we do not review and renew our tobacco control strategy and ensure that it is properly funded. While the UK has seen a significant decline in smoking because of its comprehensive approach, the prevalence of smoking in France and Germany, which have not had any such strategies in place, has barely shifted over the last 20 years. We cannot rest on our laurels and assume that the long-term declines we have achieved will continue unabated if we do not take decisive action to review and renew our strategy.

On 14 September, Lord Prior committed the Government to publishing a new plan, with renewed ambitions to reduce smoking prevalence further and new ambitions on health inequalities and mental health. However, he would not commit to a publication date, so I repeat my appeal to the Minister to reassure Members across the House by filling that gap today. There is no clear reason to delay publication of a new plan further. If the Prime Minister's ambition to reduce health inequalities is to be achieved, Ministers need a comprehensive strategy on tobacco control sooner rather than later.

1.50 pm

Dr Sarah Wollaston (Totnes) (Con): It is a pleasure to serve under your chairmanship, Mr Brady. I commend the hon. Member for Stockton North (Alex Cunningham) for his tireless campaign on tobacco control and for introducing the debate.

In 1974, 46% of adults smoked, but that figure has now fallen to 16.9%. That is not an accident; it has been because of the concerted action of campaigners, cross-party working and Government support over the years. It has

[Dr Sarah Wollaston]

all been about price, marketing, availability, smoke-free environments, education, targeted support to help people to cut down and quit, and the availability of less harmful alternatives.

I also commend the Government and the Conservative-led coalition Government for their action over the past six years. We have seen an end to point-of-sale displays—the last refuge of advertising and marketing—and, finally, the introduction of standardised or what we might call "truth" packaging, which allows people to see the product and what it does to them. We have also seen further protection for children, with bans on proxy sales and on smoking in cars with children present.

The evidence shows that intervention saves lives, and in the case of smoking it saves lives very quickly. It can have a real effect in the same year on foetal, maternal and child health and on reducing cardiovascular disease and complications in surgery. It is definitely worth doing, both in the short and the long term. It should set a template for other public health measures, because it shows that they really make a difference and are definitely worthwhile.

As the hon. Member for Stockton North so clearly stated, however, these improvements do not mean we should be complacent. There are still 76,000 preventable and premature deaths a year as a result of smoking. Not only does that have a devastating impact on individuals and their families; it has other implications, not just for mortality but for the disease burden and the lives lived in very poor health. In my 24 years on the frontline in the NHS I saw that at first hand. Living with COPD and end-stage COPD is a dreadful burden on individuals.

There is also the cost to the NHS and the issue of health inequality, which we have heard about already. The cost to the NHS is about £2 billion a year. If we are to look at the long-term sustainability of our NHS, we must tackle that. Things can be done. Almost a quarter of hospital admissions for lung disease are attributable to smoking; we can do better on that.

As the hon. Member for Stockton North pointed out, the Prime Minister spoke in her first speech on the steps of Downing Street about the "burning injustice" of the life expectancy gap between rich and poor. I absolutely support her determination to tackle that; we also need to tackle the gap between rich and poor in healthy lives lived, which is also very important. The stark reality is that those who earn less than £10,000 a year are twice as likely to smoke as those who earn more than £40,000 a year. If the Government are serious about tackling health inequality, they have to have an effective tobacco control plan.

Of course, health inequality is a multi-factor problem. It is not just about issues such as smoking and obesity—there are many other important issues, such as education, poverty and housing—but we can make a difference both quickly and in the long term by continuing to tackle smoking. I really hope the Minister will acknowledge that it is about preventing new smokers from coming on board, helping existing smokers to cut down and quit, and imposing greater responsibility and accountability on the industry. The five year forward view rightly calls for a radical upgrade in prevention and public health, which is essential for the long-term sustainability of the NHS. Now is not the time to cut back on the services that deliver prevention and help for people to cut down and quit, but sadly that is what is happening.

I am afraid a lot comes down to budgets. In 2015, we saw a £200 million in-year cut to public health budgets, and that is set to continue. The Health Committee's recent inquiry into public health, which has now reported, found that there will be a real-terms reduction in public health budgets from £3.47 billion in 2015 to £3 billion by 2021. That will hit front-line services. Around 4.1% of total health spending is currently in public health, and that percentage is definitely set to decline, which is absolutely a false economy. We should be investing now to make the savings we need for the future—not just for individuals, though of course they should be the priority, but for the long-term sustainability of the NHS. That would be cost-effective.

We are already seeing the impact on front-line services: local authority stop smoking services have been decommissioned in Manchester, for example, and in Worcestershire they are now available only to pregnant women. We also need to look at how CCGs are withdrawing their support for GPs to prescribe nicotine replacement therapy. That is worrying, because there is a very clear evidence base for such services, as we have heard—I will not repeat what the hon. Member for Stockton North set out so eloquently. Cutting them is the worst example of poor value for money and letting people down. I really hope that when devising an effective strategy the Minister will look at that and make sure that those services are available, both within local authorities and at the frontline of NHS services.

As a former GP, I know the role GPs can play in persuading those who are in the most danger, because they see people when they are suffering the complications of smoking and their intervention at that point is often the trigger for people to quit effectively. But GPs are now left in a position where they cannot prescribe the products that we know might help patients. We absolutely must not abandon one of the most cost-effective measures in healthcare, and we must not add extra cost to the future.

Members in the main Chamber of the House of Commons are discussing baby loss this afternoon, and I am sorry that none of us can be in two places at once. However, it is essential to remember that if the Government are to succeed in their aim to reduce neonatal stillbirths and maternal deaths by 50% by 2030, we have to consider maternal smoking. Sadly, around 300 perinatal deaths every year are attributable to smoking. There are very important reasons across the board for tackling this.

Finally, I will touch on the issue of e-cigarettes, because there is some controversy around them. Some people fear that the industry will take over and that e-cigarettes will become a gateway into smoking, but the evidence so far does not support that. Of course we need to be vigilant and make sure that these products are not being marketed to children to push nicotine addiction, which then steps on to smoking, but so far the evidence is not there. Nevertheless, we need to watch the marketing side of things.

There is no doubt that for many people e-cigarettes are a gateway out of smoking or a way to reduce the amount that they use. It is estimated that in 2015 around 18,000 long-term smokers were helped to cut down and quit by such products. We should be encouraging

their use, because the evidence supports that. We are currently members of the European Union and so subject to the tobacco directive, which will mean further restrictions on the use of e-cigarettes. Will the Minister confirm that she will look carefully at the emerging evidence to see where we want to fit in with and adopt that directive and, perhaps, where we feel that it might not be appropriate for the UK? It is an emerging picture, but the overall message should be that we should encourage the use of e-cigarettes and make them available to people when they need to use them.

I know that other Members wish to speak, so I shall not detain the House any further, other than to say that, like the hon. Member for Stockton North, I hope the Minister will be able to confirm today the timetable for the introduction of the tobacco control plan. I know that she will be personally determined to ensure it is effective.

2.1 pm

Kevin Barron (Rother Valley) (Lab): I declare an interest: I speak as a vice-chairman of the all-party group on smoking and health, the secretariat of which is supported by Action on Smoking and Health, a national charity.

I echo the thanks expressed by my hon. Friend the Member for Stockton North (Alex Cunningham) to the previous public health Minister, the hon. Member for Battersea (Jane Ellison), for all the work she did and her commitment to support for tobacco control. I welcome the Under-Secretary of State for Health, the hon. Member for Oxford West and Abingdon (Nicola Blackwood), to her new post; I hope that we can work together on this important issue. The previous four public health Ministers, under either the current Administration or the coalition Government, have worked very well with the all-party group and other Members who want to see progress on this issue. I also welcome my hon. Friend the Member for Washington and Sunderland West (Mrs Hodgson) to her new role as shadow public health Minister. She is going to have to get used to seeing us, as she is going to be in here quite regularly.

It was in December that I last spoke in Westminster Hall on tobacco control. I was highlighting the fact that the tobacco control plan for England, "Healthy Lives, Healthy People", was soon to expire, and that a new plan to ensure sustained funding for tobacco control was needed. I rise today for the same purpose. England has now gone 10 months without a comprehensive strategy on tobacco control. The House was assured that a new plan would be published in the summer. I know that some political summers lapse into the autumn, but I stand here in October wondering whether this summer is going to lapse into the spring. I hope that is not the case. The Government have since stated that a publication date will be decided in due course.

I am proud that tobacco control is no longer a partisan issue but enjoys the benefits of support from all parties in this House and in the other place. However, Parliament cannot act alone. We need a Government strategy to ensure that in this period of austerity tobacco control does not slip off the agenda and that local authorities continue to see it as a crucial part of their work. The hon. Member for Totnes (Dr Wollaston) referred to Manchester in her speech. It was deeply worrying to hear what she said, because I have no doubt that, although Manchester is a much bigger place, its socioeconomic profile will be like that of my own borough of Rotherham, where, sadly, a lot of people participate in smoking.

My hon. Friend the Member for Stockton North commented on the impact of smoking in his constituency; my constituency, Rother Valley, is similarly hit by the burden of smoking. Approximately 13,660 people in Rother Valley smoke, and across the three borough constituencies of Rotherham nearly 1,500 people died prematurely from smoking between 2012 and 2014. We know the national figure and I have to say, as I have always said in similar debates, that if we were losing our fellow citizens on such a scale from any other cause—whether it was an intervention in a war or anything else—we would be much more concerned than we seem to be about people tragically dying so prematurely.

Smoking has such a dreadful impact on communities. Surveys of smokers show that around two thirds want to quit smoking and that that desire to quit is the same across population groups. However, only around a third of smokers make a quit attempt each year, and the number of people accessing NHS stop smoking services is declining. A new plan is needed to set out continued support for those people by encouraging them to make quit attempts and to access services that can offer support. Smokers are four times more likely to quit with the help of the expert support provided by stop smoking services, but a new plan is needed to guarantee funding for such services, which are currently under threat.

I have been contacted on this issue by Teresa Roche, Rotherham's director of public health, and Councillor David Roche, Rotherham Council's cabinet member responsible for this subject. I do not think they are related, but somebody in my office once asked whether they were. I am not too sure at this stage, but the next time I meet them I shall find out. They are part of the ambitious plan in Yorkshire and the Humber to inspire a generation free from tobacco by 2025. However, their work requires funding. I ask that that be addressed in the strategy, when it is published. The percentage of adults who smoke is falling, but the fall has been even better among teenagers and young children. Back in 1993-94, I introduced a private Member's Bill against the advertising and promotion of tobacco. At that time, the levels of smoking among both the adult and teenage populations were far higher. Work to discourage smoking is working, and it is saving lives.

International evidence shows that funding for tobacco control activities is crucial. Members who attended the debate in December may recall me describing the situation in New York, where smoking rates declined consistently until 2010, when funding for tobacco control was cut. Smoking prevalence then began to increase until 2014, when funding was reinstated and smoking rates began to decline once more. That is one example of the well-known fact that tobacco control needs sustained funding in order to be effective. As was said earlier, after the change of Government in 2010, the removal of social marketing in the national media was clearly followed by a decline in the number of people stopping smoking. There is a direct correlation.

Funding is needed not only to secure the future of stop smoking services, but for mass media campaigns to encourage smokers to quit. We must keep them up.

[Kevin Barron]

I understand that this year the Stoptober campaign has moved online, utilising resources such as Facebook Messenger—something on which I have to say I am no expert—to support people who are attempting to quit.

Alex Cunningham: It is all very well having online services, but people need to have access to those services. I know that everybody thinks every kid from a poor home has a smartphone, but that is not true. If they do not have access to IT services, they cannot benefit from the services my right hon. Friend is describing.

Kevin Barron: I accept that entirely. We hear all the time about people getting online to claim their benefits or whatever else, but it is quite clear that not everybody has access. Nevertheless, we are in the 21st century now and we have moved on a little. We can now sit in this Chamber using our phones for things that would have required an office 20 years ago, so we must remember that things are moving on. I do agree with my hon. Friend, though.

The Stoptober campaign will be delivered at a fraction of the cost by using new media. I await with anticipation the evaluation of its effectiveness compared with previous campaigns that have used a broader range of outlets, including TV and print media. Effective tobacco control needs to be comprehensive, encompassing all these activities to support smokers and to promote systems-wide action to dissuade people from taking up smoking.

Quitting smoking is incredibly difficult. As we have heard, electronic cigarettes are now used by over 2.5 million people in the UK; some people estimate that the figure is 2.8 million. They give smokers access to a significantly less harmful source of nicotine and help individuals to give up tobacco. Evidence from the Royal College of Physicians—I should say here that I am an honorary fellow of that body, before it gets into the newspapers. There is no payment for that. None the less, I ought to say that I use my personal experience in these matters. Evidence from the royal college and from Public Health England shows that vaping is around 95% less harmful than smoking cigarettes.

Two new publications have further supported the argument that electronic cigarettes can make it easier to quit smoking without posing significant health risks. The first is a systematic review of the evidence from the Cochrane Tobacco Addiction Group. Such reviews are generally considered to be authoritative summaries of the current scientific evidence. The results show that electronic cigarettes containing nicotine significantly increased the chance of quitting smoking, while not showing any adverse health effects within two years of use. I know that there are some people outside who say, "We've got to see what this is like over decades to make sure they are perfectly safe". I am afraid that we would have to wait decades to be able to see that. What we should concentrate on is the scientific evidence that we have available since the introduction of electronic cigarettes and make judgments on that.

The second publication has already been mentioned by the hon. Member for Totnes (Dr Wollaston). A number of newspapers have picked up on the researchers' estimate that in 2015 electronic cigarettes helped an additional 18,000 people to quit smoking. That illustrates how electronic cigarettes have the potential to be a huge public health innovation. There is growing consensus, including charities such as the British Lung Foundation, Cancer Research UK and the Royal College of Physicians, that electronic cigarettes are a very useful tool for smoking cessation.

We all know that smoking is responsible for approximately 96,000 premature deaths across the UK, which is more than the number of deaths caused by the next six biggest causes of preventable deaths in the UK, including obesity, alcohol and illegal drugs. Electronic cigarettes have amazing potential to reduce that burden of death and disease. The Tobacco and Related Products Regulations 2016, which came into effect in May, aim to maximise the benefits from these products within a properly regulated framework. There is a clear role for electronic cigarettes as a form of tobacco harm reduction, but regulation is needed to ensure manufacturing quality and to dissuade non-smokers, including young people and children, from taking up vaping. In the UK, there is no significant evidence that non-smokers are taking up vaping, or that electronic cigarettes are acting as a gateway to smoking. However, it is proportionate to the risks posed by nicotine in any form that these products are regulated.

I wish that people would get over the fact that some of the owners of the companies that make these products happen to be tobacco companies. I do not think anyone has battled more against tobacco in this House than I have for two decades now. However, tobacco companies grow tobacco; tobacco contains nicotine; and nicotine is addictive. It is 90% safer to take nicotine through vaping than through a cigarette, and I wish that people out there who listen to these debates would recognise that fact and stop knocking on about who owns the companies that make these products. The quality of people's lives is improving in taking people off this drug, which prematurely ends the life of 50% of people who smoke cigarettes. That is what we should concentrate on.

Before the summer recess, on 4 July, Lord Prior announced in a debate in the other place that those regulations would be reviewed within five years to ensure that they were fulfilling the aims of supporting smokers to quit, preventing uptake among non-smokers and young people, and providing appropriate regulation of products containing nicotine, including a route to medicinal licensing. Although I understand that that might be affected by Brexit, I would be grateful if the Minister could confirm that that is still the plan. I know that Brexit is something that nobody knows about, other than it is Brexit at this stage, but these are crucial, potentially life-saving things for many of our citizens and this is an issue that we need to address.

Lord Prior also committed to commissioning Public Health England to update its evidence report on e-cigarettes annually until the end of this Parliament, and to include within that its quit smoking campaign's consistent messaging about the safety of e-cigarettes. Can the Minister tell us when Public Health England's review and updating of the evidence for 2016 will be published, and what message about electronic cigarettes has been included in the Stoptober campaign? The one that was published by Public Health England and others in August 2015 about e-cigarettes was truly ground-breaking in showing how people with a nicotine addiction can help to save themselves

from dying prematurely by using these products. Do not get me wrong, Minister and Members of this House—I would like to see people off nicotine all together, but that is a difficult thing to achieve, as we all know. We have been debating this issue for years and years, but more than 2.5 million people have voluntarily gone on to this safer system of dealing with their addiction. If we can use that to get them off the addiction all together, we should do so.

We all know that quitting smoking is one of the hardest things a person can do and we have a duty to support these people in any way we can, not only for their own personal health and well-being but for the health and economic well-being of society as a whole. A new tobacco control plan is urgently needed to make sure there is the funding and momentum to ensure that we are successful in making smoking history for our children.

2.16 pm

Bob Blackman (Harrow East) (Con): Thank you, Mr Brady, for calling me to speak; it is a pleasure to serve under your chairmanship.

It is also a pleasure to follow the speech made by my right hon. Friend the Member for Rother Valley (Kevin Barron), as I will call him in this context. I thought that it was thoughtful and, as always, well argued in its treatment of the data.

I place on the record my congratulations to the hon. Member for Stockton North (Alex Cunningham) on securing this debate, and I also congratulate my colleagues on the Backbench Business Committee on allowing it to take place. No doubt the Health Department considers itself extremely challenged by having to respond to a debate in Westminster Hall and to two debates in the main Chamber on the same day.

I also put on the record my congratulations to the Financial Secretary to the Treasury, my hon. Friend the Member for Battersea (Jane Ellison), on all the work she did for public health. Indeed, a lot of the reforms that have been made and that we are talking about today came under her stewardship.

I also congratulate the Under-Secretary of State for Health, my hon. Friend the Member for Oxford West and Abingdon (Nicola Blackwood), on securing her ministerial position. We are all looking forward to hearing her speak later on. As she is a former chairman of the Science and Technology Committee, I suspect that she will examine the scientific data and the important evidence before moving on; we look forward to that taking place.

On that subject, I echo what has already been said, namely that smoking is the No.1 public health challenge in the UK. As has been mentioned, there are almost 100,000 premature deaths every year across the whole country as a result of smoking. The fact that adding together the number of deaths caused by the next six biggest causes of preventable deaths would still not exceed the number of deaths caused by the No.1 cause of preventable death suggests that we have to address this matter. However, there is a risk that, because of the success of the tobacco control programme over the last five years, people will think the job is done. Well, I have to say that it is most certainly not done.

I declare my interest as the chairman of the all-party group on smoking and health and, as someone who has been an avowed anti-smoker all my life, I will continue to oppose smoking. I take the view that there are two categories of people here. We have to help people to stop smoking, but even more importantly we have to prevent people from starting to smoke, because we know that once people are addicted it is a very difficult job for them to give up their addiction.

As the hon. Member for Totnes (Dr Wollaston) said, we have been very successful. In the 1970s, more than 50% of the adult population smoked; that figure is now down to below 20%. That is good news. However, it still means that there is a stubborn minority and we have to get across to them how damaging it is to their health to continue smoking.

Success in this area has not happened by accident. Governments of all persuasion— including the current Government, the coalition Government before that and the Labour Government before that—have done enormous amounts of work to reduce the prevalence of smoking. Health professionals have also contributed to that, as have civil society organisations.

The position now is that the tobacco control programme finished at the end of last year. That is the reality and we need to see the new programme as soon as possible.

On this side of the House it is not unusual to hear people argue that the smoking habit is none of the Government's business. Of course, it is an important source of tax revenue, but some people say—they are not necessarily employed or funded by the tobacco industry—that those who choose to smoke understand the risks, and have exercised their free consumer choice. I would say that informed choice and people understanding the damage they are doing to themselves is up to them, but that does not mean that we should not increase the pressure on those individuals to understand the damage they are doing to themselves and to others by continuing to smoke. I seek to make sure that we continue with the regulations and ramp up the tobacco control programme. We will soon see a situation where all cigarettes and hand-rolled tobacco are sold in standardised packaging, which has been a huge advance. We should take credit for that. Together in this Chamber, we changed Government policy through the force of our argument and the data that we provided in evidence.

I am sure that my right hon. Friend the Prime Minister is among the group that understands that the state and the Government have to interfere in this process. In her recent speech, she said that

"government can and should be a force for good…the state exists to provide what individual people, communities and markets cannot; and…we should employ the power of government for the good of the people."

I say that she is absolutely right, and that, on tobacco control, the position is quite clear. In her very first speech as party leader, she promised to fight

"the burning injustice that, if you're born poor, you will die on average 9 years earlier than others."

That injustice is a clear issue for tobacco.

It would be very hard to find a more dysfunctional market than the one controlled by four of the most profitable companies in the world, who make their money selling products that they know will kill half of their lifetime customers—products that have been carefully

[Bob Blackman]

designed to deliver a highly addictive drug, as fast as possible, to the brains of their users. If anyone were attempting to invent such a drug today, they would not get away with it, but these companies are quite clear in what they set out to do. The estimates by the US National Center on Addiction and Substance Abuse of capture rates for both legal and illegal drugs demonstrate that point powerfully. Capture rates are the percentage of users who report that they have become dependent on the drug at some point. Tobacco has a capture rate of almost a third, more than for heroin, cocaine, alcohol and cannabis. It is clear that the tobacco companies deliberately set out to ensure that their customers are addicted to the drug.

Dependency is a combination of physical and psychological factors. Social and economic factors, such as the relative availability of different drugs, when and where they can be used in a socially acceptable way, and how affordable they are, all have an impact and smoking is therefore a major contributor to poverty and health inequality. As the Marmot review concluded in 2010, smoking in the UK accounts for about half the difference in life expectancy between different social classes, and so the important commitment that the Prime Minister has made to tackling what she rightly calls this "burning injustice" cannot be met without further action on reducing smoking rates.

In my borough, Harrow, analysis based on the 2015 integrated household survey shows that about 13% of the working-age population smoke, which is above the UK average, and equates to about 25,000 people. Of the roughly 15,700 households in Harrow that include a smoker, 2,700 fall below the poverty line. About 1,000 would rise above that line if all smokers in poor households were to quit. A lot of people refer to my borough as a nice, leafy borough, but it is important to understand that there are levels of deprivation all across the country—with respect to the hon. Members opposite, it is not confined to the north and the industrial cities.

Despite that fact, I am displeased that Harrow Council has decided to consult on stopping the smoking cessation services in an attempt to save money, but I am pleased that a large petition has been initiated by consultants at Northwick Park hospital with the aim of combating that and preventing it from happening. As my hon. Friend the Member for Totnes noted, stopping smoking cessation services would be a stupid move and would increase pressure on the health service and on individuals.

I would also add that, whatever one's views on Brexit, the reality is that over the last five years more than 10,000 adults from eastern Europe have come to live in my constituency and almost all those of adult age smoke. The tobacco control programme needs to include encouraging people to give up by reaching parts that have not been reached previously.

One important lesson that we have learned from previous control programmes is that efforts to reduce smoking must be sustained and progressive; sustained because, as I have said, nicotine is a powerful drug, it increases dependency and requires powerful interventions to persuade people to quit; and progressive because people who continue to use tobacco after the control programmes are in place can be said to have discounted their effect. For example, many smokers quit after the introduction of the workplace ban in 2006, but most did not. The need for progressive steps is particularly important when it comes to tax and price policy, because the economic impacts of tax rises on reducing demand for tobacco products depend not simply on absolute price levels, but on affordability. If taxes rise more slowly than incomes, tobacco will become more, not less, affordable and consumption will tend to rise, not fall.

That point is well understood by the four major tobacco companies, which routinely use what they call "overshifting" as a pricing device. When the Government put up taxes, the companies raise the price of their so-called luxury brands by more than the amount required by the tax increase, while raising the price of the economy brands by less than the tax increase, or in some cases not at all, so that as many low-income smokers as possible are encouraged to continue with their habit or to start smoking in the first place. That has resulted in increasing brand segmentation in the tobacco market, and was cheerfully admitted by the companies in written evidence in their recent unsuccessful court challenge against standardised packaging. One of the most important secondary benefits of standardised packaging, over and above the removal of the last permitted form of advertising and marketing of tobacco products, is likely to be the gradual collapse of this approach to marketing. The brand value of a luxury packet of cigarettes is likely to be greatly reduced when it can no longer be highly designed, but instead must consist of drab, olive colours and large photos of diseased lungs and eyeballs. It is likely to mean that future tobacco tax prices are more effective in encouraging smokers to quit, as the different brand values and prices collapse towards a middle price. If we increased tobacco prices above the escalators and ensured that the money was given to public health for prevention and cessation measures, it would be welcome.

Tobacco control policies work best in combination and should not be planned and assessed in isolation. For example, standardised packaging will no doubt encourage many smokers to try to quit, but most quit attempts fail. Smokers who try to quit have a much greater chance of success if they can get help from stop smoking services and a prescription for nicotine replacement products, whether that is patches, gum or electronic cigarettes. That will all help towards people quitting, and so it is extremely disturbing to see the results from Action on Smoking and Health's latest survey of tobacco control work in local authorities.

ASH asked control experts from 126 local authorities about their smoking policies and budgets. Its evidence shows that funding is being cut back in two out of five areas and that half of all services are being reconfigured or commissioned, which largely seems to be with the intention of saving money, not saving people's lives and improving their health. I completely understand the need to control public expenditure, and I know that that often requires local authorities around the country to make difficult decisions, but if that leads to closures and reductions in this vital area of public health work, there is definitely a need for some very urgent rethinking.

Alex Cunningham: Colleagues in clinical commissioning groups in my area tell me that they would love to spend much more money on preventative services, but they are too busy spending money on treating and curing people to invest in the longer term. Does the hon. Gentleman

think there is a case for providing ring-fenced funding for public health and saying, "Let's spend this great tranche of money now and do the preventative stuff, and get the benefits 20 years down the road"?

Bob Blackman: We should remember that when public health was devolved to local authorities, the money was ring-fenced. I pointed out to Ministers at the time that removing that ring fence would put at risk all public health expenditure, which can be squeezed. I think that is precisely what is happening. We are in danger of undoing all the good work that local authorities have done on public health by allowing that to happen. I, too, would welcome a ring-fencing of money for purposes such as this. We can see clearly that this is a particularly good, important service.

I am also concerned about the progressive reductions in the money spent on mass-media campaigns. As has already been mentioned, the money is going down. In 2015 we spent less than a quarter of the amount that was spent in 2009, and it looks like the spending is going to fall again this year. As has been mentioned, the Stoptober campaign is now only going to be online, with no television advertising. The benefit of large-scale television advertising is that it reaches people who are likely to smoke, so we need to look at that again.

Given the appalling damage that the tobacco industry causes, and given that those major companies are vastly profitable, I cannot see why they should not be asked to make a greater financial contribution to help solve the public health disaster that they worked so hard to create. I cannot imagine a more obvious application of the principle that the polluter should pay. I would very much like to see that commitment included in the new, overdue control plan for England.

Colleagues will remember that last December, when we had a Backbench Business debate on this subject, the previous Health Minister, my hon. Friend the Member for Battersea, announced that the tobacco control programme would be published this summer. I know that spring extends as far as November in some Government quarters, but in this case summer seems to be extending into next year. I am seriously worried, because we have reached the autumn and there is no plan in place and no date for publication. The previous plan was an excellent means of combating the appalling diseases, including cancer, pulmonary diseases, vascular diseases and various other things that are caused by smoking. It helped to improve matters and added many years to the lives of thousands of people across the UK.

Some colleagues may think that an intervention in the market is not required, but I think one is needed more than ever before. Since the programme was first published in 1998, the fall in our smoking rates has been similar to that of Canada and Australia, as has been mentioned. In France and Germany, which do not have comprehensive strategies, the rates have hardly changed in 20 years. The evidence shows that these programmes work, and that where there is no programme there is no movement forward.

The UK has an excellent record on tobacco control. The Department of Health was rightly given the prestigious Luther L Terry award last year by the American Cancer Society for its global leadership on the issue, and the UK was ranked as the world's most successful country on tobacco control by the Association of European Cancer Leagues. We should never forget that two of the biggest tobacco firms in the world, British American Tobacco and Imperial, are based in the UK, along with Gallaher, which is now an important part of Japan Tobacco International. We simply cannot sit back and watch smoking rates fall in the UK while the tobacco industry puts more time and money into increasing consumption in developing countries.

The next conference of parties of the World Health Organisation Framework Convention on Tobacco Control takes place in India in November—next month. We are in an Indian summer, and the tobacco programme will be published in the summer, so what would be better than publishing the plan in advance of the conference in India? That would set the UK, once again, on the world leadership level.

I hope that my hon. Friend the Minister, in her response, will give a firm and early date for publication. I hope that the plan will set ambitious targets to cut heath inequalities, deal with the funding crisis affecting tobacco control work in local authorities and set specific targets to reduce smoking among vulnerable groups, including, as my hon. Friend the Member for Totnes said, pregnant women and people with mental health problems. The targets for the past five years of the programme seemed difficult, but they have all been achieved, so we should set challenging targets now that will lead to a smoke-free Britain. That has got to be our ultimate aim.

I strongly believe that tobacco control is an essential part of policy. It will enable the Prime Minister to achieve her commitments on good government and reducing health inequality. I pay tribute to the work of colleagues from all parties and in both Houses, who pressed the need for tobacco control legislation on sometimes reluctant Governments, which I consider to be one of the most important political and social advances during my time in Parliament. I hope that that work will continue until the death, disease and misery caused by smoking is finally consigned to the past. I look forward to hearing positive news from my hon. Friend the Minister about when we are going to set out the new challenges for the industry and the Department.

2.37 pm

Norman Lamb (North Norfolk) (LD): It is a pleasure to serve under your chairmanship, Mr Brady, and to follow the hon. Member for Harrow East (Bob Blackman). I find myself in agreement with everything he said. Anyone who has come here hoping to see violent disagreement and robust debate will be disappointed, because we all agree about the importance of this issue.

The hon. Gentleman talked clearly about the nature of this lethal product, which, as we have heard, kills 96,000 people a year across the UK. He also touched on the issue of the developing world. It is anticipated that 8 million people across our world will die from smoking in 2030, and that 80% of them will be in low or middle-income countries that do not have strategies to tackle the problem. Companies based in this country are selling this lethal product to the developing world and killing so many people. We need to be clear that that is shameful.

Many hon. Members, including the hon. Member for Totnes (Dr Wollaston) and the hon. Member for Stockton North (Alex Cunningham)—I congratulate him on all

[Norman Lamb]

the work he has done and on leading this debate—have talked about the inequalities that are associated with smoking tobacco, including wealth and income inequalities. Smoking hits people from low-income communities much harder than others. As Members have said, smoking is about half of the reason for the difference in life expectancy between the richest and the poorest in our country.

I want to talk about another inequality, which the hon. Member for Harrow East touched on at the end of his contribution: the impact on people with mental ill health. A substantial part of the reason why such people, particularly those with severe and enduring mental ill health, die 15 to 20 years earlier than others is higher smoking rates. Here's the thing: we have been very successful in this country—I will come back to this in a moment—at reducing the smoking rate. Public health strategies have worked effectively, although we all recognise that there is much further to go. But as the smoking rate has come down in the population as a whole, it has remained stubbornly high among those with severe and enduring mental ill health; there has been hardly any shift at all. That has been a failure of public health strategies.

Back in 2013, when the smoking rate across the population was 21%, it was 40% among those with severe and enduring mental ill health, 60% among those with psychosis, and 70% among people in in-patient care. We can start to see why those people end up dying so much earlier than everyone else. That amounts to a neglect of those people's need for support in combating this highly addictive product, and it makes me absolutely driven—as is everyone else in the Chamber—to do more to combat the problem.

Let me come back to the successes of smoking cessation strategies. I join other hon. Members in congratulating the hon. Member for Battersea (Jane Ellison) on her work. The hon. Member for Harrow East was right; there are Government Members who take a different view. I remember hearing the hon. Member for Battersea speaking and wanting to tell her to watch her back, because there were quite a few Members behind her who took a different view. She was brave in standing her ground, particularly in pursuing the plain packaging policy. The right hon. Member for Rother Valley (Kevin Barron) has a plain packet in his pocket. The previous Government were in my view a coalition Government, not a Conservative-led Government; the Liberal Democrats played our part in important strategies such as plain packaging and ending smoking in cars with children on board, which will have a big impact on saving people's lives.

It is imperative that the new strategy is published and becomes operational. Given the leadership role that we have played for so many years, it is important that we go to the meeting in India in November and demonstrate our continued leadership. If there is any way for the strategy to be published before that meeting, and for it to include a focus on how we will use the fund that has been established for combating smoking in developing countries, I urge the Minister to do everything possible to ensure that that happens.

Let me speak a little more about what the tobacco control plan needs to include. I come back to what I said about mental health, which the plan needs to address directly. I do not know whether the Minister has seen the iterations of the plan, which we hope will be published soon, but I hope very much that it will address directly the failure of public health strategies to reduce smoking among people with mental ill health. The plan needs to focus on the recommendations of the report "The Stolen Years", which was published by ASH and produced in collaboration with the Royal College of Psychiatrists, and its ambitious targets for reducing smoking among people with mental ill health. We can no longer fail to confront the failure of past strategies in that respect. Interestingly, that report highlights the therapeutic benefits of stopping smoking for people with mental ill health, not only for their physical health but for their mental health. Ironically, many people with mental ill health smoke because they see it as an escape from the pain that they are suffering and a way of coping with stress, yet smoking increases stress and the risk of aggression, particularly in in-patient services.

Kevin Barron: I went to the launch of that report. Some 70% of people who are discharged from mental health secure units smoke, yet we have in our midst a product—e-cigarettes—that could have been designed to be put into such institutions, some of which are now putting e-cigarettes on their shopping lists. That would allow people to satisfy their addiction without creating secondary smoke and the many ailments that occur when people smoke. Does the right hon. Gentleman agree that we need more leadership to ensure that e-cigarettes can be used in institutions where, for control reasons, it is difficult to keep the customer satisfied, as it were?

Norman Lamb: I completely agree. If we want to focus effort where it is most needed and where smoking rates are highest, we should focus on those very mental health institutions. As well as making vaping available for people who need help to give up smoking, we need to do much more to focus on training staff in such institutions so that they know the importance of smoking cessation being one of the objectives in the care of individuals there, because of its potential therapeutic benefit.

I should also mention the move towards smoke-free in-patient settings, a strategy that I supported as Minister and that I am pleased is continuing. Guidance was published by Public Health England and NHS England in June 2015, and that strategy is having a beneficial effect on the environment in in-patient settings by reducing aggression and stress and improving physical and mental health. I encourage the Government to keep pursuing that objective.

On electronic cigarettes and vaping, although I was a committed remainer in the EU referendum debate, the tobacco products directive is flawed, because it takes an inappropriately tough approach to electronic cigarettes. I therefore hope that the Government will review that directive regularly. One of the potential benefits of leaving the EU—there are not many, in my view—is that we will gain the ability to differentiate more between the effective regulation on tobacco in that directive and the regulation on electronic cigarettes, and do much more to recognise the evidence that already exists, as the right hon. Gentleman has made clear, on the benefits of electronic cigarettes.

I will end by saying something about public health funding. The hon. Member for Totnes made the point clearly, and I totally share her view. The Health Committee has pointed out that the £8 billion or £10 billion that we keep being told will be given to the NHS by 2020 is actually nearer £4.5 billion. Extra money is being found for front-line NHS services partly by cutting other parts of the Department of Health budget, including, distressingly, public health and health education. As she said, that is completely counterproductive. When NHS finances get tight, crisis management takes over. The hon. Member for Stockton North made the point that CCGs are focusing on propping up established traditional services—the repair services, as it were—and in so doing, tragically, are cutting the prevention services that prevent people from ending up needing care in the first place. That is so counterproductive. A new settlement for the NHS and the care system, which I keep calling for, must recognise the imperative to invest more in prevention and public health, particularly given that there is so much evidence that that has a beneficial effect.

2.49 pm

Martyn Day (Linlithgow and East Falkirk) (SNP): It is a pleasure to serve under your chairmanship, Mr Brady. I thank the hon. Member for Stockton North (Alex Cunningham) for bringing forward this interesting debate. I should say that I have never smoked a cigarette in my life, so if I start coughing, as I have been doing throughout the week, that is purely down to a bug that I have picked up.

When the Scottish Parliament brought in its smoking ban in 2006, I thought it was a birthday present, because it was brought in on 26 March, which is my birthday. Since 2007 my party has been in power in Scotland, where we do things a little bit differently. However, there are many parallels on this issue. The latest figures from Scotland show that tobacco use is associated with more than 10,000 deaths and about 128,000 hospital admissions every single year. It costs the NHS in Scotland £400 million to treat smoking-related illness, which highlights the scale of the problem across the UK.

The Scottish Government have implemented and overseen a number of progressive actions on smoking: increasing the age for tobacco sales from 16 to 18 in 2007; the overhaul of tobacco sale and display law, including legislation to ban automatic tobacco vending machines and a ban on the display of tobacco and smoking-related products in shops; the establishment of the first tobacco retail register in the UK in 2011; and the passing of a Bill in December 2015 to ban smoking in cars when children are present. Record investment in NHS smoking cessation services has helped hundreds of thousands of people to attempt to quit smoking.

This year, the Scottish Parliament celebrated the 10th anniversary of the ban on smoking in public and welcomed comments from the World Health Organisation, which praised the Scottish Government's

"excellent example of global public health leadership"

for implementing its framework convention on tobacco control. In 2013, the Scottish Government published a tobacco control strategy setting out bold new actions that will work towards creating a tobacco-free generation of Scots by 2034. I hear that in the Humber there are more plans in advance of that, although I think our problem may be slightly larger. Key actions in the plan include setting the target date of 2034 for reducing smoking prevalence to 5% and eliminating it in children; a pilot of the schools-based programme ASSIST—"A Stop Smoking in Schools Trial"; and a national marketing campaign on the dangers of second-hand smoke in cars and other enclosed spaces. I echo the comments on the need for a UK-wide national campaign and media advertising.

Although the Scottish Government have long made clear their aspiration for a tobacco-free Scotland, the strategy sets the date by which we hope to realise the ambition. It is not about banning tobacco in Scotland, though if we were to discover it today we would never licence it. I remember as a child listening to the Bob Newhart radio sketches—some may remember them—and he had one about Nutty Walt and the discovery of tobacco. That was only about the crazy tobacco scene and did not even go into the ludicrous health aspects. Nor is the strategy about stigmatising those who wish to smoke. The focus is on doing all we can to encourage children and young people to choose not to smoke.

In September, the Scottish Government welcomed figures that showed that children's exposure to second-hand smoke in the home reduced from 11% to 6% from 2014 to 2015, which I think sets us in the right direction. Health inequality is a key theme running through the Scottish National Party's tobacco control strategy, with explicit recognition that current smoking patterns have a hugely disproportionate impact on Scotland's most deprived communities. That is no different from anywhere else in the UK or, as we have heard from so many speakers, throughout the world.

Scotland has a proud record on tobacco control. We believe the UK Government need to get their finger out and commit to publishing their promised new tobacco control plan for England. I am a great believer that we can learn from each other and pinch good practice whenever we see it, so a good tobacco control plan for England may well help us in Scotland by exposing a few other ideas and strategies that perhaps we have not considered or pushed as firmly.

[Ms Karen Buck *in the Chair*]

Alex Cunningham: The hon. Gentleman has outlined a great catalogue of activities north of the border, in my own homeland. I appreciate that, but what new, big ideas are there north of the border that could contribute to the plan of colleagues in England?

Martyn Day: I thank the hon. Gentleman for that question. I have mentioned some of the key points that we are targeting, and stopping children smoking is the key aspect. The title of the strategy we are working on is "Creating a Tobacco-Free Generation". That is important. The point has been alluded to by other speakers that stopping people smoking is more important than reducing it, although reduction is important for those who smoke because of the impact on deaths and on the health service.

We encourage the UK Government not to keep the House waiting but to fulfil their promise to publish their new plan. If they are stuck for ideas, they are welcome to look at Scotland's 2013 plan.

2.55 pm

Mrs Sharon Hodgson (Washington and Sunderland West) (Lab): It is a pleasure to serve under your chairmanship again, Ms Buck. I start by paying tribute to my hon. Friend the Member for Stockton North (Alex Cunningham) and to the Backbench Business Committee for allowing him and others to secure this important debate. As we all know, he has done much during his time in Parliament to address the sale and use of tobacco products, not only in his own constituency, just up the road from my own, but across the country. That includes his excellent work with my hon. Friend the Member for Liverpool, Wavertree (Luciana Berger) to bring forward the ban on smoking in cars with children. I commend him for his tireless campaigning and commitment to this hugely important area of public health policy.

I thank right hon. and hon. Members who have taken part in the debate. I pay tribute in particular to the hon. Member for Totnes (Dr Wollaston), the Chair of the Health Committee, for the support and expertise she brings to the debate. Her predecessor plus one or two, my right hon. Friend the Member for Rother Valley (Kevin Barron), also has a huge wealth of expertise and knowledge across the whole health brief. In my new role, I will certainly be calling on him a fair bit—I hope that he is prepared and willing for that to happen. I also want to commend the other right hon. and hon. Members who spoke today: the hon. Member for Harrow East (Bob Blackman), the right hon. Member for North Norfolk (Norman Lamb) and the hon. Member for Linlithgow and East Falkirk (Martyn Day), who spoke on behalf of the SNP.

I wish to say a few words to the public health Minister. This is our second outing together and I have had this role for only four days, so I think this will be a regular thing. I am definitely looking forward to keeping a close eye on her work at the Department of Health and to debating across the Chamber. I am sure we will do that on many important issues facing our country's health. If the tireless work of my predecessor, the hon. Member for Denton and Reddish (Andrew Gwynne), is anything to go by, that will be often—surely he has his own seat in here with his name on it because he was in here so much. That is a daunting prospect.

Today we are debating the important topic of tobacco products. It is crucial that the message is put across to the Government that more can and should be done to ensure that we all lead healthier lives. The control of the sale and use of tobacco is an important public health matter not only for those individuals who use it but for all around them.

During Labour's time in office, we recognised that fact, which is why we did a lot to address smoking in society, most famously with the introduction of the ban on smoking in public places. The ban brought in a culture change in our society. When we used to walk into any indoor public space, it was the norm to be met with a cloud of stale tobacco smoke, whereas now all of us—especially children and families—can enjoy ourselves freely without having to breathe in second-hand smoke or have the overhang of smoke in the air.

The Tory-led coalition Government came into power and brought in their own tobacco control plan, and it was welcome that it achieved so much over its lifetime, including the prohibition of point-of-sale displays in shops; the introduction of standardised packaging for tobacco products; and the national ambitions on reducing smoking, which were all met. However, when the plan ceased at the end of last year, it was vital that the Government published a new plan in a timely manner to build on the work of previous Governments. Sadly, nearly a year on, the Government have failed to come forth with such a plan, despite the promise and a commitment to do so last December.

Last month, the Health Minister in the House of Lords failed to commit to a final date for publication. We were expecting to have sight of that plan over the summer; we are now hopeful that we will see it during the Indian summer. Changes in Government meant the plan was put on hold. The delay is not too dissimilar in some ways to the constant delay to the childhood obesity plan—although at least that was rushed out over the summer.

A change in ministerial personnel should not be an excuse for delaying such an important intervention in the health of our society, especially when the new Prime Minister stood on the steps of No. 10 Downing Street in the summer and committed her Government to

"fighting against the burning injustice that, if you're born poor, you will die on average 9 years earlier than others."

We were led to assume that was going to be the driving force of the Prime Minister's Government, and I hope it is, but the rhetoric has not yet translated into reality when it comes to this serious public health issue facing our country.

The Government have faced a vocal chorus from charities and organisations, including the British Medical Association, Action on Smoking and Health and the British Lung Foundation, which have all called on the Government to get their act together and publish the new plan. In that regard I also commend the work of Fresh, which my hon. Friend the Member for Stockton North mentioned, which does such sterling work in the region with the highest smoking rates and some of the worst health outcomes.

The Minister and her officials at the Department of Health are being told loud and clear to get on with the job at hand and to answer the crucial question that has come out of today's debate: what is the delay? I hope she will shed some light on that important question in her response and—finally—tell us when we can expect the new tobacco control plan.

I want to set the scene on why it is so important we have a new plan, on top of what has already been said today, by looking at the facts and figures on smoking, including the variation of smoking habits among certain groups of society—especially children, young people and pregnant women. The smoking rate in England is 19%, but that varies from region to region. It is highest in the north-east, where it reaches 19.9%, and lowest, at 16.6%, in the south-east. Those are regional figures. When looking at the figures borough by borough, my local authority of Sunderland does not fare well at all, with 23% of the population smoking. That is much higher than even the highest of the regional averages.

Looking at smokers based on their socioeconomic status, it is clear that the less well-off in society are more likely to smoke. I am not going to go into all of the reasons for that. We just have to accept that it is where

we are—but what can we do about it? Smoking rates among those in the professional and managerial socioeconomic group are less than half the rate of those in routine and manual socioeconomic groups, at 12% and 28% respectively. When the net income of a family and their smoking expenditure are both taken into consideration across England, 1.4 million, or 27%, of the households with a smoker fall below the poverty line. If those costs were returned to the families, it is estimated that approximately 769,900 adults and 324,550 dependent children would be lifted out of poverty.

That is a striking statistic, especially given the study published only a few weeks ago that showed that 250,000 children will be pushed into poverty during the lifetime of this Parliament due to the Government's policies. Getting it right on smoking could totally negate that impact, so it is definitely something worth looking at. The stats show we must do more to address the cycle of health inequality, which spans generations and continues the awful situation in which there are huge life expectancy gaps between the rich and poor, as we have clearly heard today. If the Government want to change that, one way would be to step up and continue the work of reducing smoking in society.

If those figures do not spur the Minister on to bring forward the new tobacco control plan, hopefully looking at the issue of smoking among our children and young people will. It is welcome that smoking among children and young people fell to an all-time low of 6% under the last tobacco control plan, as we have heard, but it remains an issue when two thirds of adult smokers report taking up the habit before the age of 18, with 80% saying it was before 20. That is compounded when children who live with parents or siblings who smoke are three times more likely to take up the habit than children from non-smoking households. It is also estimated that 23,000 young people in England and Wales start smoking by the age of 15 due to exposure to smoking in the home.

Kevin Barron: My hon. Friend uses the statistics very well. Do they not defeat the myth that smoking is an adult habit?

Mrs Hodgson: They certainly do. The situation on children smoking is quite stark. The earlier children start smoking, the more serious the consequences are for their health. Children who take up smoking are two to six times more susceptible to coughs and increased phlegm, wheeziness and shortness of breath than those who do not smoke. It can also impact their lung growth, which can impair lung function and increase the risk of chronic obstructive pulmonary disease in later life. As we heard from my hon. Friend the Member for Stockton North, 25,000 people a year die from COPD. Surely we do not want any child in this country to die in that way. The prevalence of these conditions among smokers shows it is paramount that we seriously tackle smoking among our children and young people. We do not want to see the children of today being the COPD sufferers of the future, as well as having those other conditions.

Alex Cunningham: I am really pleased my hon. Friend is framing the issue specifically around children. My wife, Evaline, worked as a school nurse and used to hold classes talking to young people about this. She would put forward the economic argument—"If you smoke so many cigarettes over so many days over so many months it costs £2,000, which could buy you a summer holiday." She was then told, "No, Miss, you've got it wrong; it is only £3.20 a packet from Mrs Bloggs down the road." Do we not also need to ensure we tackle illicit tobacco and ensure children understand the dangers of that as well?

Mrs Hodgson: My hon. Friend raises a very good point. The danger and quality of illicit tobacco can often be far worse for health than just long-term smoking. The substances used in those cigarettes can be life threatening.

I will move on to the dangers of smoking during pregnancy, which was raised by the hon. Member for Totnes. While we know the harms of living in a household with a smoker, for some that harm starts before birth as 10.6% of women are smokers at the time of delivery. That equates to 67,000 infants born to smoking mothers each year, while up to 5,000 miscarriages, 300 perinatal deaths and around 2,200 premature births each year have been attributed to smoking during pregnancy.

Smoking during pregnancy has been identified as the No. 1 risk factor for babies to die unexpectedly. According to research by the British Medical Association, if parents stop smoking, that could reduce the number of sudden infant deaths by 30%. Those are shocking figures that show the heartache and pain a mother and the family around her will go through from the horrific events of losing a baby through, for example, miscarriage, stillbirth or sudden infant death. That is especially pertinent this week as it is baby loss awareness week, which I know some of us are wearing little pins to commemorate. There is a debate currently going on in the main Chamber —there was; it has just finished—in which many colleagues gave heartbreaking accounts of their personal experiences or those of their constituents who have suffered the loss of a baby. I was able to intervene and give a personal account of my own experience.

Baby loss due to smoking is preventable if Government action is taken as soon as possible. Important work has been implemented on smoking during pregnancy that has seen the number of pregnant women smoking fall to its lowest-ever levels, but I welcome the calls from the Smoking in Pregnancy Challenge Group to see a commitment from the Minister today to work to reduce the percentage of women smoking during pregnancy to 6% or lower by 2020. It may be an aspirational figure, but it can be achieved as long as a comprehensive plan is put in place to control the use and sale of tobacco.

Regional variations, including those I mentioned earlier, must be addressed; other colleagues have mentioned them, too. We are seeing 16% of women in the north-east and Cumbria smoking at the point of delivery, compared with only 4.9% in London. This stark figure shows that more regional action and support must be offered by the Department of Health to ensure that regional inequalities are addressed. The regional variations and the other variations mentioned show that the slashing of the public health grants is a false economy when it comes to seriously driving forward the agenda on public health, especially in relation to smoking.

In last year's autumn statement, the then Chancellor announced further cuts in the public health grant, which amounted to an average real-terms cut of 3.9% each

[Mrs Hodgson]

year to 2020-21, and translates to a further cash reduction of 9.6% in addition to the £200 million worth of cuts announced in the 2015 Budget. As we know, specialist support and stop smoking services help to get people off cigarettes and to lead a far healthier lifestyle. However, cuts to public health funding have meant that it has proven far more difficult for local authorities to provide that much-needed specialist support.

In a survey of local tobacco control leads conducted by Action on Smoking and Health and commissioned by Cancer Research UK, a total of 40% of local stop smoking services were being reconfigured or decommissioned in 2014-15. In Manchester, we have seen a complete decommissioning of stop smoking services. This is even more concerning when the initial results of the 2015-16 survey show that the rate of decommissioning and reconfiguring is increasing. Therefore, I hope that the Minister will be able to commit to ensuring that we have a substantial source of funding for specialist services that help to support in particular those in lower social economic groups as well as pregnant women to quit smoking. We must end the intergenerational cycle of health inequality that I have spoken about.

It is important that we have a plan and that we have it now—a plan that continues the work of previous Governments to reduce smoking in our society. We have seen inroads into creating a healthier society, but we all recognise we have a long way to go, as the facts and figures show. The Government's delayed plan must be published now, and it must have measures in place that will address the many variations, from geographical variation to deprivation and socioeconomic background variation.

We must see further work to address the take-up of smoking by children and young people if we are to ever achieve our goal of the next generation being healthier than the last. We need to address smoking among young people head on. Achieving a smoke-free society is within our reach, but what we do not need is further delay and hesitation by the Government; what we need is bold action.

I hope that the Minister can give us that bold action today and that she does so by finally giving us the date when the new tobacco control plan will be published. The longer we wait, the more children will take up smoking, the more people will get ill and, sadly, the more people will die. The time for waiting is over. We now need bold action.

3.13 pm

The Parliamentary Under-Secretary of State for Health (Nicola Blackwood): It is a pleasure to serve under your chairmanship, Ms Buck. I congratulate the hon. Member for Stockton North (Alex Cunningham), my hon. Friend the Member for Portsmouth South (Mrs Drummond) and the right hon. Member for North Norfolk (Norman Lamb) on securing the debate, and the Backbench Business Committee on allowing it. The importance of the debate is shown by the fact that we have the Chair and former Chair of the Health Committee and a former Health Minister present, as well as our newly appointed shadow Minister, whom I welcome here today; there was not much chance to do so in Health Question Time.

As hon. Members have made clear, despite the continuing decline in prevalence, smoking remains the largest single cause of preventable and premature death in this country, with approximately 17% of deaths annually caused by smoking. I want to be clear from the outset that the Government remain committed to reducing the number of people who smoke by stopping them before they start. We have a clear track record in reducing the harms caused by tobacco, which has already been mentioned.

We have made good progress through a comprehensive package of measures, many of which were brought about by my predecessor, my hon. Friend the Member for Battersea (Jane Ellison), with a lot of support from the all-party group on smoking and health; I thank its many members who are here today. We have introduced standardised packaging and the ban on displaying tobacco in small shops. We have maintained a high duty rate on cigarettes and hand-rolled tobacco, and we have ended smoking in cars with children in them. Such measures have played a part in ensuring that the public are protected from the harms of tobacco. We now see that 80% of people support the smoke-free places legislation, which shows a change in culture and attitude.

We have also continued to support people to quit smoking, with Public Health England running media campaigns such as Stoptober. As the Minister responsible for public health and innovation, I am pleased to see the innovative use of digital tools such as the Stoptober app and social media messaging, which have allowed campaigns to reach out to groups in which smoking rates remain high and target them more effectively. That approach has proved extremely successful and was responsible for 130,000 people successfully quitting for 28 days in Stoptober in 2015.

I have heard the concerns about the lack of use of mass media, and I will look at the evaluation of Stoptober and see whether there has been any impact. That strategy has been used so that we can have a more focused targeting of high prevalence areas and groups by using the most efficient social media channels, but we will examine the evidence to see how effective that has been. As today is so close to the halfway mark for those attempting to quit during the campaign, I take this opportunity to wish them all the best in reaching 28 days smoke-free. I want to tell them not to give up.

As the former Chair of the Health Committee, the right hon. Member for Rother Valley (Kevin Barron), said, it is notable that one of the most significant disruptions to smoking in recent years has had nothing to do with Government intervention. We have seen considerable take-up of e-cigarettes in the UK, and we know that almost half of the 2.8 million current users are no longer smoking tobacco. We need to continue to embrace developments that have the potential to reduce the burden of disease caused by tobacco use. However, we need to recognise that the use of such products is not risk-free. We need a regulatory framework that minimises risks to users and targets the promotion of products at existing smokers and not at children. I have heard the comments made today about e-cigarettes.

Kevin Barron: Will e-cigarettes, or vaping, be in the new tobacco strategy?

Nicola Blackwood: I am looking closely at PHE's expert independent review. I have asked officials to examine that closely, and they are updating the review

of the evidence each year. I do not have a date for this year—I know the right hon. Gentleman asked for it—but I will write to him when I find out exactly when that will come forward.

Our approach has been comprehensive and has seen smoking prevalence fall in all age groups for both men and women. As various Members have said, adult smoking prevalence in England is now just under 17%, the lowest rate since records began, and we should take a moment to be proud of that. However, as others have said, we cannot be complacent. Smoking continues to be one of the largest causes of social and health inequalities in this country. It accounts for approximately half of the difference in life expectancy whereby, as the Prime Minister said, those on the lowest incomes die an average of nine years earlier than others. The Chair of the Health Committee, my hon. Friend the Member for Totnes (Dr Wollaston), said it so well: it has an even greater impact on healthy life expectancy, which we also need to focus on.

At national level, smoking prevalence is declining year on year. There remain significant regional and demographic variations—an issue raised by the hon. Member for Stockton North, the shadow Minister and others—with the prevalence in some population groups, such as those with mental health conditions, at more than twice the national average. That point was particularly raised by my hon. Friend the Member for Harrow East (Bob Blackman) and the former Health Minister, the right hon. Member for North Norfolk. I shall certainly look at the report that was mentioned, "The Stolen Years".

Regional variation means that rates of smoking during pregnancy can range from anywhere between 2% in some areas to 27% in others. That is another issue that we must focus on. Given the wide variation in smoking rates across the UK, it remains crucial that local councils have the flexibility to consider how best to respond to the unique needs of their local population and tackle groups in which prevalence remains high.

Alex Cunningham: The Minister talked about local authorities having flexibility. Will she support ring-fenced funding in this area, which we discussed earlier?

Nicola Blackwood: Ring-fencing is a highly political question, but I recognise that some difficult decisions have been made right across Government to reduce the deficit and ensure sustainability. Councils have been given £16 billion of public health funding across this Parliament, on top of further NHS prevention funding. The big question is whether that is being targeted at the right public health priorities.

We have been looking at that issue closely in my office. Local PHE centres are working with local commissioners to try to ensure that evidence-based service provision remains a priority. Nationally, PHE has been putting together a range of tools to support local commissioning decisions and has convened a round-table of experts to review the situation and propose a range of actions. However, I recognise that ensuring that the right services are prioritised will require more than just providing data about cost-effectiveness and smoking prevalence. The sustainability and transformation plans are supposed to be part of the answer.

Norman Lamb: On the adequacy of public health budgets, does the Minister think it is rational in any way to increase in real terms the budget for the NHS while reducing in real terms the budget for public health?

Nicola Blackwood: Prevention is a core part of the NHS five year forward view and should be embedded in NHS funding, public health funding and social care funding, as the right hon. Gentleman has stated. We are looking for the STPs to show a joined-up plan for how prevention, acute delivery services and social care will work together. PHE can and does advise and support local councils to tailor their services effectively, but we need to see how we can improve that. The local tobacco control profiles are one way in which we are doing that, but we must ensure that we see some of that work implemented.

At national level, to help drive a reduction in variation, the Government are committed to publishing the new tobacco control plan that all Members have mentioned, which has tackling inequalities at its heart. The plan will build on our success so far and will include renewed national ambitions. We have to maintain the proactive, comprehensive and non-partisan approach we have seen so far. The UK is recognised as a world leader in tobacco control strategy, and we intend to maintain that. However, I am afraid that on this occasion I will not be able to match my predecessor by announcing the date of publication. [Hon. Members: "Oh!"] I know; I feel inadequate.

My hon. Friend the Member for Harrow East is right in identifying my desire to ensure that the plan is evidence-led. It is reasonable for a new Government to want to check that the plan offers the best possible strategy, based on evidence. On something as important as a tobacco control plan, which is a golden moment, we have to ensure that we do not publish the plan until we get it right. It has been valuable to have the opportunity to listen to and engage with this debate, so that I can hear from colleagues as expert and engaged as those present before going forward. I assure all Members that the Government see the issue as a matter of urgency and are pressing forward with the plan as quickly as possible. I will certainly take away the suggestion from the hon. Member for Stockton North about incorporating respiratory health monitoring into the NHS health check.

I would like to go through a few of the points that we have discussed before I finish. As I have highlighted, it is right to turn our focus to population groups in which smoking prevalence remains higher than elsewhere. In particular, we must turn our attention to reducing health inequalities in populations who already suffer from poorer health and social outcomes, such as those in routine or manual occupations or those who suffer from mental health conditions.

As my hon. Friend the Member for Totnes said, improving maternity outcomes and giving children the best start in life is an important priority for this Government, and supporting pregnant women to quit smoking will be an important factor in working towards that. We all know that smoking during pregnancy increases the risk of stillbirth, as the shadow Minister said, and of problems for a child after birth. We also know that babies born to mothers who smoke are more likely to be born underdeveloped and in poor health. Tackling that was a

[Nicola Blackwood]

priority under the previous tobacco control plan, during the period of which smoking prevalence among that group fell by three percentage points, but more can be done to reduce it further and, most importantly, to tackle the variation I mentioned. We will look at that.

Alongside limiting babies' exposure to smoke during and after pregnancy, we must continue to work to end the cycle of children taking up smoking in the first place. As the percentage of 15-year-olds who regularly smoke has fallen to 8% and continues to fall, we must press our advantage and work towards our first smokeless generation. That would be something that we could genuinely be proud of. Restricting access to tobacco remains key, and we will want to maintain the enforcement of measures mentioned today, such as age of sale laws. Evidence shows that children who have a parent who smokes are two to three times more likely to be smokers themselves. Continuing to support adults to quit is therefore vital to ending the cycle of children taking up smoking and must remain a key part of tobacco control in the future.

In order to achieve our ambitions for the population groups I have mentioned, and to reduce smoking prevalence across all populations to even lower rates, we have to continue to draw on the things that we know work. This is an area in which we have a strong evidence base, and that work will include continuing a programme of evidence-based marketing campaigns such as Stoptober and monitoring the evidence base for e-cigarettes.

Finally, the right hon. Member for North Norfolk is right to say that tobacco use is a global issue and an international priority. Our new tobacco control plan will need to reflect that. As a world leader on tobacco control, the UK will continue to work closely with others to reduce the burden that smoking places on individuals, families and economies across the globe. As he said, we are investing official development assistance funds over five years to strengthen the implementation of the WHO's framework convention on tobacco control. The project will be delivered by the WHO, and through it, we will share the UK's experience in tobacco control to support low and middle-income countries to put effective measures in place to stop people using tobacco. That will happen through capacity sharing. We will carefully monitor the progress of that initiative to ensure that it delivers results, using very effective evaluation measures. I am happy to have further discussions about that with the right hon. Gentleman, if he would find that helpful.

We can be proud of the progress that successive Governments have made on helping people to quit smoking, preventing them from starting in the first place and creating an environment that de-normalises smoking. With prevalence rates at an all-time low, there is no question that good work has been done, but as the issues raised in this debate clearly show, there is more work to be done. The Government are committed to doing that work as a matter of urgency. I will take away the comments made today, which are incredibly helpful to me as a new Minister, and I will ensure that as we finalise the new tobacco control plan—

Mrs Hodgson: Will the Minister give way?

Nicola Blackwood: This is literally my last sentence, but I will.

Mrs Hodgson: I am very grateful; I thought I could just catch the Minister before she finishes. Can we expect the tobacco control plan this year or next year?

Nicola Blackwood: The hon. Lady will have to wait and see.

In conclusion, the Government recognise this area as a top priority and will continue to work on it as such.

3.28 pm

Alex Cunningham: I welcome you to the Chair, Ms Buck.

I hope we have not bored people—many have passed through the Chamber this afternoon, and I am sure others are watching online—because consensus has broken out, at least on most issues. We have had an excellent debate, with the expected comprehensive contributions from colleagues across the House. I thank everyone who has taken part.

Many questions have been posed to the Minister on tobacco control and e-cigarettes, ranging from constituency-level issues all the way through to worldwide issues. I am sure she has much to reflect on. I am disappointed that she has not lived up to her predecessor's reputation by giving us a date this afternoon. We had a bit of a laugh a few moments ago, but I am a wee bit worried that it may not happen this year. I hope she will go back to her Department and think on that.

As the Minister said, she must get the matter right, and that means focusing on the socioeconomic groups that do not have the benefits the rest of us have. There are also health inequalities to consider.

The Minister can be in no doubt that tobacco control remains very much a focus for many of us in the House and will continue to be in the forefront of our minds. I assure her, as others have, that she will have the full support of the all-party group, and of us as individual Members of Parliament, when she introduces the new plan. I just hope that will be sooner rather than later.

Question put and agreed to.

Resolved,

That the House has considered the tobacco control plan.

3.30 pm

Sitting adjourned.

Written Statements

Thursday 13 October 2016

TREASURY

Banking Act 2009: Reporting

The Economic Secretary to the Treasury (Simon Kirby): The Treasury has laid before the House of Commons a report required under section 231 of the Banking Act 2009 covering the period from 1 October 2015 to 31 March 2016. Copies of the document are available in the Vote Office.

[HCWS187]

UK Bilateral Loan to Ireland: Statutory Report

The Chief Secretary to the Treasury (Mr David Gauke): HM Treasury has today provided a further report to Parliament in relation to the bilateral loan to Ireland as required under the Loans to Ireland Act 2010. The report relates to the period from 1 April 2016 to 30 September 2016.

A written ministerial statement on the previous statutory report regarding the loan to Ireland was issued to Parliament on 26 April 2016, *Official Report*, column 36WS.

[HCWS188]

DEFENCE

Call-out Order for the Reserves to Counter the Threat of Daesh

The Minister for the Armed Forces (Mike Penning): With the expiry of the call-out order made on 20 September 2015, a new order has been made under section 56(1B) of the Reserve Forces Act 1996 to enable reservists to be called into permanent service in support of United Kingdom operations to counter the threat of Daesh.

Under the call-out order made on 20 September 2015, 155 reservists have been called out for operations. We anticipate a continued requirement for reservists, with the right skills and experience, over the period the new order will be in force. This is fully in line with our policy of having more capable, usable, integrated and relevant reserve forces.

The new order takes effect from the beginning of 30 September 2016 and shall cease to have effect at the end of 29 September 2017.

[HCWS189]

Call-out Order for the Reserves to Support Defence Objectives

The Minister for the Armed Forces (Mike Penning): Changes made by the Defence Reform Act 2014 allow reservists to be called out under section 56(1B) of the Reserve Forces Act 1996 if it appears to the Secretary of State that it is necessary or desirable to use members of a reserve force for any purpose for which members of the regular services may be used. Reservists called out under this power may be required to serve for a period of up to 12 months.

With the expiry of the orders made on 20 September 2015, I have made four new call-out orders under section 56(1B) of the Reserve Forces Act 1996 to continue to allow reservists to be called into permanent service to support defence engagement activities—for example the provision of short-term training teams and military capacity building overseas; global counter-terrorism and counter-piracy; maritime security objectives and the operation of our permanent joint operating bases (PJOBs) in the south Atlantic islands, British Indian Ocean Territory, Cyprus and Gibraltar.

Under the orders made on 20 September 2015, 492 reservists have been called out —171 for defence engagement, 125 for global counter-terrorism and counter-piracy, 51 for maritime security operations and 145 for the operation of PJOBs. We anticipate a continued requirement for reservists, with the right skills and experience, over the period the new orders will be in force.

For operations that fall outside the scope of these orders, for example military aid to the civil authorities, or warfighting, or for operations which are likely to involve a large number of reservists, I would expect to make separate call-out orders.

These new orders take effect from the beginning of 30 September 2016 and shall cease to have effect at the end of 29 September 2017.

[HCWS190]

FOREIGN AND COMMONWEALTH OFFICE

Government Wine Cellar: Annual Statement

The Minister for Europe and the Americas (Sir Alan Duncan): I have today placed a copy of the annual statement on the Government wine cellar for the financial year 2015-16 in the Libraries of both Houses.

Following the outcome of the review of the Government hospitality wine cellar in 2011, this fifth annual statement continues our commitment to annual statements to Parliament on the use of the wine cellar, covering consumption, stock purchases, costs, and value for money. The wine cellar has been self-funding since 2011-12, through the sale of some high-value stock and payments made by other Government Departments for events organised by Government hospitality.

The report notes that:

- Consumption by volume fell by 32% in FY 2015-16 due to fewer Government events, particularly during the general election period;
- Sales of stock amounted to £40,390 (cf. £71,050 in FY 14-15);
- Further funds from other Government Departments added £15,848 to the overall receipts (cf. £21,514 in 14-15);
- Purchases amounted to £40,177, a reduction of some 43% (cf. £70,432 in 14-15);
- The highest consumption level by volume was again of English and Welsh wine, at 44% of the total (cf. 44% in 14-15).

Attachments can be viewed online at:

http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2016-10-13/HCWS186/

[HCWS186]

Foreign Affairs Council: 17 October

The Minister for Europe and the Americas (Sir Alan Duncan): My right hon. Friend the Secretary of State for Foreign and Commonwealth Affairs will attend the Foreign Affairs Council on 17 October. The Foreign Affairs Council will be chaired by the High Representative of the European Union for Foreign Affairs and Security Policy, Federica Mogherini. The meeting will be held in Luxembourg.

FOREIGN AFFAIRS COUNCIL

The agenda for the Foreign Affairs Council (FAC) is expected to include the European global strategy, external migration, Tunisia, and the Democratic Republic of the Congo. Ministers will have a discussion on Syria over lunch.

European Global Strategy

EU Foreign Ministers will discuss the follow-up to June's European global strategy, including the security and defence implementation plan. The UK remains committed to European security and will engage constructively in these discussions, including ensuring complementarity with NATO.

Migration

Ministers will discuss migration issues. We expect an update on progress establishing partnership frameworks, currently focused on co-operation on migration, with five initial priority countries—Ethiopia, Mali, Niger, Nigeria and Senegal. The UK welcomes the comprehensive approach envisaged under the partnerships, including tackling the root causes of irregular migration. We will continue to argue that the EU must also look strategically at the regions and countries which offer the most opportunity for impact, including in Asia, to deliver the most effective and sustainable response to the migration crisis.

There is also likely to be discussion of the follow-up to the UN high-level meeting on large movements of migrants and refugees and President Obama's Refugee summit in New York in September. The high-level meeting, hosted by the UN Secretary-General on 19 September, agreed the New York declaration for migrants and refugees, which announced plans for the adoption in 2018 of two global compacts: on safe, orderly and regular migration, and on refugees. Strong EU engagement in these negotiations can help deliver a better global system for managing migration. For the UK, this means helping to ensure that refugees claim asylum in the first safe country they reach; better distinguishing between refugees fleeing persecution and economic migrants; and recognising that all countries have the right to control their borders.

Tunisia

Following the recent publication of the Joint Communication on EU support for Tunisia, Ministers will discuss the country's economic and security challenges. The Joint Communication proposes to increase the EU's financial assistance and activity in governance, civil society, tackling unemployment and corruption, and other measures. We expect discussions will also cover options for increasing support on trade and the implementation of economic reforms, in the context of Tunisia's International Investment Conference in November. Ministers will debate the ambition for increased EU activity, and whether the measures set out by the EU are appropriately focused.

Democratic Republic of the Congo

Discussions will focus on the EU response to the political impasse and recent violence in the Democratic Republic of the Congo. The European External Action Service is preparing a co-ordinated EU response to press the DRC Government to respect fundamental freedoms and human rights, as well as to pressure them to set a date and timetable for presidential elections in 2017. We are aiming for an agreement in principle on sanctions on figures in the DRC security forces that are responsible for suppression of fundamental freedoms and abuse of human rights. This would be to influence the Government and security figures to respect human rights and focus on finding an inclusive political solution to avoid further bloodshed over the coming weeks and months, especially around 19 December when President Kabila's democratic mandate expires.

[HCWS185]

TRANSPORT

High Speed Rail (Preparation) Act 2013: Financial Report

The Parliamentary Under-Secretary of State for Transport (Andrew Jones): The High Speed Rail (Preparation) Act financial report is published today under Section 2 of the High Speed Rail (Preparation) Act 2013. The report covers the period from 1 April 2015 to 31 March 2016.

A copy of the report will be placed in the Libraries of both Houses.

[HCWS183]

Rail

The Parliamentary Under-Secretary of State for Transport (Paul Maynard): My right hon. Friend the Secretary of State for Transport (Chris Grayling), is today announcing that rail passengers will soon be able to claim compensation if their train is more than 15 minutes late under an improved compensation scheme.

Delay Repay 15 will be introduced within months on Govia Thameslink Railway services, including Southern, and then rolled out across the country. Passengers will be able to claim 25% of the cost of the single fare for delays between 15 and 29 minutes. The existing compensation thresholds will apply for delays from 30 minutes with passengers able to apply for compensation through the train operating company.

Following its introduction on GTR services, Delay Repay 15 will be rolled out across the network starting with the new South Western, West Midlands and South Eastern franchises.

All franchise competitions let by the Department will include requirements to introduce this policy and the Department will explore opportunities to roll this out for all DFT franchises this Parliament.

Delay Repay is currently operated by the majority of operators and a number of existing franchises, including Virgin Trains West Coast and c2c, have also taken steps to introduce automatic compensation for certain ticket types.

The existing Delay Repay thresholds are as follows:

- 50% of the single fare for delays of 30 to 59 minutes;
- 100% of the single fare for delays of 60 minutes or more;
- 100% of the return fare for delays of two hours or more.

As well as Delay Repay, the introduction of the Consumer Rights Act 2015 on 1 October strengthened the right of passengers to claim compensation for poor service.

[HCWS184]

ORAL ANSWERS

Thursday 13 October 2016

WRITTEN STATEMENTS

Thursday 13 October 2016

No proofs can be supplied. Corrections that Members suggest for the Bound Volume should be clearly marked on a copy of the daily Hansard - not telephoned, and *must be received in the Editor's Room, House of Commons,*

not later than
Thursday 20 October 2016

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