

**Thursday  
24 November 2016**

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**HOUSE OF COMMONS  
OFFICIAL REPORT**

**PARLIAMENTARY  
DEBATES**

**(HANSARD)**

**Thursday 24 November 2016**

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# House of Commons

Thursday 24 November 2016

*The House met at half-past Nine o'clock*

## PRAYERS

[MR SPEAKER *in the Chair*]

## BUSINESS BEFORE QUESTIONS

NEW SOUTHGATE CEMETERY BILL [LORDS]

*Second Reading opposed and deferred until Tuesday 29 November at Four o'clock (Standing Order No. 20).*

## Oral Answers to Questions

### ENVIRONMENT, FOOD AND RURAL AFFAIRS

*The Secretary of State was asked—*

#### Flood Defences

1. **Tom Tugendhat** (Tonbridge and Malling) (Con): What estimate her Department has made of the number of properties that will be better protected by the Government's investment in flood defences up to 2021. [907453]

**The Secretary of State for Environment, Food and Rural Affairs (Andrea Leadsom):** Mr Speaker, with your permission, may I take this opportunity to thank the emergency services, the Environment Agency and all who helped with the recent flooding? Our thoughts are with those who have been affected. Our £2.5 billion six-year capital floods programme to improve flood defences will provide better protection for at least 300,000 homes in the six-year period from 2015 to 2021.

**Tom Tugendhat:** Does my right hon. Friend recognise that the investment on the Medway provides an extremely good and important opportunity for the Government to protect homes around the Tonbridge, Edenbridge and East Peckham area?

**Andrea Leadsom:** As an ex-Tonbridge Grammar School girl, I know the area well. The Environment Agency is progressing business cases to increase the capacity of the live flood storage area on the River Medway, alongside new schemes at Hildenborough and East Peckham. The agency has estimated that these schemes qualify for a £15.5 million Government grant in aid. If approved, this will better protect more than 1,900 properties in the Medway catchment.

**Mr Clive Betts** (Sheffield South East) (Lab): The Secretary of State rightly has a responsibility to protect buildings. In my constituency, in the lower Don valley, there is a lot of ex-industrial brownfield land that, with

remedial work and protection from flooding from the Don, could provide homes for thousands of people and stop the building on greenfield sites. Does she accept that, as well as protecting existing buildings, the Government should be interested in protecting sites where buildings could be built?

**Andrea Leadsom:** Absolutely. Of course, it is important that we take into account the protection of new homes being built—that is what the Environment Agency does, as a key stakeholder in all planning decisions—and it is absolutely our intention to make sure that new developments are better protected.

**Richard Benyon** (Newbury) (Con): Given that more than 5 million homes are at flood risk in Britain, is it not important that the Department continues its excellent work, not just in building flood defences with concrete, steel and earthworks, but in looking at how nature and land managers can be incentivised to create greater protection for households?

**Andrea Leadsom:** Yes, my hon. Friend is quite right. There are concrete barriers, which are very important, and we have had 130 new schemes since January, better protecting 55,000 homes. However, natural flood management—slowing the flow, and looking at ways to work with the contours of our environment to improve protection—is also vital. I can announce that we have been given £15 million to invest in further projects to do just that.

**Dame Caroline Spelman** (Meriden) (Con): Through the Secretary of State, may I thank the Environment Agency in the west midlands? Its regional director told me last week that 34 more homes will be protected in the Blythe valley in my constituency. Will she confirm that the agency is constantly updating its modelling in response to rainfall records constantly being broken?

**Andrea Leadsom:** My right hon. Friend knows a great deal about this subject, and she will be aware that the resilience review, which we undertook across Government, contained an enormous amount of remodelling of the likely impacts of increasingly extreme weather events. Of course, the Environment Agency is always looking not just at what schemes can protect people better, but at where the best types of flood protection can be developed, whether through concrete barriers or natural flood protection.

**Sue Hayman** (Workington) (Lab): I have just returned from being with my family in Devon, so I have personally experienced the floods caused by Storm Angus, and I would like to join the Secretary of State in thanking the emergency services and everybody who helped so quickly with the clean-up and with supporting people.

Yesterday's autumn statement gave little hope to the residents of the 5 million properties at risk of flooding. In the March Budget, an additional £700 million of capital expenditure for flood defences and prevention was announced, but just how many schemes have seen a spade in the ground?

**Andrea Leadsom:** As I have already mentioned, this Government have in fact committed £2.5 billion to new flood defences in the six years to 2021. Just this year,

since January 2016, we have had 130 new flood schemes completed, protecting a further 55,000 homes. We have also enormously increased our temporary flood defences and all our infrastructure capabilities, including incident control vehicles, light towers, pumps, sandbags and so on, to try to deal with the unpredictable nature of these extreme weather events, but we are committed to doing more.

### Twenty-five-year Food and Farming Plan

2. **Liz McInnes** (Heywood and Middleton) (Lab): What progress she has made on publishing the 25-year great British food and farming plan. [907454]

**The Minister of State, Department for Environment, Food and Rural Affairs (George Eustice):** We remain committed to publishing a 25-year food and farming plan. However, the context has changed significantly following the decision to leave the EU, which creates many new opportunities to do things differently and better. We will therefore develop the 25-year food and farming plan alongside our plans for leaving the EU, and we will consult with both industry and the public.

**Liz McInnes:** I thank the Minister for that response, which fills me with concern. I hope that he will bring the report forward as soon as possible, given that the Select Committee on Environment, Food and Rural Affairs recommended that it be published in April this year. Can he give me some indication of when we will see this important report?

**George Eustice:** The hon. Lady is wrong to be concerned, because as I have made clear, we are committed to publishing the plan. It is a manifesto commitment. There was no commitment to publish it in April; there is a commitment to do so in this Parliament, and as I have said, the context has changed significantly. It is right to develop the plan alongside our plan to leave the European Union, so that it bears relevance to the context.

**Mr Philip Hollobone** (Kettering) (Con): The great British breakfast cereal Weetabix is made in Burton Latimer in the Kettering constituency, and the wheat for Weetabix is grown on farms within a 50-mile radius. What proportion of the nation's food do we grow ourselves, and what proportion would the Minister like us to grow ourselves?

**George Eustice:** With regard to the food that we can produce in this country, my hon. Friend will be aware that we produce around 74% of what we consume. If we include foods that we are unable to grow here, the percentage is slightly lower. We have a commitment to having a vibrant, profitable farming industry. We want to grow more, sell more and import less, and if we achieve all that, our self-sufficiency will improve over time.

**Ms Margaret Ritchie** (South Down) (SDLP): Given the impact that Brexit will inevitably have on the 25-year food and farming plan, which has yet to be published, what discussions will the Minister have with the Northern Ireland Executive about how the plan will accommodate Brexit, particularly when it comes to agricultural exports, on which we rely for the development of our economy, as he will realise?

**George Eustice:** I have already had meetings with Michelle McIlveen, and I recently visited Northern Ireland, where I met the Northern Ireland Food and Drink Association and spoke at its dinner, so I am already in close engagement with the Northern Ireland Executive, and indeed the Northern Ireland industry, on these issues.

13. [907468] **Mr Andrew Turner** (Isle of Wight) (Con): The Wight Marque scheme, which is supported by partners Red Funnel, Taste of the Wight and the *Isle of Wight County Press*, is doing great work to promote truly local produce. This is an example of a small amount of money doing a lot of good for a growing and important part of the island's economy. What steps are the Government taking to highlight the benefits that such schemes have in rural areas?

**George Eustice:** My hon. Friend makes an important point. The Wight Marque, which the Department for Environment, Food and Rural Affairs's rural development programme helped to establish, celebrates the Isle of Wight's brilliant food culture by accrediting local produce. DEFRA fully supports accreditation schemes. They are an opportunity to showcase local and sustainable food, they can make a real contribution to local economies, and they are completely in line with DEFRA's approach to strengthening our brand.

### Rural Economy: Leaving the EU

3. **Ms Tasmina Ahmed-Sheikh** (Ochil and South Perthshire) (SNP): What assessment she has made of the potential effect of the UK's decision to leave the EU on the rural economy. [907455]

**The Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Dr Thérèse Coffey):** Rural areas account for a quarter of all registered businesses in England. Small businesses continue to be an important part of the rural economy, with 29% of those employed in rural areas employed in small businesses that have one to nine employees. Leaving the EU gives us an opportunity to have policies to support the rural economy that are bespoke to the needs of this country.

**Ms Ahmed-Sheikh:** Scotland's food and drink exports are worth more than £2 billion to our national economy, and businesses in my constituency of Ochil and South Perthshire contribute significantly to that total. However, many in the agricultural workforce are seasonal workers from other EU states who take advantage of the single market's free movement policy. Given that, can the Minister provide a guarantee to rural businesses in my constituency and beyond that those seasonal workers who come to Scotland for produce-picking and food and fish processing will still be able to work here after the UK has left the EU?

**Dr Coffey:** My right hon. and hon. Friends are well aware of this issue, which is not unique to the hon. Lady's constituency. She will recognise that this will be part of ongoing discussions within Government and, of course, with the EU.

14. [907469] **Charlie Elphicke** (Dover) (Con): Does the Minister agree that in addition to the effect on the rural economy, leaving the EU will enable us to take back

control of animal product imports without the EU wildlife trade regulations impinging on us? Will she look at stricter regulations for lion trophy imports?

**Dr Coffey:** I attended the convention on international trade in endangered species in September this year, when we secured greater scrutiny of trade in trophies to ensure the sustainability of lion exports. We already have suspensions in place for some countries where hunting cannot be considered sustainable at the current time. For example, we are refusing imports of lions and lion trophies from Mozambique, apart from animals hunted in the Niassa reserve, where hunting is considered to be well managed and sustainable.

**Mr Mark Williams (Ceredigion) (LD):** One of the characteristics of European structural funds has been support for post-industrial areas. Areas such as mine in west Wales have been huge beneficiaries of structural funds to boost training and businesses. What assurances can the Minister give that west Wales will continue to have access to such funding streams post-2020?

**Dr Coffey:** My right hon. Friend the Chancellor of the Exchequer has already given an assurance that schemes signed in advance of the autumn statement would be honoured in full. He has also continued to give the assurance that as long as funding schemes that are being developed offer good value for money, we will continue to support them in all parts of the United Kingdom.

12. [907465] **Fiona Bruce (Congleton) (Con):** Will Ministers confirm that in the Brexit negotiations, the Government will focus on promoting efficient and competitive British farming, enabling farmers to reinvest in the countryside and the environment, rather than funding what my Cheshire farmers call costly and complicated bureaucratic schemes?

**Dr Coffey:** My hon. Friend is right to point out that by leaving the EU, we have the chance to design policies that are bespoke to the needs of this country. My right hon. and hon. Friends are actively engaged in developing those options right now, with my support, and at looking at what potential environmental schemes could be at the heart of any future agricultural support.

**Dr Eilidh Whiteford (Banff and Buchan) (SNP):** Agricultural and fisheries businesses right across Scotland depend heavily on freedom of movement and access to the single market. Why will Ministers not simply guarantee that people will have their rights protected post-Brexit, which would clear up the uncertainty and allow those businesses to plan for the future?

**Dr Coffey:** The Government's intention is to provide a smooth transition as we leave the European Union, but the hon. Lady will be aware that these matters are actively being considered and will form part of any future negotiation.

**Neil Carmichael (Stroud) (Con):** Does the Minister agree that if we are to make a realistic attempt at becoming economically productive, we have to make

sure that our infrastructure works—and that includes the internet? Small businesses in rural areas would be able to thrive if it did.

**Dr Coffey:** My hon. Friend is right to stress the importance of access to the internet, and to other mobile network operators. That is why the universal service obligation has been enshrined in law through the Digital Economy Bill, and will be in place by the end of this Parliament.

### Food and Drink Sector

**Mr Speaker:** Ah, young Gove. Where is the fellow?

4. **Michael Gove (Surrey Heath) (Con):** What steps she is taking to encourage innovation in the food and drink sector. [907456]

**The Secretary of State for Environment, Food and Rural Affairs (Andrea Leadsom):** The Prime Minister has set out our vision for making the UK a world leader in innovation, which includes spending an extra £4.7 billion by 2020-21. Food and drink is our largest manufacturing sector—bigger than cars and aerospace combined. Our £160 million agri-tech strategy is taking forward brilliant ideas, such as monitoring crops using the latest satellite data.

**Mr Speaker:** It is an indescribable delight to see the right hon. Member for Surrey Heath (Michael Gove). My surprise was merely at the fact that he has perambulated to a different part of the Chamber from that which he ordinarily inhabits. I am sure that we will enjoy the same eloquence as usual.

**Michael Gove:** Thank you very much, Mr Speaker. As a migratory species, I am glad that you have noticed the different habitat that I am now in.

The Secretary of State will be aware that 80 years ago, the number of fish landed at British ports was 14 times the number we land now. The fishing industry has suffered grievously under the common fisheries policy. Now that we are leaving the European Union, can she say a little more about how investment, growth and innovation in the fish trade will ensure that we bring prosperity back to our great fishing ports?

**Andrea Leadsom:** I can reassure my right hon. Friend that we will do everything possible to preserve his habitat. I know that he has great knowledge of fishing. Just last week, in China, I signed a memorandum of understanding on seafood that is worth £50 million to UK fishermen, and I have met a number of fishing groups to hear their ideas about what we can do to ensure that our fantastic fishing sectors develop in a positive way once we have left the EU.

**Sir Desmond Swayne (New Forest West) (Con):** Such innovation will be enhanced, and indeed is necessary, in order to restore the water meadows of the lower Avon valley. Will the Secretary of State visit the area to see what we can do?

**Andrea Leadsom:** I am, of course, delighted to accept my right hon. Friend's invitation. We will certainly revisit the area to look at that scheme in the new year.

### Milk

5. **Chris White** (Warwick and Leamington) (Con): What steps she is taking to support the milk industry. [907457]

**The Minister of State, Department for Environment, Food and Rural Affairs (George Eustice):** Although there are limits to what Governments can do when there is a global downturn in commodity prices, we have implemented a number of measures over the past two years. We made a crisis payment to farmers at the end of last year, we have extended tax averaging to make it easier to offset tax from good years, and we have supported intervention and private storage schemes. Looking to the future, we are working with industry to develop risk management tools such as futures markets, supporting new producer organisations, and opening new export markets.

**Chris White:** I welcome efforts to increase exports of food and drink, but there is still concern about the domestic market in milk. What efforts are being made to ensure that farmers obtain fair prices from supermarkets, and what assistance could the Groceries Code Adjudicator provide?

**George Eustice:** My hon. Friend has made a good point. These have been two very difficult years for the dairy industry. However, I think we should give credit where it is due, and acknowledge that many of the major supermarkets offer their farmers aligned contracts that are linked to the cost of production. Those farmers have continued to obtain good prices over the last two years. Nevertheless, they are a minority, so we are investigating ways of strengthening the negotiating position of farmers in the supply chain, such as reviewing the operation of the Groceries Code Adjudicator, strengthening the voluntary dairy supply chain code, and strengthening recognition of producer organisations.

**Nic Dakin** (Scunthorpe) (Lab): What assessment has the Department made of the importance of the provision of school and nursery milk in supporting dairy farmers?

**George Eustice:** As the hon. Gentleman will know, there is a small European Union scheme to support school milk, which is worth a few million pounds, but it is dwarfed by the much larger, much more important nursery milk scheme run by the Department for Education and the Department of Health, which is worth some £60 million a year.

**Mr Geoffrey Cox** (Torrige and West Devon) (Con): The Government's proposal to withdraw operating licences for approved finishing units with grazing in culling areas is causing great concern to dairy farmers in the south-west. Has the Minister assessed the impact that that measure will have on dairy farmers' ability to sell their calves, and generally on the market for livestock in the south-west? I urge him to think carefully about it before introducing it.

**George Eustice:** I can reassure my hon. and learned Friend that I consider such issues very carefully. Approved finishing units do have an important role to play as we try to tackle the long-term challenge of bovine tuberculosis,

but if we are trying to roll back the disease, the risk associated with grazing on approved finishing units is greater. It is still possible to have a licence for housed finishing units, and there will still be finishing units in other areas where there is no cull.

**Mary Glendon** (North Tyneside) (Lab): The Department's farm business survey for last year shows that dairy farm incomes fell by 50%, largely owing to lower milk prices. Will the Minister consider introducing a statutory code to safeguard the dairy sector, and will he agree to expand the role of the Groceries Code Adjudicator to cover the primary producers' relationships with their suppliers and provide more stability for those producers in the market?

**George Eustice:** A consultation on the Groceries Code Adjudicator is in progress and is, I believe, open until 10 January. We have issued a call for evidence from the industry, and from others who may have ideas about how we might be able to extend the adjudicator's remit or consider it further.

### Fishing Industry: Recruitment

6. **Oliver Colvile** (Plymouth, Sutton and Devonport) (Con): What steps the Government are taking to encourage young people to take up a career in the fishing industry. [907458]

**The Minister of State, Department for Environment, Food and Rural Affairs (George Eustice):** We predominantly deliver training for new entrants and young people through the levy body Seafish. Since 2011, Seafish has run 97 courses and trained more than 850 new fishermen. There has been a renewed interest in fishing as a career in recent years.

**Oliver Colvile:** The fishermen in Plymouth are very positive about the future of the fishing industry post-Brexit. They want to improve the commercial fishing facilities at Sutton harbour. Will my hon. Friend find a date to visit Plymouth Trawler Agents, which manages the fish market, and learn of its plans to build a fishing academy to train the fishermen and women of the future?

**George Eustice:** As we prepare to leave the EU, the mood in the fishing industry is certainly lifting, and there will be opportunities to do things differently and better. My hon. Friend's constituency has a very proud maritime heritage. Last year I visited the Marine Biological Association and I would of course be more than happy to visit Sutton harbour to discuss the scheme he describes.

**Scott Mann** (North Cornwall) (Con): Many of our coastal communities have suffered heinously under the common fisheries policy. Will the Minister look at the idea of an investment pot for the under-10 metre fleet to enable it to get up to speed when we leave the EU?

**George Eustice:** As my hon. Friend knows, we have the European maritime and fisheries fund, one of the EU structural funds, which will run until 2020. Looking beyond 2020, we will be developing and working to establish how best to support the industry. We have also

top-sliced some of the uplift of quota linked to the discard ban this year to give the under-10s more quota than they previously had.

### Winter Flooding

7. **Mary Creagh** (Wakefield) (Lab): What steps she has taken to minimise the risk of winter flooding. [907459]

**The Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Dr Thérèse Coffey):** We have completed 130 new flood schemes this year, protecting over 55,000 households. All but three of the 660 Environment Agency flood defences damaged last winter have now been repaired and the three remaining assets have contingency plans in place. The Environment Agency recently launched its flood awareness campaign and last month we launched the property level resilience action plan on how householders can protect their homes from flooding. It also details measures that will allow them to get back into their home more quickly if they are, unfortunately, flooded.

**Mary Creagh:** This year, after the devastation caused by storms Desmond, Eva and Frank right across the country, the Government announced an extra £700 million of flood defence spending, but apart from saying £12 million of that would be spent on mobile flood defences to protect electricity and infrastructure assets, there has not been a clear plan from the Government about how the money is going to be spent. The Environmental Audit Committee made strong recommendations on the protection of roads and railways, and with Devon and Cornwall, the north-east and Scotland suffering landslips and ballast washaways in the recent flooding, is not now the time to set out a proper transport infrastructure resilience plan for the whole country?

**Dr Coffey:** About half of the money has already been allocated, but the hon. Lady may not yet be aware that the autumn statement included the announcement of a package of £170 million to be deployed, £150 million of which is specifically to tackle road and rail.

**Martin Vickers** (Cleethorpes) (Con): The Minister may recall that in December 2013 there was a tidal surge that affected the Humber estuary. Many of my constituents had their homes flooded, and throughout the Humber hundreds were affected. Can the Minister reassure me that there will be no slippage in future flood defence spending on the Humber?

**Dr Coffey:** The 2013 tidal surge affected the entire east coast, including my constituency. I can assure my hon. Friend that the schemes already planned will continue given the record £2.5 billion investment this Government are making in flood defences.

**Robert Flello** (Stoke-on-Trent South) (Lab): I learned recently that water companies are not a statutory consultee, despite companies such as Severn Trent Water wanting to be and having a great deal of knowledge not only about flooding areas, but also about, for example, whether storm drains can cope with additional water created by new building. Will the Minister have a conversation with her opposite numbers in the Department for

Communities and Local Government about changing things so that water companies can be a statutory consultee?

**Dr Coffey:** I recognise that water companies are not currently a statutory consultee, but that does not stop them having conversations. The Environment Agency continues to provide advice on all planning applications, and in 98% of planning applications across England its advice is accepted.

### Farmers and Environmental Groups (Funding)

8. **Lucy Frazer** (South East Cambridgeshire) (Con): What steps her Department is taking to ensure that the level of funding for (a) farmers and (b) environmental groups is maintained after the UK leaves the EU. [907460]

**The Secretary of State for Environment, Food and Rural Affairs (Andrea Leadsom):** My top priority on becoming DEFRA Secretary was agreeing with the Treasury continuity of support for farmers. We are guaranteeing that the agricultural sector will receive the same level of pillar one funding until 2020, which has provided vital certainty, but we are also guaranteeing agri-environment and rural development schemes under pillar two, which are vital to making sure we take every opportunity to improve our environment.

**Lucy Frazer:** Many farmers in my constituency have been signed up to agri-environmental schemes for many years. What contribution does the Secretary of State think that the schemes, and our farmers, are making to improve our environment?

**Andrea Leadsom:** I join my hon. Friend in applauding the efforts of farmers across the country. In the past five years, our agri-environment schemes have delivered excellent long-term benefits, including 150,000 acres of habitats, the planting of more than 11 million trees and the restoration or planting of 950 miles of hedges. All of this supports our long-term pledge to be the first generation to leave the environment in a better place than we found it.

**Liz Saville Roberts** (Dwyfor Meirionnydd) (PC): Welsh farmers face a future of unprecedented uncertainty. Will the Secretary of State commit to devolving agricultural funding according to need, rather than through the unfit-for-purpose Barnett formula?

**Andrea Leadsom:** I can absolutely assure the hon. Lady that we will consult in great detail on future policy with all the devolved Administrations once we have left the EU, to ensure that we focus on what is best for our UK food and farming producers rather than for 28 EU member states.

### Topical Questions

T1. [907471] **Ian Austin** (Dudley North) (Lab): If she will make a statement on her departmental responsibilities.

**The Secretary of State for Environment, Food and Rural Affairs (Andrea Leadsom):** Flooding is devastating for anyone who experiences it, and I have spent a great

deal of time recently ensuring that we have the best possible preparation for the winter weather. There will be opportunities for all colleagues to play our part in ensuring that our constituents are as well prepared as possible—for example, by getting them to sign up to the Environment Agency's free Flood Warnings Direct service or to visit the Floods Destroy website, which enables people to check their own flood risk. The Environment Agency will also be hosting a drop-in session for parliamentarians next Tuesday from 1 pm to 5 pm in Committee Room 9, where we will be able to hear more about winter preparedness.

**Ian Austin:** I thank the Secretary of State for that answer, but I would like to ask her about her Department's UK food and drink international action plan, which suggests that the Department will seek foreign direct investment to fill existing gaps in skills and production. How will she ensure that food standards, production rates and manufacturing skills will be maintained in the event of foreign takeovers of existing companies, as we have seen with Mondelez and UK biscuit production?

**Andrea Leadsom:** The UK has some of the highest animal welfare, food safety and food traceability standards in the world, and we will always seek to maintain them, notwithstanding our international food export action plan, which seeks to promote great British food abroad as well as to take advantage of foreign direct investment to make our sectors even more successful.

T3. [907473] **Sir Henry Bellingham** (North West Norfolk) (Con): Is the fisheries Minister aware that the shell fishery in the Wash is now the most prolific in Europe? We have recently seen record catches of shrimp, much of which is exported. However, this part of the fishery is at risk because of a permit system. Will he look into the situation, intervene and do his best to ensure that the fishery continues to thrive?

**The Minister of State, Department for Environment, Food and Rural Affairs (George Eustice):** My hon. Friend has raised this issue with me before, so I am well aware of it. I am also aware that it is a matter for the local Inshore Fisheries and Conservation Agency, although DEFRA does have a role in working with IFCA and signing off any proposals. I understand that this particular case is at the consultation stage, so local fishermen should make their views known at this point.

**Rachael Maskell** (York Central) (Lab/Co-op): The pound has fallen, the cost of imports has risen and Brexit is costing the wine industry £413 million more in imports alone. From Marmitegate to the Toblerone gap, we have seen rising prices across the food industry. Customers are paying more for food while those working in farming and food production have been hit even harder. And it is getting worse. What is the Secretary of State doing to mitigate these factors?

**Andrea Leadsom:** The hon. Lady will be aware that we have an incredibly thriving food and farming sector that employs one in eight of us. It is worth more than £100 billion a year to our economy. Our food innovation is second to none: we produce more new food products every year than France and Germany combined. Food inflation continues to be low, and our thriving sector's

exports are improving. They have gone up this year and we are doing everything we can to create a sustainable environment for the future.

**Rachael Maskell:** The reality is that food inflation is at 5%. This is happening on the Secretary of State's watch. It is her responsibility and her crisis. People are struggling now. The sector is calling for security: security of labour; security in the market; security of trade; and security in knowing the plans for the sector on leaving the EU. Labour can provide the sector with confidence today—we have a clear plan. Why will the Secretary of State not share her plan? Is it because there is no plan?

**Andrea Leadsom:** If I may say so, that was nonsense. Food prices have been dropping after peaking in 2008, and they do move up and down. On the hon. Lady's point about the resilience of the food and drink sector, exports this year are well up on last year and growth in the sector is booming. We are doing everything we can on food innovation and getting young people into apprenticeships in increasingly high-technology jobs. This is a well-organised sector with great potential.

**John Glen** (Salisbury) (Con): In several conversations with the National Farmers Union and farmers in south Wiltshire, complaints have been made to me about how the Rural Payments Agency has been working. Edward Martin and Will Dickson complain of unilateral changes to agreed eligibility calculations. What will the Minister do to ensure that such issues are sorted out so that I do not have any more complaints from my farmers?

**George Eustice:** Having ironed out some of the difficulties we encountered in 2015, we are in a stronger position this year. The RPA reports that over 80% of basic payment scheme claims were submitted online, meaning that the number of cases requiring manual data-entry was significantly reduced. If my hon. Friend would like to give me further details of those two cases, I will ensure that they are investigated and will personally get back to him.

T2. [907472] **Mr Jim Cunningham** (Coventry South) (Lab): Will the Secretary of State tell us how much it will cost to replace the agricultural subsidy when we leave the EU?

**George Eustice:** We have committed to continue to make all payments up until 2020, and we are already engaging with the industry and others to devise future agriculture policy. Those plans will be announced well in advance of 2020.

**Kevin Hollinrake** (Thirsk and Malton) (Con): In my fishing town of Filey, only seven boats have been licensed by the Environment Agency and all licences will expire by 2022, ending heritage fishing in the town. Will the Minister meet me to seek a solution to secure the future of fishing in Filey?

**George Eustice:** I understand my hon. Friend's issue. The situation with wild salmon is particularly bleak at the moment, which is why we are looking at additional measures to reduce the catch through netting. However, I am quite sympathetic to the arguments made about the sustainability of T-nets, which I understand are

used along the shoreline in his constituency, and I am more than happy to meet him.

T4. [907474] **Holly Lynch** (Halifax) (Lab): In the weeks immediately after the floods that devastated my constituency and others last year, the Government were able to argue that there was no evidence of market failure to deliver affordable insurance for businesses affected by the flood. Since then, however, I have had case after case of businesses being denied insurance or offered unaffordable packages. What are the Government doing to ensure that such businesses can secure affordable insurance?

**The Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Dr Thérèse Coffey):** Since the floods, small and medium-sized enterprises have received over £6 million of direct support from the Government to help with their resilience. On insurance, I recently met representatives of the British Insurance Brokers' Association and expect them to be launching new products next month so that more businesses can get flood insurance.

**Pauline Latham** (Mid Derbyshire) (Con): My right hon. Friend will be aware that both the 2010 and 2015 Conservative party manifestos said that we would ban all ivory trade. Will she update the House on what progress she made towards that aim at the Vietnam conference last week?

**Andrea Leadsom:** I am grateful to my hon. Friend for raising that matter. The conference was superbly successful and some real steps were taken towards improving awareness of the importance of preserving endangered species, the elephant in particular. In this country, we have announced our intention to ban the trade in post-1947 ivory—that is 70 years—and we will consult on that shortly to consider how we implement that and what further steps can be taken to meet our manifesto commitment.

T5. [907475] **Ms Tasmina Ahmed-Sheikh** (Ochil and South Perthshire) (SNP): Last month, the Secretary of State for Exiting the European Union could not offer an answer when asked whether powers over agriculture and fisheries would be devolved to the Scottish Parliament. However, DEFRA Ministers say that the UK Government will be devising a UK-wide policy framework for those industries. When the UK leaves the EU, will responsibility for agriculture and fisheries be devolved to the Scottish Parliament—yes or no?

**Andrea Leadsom:** I think we have all been consistently clear that in leaving the EU we will be seeking the best possible deal for the UK. That will involve close co-ordination and communication with all the devolved Administrations to make sure that we absolutely understand what it means to get the best possible deal for all sectors within the DEFRA family.

**Michael Gove** (Surrey Heath) (Con): Food and drink production has flourished under my right hon. Friend's leadership; as we have just heard, record levels of hard cheese and sour grapes are emanating from the other side of the Chamber, and in my constituency the Hogs Back brewery, a very successful micro-brewery, is doing

a roaring trade. May I invite her to join me for a knees-up in my brewery—something Opposition Members could never organise?

**Andrea Leadsom:** I would be delighted to do that. We have some amazing products. We have taken gin out to the Chinese, which was a great experience, and just look at the beers from the UK that the Vietnamese are drinking already. We are seeing market access and greater exports, and just yesterday we saw the beers at the "Taste of Cheltenham" event. My right hon. Friend is right to highlight produce from his constituency and I would be delighted to share in a knees-up with him any time.

**Mr Speaker:** I have always thought of the right hon. Gentleman sitting and reading Proust, rather than having a knees-up, so one's imagination is challenged a bit—but there you go, it is probably good for us.

T6. [907476] **Mr Mark Williams** (Ceredigion) (LD): Further to the question from the hon. Member for Ochil and South Perthshire (Ms Ahmed-Sheikh), may I argue the case for Wales and ask the Secretary of State what discussions she has had with Assembly Ministers on the case for post-2020 funding that both respects devolution and gives us a fair funding settlement for Welsh farmers?

**Andrea Leadsom:** I am meeting a Welsh Minister just today to discuss that very subject, and my colleagues have met a number of Welsh Ministers in recent weeks. At official level there are constant discussions, we have had informal stakeholder meetings and, as we have pointed out, formal consultations will be taking place, starting in the near future.

T7. [907478] **Helen Goodman** (Bishop Auckland) (Lab): We have already had an exchange about the importance and inadequacy of broadband in rural areas. Are Ministers aware that Her Majesty's Revenue and Customs has a crazy plan to make all businesses with a turnover of more than £10,000 submit tax returns four times a year, online—[*Interruption.*] This will be impossible for my hill farmers in Teesdale. Will Ministers make representations to Treasury Ministers to stop this crazy idea?

**Dr Coffey:** I think we have all just felt the effects of slow broadband in that question! Nevertheless, I am aware of the plans and I can assure hon. Members that conversations have already been had with the Treasury.

**Jessica Morden** (Newport East) (Lab): Thanks to the Minister, the sheep dip sufferers group now has access to documents including medical records from the poisons unit at Guy's hospital, which show what many sufferers have known for years: there were long-term health impacts of using sheep dip. Will he meet us again so that we can act for those who still suffer?

**George Eustice:** The hon. Lady will be aware that I met her and others about a year ago, when we looked at this issue in depth. I subsequently went back through all the submissions that came from the chief veterinary officer in the early 1990s to establish precisely why we stopped using sheep dip, and it was not because of health concerns; it was because of a belief that it was not possible to tackle the disease. I note that she has now got the documents, but I simply say that the

committee on toxicity looked at this issue exhaustively, examining 26 different studies over a period of more than a decade, and concluded that in the absence of acute poisoning there would not be meaningful long-term effects.

**Paul Blomfield** (Sheffield Central) (Lab): Traffic hotspots in the Broomhill area of my constituency create unacceptably high levels of nitrogen dioxide. The council is doing what it can, but it is frustrated by the Government on issues such as the deregulation of taxi licensing. We need joined-up action across government, and as the High Court said earlier this month, we need it urgently. So when will the Government produce an effective and comprehensive air quality plan?

**Dr Coffey:** We have accepted the Court's judgment and we now have a new timescale for revising the plan. We have already said that we would update our plans on the basis of evidence on vehicle emissions. I hope that the hon. Gentleman will contribute to the clean air zones consultation, which was launched on 13 October. More than 100 councils applied for an air quality grant and these decisions will be made in due course.

**Alison Thewliss** (Glasgow Central) (SNP): The World Breastfeeding Trends Initiative published a report card on the UK last week which awarded zero points out of 10 to the Government's plans for protecting infant and young child feeding in emergencies such as flooding. Will Ministers work with their colleagues in the Department of Health to ensure that when flooding or power cuts occur during the winter there are plans in place to protect infant and young child feeding?

**Dr Coffey:** I have already had discussions with officials from various Departments on our preparedness for winter. There is an inter-ministerial group meeting next week at which the Department of Health will be represented, and I will make sure that it is aware of the hon. Lady's question.

## PUBLIC ACCOUNTS COMMISSION

*The hon. Member for Gainsborough, Chairman of the Public Accounts Commission, was asked—*

### National Audit Office: EU

**Sir Edward Leigh** (Gainsborough) *rose—*

**Mr Speaker:** Order. I think the hon. Gentleman wishes to group this question with question 4, does he not?

**Sir Edward Leigh:** I do.

**Mr Speaker:** Very good. Well done.

**Sir Edward Leigh:** I apologise. I am not used to being a Minister. *[Interruption.]*

**Mr Speaker:** It does not show. "Honourable" is the hon. Gentleman's middle name.

1. **Pauline Latham** (Mid Derbyshire) (Con): What assessment the National Audit Office has made of the potential effect of the UK leaving the EU on its work. [907441]

4. **Martin Vickers** (Cleethorpes) (Con): What assessment the NAO has made of the potential effect of the UK leaving the EU on its work. [907444]

**Sir Edward Leigh:** The National Audit Office uses its resources to provide direct support to Parliament and stands ready to support parliamentary scrutiny of Brexit. In my humble view, there should be more, not less, parliamentary scrutiny of Brexit. The NAO is keeping in close touch with Departments as their preparations for exiting the EU develop. This will be a major task for Departments and is likely to include additional work for the NAO, not least the audit of the new Department for Exiting the European Union.

**Pauline Latham:** What value-for-money aspects of Brexit does the NAO intend to examine?

**Sir Edward Leigh:** The NAO's scrutiny will focus initially on the capacity and capability of Departments to deliver an effective and efficient exit process. The NAO will work with all Departments to assess the potential impact of exiting the European Union on their financial performance and position. The NAO is already the auditor of the new Department for Exiting the European Union and will work with it and the Treasury to ensure efficiency.

**Martin Vickers:** Following the rather over-pessimistic forecast that we heard about yesterday from the Office for Budget Responsibility, does my hon. Friend agree that it would be interesting to have another independent assessment from the NAO, which might show a more optimistic post-Brexit forecast?

**Sir Edward Leigh:** The National Audit Office will not actually assess any economic effects of exiting the EU, but what it can do is ensure that the civil service carries out its task with due diligence and efficiency. I am confident that our civil service, which is one of the most efficient in the world, will do the job properly. The NAO is certainly one of the best auditors in the world, and we will make this process work efficiently and smoothly as best we can.

## CHURCH COMMISSIONERS

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

### Persecution of Christians

2. **Henry Smith** (Crawley) (Con): What recent representations the Church of England has received on the persecution of Christians overseas. [907442]

**The Second Church Estates Commissioner (Dame Caroline Spelman):** The Church of England remains concerned about a number of religious minorities across the world, not just Christian ones. Recently, the Lord Bishop of Coventry travelled to northern Iraq to visit the Christians in Mosul because it is clear that questions remain about their continued safety and the need to make their homes and businesses safe if they are to sustain themselves there.

**Henry Smith:** Will my right hon. Friend join me in paying tribute to the Open Doors organisation, which does so much to raise awareness of the persecution of Christians around the world and often courageously defends communities?

**Dame Caroline Spelman:** Yes. There are a number of excellent organisations such as Open Doors, Christian Solidarity Worldwide and Aid to the Church in Need which are working to support the Christian community overseas. I plan to attend a reception for the launch of the 2017 World Watch List in January, and I encourage hon. Members also to attend.

**Fiona Bruce (Congleton) (Con):** What discussions did the Archbishop of Canterbury have during his recent visit to Pakistan about religious persecution there?

**Dame Caroline Spelman:** The Archbishop of Canterbury made his second pastoral visit to Pakistan last weekend and met the victims and the bereaved of the recent suicide bomb attacks in Islamabad and Lahore. He also met the adviser to the Prime Minister of Pakistan, where the conversation was warm and constructive on a range of matters, including the contribution of the Christian community in Pakistan and the suffering of many Muslims and Christians in the struggle against terrorism.

**Bob Blackman (Harrow East) (Con):** What representations has my right hon. Friend received in relation to the persecution of Christians in Iran? Last week, we had a conference attended by several bishops, and the concern there was that Christians cannot even congregate and are subject to military rule.

**Dame Caroline Spelman:** As I mentioned, the Lord Bishop of Coventry made a recent visit to Iraq, precisely to look at the terrible oppression that religious minorities, including Christians, are suffering. There is no question for any Member of this House but that safety and security are paramount issues, and we look to the Foreign Office to help us in our support for persecuted religious minorities in the region.

**Mr Philip Hollobone (Kettering) (Con):** If we made it a criminal offence in this country for a Christian to become a Muslim, there would be outrage across the world. Yet people in many Arab countries face legal persecution and prosecution if they convert from Islam to Christianity. What representations is the Church making to these Arab countries that have such rules on apostasy?

**Dame Caroline Spelman:** Obviously nations are sovereign, and we know that in this country there is an appetite to respect sovereignty, but that does not preclude Government Ministers and Church leaders from speaking with force to the Ministers of countries where religious minorities are oppressed, to ensure that there is tolerance towards those minorities in their society.

### Church Conservation

3. **Oliver Colville (Plymouth, Sutton and Devonport) (Con):** What advice the Church of England makes available to parish churches on building conservation. [907443]

**Dame Caroline Spelman:** The Church of England does provide advice and support to parish churches in the following ways: diocesan advisory committees, which give free advice; specific officers to advise parishes regarding the care of historic churches; the national ChurchCare website, which provides guidance; and grant schemes operated by ChurchCare.

**Oliver Colville:** Earlier this autumn, the Ministry of Defence announced that the Royal Citadel, which includes a royal chapel, will be released back to the Crown Estate. I suspect it will need significant restoration and investment. Who shall I speak to about the restoration, and what will be the status of St Katherine once the royal chapel and the barracks are fully released?

**Dame Caroline Spelman:** That is a specific question about a specific type of church, but I can assure my hon. Friend that if he takes up direct contact with me, I will take up that specific case on his behalf to see how we can assist this transition. However, the community that worships at that church is able, of itself, to look at the ChurchCare website to see what is available in theory to assist the church. My hon. Friend has seen for himself the way in which the Church has assisted St Matthias Church in Plymouth to transform itself to meet the needs of the student community, with services that are appropriate for that age group and with a style of worship it would enjoy.

**Chris Bryant (Rhondda) (Lab):** When I was a curate, which was obviously in another millennium, one of the biggest problems that faced the Church in relation to conservation was not only meeting the cost, particularly for beautiful elderly churches, but finding the people who had the craft skills to do the work. Now that the head of the Church's Buckingham Palace is going to be done up, at the same time that this Palace and many churches around the country are going to be done up, would it not be a good idea to have a joint industrial strategy to make sure that we get lots of young people trained up in these skills?

**Dame Caroline Spelman:** I am sure that the hon. Gentleman, during his curacy, knew what a struggle it is to maintain these ancient buildings. That is why the Church is participating in the ongoing review by the Department for Culture, Media and Sport to examine the sustainability of Church of England churches. However, I am sure he will join me in once again thanking the Treasury for its assistance with the world war one centenary cathedral repairs fund, which helped 42 cathedrals around the country to make significant repairs and created jobs for many young people in the crafts he would wish to see flourish.

### Red Wednesday

5. **Robert Flello (Stoke-on-Trent South) (Lab):** What steps the Church of England is taking to support the Red Wednesday campaign against religious persecution. [907446]

**Dame Caroline Spelman:** The Church of England welcomes very much the Red Wednesday initiative from Aid to the Church in Need. This is a multi-faith initiative. I would particularly like to thank you, Mr Speaker, for

agreeing that the Palace of Westminster should join Westminster Abbey, Westminster Cathedral and Lambeth Palace in lighting their buildings in red yesterday to stand in solidarity with those facing persecution for their faith.

**Robert Ffello:** May I join the right hon. Lady in thanking all those who lit church and other buildings, including, as she said, our own Parliament? While I live in hope that religious persecution will diminish and one day end, will she join me in encouraging those responsible for all buildings to take part next year to make a public statement of our solidarity with all those suffering persecution on the grounds of their religious faith?

**Dame Caroline Spelman:** Yes, I very much hope that other significant buildings will join in with this. The fact that students from schools in many parts of the UK marked Red Wednesdays by wearing an item of red clothing and holding prayer services is an example of how we extend the acknowledgment of the suffering and persecution of religious minorities. That is important, and I hope that this will catch on.

**Sir Edward Leigh (Gainsborough) (Con):** I wonder whether my right hon. Friend will join me at 11 o'clock this morning in the Grand Committee Room, where I am sponsoring an event for the wonderful organisation, Aid to the Church in Need. Indeed, I hope that all Members might consider turning up. Three quarters of the world's population now live in countries where there is some sort of religious persecution. This is such an important issue that I hope we can all unite behind my right hon. Friend, the Speaker and everybody else to voice our concerns.

**Dame Caroline Spelman:** I had meant to mention myself that this event is being held just after this session of questions, so if hon. Members would like to divert to the Grand Committee Room they will indeed find the report being launched. We would all do well to read it.

### Anti-Semitism

6. **Diana Johnson (Kingston upon Hull North) (Lab):** What steps the Church of England is taking to tackle anti-Semitism. [907447]

**Dame Caroline Spelman:** The Church of England takes anti-Semitism very seriously and is supporting the work of the Chief Rabbi and the Holocaust Memorial Trust to counteract the growing anti-Semitic and extreme language evidenced in a report by the Home Affairs Committee.

**Diana Johnson:** With the incidence of anti-Semitic attacks rising by 11% in the first six months of this year, and the documented rise in hate crimes since the Brexit vote in June, what more could the Church of England, as the established Church in England, do in its leadership role in communities throughout the whole of England?

**Dame Caroline Spelman:** I could not commend strongly enough to all Members the Home Affairs Committee report recording the very disturbing rise in anti-Semitism. That is precisely why, last week, the Archbishop of Canterbury and the Chief Rabbi launched In Good

Faith, a twinning arrangement between rabbis and priests in local neighbourhoods around the country. It is in its early stages, but it will involve a commitment to work together to counteract anti-Semitism.

### HOUSE OF COMMONS COMMISSION

*The right hon. Member for Carshalton and Wallington, representing the House of Commons Commission, was asked—*

#### Electronic Voting: House of Commons

7. **Patrick Grady (Glasgow North) (SNP):** When the Commission last made an estimate of the cost of introducing electronic voting to the House; and what that estimate was. [907451]

**Tom Brake (Carshalton and Wallington):** The Commission has given no formal consideration to a move to electronic voting in the House. Its responsibility in this matter is limited to any financial or staffing implications of any change to the current system, were a change to be agreed by the House. The Procedure Committee, of which the hon. Gentleman has been a member since 2015, will be well placed to inquire into the matter and come up with proposals.

**Patrick Grady:** It is a pleasure to ask a question of a spokesman on the same side of the House. During the Report stage of the Higher Education and Research Bill on Monday we spent nearly an hour trooping through the Division Lobbies. Has the Commission ever made a calculation of the cost to the taxpayer of that dead time in terms of staff, security and utilities? If we are to be decanted as part of a restoration process, surely that presents an opportunity to devise a pilot for electronic voting if we are not going to replicate every last detail of where we are now.

**Tom Brake:** I thank the hon. Gentleman for those two questions. On the time it takes Members to vote, he may not be aware that back in 1997 this House did consider substantial changes to the way in which we voted, and I am afraid it voted to keep things exactly as they were. I hope that by, perhaps, early next year we will have a substantive debate in this place on the restoration and renewal issue, and that would be the appropriate opportunity for him to raise his point.

**Sir Desmond Swayne (New Forest West) (Con):** Does the right hon. Gentleman agree that the current system affords Members an opportunity to nobble Ministers when they are bereft of their heavies and spin doctors?

**Tom Brake:** It is indeed true that when trooping through the Division Lobbies there are opportunities to lobby Ministers, but clearly those opportunities are more frequent for Government Members than for Opposition Members.

**Helen Goodman (Bishop Auckland) (Lab):** Does not the right hon. Gentleman agree that it gives Opposition Members an opportunity for team building, which is extremely important? Will he do everything he can to keep the issue at the bottom of his in-tray?

**Tom Brake:** I thank the hon. Lady for her question, which gives me the opportunity to underline the importance of team-building opportunities in the Lobby, particularly for her party.

### CHURCH COMMISSIONERS

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

#### Christmas

8. **Nigel Huddleston** (Mid Worcestershire) (Con): What steps the Church of England is taking to use technology to promote its values and beliefs over the Christmas period. [907452]

**The Second Church Estates Commissioner (Dame Caroline Spelman):** I thank the hon. Gentleman for his timely question as we prepare for the arrival of Advent this weekend. The Church of England will launch a new website—[www.achristmasnearyou.org](http://www.achristmasnearyou.org)—on 1 December to help the 2.7 million members of the public who

attend church over Advent, and the 2.5 million people who attend at Christmas, find their nearest church service or celebration.

**Nigel Huddleston:** How are churches being encouraged to use social media to share the message of Christmas, and what is the take-up of social media by churches in constituencies such as mine?

**Dame Caroline Spelman:** Some 23,000 services have been added to the website by more than 5,000 parishes. It might interest hon. Members to know that it has filters, so, for example, disabled parishioners can find out how easily they can access a church, and there is a filter for those who wish to know whether mince pies and mulled wine will be served. The social media campaign also includes a video in which Mr Speaker's very own chaplain makes her important contribution under the hashtag #joytotheworld. I recommend that we all watch that.

**Mr Speaker:** That is very good news, because she is an excellent woman, as everybody in the House can testify, and, if I say so myself, a fine appointment by me.

## Business of the House

10.31 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 28 NOVEMBER—Remaining stages of the Digital Economy Bill.

TUESDAY 29 NOVEMBER—Second Reading of the Commonwealth Development Corporation Bill, followed by opposed private business for consideration, as announced by the Chairman of Ways and Means.

WEDNESDAY 30 NOVEMBER—Opposition day (14th allotted day). There will be a debate on a motion in the name of the Scottish National party. Subject to be announced.

THURSDAY 1 DECEMBER—Debate on a motion on transgender equality, followed by a general debate on the future of the UK fishing industry. The subjects for these debates were determined by the Backbench Business Committee.

FRIDAY 2 DECEMBER—Private Members' Bills.

The provisional business for the week commencing 5 December will include:

MONDAY 5 DECEMBER—Second Reading of the Children and Social Work Bill [*Lords*].

TUESDAY 6 DECEMBER—Remaining stages of the Health Services Medical Supplies (Costs) Bill.

WEDNESDAY 7 DECEMBER—Opposition day (15th allotted day). There will be a debate on an Opposition motion. Subject to be announced.

THURSDAY 8 DECEMBER—Debate on a motion on UN International Day for the Elimination of Violence against Women, followed by a general debate on the cancer strategy one year on. The subjects for these debates were determined by the Backbench Business Committee.

FRIDAY 9 DECEMBER—The House will not be sitting.

I should also like to inform the House that the business in Westminster Hall for 8 December will be a debate on the fourth report of the Scottish Affairs Committee on post-study work schemes.

In view of yesterday's conclusion of the trial of the man who murdered our late colleague Jo Cox, I hope that you will allow me, Mr Speaker, to say that I believe that the entire House would wish, first, to express our thanks to the police and the Crown Prosecution Service for the work that they did in bringing this man to trial and securing his conviction, and, secondly, to send our solidarity and our love to Jo's family, who have shown unbelievable grace, dignity and courage in the months just past.

Thirdly, I hope that we can all agree that perhaps the best tribute that we here, whatever our party politics, can pay to Jo and her memory is to recommit ourselves, whether as constituency Members or as holders of various offices, to do all that lies within our power to ensure that this country remains a place where people of different ethnic origins and faiths can live together in mutual respect, goodwill and harmony, and celebrate together our common citizenship and our shared institutions, values and traditions. We will also continue unflinchingly to stand for the truth that it is through

parliamentary democracy that we can seek to secure change and find a better future for those who sent us here, rather than through violence or extremism.

**Mr Speaker**: I thank the Leader of the House for what he has just said. The power and beauty of those words will resonate with all of us.

**Valerie Vaz**: I thank the Leader of the House for those words. He shows what a great parliamentarian he is, and I associate myself absolutely with everything he said about those who have brought the murderer to justice.

I need to ask the Leader of the House again, because he has not mentioned this, about the dates for the recess after February. The Prime Minister has said that she will trigger article 50 in March, so we need to know whether we will be away in recess and if we will have a debate. What is the mechanism? Will the Prime Minister make an announcement on the steps of Downing Street, or will she make a phone call? She relinquished the presidency of the EU by telephone. May we know what the mechanism is? The British people need to know the framework. The Government might not want to show their position, but according to a Library note, as soon as article 50 is triggered, the European Council will draw up a negotiating mandate—the guidelines—without the UK's participation.

The Ministry of Justice is a troubled Department. Hardly 24 hours have gone by since the autumn statement and we have the first concession. It turns out that the figures in the Government's proposals for whiplash reform are out of date and will be updated during the implementation process. The consultation apparently referred to the 12th edition of the judicial guidelines as the basis for the figures instead of the more generous position in the 13th edition, which significantly increases the guideline damages for whiplash. That is what happens when the Government have a policy and then find the evidence for it, rather than implementing evidence-based policy. It takes a riot and a breakdown before money is given to the prison service, despite numerous calls for that.

The Department of Health is a troubled Department. I do not know whether any representations have made by the Health Secretary, but he is nowhere to be seen. Last Friday, every former Health Secretary from the past 20 years signed an open letter to the Government urging them to honour the pledge to ensure that there is parity of esteem for mental health, but there was no money for that in the autumn statement. Will the Leader of the House tell us what the response was to that letter, and could he place it in the Library?

Could we also have a statement on the crisis in cancer diagnosis? According to Cancer Research UK, there are long waits for test results, even though getting an early diagnosis is vital for treatment. There is a shortage of consultants, radiologists and endoscopists. Some Members of the House are undergoing treatment for cancer; we wish all of them and their families well. We wish everyone who is touched by cancer a speedy recovery.

The autumn statement was a statement for the elite. The Chancellor said that the Oxford and Cambridge expressway would become

“a transformational tech corridor, drawing on the world-class research strengths of our two best-known universities.”—[*Official Report*, 23 November 2016; Vol. 617, c. 904.]

Again, that elitism is not based on evidence, because the 2017 university league tables put Oxford and Cambridge third and fourth. Imperial is first and the London School of Economics is second. Cardiff is fifth, and King’s, Warwick, University College London, Queen Mary and Edinburgh are in the top 10. May we have a statement on what will be available for the other universities that do not have the historic wealth of Oxford and Cambridge?

In a previous outing at the Dispatch Box, I asked for money for local government. Local government is in desperate need, but the money has now gone to unelected local enterprise partnerships rather than elected local authorities. The Minister responsible for the northern powerhouse, the hon. Member for Brigg and Goole (Andrew Percy), has said that areas with directly elected mayors will have the “main share of funding”—that is power in the hands of one person. May I draw the Leader of the House’s attention to another letter? It is from county councils, mainly of the same party as the Government, which have said that funding should not be made on an

“arbitrary prioritisation of specific governance models”.

Everyone on the Labour Benches agrees that money should flow according to need.

This was not an autumn statement for women, so may we have a debate on its impact on women? Women are not satisfied by a passing reference to Pemberley; we want more. Increasing the personal tax allowance will do nothing to help those earning too little to pay income tax, 65% of whom are women. My hon. Friend the Member for Rotherham (Sarah Champion) has already said that the £3 million for women’s charities is just the balance from the £15 million raised under the tampon tax, £12 million of which has already been given away by the previous Chancellor.

Despite 74 written parliamentary questions on social care in November, there was no extra money for social care—indeed, there was no mention of money for social care—in the autumn statement. Cuts to social care hit women especially hard because the majority of those needing care and of those providing it, paid or unpaid, are women. “Just about managing” is of the Government’s making—it is home-made jam.

Finally, tomorrow is the International Day for the Elimination of Violence against Women. I thank MP4 for organising an event and playing in memory of Jo Cox. My hon. Friend the Member for Cardiff West (Kevin Brennan), the right hon. Member for East Yorkshire (Sir Greg Knight), the hon. Member for Perth and North Perthshire (Pete Wishart) and Ian Cawsey, a former Member, spent a lot of time last Thursday recording “A Song for Jo”, which I think is coming out in January. Her love, values and example live on in all of us. Government is not just about fixing the roof; we are about transforming lives. Let us dedicate ourselves to that task in her memory.

**Mr Lidington:** I will try to respond fairly briefly to the many questions that the hon. Lady has put to me. I understand the impatience of colleagues on both sides of the House to know recess dates, particularly the Easter recess dates. Although I have not been able to

announce them today, I hope to be in a position to do so very soon. She asked about the process for triggering article 50—there has to be a formal notification to the European Council.

The hon. Lady asked about the Ministry of Justice. Frankly, I would have hoped that she welcomed the action that the Government are taking on whiplash, because I thought that it commanded widespread support on both sides of the House. We are now embarking on the consultation with a view to legislation at some stage afterwards. I hope that we can build a formidable cross-party coalition in support of such measures. I thought the hon. Lady was unfairly dismissive of the ambitious vision for the transformation of our prison service in the White Papers on prisons, which was launched by my right hon. Friend the Justice Secretary just a fortnight ago.

The hon. Lady asked me about the Department of Health, but the Secretary of State for Health answered oral questions in the House earlier this week. She inquired about mental health in particular. This Government not only have invested more in mental health than any of our predecessors, but have for the first time written into law a requirement for physical health and mental health to be given equal priority. She asked about cancer treatments. Despite the demographic and other pressures that there undoubtedly are on the national health service, since 2010—in part because of the money this Government have put in, but also because of the reforms that we have undertaken—there has been an increase of some 822,000 in the number of people seen by a cancer specialist, and an increase of 49,000 in the number of people who are commencing cancer treatment. Yes, there is more work to be done, but that is not a bad track record to be getting on with.

On the Oxford-to-Cambridge expressway, the hon. Lady fell into the trap of believing the rather stale and antiquated class war rhetoric that she gets from the leadership of her party. The expressway will benefit places such as Milton Keynes and Bedford, where at some stage in the more distant past the Labour party once hoped it might win constituencies or local councils—it is a sign of the times that it appears to have given up on such communities. That expressway corridor offers opportunities for economic growth and the chance to unlock significant new housing development in areas of high demand. The Labour party has been calling for more house building.

Similarly, on infrastructure funds, Labour local authority leaders, particularly in the north, argued for the model of devolution we have precisely so that there could be an allocation of central Government funds to devolved authorities to enable strategic planning and expenditure. If the hon. Lady looks at the detail of the autumn statement, she will find the housing investment infrastructure fund, which is targeted at local authorities that are able to bid for infrastructure funding in areas where that will unlock additional housing supply.

I happily acknowledge, as my right hon. Friend the Prime Minister did yesterday, that there are indeed pressures on social care—we see that in our constituencies. This Government have therefore introduced the better care fund and the social care precept to put extra money into the system to help local authorities to cope with those demands.

[*Mr Lidington*]

I turn finally to what the hon. Lady said about the position of women. More women are now in work in this country than ever before. This Government have increased support to families through childcare more than any of our predecessors. Those things work very much for the benefit of women in all walks of life. If the hon. Lady looks at the distributional analysis published by the Treasury, she will see that the measures the Chancellor announced yesterday provide a modest but positive improvement in the incomes and living standards of all deciles in our society apart from the richest, who will experience a modest loss.

I completely endorse and associate myself with the hon. Lady's remarks about the International Day for the Elimination of Violence against Women, as well as her tributes to our hon. Friends who have played a part in work on that. I hope that, in turn, she will agree that we need to stand firm against violence against women and girls in all its forms, both here and globally. The work initiated by my right hon. Friend Lord Hague as Foreign Secretary to awaken the world's conscience to the use of sexual violence as a weapon of war and to try to secure the extirpation of that vile practice continues under this Government. I hope that it will continue under all future British Governments.

**Mrs Cheryl Gillan** (Chesham and Amersham) (Con): May I associate myself with the Leader of the House's remarks about our colleague Jo Cox? She was indeed a parliamentarian who, in such a short time, made a big impact on our country and our society.

As the Leader of the House will know, the Paralympics started in our county—in Stoke Mandeville in his constituency. We were terribly impressed by the achievements of our Paralympics team at the last games. At the most recent Budget, the then Chancellor announced £1.5 million to be spent on research and issuing running blades to children. I am afraid to report that, eight months on, not a single child has received a running blade. The Leader of the House probably knows that the proposal does not seem to have got out of the starting blocks, so is there anything that he can do to move it into the fast lane? We could then have a debate on how we can equip and inspire the next generation of our Paralympians, which will be to the credit of our country.

**Mr Lidington:** I had better declare an interest as a patron of the National Paralympic Heritage Trust, which seeks to maintain the heritage of Stoke Mandeville, the birthplace of the Paralympic movement. I am concerned by what my right hon. Friend has said and I will certainly take it up with my colleagues in the Treasury and the Department for Culture, Media and Sport to see what can be done.

**Pete Wishart** (Perth and North Perthshire) (SNP): I thank the Leader of the House for announcing next week's business and fully associate myself and my hon. Friends with his remarks about yesterday's trial, which finally saw a conviction for this appalling act. As the Leader of the House, he spoke today on behalf of the whole House, and I think everyone will have been moved by his eloquence. I hope that his words will help us all to recover, reset ourselves and move forward.

It is barely 24 hours since the Chancellor sat down following his autumn statement, and already the Conservative Members are fighting among themselves over just how big this Brexit disaster is going to be. Today, the Office for Budget Responsibility—the doomy and gloomy OBR—is the villain of the piece, after predicting that we will pay a £60 billion premium for this clueless Brexit. Can we have a full debate about the economic consequences of Brexit, and can the Leader of the House help us out? Whom should we trust—the OBR or the right hon. Member for Chingford and Woodford Green (Mr Duncan Smith) and his hon. Friends?

Can we have a debate about Ferrero Rocher, or perhaps about how the Government appoint their ambassadorial class? For the life of me, I cannot understand their problem with an Ambassador Farage. For goodness sake, the EU referendum was won on his terms and conditions, and we are practically living in the early days of UKIP UK, so come on! The bad Baron Boot-Them-out-of-Here, his excellency the ambassador to the United States, going to Trump Tower—what could possibly go wrong?

We have learned that, in his latest escapade in trying to evade scrutiny of his clueless Brexit plans, the Secretary of State for Exiting the European Union is not prepared to come before the Select Committees of this House. He has twice refused to come before my Committee, and I understand from its Chair that he has refused to come before even the Treasury Committee. In correspondence with me, the Secretary of State said that he was not prepared to come before any Select Committees other than the Brexit Committee. We have detailed questions for him about Scotland's place in Europe, so will the Leader of the House convince his right hon. Friend that proper scrutiny must be in place and that he must come before the Select Committees of this House?

**Mr Lidington:** First, may I thank the hon. Gentleman for his opening words?

On the hon. Gentleman's first point, the OBR was deliberately set up as an independent body in order to remove any suggestion that the economic forecasts were being tampered with on political grounds by the Government of the day. The OBR forecasts yesterday are its own, but it is sensible for the Government to work on the basis that they are accurate—and they are not out of kilter with the mainstream of other independent forecasters. The Bank of England's current predictions are actually a little more pessimistic than the OBR's.

There are many uncertainties. For example, will the fall in the value of sterling against other currencies be maintained and, even if it is, will importers be able to pass on the price impact through the prices charged to customers? It is perfectly sensible, in the light of the OBR forecast, for the Chancellor to have steered the course he has. He was completely honest with the House and the country yesterday in saying, quite plainly, where the uncertainties and the difficulties lay and in not trying to wish away any of the problems that clearly guided his Budget judgment.

On the question of the accountability of Ministers from the Department for Exiting the European Union, we had another debate yesterday on the impact of exit from the EU—this time on transport policy—and I can give the hon. Gentleman the promise that my right hon.

Friend the Secretary of State and his entire team will be here next Thursday, 1 December, for oral questions, when he and his colleagues will have the opportunity to interrogate them.

If I can turn to the question of the appointment of ambassadors, let me say to the hon. Gentleman that, if he goes to residencies and embassies now, it will not be Ferrero Rocher, although he will be glad to know that British ambassadors are keen to offer a selection of malt whiskies as the digestif of choice when they are entertaining officially on behalf of the country. We have an excellent ambassador in the United States of America; there is certainly no vacancy there. The last time I checked, Mr Farage had a very well paid job as a Member of the European Parliament, although regrettably he also had one of the worst attendance records at the European Parliament of any Member, which suggests to me that to head up a UK embassy might not be a job for which he is particularly suited.

**Bob Blackman** (Harrow East) (Con): Yesterday in the autumn statement we had the welcome news of additional finance for the development of housing and £3.5 billion for 90,000 homes in London alone, as well as a doubling of the money to combat rough sleeping in London and the abolition of letting fees for tenants. Can my right hon. Friend therefore find time for a debate on housing? I understand that there will be a White Paper next month, but surely we should have a debate on housing in this House, to ensure that the money is well spent and that much needed housing across the country is provided and to give all Members the opportunity to have an input, so that we get those ideas and use the money effectively.

**Mr Lidington:** There will be questions to the Secretary of State for Communities and Local Government next Monday, which will provide one opportunity for housing issues to be raised. I pay tribute to my hon. Friend for his tireless work in pressing forward his Homelessness Reduction Bill and for winning Government support for it. I am glad that he paid tribute to the measures on rough sleeping and the scrapping of letting fees for tenants that the Chancellor announced yesterday. Although it is a good idea that we should have a debate on housing policy, that probably ought to await the publication of the White Paper, which will give Members in all parts of the House the opportunity to comment on Government proposals, rather than guessing what they might be.

**Ian Mearns** (Gateshead) (Lab): May I add my thanks for the obviously sincere and deeply heartfelt words that the Leader of the House expressed about our late colleague Jo Cox? I am very grateful to him for that.

The Leader of the House announced that on 8 December we will have two debates, on the International Day for the Elimination of Violence against Women and on the cancer strategy, one year on. That demonstrates how important it is for Members who wish to make a bid for time-sensitive debates to make their applications to the Backbench Business Committee in a timely fashion, so that we can plan ahead and get the dates slotted into the diary.

May I also make a plea? The Clerk to our Committee tries to get the offers that the Committee wishes to make out to Members as soon as possible, but would

also ask that Members respond to them in a timely fashion, so that we can get the business sorted out. A number of Members have been made offers and are sitting on a response, so I would appreciate it if Members could make their feelings known to the Clerk as soon as possible.

**Mr Lidington:** I am grateful for the hon. Gentleman's kind words. The Backbench Business Committee is playing an important and constructive part in enabling Members in all parts of the House to raise important issues that matter to our constituents that might not otherwise get an airing, and I would endorse the advice that he gives to colleagues.

**Tom Pursglove** (Corby) (Con): This month we have seen another remarkable poppy appeal in Corby and east Northamptonshire. Not only have we seen enormous sums of money raised, but thousands and thousands of people turned out on Remembrance Sunday to pay tribute to our brave armed forces. It was absolutely fantastic to see so many young people involved in the parades. Can we therefore have a debate next week to pay tribute to the Royal British Legion for all the work it does, but also to say a big thank you to all those in our communities who work tirelessly to make our poppy appeal so successful?

**Mr Lidington:** Although I am unable to offer my hon. Friend a debate, I wholeheartedly endorse the tribute he has paid to the Royal British Legion and the thousands of volunteers who work to make the poppy appeal a success each year—the appeal in England and Wales and the appeal in Scotland, which is run by the Royal British Legion Scotland. It is important that we all remember that, although in these years it is the veterans of the second world war who tend to be particularly in our minds in November, the revenues from the poppy appeal support ex-servicemen and women and their families from much more recent conflicts. Often, very young people have suffered shocking physical and mental injuries as a result of their service. We should remember that this work is still relevant and important today.

**Diana Johnson** (Kingston upon Hull North) (Lab): I, too, thank the Leader of the House for his eloquent remarks about Jo and her legacy.

BBC research has reported that investment in infrastructure per head over the next five years will be £6,457 for London, £5,771 for the north-west, but only £1,684 for Yorkshire and the Humber. With last week's Government decision not to back the electrification of the line to Hull and yesterday's autumn statement making no reference to the Humber at all, may we have a debate on the northern powerhouse and whether the Government really are serious about rebalancing not only north and south, but east and west?

**Mr Lidington:** As hon. Members on both sides of the House examine the detail of the autumn statement, they will find that all parts of the United Kingdom are going to benefit from the infrastructure spending that the Chancellor of the Exchequer identified. I do not blame any Member in any part of the House for making a particular plea on behalf of their own constituency, or the greater area that they represent. From memory, I know that, although it is not actually in Humberside,

[Mr Lidington]

there is an important slug of funding for a significant motorway junction improvement around the Beverley area, which I think should benefit Hull and the area that the hon. Lady represents. If she looks elsewhere in the statement, I think she will find that Yorkshire and the Humber is going to benefit in a number of different ways.

**Oliver Colvile** (Plymouth, Sutton and Devonport) (Con): Shortly before the summer recess, the all-party group for excellence in the built environment, of which I am the chairman, published its report on the quality of new-build housing. In my own Plymouth, Sutton and Devonport seat, there has been a significant amount of new build, but I fear that some of the quality has been a little shoddy. May we have a debate or a statement on that issue, please?

**Mr Lidington:** As far as the Government are concerned, we want all new homes to be well designed and built to good-quality standards. Home buyers are entitled to expect nothing less. There needs to be an effective complaints procedure, for example, through the consumer code, where people are dissatisfied with the quality of their home. The particular report that my hon. Friend mentioned raises some important issues. My colleagues in the Department for Communities and Local Government and particularly the Minister for Housing and Planning, my hon. Friend the Member for Croydon Central (Gavin Barwell), are studying this closely and will respond in due course.

**Christina Rees** (Neath) (Lab/Co-op): I had a small but perfectly formed private Member's Bill on adding mothers' names and occupations to marriage certificates, which did not get anywhere. The hon. Member for Charnwood (Edward Argar) has taken up the mantle, but he is last on the list tomorrow, so there is not much hope there. Therefore, may we have a statement or a debate in Government time to see where we are going on that issue, so we can see a bit of action before my daughter Angharad gets married in February 2018?

**Mr Lidington:** I know how frustrating it is for hon. Members who are low down in the list on a private Member's Bill Friday. I will have a word with the relevant Minister and see whether there is anything we can do on this matter.

**Jeremy Lefroy** (Stafford) (Con): May I associate myself with what the Leader of the House said about Jo Cox, and pay tribute to the tremendous work that she did on behalf of poor people all over the world?

In May, Lord O'Neill launched a vital report on antimicrobial resistance in which he said that the global cost of no action would be \$100 trillion a year, and, more important, the loss of 10 million lives a year. May we have a debate on the issue in Government time, given that the report was commissioned by the previous Prime Minister? I know that my hon. Friends the Members for Thirsk and Malton (Kevin Hollinrake) and for York Outer (Julian Sturdy), as well as many other Members, would be pleased to contribute to such a debate.

**Mr Lidington:** My hon. Friend has raised an extremely important point. Since Lord O'Neill's global review, the Government have been supporting research efforts both

in the United Kingdom and abroad. That has included £51 million for research in the UK, £265 million through the Fleming Fund to support surveillance in lower-middle-income countries in sub-Saharan Africa and south-east Asia, and a £50 million British contribution to the Global Innovation Fund. I hope my hon. Friend will also welcome the fact that, in a landmark declaration at the United Nations General Assembly in September, following an intense campaign led by the Health Secretary and the chief medical officer, 193 countries agreed to combat antimicrobial resistance, which was identified as the biggest risk to modern medicine. That international agreement was a vital first step towards the effective action that we all want to see.

**Mr Mark Williams** (Ceredigion) (LD): May I associate my party with what was said earlier by both the Leader of the House and the shadow Leader? The memory of Jo Cox will indeed endure for years.

Following the tragic death of my 21-year-old constituent Miriam Briddon at the hands of a drink-driver in March 2014, her family committed themselves to campaigning for the reform of drink-driving sentencing guidelines and policy. That recently culminated in the presentation of a 100,000-strong petition to Downing Street. May we have a debate on the need for such reform, in memory of Miriam and the many other people who are afflicted by drink-driving crimes throughout the country?

**Mr Lidington:** This is an unspeakably tragic experience for any parent or family to have to go through. The hon. Gentleman may wish to seek an Adjournment or Backbench Business Committee debate on the subject, but the e-petition system that we have introduced provides an additional route by which subjects of this kind can be raised and debated in the House, and he may wish to suggest that to his constituents.

**Martin Vickers** (Cleethorpes) (Con): Last night, in my capacity as chairman of the all-party group on retail crime, I attended an event organised by the National Federation of Retail Newsagents. It is evident that those who work in the retail trade are very concerned about the level of not just theft, but violence against them. Will the Leader of the House find time for a debate in Government time to investigate the matter?

**Mr Lidington:** I understand the point that my hon. Friend has made. No employee working for a retail outlet, large or small, should be going to work fearful that he or she may become the victim of violence. I think the trend is partly due to the growth of the gang culture that we have seen in London and some other big cities, and, as my hon. Friend knows, the Government are working with chief constables to try to defeat that threat. I cannot promise a quick, easy answer. Determined work by the Home Office, the Ministry of Justice, and local police forces and their chief constables and police and crime commissioners will be necessary to ensure that the response is right and the problem is properly addressed.

**Paula Sherriff** (Dewsbury) (Lab): Will the Leader of the House provide Government time for a debate or statement on VAT arrangements and Brexit? The announcement in the autumn statement yesterday of an additional £3 million for Comic Relief from the tampon

tax fund was, of course, welcome, but we would like to know the total amount to be disbursed this year. We would also like to know what the Chancellor will do to ensure that there is secure, long-term investment in vital services, and to be given a clear date by which the tampon tax will finally come to an end.

**Mr Lidington:** My answer to the hon. Lady's point is that that will depend in part on whether there is agreement first at EU level, while we remain members, on changes to EU law on value added tax; secondly, if that has not been dealt with by the time we leave the EU, there is the question of how rapidly we can then make that change of our own volition. I will ask Treasury Ministers to contact the hon. Lady with the particular information she seeks.

**Alex Salmond (Gordon) (SNP):** When the Leader of the House brings forward the resolutions to approve the spending of billions of pounds on this royal Palace and hundreds of millions of pounds on Buckingham Palace, will he arrange for a special screening of the film "I, Daniel Blake", so that people can remember those who are being unjustly sanctioned, and those with disability losing £30 a week? I do not care about the reputation of this Government, but as a member of Her Majesty's Privy Council, I cannot think of anything more damaging to the cause of constitutional monarchy than a "let them eat cake" attitude that prioritises the rebuilding of royal palaces while the people are struggling for bread.

**Mr Lidington:** I think that the right hon. Gentleman is in danger of going over the top here, not for the first time. Buckingham Palace is a public building that is used by the monarch to exercise her functions as Head of State. It is also a place that thousands of tourists visit and enjoy each year. The reason why the royal household is facing this bill that shocks the right hon. Gentleman is that these decisions have been put off and a backlog of repairs has been allowed to accumulate. I think that what was decided and announced a few days ago is perfectly justifiable. In respect of sanctions, I ask him to bear in mind that fewer than 4%, I think, of recipients of jobseeker's allowance have received any sort of benefit sanction; for employment and support allowance recipients, the figure is fewer than 1%. Officials can sometimes make mistakes, but we need to recognise that the proportions involved are very small.

**Dan Jarvis (Barnsley Central) (Lab):** My I also associate myself with the Leader of the House's moving tribute to our late colleague, Jo Cox? She is greatly missed.

Figures released yesterday by the Office for National Statistics show that over the past five years there have been a staggering 152,740 excess winter deaths, and 24,300 people died last winter alone. The rate of excess winter deaths in our country is almost twice that of Norway and Germany. We are experiencing a quiet crisis that is, by its very nature, avoidable, so will the Leader of the House consider granting a debate in which the matter can be more fully discussed?

**Mr Lidington:** Any unnecessary death is clearly a tragedy, and everything possible should be done to avoid them. In fairness, I need to point out that, partly due to the NHS's extensive preparation for winter, excess winter mortality last winter was down on the

previous year, and earlier this month NHS England and Public Health England launched their "Stay Well This Winter" campaign, which last year reached 98% of the over-65s. The NHS is very much alive to these risks, and is taking action to alert elderly people to what they can do to keep themselves warm.

**Ms Margaret Ritchie (South Down) (SDLP):** May I also associate myself and my Social Democratic and Labour party colleagues with the comments of the Leader of the House on our late colleague, Jo Cox? We must all respect people with different religions, politics or ethnicities.

Yesterday, the hon. Member for Mid Worcestershire (Nigel Huddleston) and I launched the first report of the all-party group for the visitor economy. It was about supporting skills and apprenticeships in the hospitality and tourism industry. Many different types of evidence were submitted to us. The report said that there were core issues affecting apprenticeships in the fourth-largest service industry, involving the school curriculum, lack of proper career guidance, and lack of encouragement to people to go into cheffing and the catering industry. May we have a debate on this significant industry, which is important to tourism in many constituencies, and has a direct relationship with the economy?

**Mr Lidington:** I was glad to hear about the report that the hon. Lady and my hon. Friend the Member for Mid Worcestershire (Nigel Huddleston) have prepared, and she has highlighted an important issue. The Government's commitment to 3 million apprenticeships needs to include tourism as one of the sectors to be assisted. She is right to draw our attention to the need for those apprenticeships to have proper preparation and the right content, so that the young people concerned can be seen to be readily employable. I have talked to directors and senior managers in the hospitality industry, and I find it troubling that they often find it difficult to recruit UK citizens who are properly skilled for the work on offer, which is why they often look to people coming in from other countries. As a country, we need to address that challenge.

**Steve McCabe (Birmingham, Selly Oak) (Lab):** You might recall, Mr Speaker, that I raised the question of tax treaties a few weeks ago. This week, another double taxation relief order, covering Turkmenistan, was approved. We are likely to see many more as a result of Brexit. May I again ask the Leader of the House if he will look into how Members can be given better notice of when such treaties are to be considered, and how he might ensure that the House has more opportunity for scrutiny of the UK's tax arrangements with other countries?

**Mr Lidington:** Double tax treaties are a standard form of international agreement, and have been negotiated by British Governments of all political colours. As the hon. Gentleman knows, they are designed to ensure that our citizens and those of the other country concerned cannot be taxed twice on the same income by two separate jurisdictions. I will draw his points about scrutiny and parliamentary process to the attention of Treasury Ministers, and perhaps I can write to him with some thoughts.

**Chris Bryant** (Rhondda) (Lab): I very much hope that there will be a permanent memorial to Jo Cox in this building, whether it is a shield in the Chamber or a bust or some other form of memorial elsewhere in the Palace. Last Friday, this House voted by more than 200 votes to give a Second Reading to the Parliamentary Constituencies (Amendment) Bill, but it cannot go into Committee unless the Leader of the House provides the appropriate motions, so when will that happen?

**Mr Lidington:** Clearly, on that point, we need to take advice from the Treasury about whether a money resolution is needed. The hon. Gentleman should not forget that the legislation that established the current system for determining electoral boundaries, and the terms of reference of the Boundary Commission, were themselves the subject of legislation passed with a clear majority in this House. That was done through primary legislation, and I do not think that we can shy away from the principle that electorates are grossly unequal at the moment, that they are based on population figures that date back to 2000, and that it is in the interests of basic democratic fairness that we equalise the number of electors, so that every man and woman's vote has the same value.

**Ms Tasmina Ahmed-Sheikh** (Ochil and South Perthshire) (SNP): Given that the Leader of the House seems to be in an extremely generous mood this morning, particularly in relation to the use of public money, may we have an urgent debate on compensation for the victims of the Concentrix scandal? After a number of written parliamentary questions, I have managed to discover that nine out of 10 of the mandatory reconsiderations that have followed this fishing expedition have been successful—a shocking statistic. The average compensation awarded to victims is a mere £48, which does not even cover the cost of the phone calls, or the postage of documents, to prove their innocence. Will the Government please do the right thing by the people of this country who have been wrongly accused? Let us have a debate to bring this out into the open.

**Mr Lidington:** Any citizen who has grounds for claiming that they have suffered loss as a result of maladministration by any part or agency of Government has the right to go, via their Member of Parliament, to the parliamentary ombudsman to seek compensation. I have done that on behalf of my constituents at various times during my time here. One clearly cannot have some sort of blanket scheme that awards public money irrespective of the circumstances of an individual case, but the ombudsman may provide the route that the hon. Lady seeks.

**Jim McMahon** (Oldham West and Royton) (Lab): On 7 December 2015, the then presidential hopeful, Donald Trump, called for a complete ban on Muslims entering the US. On 15 November, I wrote to the Foreign Secretary to ask what representations were being made on behalf of the 2.7 million British Muslims, some of whom may want to go to the US. His response was shocking: it basically said that it was a matter for the US Government. I fundamentally disagree. This Government have the responsibility to stand up for the interests of every citizen in this land. When can we have a debate to ensure that the Foreign Secretary is held to account?

**Mr Lidington:** On freedom to travel, and with everything else, it is certainly the case that this Government will stand firm on the principle that citizens of the United Kingdom should be treated on an equal basis, regardless of their religion or ethnic origin. It is a truth in law that the United States, like every other nation state, has the responsibility to determine for itself its rules on whether people are allowed to enter its territory. It is important that we work with the elected President and his Administration, and ensure that we have the best possible bilateral relationship that works in the interests of all British citizens.

**Louise Haigh** (Sheffield, Heeley) (Lab): I thank the Leader of the House for his moving words earlier. Given those words, may we have a debate about whether Britain First should be proscribed as a terrorist organisation and banned from standing in democratic elections?

**Mr Lidington:** I cannot offer an immediate debate. As the hon. Lady probably knows, the Home Office brings forwards orders for the proscription of particular organisations, but it must do so on the basis of evidence. There have been cases in which organisations that have been so proscribed have gone to the courts and successfully won a judicial review to say that the evidence on which that action had been taken was not sufficient. I will ensure that her proposal is reported to my right hon. Friend the Home Secretary, but there has to be clear evidence of terrorist involvement for the terrorist proscription to be applied.

**Alan Brown** (Kilmarnock and Loudoun) (SNP): Tory Back Benchers rightly lambast the Labour party's legacy of private finance initiative debt, and Ministers on the Front Bench usually fully agree, so why does paragraph 3.27 of the Green Book outline that a "new pipeline" of PFI projects will be announced? Can we have a statement explaining that, or even better, a debate on the benefits of PFI versus conventional investment?

**Mr Lidington:** I will ask Treasury Ministers to write to the hon. Gentleman in more detail on that.

**Sue Hayman** (Workington) (Lab): It has already been mentioned that the Government published a northern powerhouse strategy report yesterday, but I cannot see in it any mention of Cumbria or nuclear energy. Given that west Cumbria will physically put the power into the northern powerhouse, I support the request of my hon. Friend the Member for Kingston upon Hull North (Diana Johnson) for a debate on the issue, so that the Government can appreciate how much the whole of the north of England has to offer, and why Cumbria must not be an afterthought.

**Mr Lidington:** I completely agree that Cumbria must not be an afterthought, and I am confident that the leaders of the northern powerhouse locally would make sure that the decisions that they took worked to the advantage of everybody living in that area. I am aware of the importance of the nuclear industry to the hon. Lady's constituents, and I would have hoped that there was common ground between her and this Government, because we have taken the difficult and controversial decision to go ahead with a new generation of nuclear

power stations, which I think is generally supported by Members on both sides of the House who have experience of nuclear power plants in their constituency.

**Marion Fellows** (Motherwell and Wishaw) (SNP): Every day in the UK about 2,200 babies are born—babies including my new granddaughter, Saoirse Grace, who was born in Glasgow yesterday. May we have a debate in Government time about the impact of the measures announced in the autumn statement on new families, and how we can support all new families at this joyful but often vulnerable time?

**Mr Lidington:** First, let me congratulate the hon. Lady—or, more particularly, her daughter or daughter-in-law; I do not know which it is. A new child is a source of joy for any family. I suspect that we will have a number of opportunities to debate the various questions that arise out of yesterday's autumn statement, as well as to put questions to Ministers in the Departments affected by the Chancellor's announcements. As I said earlier, if she looks at the distributional analysis of the autumn statement, she will find that it works—modestly, yes—to the benefit of all income groups in society, save for the very richest; it is they who suffer a loss. I hope that she would agree that all families benefit more than anything else from having parents who are in work and able to work. The record number of people in employment is helping to drive the reduction that we have seen in the number of children who are living in workless households, and the introduction of universal credit means that people, including many mothers of young children, who may take on part-time work, will still always find that work makes them better off than staying on benefits.

**Neil Coyle** (Bermondsey and Old Southwark) (Lab): I thank all Members for their kind words about Jo Cox; her legacy of love lives on. Yesterday, the Chancellor announced additional broadband infrastructure funding. The Government's current subsidy goes only to rural areas, but this is equally a problem for my constituents in Rotherhithe, and for people who live in former dockyards across the country. Will the Government provide time to debate in detail how they plan to improve broadband access speeds for all areas?

**Mr Lidington:** The additional money that the Chancellor announced yesterday as part of the £23 billion that he is borrowing to provide for strategic infrastructure investment is additional to the current programme of connecting up people to high-speed broadband. That current work will continue, and what was announced yesterday is additional to it.

**Holly Lynch** (Halifax) (Lab): I, too, thank the Leader of the House for his kind and thoughtful words about our colleague Jo. May I also pay tribute to Jo's incredible staff, who have shown such strength of character throughout this period? I know that she would be incredibly proud of what they have achieved in her absence.

In 2012, the Government axed funding for careers education, and instead put £2 million into an online jobs website called Plotr. It went into liquidation at the end of October; the chief executive officer said that the website had run up debts that meant it had “lost control of what it could do”.

May we have an urgent statement from the Government on how this waste of taxpayers' money was ever allowed to happen?

**Mr Lidington:** First, may I associate myself with the hon. Lady's tribute to Jo Cox's staff? I know that the hon. Lady had to undertake a number of the constituency duties between the time of Jo's murder and the recent by-election, so she, more than anybody else in the House, will have personal knowledge of how hard those staff have worked.

On the particular point that the hon. Lady raises, I am not aware of the details of the case. If the situation is as she describes and there has been a serious misuse of public money, she might want to have a word with her hon. Friend the Member for Hackney South and Shoreditch (Meg Hillier), the Chair of the Public Accounts Committee, as that would probably be the appropriate parliamentary means to investigate the matter further.

**Justin Madders** (Ellesmere Port and Neston) (Lab): May I associate myself with the tributes paid to our friend and colleague, Jo Cox? Yesterday we heard an awful lot from the Chancellor about increasing productivity in this country. May we have a statement, please, on increasing ministerial productivity? I refer in particular to the Government's review of employment tribunal fees, which has been sitting on the Minister's desk for over a year and appears not even to have been read, let alone acted upon. Thousands of people are being denied access to justice, yet the report still has not been acted upon. When will something actually happen?

**Mr Lidington:** I will have a word with the relevant Minister. I cannot promise that the reply will necessarily be the one that the hon. Gentleman is wishing for, but let us get the relevant Minister to write to him so that he can see what the current thinking is.

**Martyn Day** (Linlithgow and East Falkirk) (SNP): May we have a ministerial statement addressing the rare but traumatic issue experienced by my constituent, a transgender woman? She has reached female retirement age and is seeking a Department for Work and Pensions pension. Her case is with the Courts and Tribunals Service. She transitioned 17 years ago and underwent surgery when gender realignment certificates were not available. Both her passport and her driving licence recognise her female status, yet Government Departments are forcing her to undergo excessive and upsetting requirements to prove that she is living as a woman.

**Mr Lidington:** As I said earlier, there will be a Backbench Business debate on gender equality that may give the hon. Gentleman the opportunity to raise this case. If he is having any problems corresponding with Government Departments, I am always ready to try to help any Member to get a prompt reply.

**Wayne David** (Caerphilly) (Lab): Yesterday I asked the Prime Minister how she could justify the scrapping of the Navy's heavy duty surface-to-surface missiles with no replacement. The Prime Minister replied that she did not recognise the situation I described, but it is the case that at the end of 2018 the GWS 60 Harpoon Block C anti-ship missile will be scrapped and there will

[Wayne David]

be no replacement. This is against the very strong advice of the Navy. May we have a debate about naval defence in the Prime Minister's post-truth era?

**Mr Lidington:** Although the Ministry of Defence has a significant budget in Whitehall terms, it still has to take difficult decisions, including decisions at times to phase out and to replace particular weapons systems or weapons platforms. I will make sure that Defence Ministers are aware of the hon. Gentleman's concern, but this subject may be an appropriate Backbench Business debate or he may wish to raise it on the Adjournment.

**Brendan O'Hara** (Argyll and Bute) (SNP): On 18 October in our debate in Westminster Hall on the future of shipbuilding, the Under-Secretary of State for Defence, the hon. Member for West Worcestershire (Harriett Baldwin), who is the Minister responsible for defence procurement, said that

"the national shipbuilding strategy will report by the autumn statement."—[*Official Report*, 18 October 2016; Vol. 615, c. 318WH.]

The autumn statement was yesterday and we still have not seen the national shipbuilding strategy. Can the Leader of the House ensure that the Secretary of State for Defence comes to this Chamber and makes a statement on exactly what is happening to the national shipbuilding strategy?

**Mr Lidington:** I had noticed that this matter was raised on a point of order yesterday so I checked out the current position with the Ministry of Defence this morning. My understanding is that Sir John Parker has now submitted his independent report. He did so just before the autumn statement. That is being considered by Ministers. Defence Ministers intend to publish Sir John's report soon, and they will provide a more considered response to the detail of that report at a later date.

**Christian Matheson** (City of Chester) (Lab): The chaotic sustainability and transformation plan in west Cheshire—more commonly known as the slash, trash and privatise programme—is now being compounded by persistent reports that our general hospital, the Countess of Chester, is to be closed, merged and moved. If we cannot have a debate on STPs in the health service in Government time, could we perhaps have a debate on the Health Committee's report, to demonstrate how the Government are bamboozling the public with false claims of money for the NHS that they are not actually providing?

**Mr Lidington:** I simply do not agree with the hon. Gentleman's final comments. The Government have provided £10 billion to the NHS over the period of the current five-year plan plus the preceding financial year. In giving evidence to the Health Committee, the chief executive of the national health service in England said that the Government had provided the up-front funding that he was seeking.

When it comes to the STPs, the important thing is that they are being determined locally; they are not simply being imposed from on high. The hon. Gentleman

will also find that the health oversight committee of his local authority has the right to challenge proposals presented under an STP for a significant change in service provision and, if it feels sufficiently strongly, to refer that to the Secretary of State for a second look. However, it is important not just that the Government, as they are doing, spend more money on the national health service, but that the national health service looks at the way in which it is operating, so that it is getting the best possible value for patients out of every penny that is being spent.

**Margaret Ferrier** (Rutherglen and Hamilton West) (SNP): A key tenet of the Better Together campaign was that the people of Scotland should vote no to Scottish independence to protect their pensions. Yesterday, the Chancellor suggested that the triple lock may be set to go. May we have a debate in Government time on the future of state pensions to discuss the prospect of future cuts and this potential betrayal of the people of Scotland?

**Mr Lidington:** The Chancellor was very clear yesterday that the triple lock is going to remain in place for the duration of this Government's lifetime. At the next general election, in 2020, it will be for all political parties to put forward whatever proposals they wish on pensions, as on anything else. The biggest threat to the wellbeing of pensioners in Scotland would come from a vote for separation, which would plunge Scotland into the kind of economic instability where pensioners and others relying on fixed incomes would be likely to lose out heavily.

**Nic Dakin** (Scunthorpe) (Lab): People living close to recreational airfields such as Hibaldstow do not have the same protection from noise and nuisance as people living close to recreational activities that stay on the ground. May we have a statement from the Department for Communities and Local Government on this issue, its impact on local people and what the Department is going to do about it?

**Mr Lidington:** I refer the hon. Gentleman to DCLG questions next Monday, and I hope he is lucky in attracting your eye, Mr Speaker.

**Ian C. Lucas** (Wrexham) (Lab): Dee Valley Water is a valued independent business in north-east Wales, supplying water to Wrexham and Chester. Its independence and the many jobs at the business are threatened by a takeover by Severn Trent. If local decision making is important, what say can local people in my area have about who sells them the water they drink?

**Mr Speaker:** I do not know whether the hon. Gentleman wants a statement or a debate on the matter.

**Mr Lidington:** Clearly, this is a commercial decision for the two companies concerned. While I can understand the concerns the hon. Gentleman has expressed, there may be a question—I do not know the details—about whether a larger company would be able to provide more capital investment for his area, so that people might be able to benefit. I suggest to him that this is probably a suitable subject for an Adjournment debate.

**Patrick Grady** (Glasgow North) (SNP): The new Administration have been quick to jettison just about every aspect of their predecessor's legacy, so when will they get rid of the farcical English votes for English laws procedures? In the Legislative Grand Committee on Monday night during the debate on the Higher Education and Research Bill, nobody had a clue what was going on. There were no Divisions and no English votes cast for any English laws. Whatever the answer is to the West Lothian question, surely the Leader of the House agrees that it is not the current mess left to him by his predecessor.

**Mr Lidington:** I am absolutely confident that the Chair certainly knew exactly what was going on at all times. If Monday's events raised any concern about the technical operation of the EVEL procedures, then I remind the hon. Gentleman that I am currently carrying out a review of those procedures embodied in our Standing Orders, and he is welcome to submit evidence to me. However, the basic principle remains right that where legislation affects only England and the matter is devolved to the Scottish Parliament, then English Members here should exercise a veto on whether that legislation passes.

**Steven Paterson** (Stirling) (SNP): I am sure, Mr Speaker, that you were watching as avidly as I was last Sunday as Andy Murray won the ATP world tour finals and in so doing retained his position as the world's No. 1 tennis player in the singles, joining his brother, who is the No. 1 player in the doubles. These brothers are the pride of Dunblane. I wonder whether we could have a debate on the tennis legacy and the wider benefit that sporting excellence can have in getting the next generation of sporting heroes.

**Mr Speaker:** I assure the hon. Gentleman that I did indeed watch both Andy and Jamie several times last week. He will not be surprised to know that I bellowed on regular occasions in their support, albeit, as he would expect, in an entirely orderly manner.

**Mr Lidington:** I am very happy to add my congratulations to Andy and Jamie Murray. While I can see that the people of Dunblane, and people in Scotland more generally, will take an especial pride in their achievement, I think that pride is shared by everybody in all parts of the UK. I hope that the lawn tennis authorities will use this achievement as a springboard to intensify their efforts to improve the opportunities available through grassroots tennis and coaching schemes for the most able players so that we produce a new generation of tennis players, both men and women, to follow in the Murrays' footsteps.

**Mr Speaker:** What is more, if the hon. Member for Stirling (Steven Paterson) wants a debate on the matter—

**Chris Bryant:** You can't take part.

**Mr Speaker:** I cannot take part, as the hon. Gentleman rightly observes from a sedentary position, but if the hon. Member for Stirling wants an Adjournment debate on the matter, I have a hunch that he might secure it.

**Roger Mullin** (Kirkcaldy and Cowdenbeath) (SNP): Flawed neoclassical theoretical assumptions combined with methodological problems are enshrined within the model of the UK economy that is used both by the Treasury and the Office for Budget Responsibility. I would call into question how independent that makes the OBR. When can we have a debate on this important matter?

**Mr Lidington:** It is up to the OBR to decide how it makes its own forecasts and the assumptions on which it makes them. It does, of course, publish with its reports a statement of the various assumptions that it makes. If the hon. Gentleman is not happy with the OBR, there is a plethora of other independent forecasts using methodologies that differ to a greater or lesser extent. I think this is a question of "Let 100 flowers bloom."

**Chris Stephens** (Glasgow South West) (SNP): As the last Member to be called, may I join others in ensuring that our thoughts and prayers are with Jo Cox's family and her former staff members? I thank the Leader of the House for his comments.

As you predicted yesterday following my point of order, Mr Speaker, I do wish to push the Leader of the House a little further on the national shipbuilding strategy. Will he ensure that we have a debate on this strategy and the Government's response to it, and feed back to Ministers the fact that many of us want that debate? This is an iconic and highly skilled industry, and one that needs to be talked up. Those of us who represent shipyards would be obliged if the Leader of the House would be amenable to that.

**Mr Lidington:** I understand the importance of the industry to the hon. Gentleman's constituency and to others in all parts of the UK. The position is as I described it earlier. The first thing that the House will want is to see Sir John Parker's report, on which Members will form views, but I will certainly relay to Defence colleagues the importance that the hon. Gentleman and other hon. Members attach to the matter.

## Points of Order

11.44 am

**Alex Salmond** (Gordon) (SNP): On a point of order, Mr Speaker. During business questions, the Leader of the House, in answer to the hon. Member for Rhondda (Chris Bryant), seemed to suggest that there was a question mark over whether a money resolution will be tabled to the boundaries Bill, the Second Reading of which was passed overwhelmingly by this House last Friday. Mr Speaker, you are obviously well versed in the proceedings of the House, so you will remember that there was, I think, one example of that happening in the last Parliament—I was not here at the time—due to the incoherence of the coalition Government, who were not able to agree among themselves. Many previous Leaders of the House have been on record many times saying that such a procedural device would not be used as a means of impeding the progress of a Bill such as that which we debated last Friday.

Leaders of the House prosper in their posts by commanding the support of the whole House. The present Leader of the House, in his short tenure, has had that, as exemplified by his magnificent statement earlier, but may I say through you, Mr Speaker, that if a Leader of the House loses support across the Chamber through such procedural shenanigans—if, indeed, that is what he meant—he will not be long for his tenure?

**Chris Bryant** (Rhondda) (Lab): Further to that point of order, Mr Speaker. We all like the Leader of the House and we take him at his word. Only a few weeks ago, he told the House that if not enough Members turn up to vote for a private Member's Bill—this was in relation to the Alan Turing Bill—it should fall, and that was fair enough. We all turned up last week: large numbers of us took him at his word and the vote was carried by 257 votes—including several Conservative Members—to 35. Surely, by the Leader of the House's own logic, the Parliamentary Constituencies (Amendment) Bill should now go into Committee. Plenty of Members turned up to vote for it, and those who did not might be those who do not want it.

**Mr Peter Bone** (Wellingborough) (Con) *rose*—

**Mr Speaker:** I intend to ask the Leader of the House if he wants to say anything. He is not obliged to do so, but he might choose to do so, because these are essentially political matters. I have some comments to make to the right hon. Member for Gordon (Alex Salmond) in due course, but not before we have heard from Mr Peter Bone.

**Mr Bone:** Further to that point of order, Mr Speaker. Members on both sides of the House are concerned about the issue. By convention, it is a tradition of this House that money resolutions follow Second Reading. The Library tells me that there has been only one example to the contrary, and that has been referred to by the right hon. Member for Gordon (Alex Salmond). In fact, the majority by which this House passed last Friday's Bill was the biggest such majority other than that given to the other Bill that did not get a money resolution. I hope that the Leader of the House will make a statement that a money resolution will be tabled as speedily as others have been tabled.

**The Leader of the House of Commons (Mr David Lidington):** Further to that point of order, Mr Speaker. If it will help matters, I want to make it clear that all I was saying earlier is that there is a process to be followed when a private Member's Bill receives a Second Reading. First, the Government, particularly the Treasury, have to consider whether a money resolution is needed and what its scope should be, and then it has to be drafted. That is the process that is being gone through at the moment, and I was saying no more than that.

**Mr Speaker:** I am very grateful to the Leader of the House. I think it might be helpful, both to the right hon. Member for Gordon, who raised the original point of order, and to all who have subsequently taken part in this brief exchange, if I say the following. Ministers are, of course, responsible for what they say, as are other right hon. and hon. Members. Let me, however, confirm two things. First, the decision as to whether a Bill requires a money resolution is for the Clerk of Legislation, not the Treasury. I understood the meaning of the Leader of the House's remarks earlier to be to the effect that it was for Treasury Ministers to decide on tabling a money resolution. He may not have said precisely that, but that is what I interpreted as being his meaning, and I confirm that it is, indeed, for them to decide upon the tabling. The question of the requirement is determined, as I have said, by the Clerk of Legislation. I hope that that response helps both distinguished Privy Counsellors in this matter.

**Chris Bryant:** In that case, I just wonder whether the Clerk of Legislation has decided yet whether the Bill needs a money resolution.

**Mr Speaker:** The short answer is yes. The Clerk of Legislation has so decided.

**Chris Bryant:** So it is now just for them to tell us.

**Alex Salmond** *rose*—

**Mr Speaker:** Order. We are not going to have an extended conversation on the matter—at least, no more extended than the one we have already had. I think I have made the position clear. People can seek advice from whomsoever they wish, and the Government may choose to seek advice from the Treasury. In my experience, the Treasury is invariably ready to offer its advice, whether its advice is wanted or not. The Treasury may very well offer its advice, and people in the Government may want its advice, but the fact is that it is the Clerk of Legislation who decides whether a money resolution is required. Thereafter, let me go so far as to say that it is overwhelmingly the norm that the tabling then follows. I do not think that the Leader of the House has sought to gainsay that.

**Mr Lidington** *indicated assent*.

**Mr Speaker:** The Leader of the House confirms, by a very helpful shaking of the head, that he has not sought to gainsay that. I hope that that will suffice for the purposes of the right hon. Member for Gordon.

If there are no further points of order—if the point of order appetite of hon. and right hon. Members has been duly satisfied, at least for today—we will move on.

## Backbench Business

### Contaminated Blood and Blood Products

11.51 am

**Diana Johnson** (Kingston upon Hull North) (Lab): I beg to move,

That this House notes the Government's recent announcement on the reform of the support schemes for people affected by contaminated blood and blood products; recognises that the contaminated blood scandal was one of the biggest treatment disasters in the history of the NHS; believes that those people affected should have a reasonable standard of living and not just be removed from poverty; is concerned that bereaved partners of people who died with HIV/AIDS and those reliant on regular top-up payments will be worse off; is concerned that the new payments for people infected with Hepatitis C are not commensurate with the pain and suffering caused; notes that people who were infected with other viruses, those who did not reach the chronic stage of Hepatitis C and bereaved parents are not mentioned in this announcement; and calls on the Government to use the funds from the sale of Plasma Resources UK to bring forward revised proposals that are properly funded and which provide appropriate support to all affected people.

I thank Members of the Backbench Business Committee, who, since the Committee was established, have always been very generous in recognising the importance of this issue to many of our constituents. This is the third Backbench Business debate that we have had on the subject.

It is more than 45 years since the first people were infected with HIV, hepatitis C and other viruses from NHS-supplied blood products. Their lives, and those of their families, were changed forever by this tragedy. The contaminated blood scandal is now rightly recognised as a grave injustice—the worst treatment disaster in the history of our country's health service—but those affected are still waiting for a proper financial settlement that recognises the full effect that the scandal has had on them and on their families. This group of people have campaigned for far too many years for justice, at the same time as dealing with illness and disability.

The current financial support for those affected is simply not fit for purpose. That stark fact was laid bare in the inquiry of the all-party group on haemophilia and contaminated blood in January 2015. This quote is on the first page of our report:

“You can't give us back our health. But you can give us back our dignity. This tortured road has been too long for many of us. But for the rest of us, please let this be the final road to closure.” Thankfully, we all now agree that the current support arrangements cannot continue, and that we need to create a scheme that gives this community back their dignity.

I welcome the efforts made by the former Prime Minister when he was in office. I welcome the Under-Secretary of State for Health, the hon. Member for Oxford West and Abingdon (Nicola Blackwood), to her new post and I welcome Lord Prior of Brampton to his new position. I was happy to meet him last week, alongside other APPG members, to discuss the new support arrangements.

Although we are all agreed on the need for a reformed scheme, I cannot agree with the Department of Health that its proposed settlement is sufficient. The purpose of this debate is to highlight the aspects of the new

support scheme that will not provide the support that these people need, following the hasty announcement made by the former Prime Minister as he left office in July 2016.

In my speech, I want to stress five key issues that the Department of Health urgently needs to address. The first issue concerns the differences between the country schemes in Wales, Scotland and Northern Ireland. We need to know what support people in all four countries of the United Kingdom will get. While Scotland and England have set out their own separate support schemes, in Wales and especially in Northern Ireland people desperately need some certainty about the help they will receive.

**Ms Margaret Ritchie** (South Down) (SDLP): I thank my hon. Friend for securing this debate along with other right hon. and hon. Members. I have been in touch with the Minister for Health in Northern Ireland and there has been no progress on this matter. I and other hon. Members from Northern Ireland have constituents who have suffered from the ill effects of contaminated blood for over 45 years.

**Diana Johnson:** It is very worrying to hear that there has not been any progress on what is happening in Northern Ireland, so the Minister needs to explain to the House what work is going on.

**Andy Slaughter** (Hammersmith) (Lab): I congratulate my hon. Friend on being one of the leaders of this campaign. It is clear that the Scottish scheme is more generous than the one in England. Does she agree that at the very least the Government should ensure parity, and in particular that nobody should be worse off under the new scheme than they were under the old scheme?

**Diana Johnson:** My hon. Friend makes that point very well. Later I will compare and contrast the Scottish scheme, which is more generous.

**Chris Stephens** (Glasgow South West) (SNP): The difference between the two schemes is important because hon. Members representing constituencies across the UK may have one constituent getting compensation under the English scheme and another getting compensation under the Scottish scheme, involving, as is currently the case, different amounts of money and different levels of compensation.

**Diana Johnson:** Yes; the hon. Gentleman makes a very important point. One of the unintended consequences of devolution is that we are ending up with such a mishmash of schemes, and that is of concern for the people affected.

**Nadhim Zahawi** (Stratford-on-Avon) (Con): One of my constituents, Mr M, makes exactly that point: it is unfair that the Scottish settlement is so different from the settlement for him in Stratford-on-Avon. Most importantly, one of my constituents, who is in the Public Gallery, wants to remind the House that there are fewer than 300 primary beneficiaries left, and it is vital that they are not forgotten.

**Diana Johnson:** Absolutely. That is a very important point. I will come on to the primary beneficiaries in a while, but I will now make some progress.

[Diana Johnson]

My first concern was about the different schemes that are available. The second issue, which is also important, is that we know the five existing trusts will be amalgamated into a single body to administer the scheme at some point in 2017. I am deeply troubled by the fact that the administration of the new body looks likely to be done by a profit-making private company. I know that Atos and Capita have attended meetings with Department of Health officials about the new contract. Formal tender submissions will be due soon, with a decision on the contractor set to be made in 2017. No Health Minister has had the courtesy to tell the all-party group of these plans, nor were the beneficiaries asked for their views about this in the survey done in January. Even the Department's response to the survey, which was published in July, made absolutely no mention of such a prospect. Alongside hon. Members on both sides of the House, I cannot support proposals to contract out provision to Atos or Capita.

Let me remind the House how many in this community were infected in the first place. Many contracted HIV and hepatitis C from American blood products supplied by profit-making private companies. The United States, unlike the UK, has always allowed the commercial purchase of blood products, and those products were often donated by people who desperately needed money and were willing to be less than honest about their chances of infection. This is the reason why so many in the affected community harbour such distrust of private companies.

**Ian Austin** (Dudley North) (Lab): I want to place on the record that I have been contacted by constituents in Dudley who have told me how grateful they are to my hon. Friend for the lead she has given and for the campaigning she has done on this issue. One constituent has written to me about allegations of impropriety in relation to doctors being encouraged by pharmaceutical companies to use plasma concentrates instead of cryoprecipitate in blood transfusions. Does she agree with my constituents that that should be investigated?

**Diana Johnson:** I am very happy to agree with my hon. Friend. That should certainly be investigated.

I return to people's concerns about the use of private companies. We know that, over the past six years, there has been a huge sense of mistrust of the disability assessment regime operated by Atos before it walked away from its contract with the Department for Work and Pensions. If there is one thing that could fatally undermine progress towards a better support scheme, it is the plan that the new scheme be administered by a private company. I strongly urge the Government to look again at that plan and show empathy for the people affected.

**Catherine West** (Hornsey and Wood Green) (Lab): I congratulate my hon. Friend on her dogged and tireless work on this issue. Does she agree that there is a big issue of trust here, in relation not just to the potential new providers but to what happened previously? Some survivors and families who survive victims who have passed away believe that senior health professionals knew about the contamination but decided to continue with their interventions for cost reasons.

**Diana Johnson:** Yes. One point I will come to later is the need for some form of inquiry.

To continue my point about why who runs the scheme is so important, a big criticism of the new scheme is the continuation of discretionary payments. Department of Health officials are still not listening to the concerns raised about that. The APPG inquiry uncovered huge issues with the highly conditional and poorly managed discretionary support scheme. One respondent told us:

“The whole system seems designed to make you feel like a beggar”.

I also believe that the trust's current administrators have not fought hard enough for their beneficiaries, which legally they could have done. Instead, they saw their role as dispassionate managers and conduits to the Department of Health. They left the affected community alone to fight for themselves. If the new support scheme ends up being managed by Atos or Capita it will do nothing to address those fundamental issues, and could even make the situation much worse, adding insult to injury. I call on the Minister to do the right thing and announce that she will scrap plans for a private profit-making scheme administrator, and will replace the current scheme with a more beneficiary run and focused organisation that has no profit motive.

Will the Minister set out exactly what kind of discretionary support the new scheme will provide? It remains unclear whether any or all of the current support will continue. That contrasts starkly with the Scottish scheme, where the financial review group agreed that no one should receive less financial support under the new scheme. Will the Government urgently provide the same guarantee and publish full details of any obligations that the new scheme administrators will be subject to?

There are also issues with the current welfare benefits reassessment regime that many people are having to go through—for example, moving from disability living allowance on to the personal independence payment. Those issues need to be addressed urgently, so that individuals can be passported straightaway on to new benefits. I hope the Minister will agree that that is a sensible way forward for the people affected.

My third concern relates to the families of those affected, who need better support under the scheme. Under the new English proposals, widows and widowers will continue to be eligible for discretionary support—whatever that means; I have raised my concerns about that already—on top of a new £10,000 lump sum, provided their loved ones died at least partially as a result of contracting HIV or hepatitis C. However, many clinicians have already told me that that could mean many people are excluded from assistance simply because their partner's death certificate does not include mention of HIV or hepatitis C, sometimes at the family's request. The new proposals could also still be considerably less generous than the support that some widows already receive, because there is a huge question mark hanging over what discretionary help they will get under the reformed scheme.

**Tim Farron** (Westmorland and Lonsdale) (LD): I am grateful to the hon. Lady for leading this debate. Many people around the country are hugely grateful to her, me included. Two of my constituents—Mike Dorricott and Neil Howson—sadly passed away as a consequence of contaminated blood and the diseases that they contracted. Their loved ones have exactly the concern that the hon. Lady indicated: that the dependence on potential

discretionary payments is insufficient. The fact that the one-off payment is not backed up by the generosity, regularity and dependability of an annual payment means that such people often have to give up work, lose the ability to have a pension of their own and find themselves in immense hardship.

**Diana Johnson:** That leads me to my next point, which is on the Scottish proposals. As we have heard, they offer a better settlement, particularly for the bereaved, who are guaranteed 75% of their partner's previous entitlement in addition to continued access to the Scottish discretionary scheme. That gives them much-needed security in a way that the proposed English scheme does not. I ask the Minister to look again at adopting the Scottish model and at providing more guarantees on non-discretionary support for widows and widowers.

My fourth point is about support for primary beneficiaries, which was raised in an intervention. The APPG asks the Government to look again at some groups of primary beneficiaries who need better support than is proposed under the English scheme. I received an email this morning from someone who contracted hepatitis B through contaminated blood products. Under the scheme, they are not eligible for any help, but they have obviously suffered and are suffering still. I hope that the Minister is willing to look at a very small group of people who are not covered.

The APPG believes that if more assistance were provided in the form of non-discretionary, ongoing payments, it would reduce the need for discretionary support and allay a great deal of our constituents' worries. I urge the Department of Health to consider the contrast with the support announced in the Scottish scheme and whether more non-discretionary, ongoing payments could be made.

**Rebecca Pow** (Taunton Deane) (Con): I applaud the hon. Lady for bringing the debate to the House. Although I recognise that the new payments scheme is an improvement, I want to speak up for one of my constituents, who does not want to be named. He is among the 256 out of the 1,250 haemophiliacs who were infected with multiple viruses—those who were co-infected. Their lives have been devastated—absolutely blighted—and they feel that they are not being fairly treated under the new arrangement. Will she expand on whether we can help those people a little bit more?

**Diana Johnson:** I will come on to the ways in which I think the funding that the Government have put together could be used more effectively to assist more people who have been affected by receiving contaminated blood, including the hon. Lady's constituent.

I will talk a little about the overall funding of the new scheme. There is much that the Government could do to improve the scheme without any additional cost to the public purse. Even if the Scottish proposals, particularly those for widows and primary beneficiaries, were adopted in England, they would fall within the budget that has been allocated for every year save 2016-17. That is set out in an analysis conducted by the Haemophilia Society, which was presented to the Department of Health at last week's meeting. I hope officials will consider that carefully.

Any need for additional funding could easily be met from two identifiable sources. I think the £230 million from the sale of our 80% stake in Plasma Resources UK

should be made available, as should any reserves left in the accounts of the three discretionary charities when they are closed in 2017. Further, I ask the Minister to promise that any money that is not spent on beneficiaries in each year will be rolled over to support beneficiaries in the next year. At last week's meeting at the Department of Health, it appeared from what officials told us that any unspent money would have to be given back to the Treasury. That would be a gross act of betrayal towards those affected.

In conclusion, unless the Department of Health accepts that its new scheme still has substantial issues that need to be addressed, the new support scheme will not command the full confidence of the people it needs to satisfy. Indeed, in some crucial respects it will be worse than the system it replaces.

The APPG still believes that people should have the option of a lump sum payment as part of any new scheme, to give them the opportunity to decide for themselves what is best for them—either a regular payment or a one-off lump sum payment.

**Andy Slaughter:** My hon. Friend is making an excellent speech. Why cannot lump sum payments be an alternative to regular payments? Why must the Government be grudging on these matters? This and previous Governments owe these people a huge debt of obligation. This should be a properly funded scheme and we should have a proper investigation to get to the truth of this terrible scandal, which is a stain on our country.

**Diana Johnson:** My hon. Friend puts the point very well. The APPG and the right hon. Member for North East Bedfordshire (Alistair Burt) have spoken to people about what they want from the revised scheme, and they have said they want the option of a lump sum payment, if that would be better for them than regular payments. It is important that we give people the ability to make those decisions for themselves.

As my hon. Friend the Member for Hammersmith (Andy Slaughter) just alluded to, the APPG still believes that we need a Hillsborough-style panel inquiry to allow people to tell their stories and to say what happened to them and how it affected them.

**Mr George Howarth** (Knowsley) (Lab): Will my hon. Friend give way?

**Diana Johnson:** I am happy to give way to my right hon. Friend, who has great knowledge on this point.

**Mr Howarth:** I am grateful to my hon. Friend, who is making a very powerful case, as she always does, and I congratulate her on the way she is doing it. She is right about the potential of a Hillsborough-style inquiry—I note that the Prime Minister is a great fan of that process, and has said so previously—but we need to take care that such an inquiry does not put all the important and urgent issues she has raised into the shade while the process takes place. The two things need to be separate.

**Diana Johnson:** I agree with my right hon. Friend, who makes his point very well. We need to make sure that any new support scheme moves quickly. We need to get on with this. The previous Prime Minister, when he apologised on behalf of the nation 18 months ago, also allocated £25 million, but none of that has been spent yet, as I understand it. We need to make sure that

[Diana Johnson]

a scheme is introduced as quickly as possible, although obviously with our concerns having been addressed. But absolutely the two things can run in parallel, and a Hillsborough-style panel inquiry would give people the opportunity of a truth and reconciliation inquiry. I still think it a key requirement if there is to be any real sense of justice and closure.

**Catherine West:** Families who have suffered a loss following this terrible scandal have expressed a desire to get hold of certain documents and to find out what happened and who knew what. They really just want a sense of justice.

**Diana Johnson:** I will now conclude. I know that in later speeches hon. Members will want to raise the deeply moving stories of their constituents. It is those stories that have led me to campaign on this issue over many years, and I am always mindful of the struggles faced by my constituent Glen Wilkinson. Glen was diagnosed with hepatitis C after a routine tooth operation in the 1980s, when he was just 19. He has had to live with the virus all his life and is still waiting for proper recognition of how it has affected him. I hope that the Minister and the Government will now work to ensure that Glen and others can live the rest of their lives in dignity.

Several hon. Members *rose*—

**Madam Deputy Speaker (Natascha Engel):** Order. I am going to impose a 10-minute limit to start with, and then we will see how we get on.

12.14 pm

**Alistair Burt** (North East Bedfordshire) (Con): I begin by congratulating my friend, the hon. Member for Kingston upon Hull North (Diana Johnson), on her consistency on this issue and the work that she and the all-party group have done over a long time. I thank the Backbench Business Committee for allowing the debate to be held. I also welcome my hon. Friend the Minister to the Front Bench. We know that this matter is not among her responsibilities—it belongs to our noble Friend Lord Prior—and I know how difficult it is to deal with something that is not in one's own portfolio, but I am sure that she will communicate faithfully to the Government the points raised in the debate, although she will not be in a position, I think, to answer all our questions. However, the fact that we are again raising these questions in the Chamber is an important point for her to take back to the Secretary of State and other colleagues.

I want to pick up on a couple of points arising from the speech made by the hon. Member for Kingston upon Hull North. I agree with her about who should administer the scheme. This is not an area in which we should be looking to outsource for ideological reasons. There is an important concern at the heart of this issue. Given everything that we have learned from the United States, we know that the profit motive involved in selling the blood in the first place was a primary source of everything that has happened since. It is really important that we recognise that and show some sensitivity to the fact. I actually think that Government can run some things, and it is good to run some things publicly. We have to choose. In our political lives, we have lived through the

Government running British Telecom, British Airways and so on. Things have changed, but it is important that some things be publicly owned, run and dealt with, and this is one of them. I therefore join her absolutely in saying that the Government should think again about how the scheme is administered. They should keep it in public hands where there is at least some democratic accountability. Above all, as she said, we need a group that will act on behalf of the beneficiaries, rather than solely in the Government's interest. It would have to be very carefully put together.

**Tim Farron:** The right hon. Gentleman is making some really important points. Does he agree that one area in which the private sector could and should be playing a part is in contributing to the compensation? Is there not an analogy—an off-the-shelf scheme we could consider—in how the thalidomide victims were supported through a composite of public funding and funding from the drug companies responsible? Like the Scottish scheme, that system has introduced annual payments and allowed people struggling with conditions that they contracted because of thalidomide to have some security through their lives. The same could be afforded to the survivors or the loved ones of those who passed away because of contaminated blood.

**Alistair Burt:** I am sure that the hon. Gentleman will develop that point in his own speech. Of course, the thalidomide compensation was based on a clear line of accountability as the company admitted responsibility. The situation has not been quite the same in this case, for reasons that we all know, but perhaps I can come on to financial matters in a second. I will now move on from the speech made by the hon. Member for Kingston upon Hull North, the majority of which I supported wholeheartedly.

It is a matter of some despair that we are here again. I remember those friends who came to the public meetings in the House of Commons a couple of years ago saying they were actually sick of coming here as they had done so so often over the years. I would be grateful if the Minister could relay to the Government—I have not been able to get this point across—that this drip, drip approach over the years is just not working. The Government can find money at various times for some big affairs. If there is a natural disaster, a dramatic crisis or a banking collapse, vast sums suddenly appear. We have not been able to give this issue the same priority, but it cries out for it. That we are here again is proof that these concerns are not going away and cannot be dealt with drip by drip. Somebody has still not grasped the fact that, for the many reasons that I know colleagues will raise, a settlement is of the highest importance.

I will not rehearse the history, because colleagues indulged me when I raised it in Back-Bench debate a couple of years ago, so I will not go into it at such great length again. Neither will I cite the accounts of individuals who have come to us because, frankly, I find it too difficult to read them into the record. I have done that before, but I am not able to do so again. Instead, I want to make a couple of personal points and three comments about where we might go from here.

I campaigned on this issue for many years—in government and in opposition; and when I was a Minister and not a Minister. I was pleased that the hon. Lady

mentioned David Cameron, because his response to my contribution at Prime Minister's questions in October 2013 began the current chain of events and continued the progress made over many years. I was grateful that he met me, a constituent and a dear friend of ours. He seemed to understand where we were going, and more money has come into the scheme, which I appreciate.

In June 2015, I was re-invited by the then Prime Minister to join the Government in the Department of Health, at which point I went quiet on campaigning as far as the public were concerned. I know that some people misinterpreted that. My position in the Department of Health was not conditional on the fact that I had been involved with contaminated blood, and neither was my position in the Foreign Office or my decision to leave the Department of Health of my own accord earlier this year. However, the ministerial convention is clear: Ministers say only what the Government's position is. We cannot have two colleagues firing away on the same issues, so I did indeed go quiet publicly for a period. Inside the Department, I made my representations to the then responsible Minister, and I want to put on record my appreciation for what my hon. Friend the Member for Battersea (Jane Ellison) sought to do with the scheme. She worked extremely hard, saw a lot of people and tried to do her best.

I think that I made a mistake when the original proposals that the current scheme is based on came forward in January this year. I sat beside my hon. Friend on the Front Bench and while I understood the general thrust, I had not fully grasped the detail, which became clear only in the consultation. My mistake was to think at that time that we had solved the problem—we clearly had not. I got that wrong, but I hope that I have tried to contribute to the debate since, both inside and now outside the Department, as we try to deal with the present proposals. As the hon. Member for Kingston upon Hull North said, they move us on from where we were, but we are not yet there, so perhaps I could say a couple of things about where I think we might go.

First, we got the issue of discretionary payments wrong in the original proposals. A number of discretionary payments have effectively become fixed and people have become dependent on them. That should have been known to the Department, but clearly it was not known in enough detail, which has accordingly led to uncertainty and to people feeling that they might not be financially compensated to the extent that they are at present. That cannot be the case, and I am certainly not prepared to support anything that will make my constituents worse off than they are at present. That was not the intention, so we must make sure that those discretionary payments are included in the new scheme.

**Victoria Atkins** (Louth and Horncastle) (Con): I thank my right hon. Friend and the hon. Member for Kingston upon Hull North (Diana Johnson) for the work that they have done. One of my constituents is co-infected with many conditions as a result of receiving contaminated blood. It has affected literally every part of his body and his life. He worries that he may lose up to £6,000 in discretionary payments and that the cost of his many treatments may count against him in the settlement. We know that our hon. Friend the Minister is listening carefully, so will my right hon. Friend join me in urging her to look carefully at those concerns so that the Government can do the right thing?

**Alistair Burt:** Yes, I will. I will turn to those who are co-infected, but staying on discretionary payments for a moment, I just think that the position was not clear enough. As the trusts were administered separately and not by the Department, I do not think that there was full awareness that the discretionary payments had become a fixed part of people's income. There is much more awareness of that now, and dealing with this is essential because people are extremely worried as they do not see such payments specifically included in the scheme, and I hope that they will be part of it.

I would also like a small amount of money to be made available for some of the things thrown up through the system that are not recognised. I am thinking in particular of a family in which two young boys lost their father and two uncles, and were taken into care. Their lives were changed hugely because of that. There is no part of the scheme that fits the agonies that they went through, so I wonder whether there could be some recognition of that, with a small part of the fund kept for unusual circumstances.

I must reiterate my determination that there should be some form of inquiry into what has happened. We know—it is on record—the sense of scandal about this. We have heard from former Ministers, including Lord Owen, who made a speech relatively recently in which he was very clear about what happened. He spoke about ministerial documents being “scrapped” and said:

“I have become convinced that there has been a cleaning-up of documents”,

and that

“there was a decision to clean up all the files and stop some of the incriminating evidence”.

Given that this major issue has led to so many deaths and so much misery, and that people know that something went wrong, it cannot be right that there is still not a public space so that the people affected can know what happened.

The inquiry process worked well for Hillsborough and Bloody Sunday, although we know that the position is currently clouded by what is happening with the child abuse inquiry. I do not think that a full public inquiry is necessarily the only vehicle to deal with this, but there needs to be some way for the Department to answer in a way that it has not done up to now, which it cannot do through the mere revealing of documents. It remains essential that we press for such a process.

**Mr George Howarth** *rose*—

**Alistair Burt:** I will not give way, if the right hon. Gentleman will allow me. I have taken two interventions and will not get any more time.

I now want to raise specifically the issue of those who were co-infected. The majority of those infected by contaminated blood were infected with hep C. Some 1,200 people were co-infected with HIV and hep C, and perhaps only 250 of them are left alive. The suffering experienced by those who were co-infected is different from that of those who were mono-infected. There is now the possibility of treatment for hepatitis C, which we all welcome. Such treatment has considerably changed the outlook for many people, but it is not available for the co-infected.

This discrete group cannot grow any larger; it is diminishing all the time. Those who are co-infected have experienced things in their lives that have not affected others,

[Alistair Burt]

such as being told their length of life right at the beginning. I know of those who were told when they were very young that they might have only five or six years left. They thought that the education they were going through was of no consequence—what was the point?—and nor was looking after any sum of money they were given, because they might as well spend it if they were not going to live. Their outlook is now different, because medical treatments have allowed them to stay alive, but their condition is still extremely serious and varies almost from day to day.

For that diminishing number, a lump sum, which the hon. Member for Kingston upon Hull North and others have mentioned, might be a possibility. They do not want to be dependent on the system; they want recognition of what they have lost, including their opportunities, and a lump sum might be the answer for them. I would be very grateful if there is now some consideration for the co-infected, because much of the debate has tended to be about the majority. I do not think that that is necessarily wrong, because what is provided for the majority is very important, but the co-infected matter.

We have been here too often. I doubt, sadly, that my hon. Friend the Minister will be the last Minister to talk about this issue, but we will not go away and the House will not leave this. This is a collective shame, because Government after Government have not grasped that this just needs a final settlement. We can find the money for other things. This issue cries out for that sort of settlement and we will not stop.

12.27 pm

**Catherine West** (Hornsey and Wood Green) (Lab): I am pleased to speak in this debate on behalf of children who lost their father, a mother who lost her son, and a spouse who lost her husband, as well as the many people who still suffer an injustice.

I want to focus on transparency in the public sphere. As the right hon. Member for North East Bedfordshire (Alistair Burt) said, it has become obvious that there is evidence that there was knowledge long before there was action, as we saw, for example, from Lord Owen's testimony to the Archer inquiry. It was stated that when he went to the Department of Health as a Minister and saw boxes of notes on the subject, that raised questions in his mind. He decided he needed a team to deal with the matter, but when he returned a week later, all the paperwork had been shredded. I therefore wonder whether, through this debate—perhaps the Minister will reply to us in writing—we could give permission to others who might know more to come forward. I agree with the right hon. Gentleman that it might not be right to hold a full-scale, lengthy inquiry, but there must be some way of holding to account the individuals who knew more.

That covers the justice point; the other linked point is the question of trust in health providers. Madam Deputy Speaker, as I am sure that you are aware from listening to this debate, there was wide knowledge at the time, even among health professionals. I therefore wonder whether health professionals who were working in the national health service at the time might be able to shed some light on how it could be that individuals knew about the contamination, yet decided to continue with the use of contaminated products, both for reasons of

cost and because it was said that there was no alternative. Years later, we are in a position of trying to find the truth. Now is the time to look at these two questions of trust and justice.

I add my voice to those who have said that bringing in Atos and other private providers could redouble the sense of a lack of trust about resolving this matter. Could we not look at this as just an NHS-led process, which would underline honesty and a sense of communicating well with those who have suffered so many years of trauma due to this terrible situation?

I put on record my recognition of the excellent work of the all-party group and of members of the haemophilia community, who have helped MPs to research this matter so diligently and have called for a proper investigation for so many years. I thank my hon. Friend the Member for Kingston upon Hull North (Diana Johnson) for bringing forward the debate.

12.30 pm

**Kevin Hollinrake** (Thirsk and Malton) (Con): I congratulate the hon. Member for Kingston upon Hull North (Diana Johnson) on securing this debate and on all the fine work she has done on the all-party group in keeping this issue in the public eye and in the ministerial eye. I associate myself with many of the points and comments she made. She set out clearly what needs to happen now to resolve the problem, so I shall not repeat what she said.

I would like to highlight the cases of a couple of my constituents who have suffered from the terrible effects of this scandal. I spoke again this week to one of my constituents, Helen Wilcox, who contracted hepatitis C following a blood transfusion at the age of 17, 40 years ago. She told me that she had received some terribly bad news—that her illness had progressed to cirrhosis of the liver. She is currently undergoing tests and biopsies to find out how long she has left to live. I ask Members to imagine the sort of strain her family has had to live with all these years, knowing that her condition would probably get worse, yet hoping that it would not.

Mrs Wilcox has had four strokes and suffers from rheumatoid arthritis and osteoarthritis. She takes 35 tablets a day and can barely get out of bed. Understandably, she says she has no life. She does not go out and she cannot make plans. She barely has the energy to bring up her children, and she had to give up her job 10 years ago. I am sure that the Minister will agree that she and her family deserve the certainty and clarity of a decent settlement in keeping with the pain and suffering she has endured.

Mrs Wilcox is not on her own. Many other Members will have similar stories from their constituencies. Another victim in my own constituency is Richard Warwick, who was multiply infected with HIV and hepatitis C as well as hep B by the NHS. His life has been ruined through no fault of his own. Of the 30 pupils in his class in the special school he attended, only four remain alive today. In fact, of the 1,200 victims who are co-infected, only 280 are still alive. Richard has campaigned long and hard for a fair deal for victims such as himself. One of the most heart-breaking and emotional meetings I have ever had as a Member of Parliament was when I spoke to Mr and Mrs Warwick, who told me about the impacts that has had on their lives and their terribly difficult decision not to have a family because of the health implications that would potentially have for their children.

I welcome the point made by the Haemophilia Society that the new payment scheme is an improvement on proposals in the original January consultation. I think it makes complete sense to have one single scheme rather than multiple schemes, and I am pleased that more money has been identified to pay the victims. On behalf of my constituents and others like them, however, I ask the Minister to ensure that no one is worse off under the new system, including those who are in receipt of discretionary payments. I ask, too, for greater clarity about payments made to the families of victims after they have passed away.

**Rebecca Pow:** My hon. Friend is giving an emotional speech, and it is hard to listen to these cases. I am not going to go into the details of the constituent I speak for, but I will speak up for the idea of the lump-sum payment for the co-infected, because they have even more strains than others. As my hon. Friend says, there are fewer and fewer of them and it is up to us to try to make their lives as good as we possibly can.

**Kevin Hollinrake:** My hon. Friend makes a good point, echoing the comment of the chair of the all-party group that there should be an option to take an ongoing payment or a lump sum.

Of course, the victims have lived with their illnesses for decades and now they want to ensure that their families are compensated for the losses they endured because of that. Mr Warwick also had to give up his job many years ago. When his employers discovered that he was infected with HIV, he was asked to leave. That meant his wife became the main breadwinner, although she could only work part-time as the rest of her time was devoted to his care. Given that she may be near to or at retirement age, it may be difficult for her to find a full-time job. Mr Warwick tells me that more than anything he wants to be able to put his mind at rest by knowing that Mrs Warwick will continue to receive monthly payments throughout her lifetime.

I urge the Minister to think about the terrible impact this injustice has had on Helen Wilcox, Richard Warwick and their families—and many others like them—and to offer them greater clarity and a fair settlement, so that they can have peace of mind this Christmas.

12.36 pm

**Christian Matheson** (City of Chester) (Lab): I commence in the same vein as others by paying tribute to the leadership and work of my hon. Friend the Member for Kingston upon Hull North (Diana Johnson) on this issue. I see other Members across the Chamber today who have also played a part, including the hon. Member for Stratford-on-Avon (Nadhim Zahawi), who has been in meetings with the hon. Member for Worthing West (Sir Peter Bottomley). This is not a party political issue. The core of it is simply about doing the right thing, and it shows all-party groups and Parliament at their best. Members have come together on the basis of the difficult personal stories of our constituents, such as the one we have just heard from the hon. Member for Thirsk and Malton (Kevin Hollinrake).

I have two constituents who have provided me with an inspirational lead in tackling the problem. My constituent Debra has HIV. She received it from a partner who had received contaminated blood products. In fact, he did

not tell her at the time, and it took her several years to work out that all her health problems derived from that infection. He obviously became her ex-partner, and that person later died of his illness. Debra has never been able to hold down a job because of the continuing, persistent nature of the illness. In common with the constituent described by the hon. Member for Thirsk and Malton, Debra was asked to leave her job, and her career has been badly threatened.

My constituent Neil has hepatitis C, which he contracted as a haemophilia patient as a child. Again, he is unable to hold down a job, which means he cannot hold on to decent housing. Another aspect of the problem is that Neil's body retains water, and he has to go regularly to hospital to have his body drained of excess fluid. He can work, but he suffers from fatigue and his whole life has been dominated by these problems.

The only mistake these constituents of mine and of other Members have committed is to be unlucky. That is the only thing they have done. They were unlucky when they received these contaminated blood products or, in the case of Debra, were infected by a partner, without being told the circumstances. They are the victims of what could be considered, as we have said, a crime. We cannot get away from the fact that we still need to do more for people whose basic problem is that they were unlucky at a difficult time in their lives.

The current system is chaotic. We are simplifying it, although I fear that when we simplify systems of this kind, they may also become less valuable. As other Members have said, when it has been simplified and the various schemes have been brought together, no recipient should be any worse off. I approve of such an amalgamation, but I cannot help feeling that so far there has been almost a policy of divide and rule—perhaps unwitting, perhaps deliberate—with different types of scheme for different types of sufferer. There are also different schemes, and different levels of schemes, in the different countries of the United Kingdom. The situation is absurd: someone living in England might qualify for a Scottish scheme because it relates to the country that the recipient was in when he or she was infected.

We need some consistency and fairness. People who, rightly, feel angry and let down are being forced to compare their circumstances with those of other victims rather than looking to the real culprits: the private companies, described so eloquently by my hon. Friend the Member for Kingston upon Hull North, which put profit before patients' safety all those years ago and have never been brought to account. For that reason, I support the calls for a proper inquiry. I tabled some questions to the Department of Health recently, and it transpires that those corporations have never paid any compensation and no compensation has ever been sought from them. Someone said earlier that it might be difficult to pin down exactly who was responsible and when, but there should at least be an effort to track down those who are responsible and force them to pay for their misdemeanours.

I asked Debra and Neil for their comments. There is no doubt that Debra will lose money under the current proposals. The former Prime Minister, David Cameron, said in the House:

“Today I am proud to provide them with the support that they deserve.”—[*Official Report*, 13 July 2016; Vol. 613, c. 291.]

[*Christian Matheson*]

Debra found those words rather distasteful. Her response was angry, and she had every right to be angry. She gleaned from what the Prime Minister had said that she, as an HIV-infected partner, deserved to be worse off. She knows that her support will be reduced, but she wants to know what will happen to the money that Macfarlane Trust beneficiaries are losing. Will the amounts be the same? Victims of this scandal who are losing money are being asked to turn in on themselves rather than directing their fire at the real culprits. The Minister can deal with that by ensuring that no one loses out.

Debra believes that the schemes will take financial support from HIV and co-infected victims: those whose condition has no cure, who are forced to take toxic medication that helps to keep them alive, who struggle with mental illnesses as a result of living with stigma and discrimination, and who every day face the reality that, despite medication, people are still dying from HIV and AIDS. Debra has the impression that moving the schemes around is robbing Peter to pay Paul.

Neil supports the idea of a Hillsborough-style inquiry, but says it is important to ensure that the level of support payments is maintained. He says:

“£15,500 is far too low and does not take into account how much expense being ill and travelling to and from hospitals across the country is!”

He also says that the payments should be linked to inflation, because otherwise they will grow ever smaller.

**Norman Lamb** (North Norfolk) (LD): The hon. Gentleman mentioned a Hillsborough-style inquiry. Like the hon. Member for Kingston upon Hull North (Diana Johnson), I should like the Government to consider that. I took up the case of Ms Sullivan-Weeks’s stepfather, who received unheated Scottish blood products in England after they had been withdrawn in Scotland because there was a time lag in England. We do not know how many people were affected in that way, but he ended up dying. That prompts a particular sense of injustice. Does the hon. Gentleman agree that that is another reason why a Hillsborough-style inquiry is necessary?

**Christian Matheson:** Absolutely. We need to get to the truth. The victims and the surviving members of their families deserve the truth, and the culprits must be held to account as well. As has already been pointed out, it seems that there was knowledge of what was going on at the time.

The right hon. Member for North East Bedfordshire (Alistair Burt) rightly said that this matter is not going to go away. The longer it goes on, and the greater the sense of injustice felt by the victims and their families, the stronger will be the calls for a final resolution. I am glad that the Minister is present, because the Government have an opportunity to do the right thing: to lift the black cloud of uncertainty, and to end what was eloquently described by the right hon. Member for North East Bedfordshire as a “drip, drip” approach. We need a final answer to this question, which will provide the certainty that has been missing for so long.

12.45 pm

**Sir Peter Bottomley** (Worthing West) (Con): I pay tribute to my right hon. Friend the Member for North East Bedfordshire (Alistair Burt) and to the hon. Member

for Kingston upon Hull North (Diana Johnson). Without them, we would not have come as far as we have. With them, we have come a long way, although there is still more to do. I do not want to repeat what they have said, but what I will say is that the House of Commons Library has produced a very useful debate pack which I recommend to Members. The reference is CDP-2016-0227. I also commend the Tainted Blood website, whose timeline and chronology remind us that the first known case of a haemophiliac being infected with hepatitis C was discovered in 1961. We know that the development of blood products was designed to help haemophiliacs, but it actually harmed them.

I know a bit about this subject indirectly. On the day of the State Opening of Parliament in 1975, my wife received eight pints of blood, and went on to join us in the House of Commons. That was before Factor VIII had been spread around. The first member of my family knowingly to take an AIDS or HIV test was my mother. She had had a pancreatic operation and received a lot of blood, and later, when she heard what was going on, she said that she was going to get herself tested.

When I was a Northern Ireland Minister in 1989-90, I got in touch with the then director of the Haemophilia Society, because a friend of mine had been infected with HIV and AIDS after his haemophilia had been treated. I spent a long time doing the best I properly could, in my role as a Minister in a different Department, to give advice on how to try to bring the issues into the open. I pay tribute to my constituents and friends who are living with hepatitis C, HIV or AIDS and who have given me an insight into their circumstances.

I want to make a couple of points which will be obvious to those who think about them. First, is it not possible for something to be written in the medical notes of all the people who have been infected to prevent every hospital, clinician or care giver they encounter from going through questions such as “What is your drinking habit?”, “Why have you got this liver problem?”, and X and Y and Z? It seems to me that one of the first things to which people should be entitled is an understanding that their circumstances do not require them to tell strangers, several times a year, what has caused them to be in need of care and help.

Secondly, while I welcome the advances in dealing with hepatitis C, some specialist treatment requires people who live some distance from London to come to specialist hospitals here, and to arrive reasonably early. Travel and accommodation costs—including those of the person who is accompanying them, to whom they are married or who is caring for them—will need to be met. We need to find some way of ensuring that when members of this group in particular require specialist treatment, they are not put to abnormal difficulties in finding accommodation or paying for their needs. I think we can be more sympathetic than that.

Some of these people are very young, or were very young when they were infected. They are not people of my age, approaching their retirement years—not that I am hoping to retire soon. They may have felt lonely because they did not feel they could have an active social life. Some probably had no particular interest in pursuing higher education given the degree to which they could work and, as well as physical health issues, they probably needed other therapy. People should go out of their way to put arms around them—act not just

like a two-armed human being, but like an octopus and get right around them and try to meet all their needs in a way that they find acceptable.

I wish colleagues in the Department of Health well. These are not easy issues to tackle. I know perfectly well that the Treasury has a job to do in trying to oversee every little change in departmental spending, but I hope the Prime Minister will do what her predecessor did, and, after a few months of letting the debate settle down, meet my right hon. Friend the Member for North East Bedfordshire, the hon. Member for Kingston upon Hull North and representatives of the Haemophilia Society and ask, “Are we getting it right? Is there more that we should do?” The Prime Minister is able to bring together the Department of Health, the Department for Work and Pensions and the Treasury and ask, “What more can we properly do to get rid of most of the problems?”

I have a question for my hon. Friend the Minister that I hope she will be able to answer today or in writing. Are the Government still giving help to the Haemophilia Society? The load on that society has been increased by this work. Its briefings and involvement have been important to Government and those affected, and to those of us trying to represent both. I hope that if the society is being put to extra costs, the Government will see if they can provide the funds they used to provide—I think they provided £100,000 for five years.

12.51 pm

**Jim McMahon** (Oldham West and Royton) (Lab): We come into politics not for title or high office, but because we care and want to make a difference to people’s lives. If I ever get round to writing a list of my political heroes, my hon. Friend the Member for Kingston upon Hull North (Diana Johnson) has secured her place on it for all she has done for the many people affected by this—not just those who have been infected, but their families and loved ones, and people grieving the loss of someone who they thought would have longer than they had. A big difference is being made for them, but we still have a long way to go to secure real justice.

I am here to represent my constituent Alex Smith. He is infected with hepatitis C. That is bad in itself, but to add insult to that his wife died from the same infection, which was contracted from a blood transfusion while giving birth. He has suffered the loss of his wife, he has raised children by himself, he has been ill, and he has not been able to work. I resent the fact that the approach to this feels inhumane. It feels as though the starting point is how much money the Government are willing to pay rather than looking at things from the point of view of a human being.

I really struggle with the idea that the best on offer is to enable the victims of blood contamination to live just above the poverty line. The hopes, dreams, ambitions and potential of so many people have been ruined not just by the contamination, but by the treatment they have received from the hospitals when trying to find out information and get hold of their medical records, through poor diagnosis and treatment, and in trying to get justice and fair funding so that they can live a decent life.

It is more than just the infection that has now taken hold of people; it is the whole issue and the way it has been handled. It has dominated the lives of tens of thousands of people. Their lives have been put on hold

while they have tried to get answers and justice. They have tried to just about keep their heads above water, but sometimes the bailiffs knock on the door or the red letter comes because they are unable to pay the utility or council tax bill or the rent.

I feel that the Government have a duty. They should not be held accountable for what went on in the ’70s and ’80s—we cannot expect that of them, although we obviously owe an apology on behalf of the nation—but we can judge them by their response today. I feel that their response lacks humanity and lacks recognition of the pain and suffering so many have gone through. They seem unwilling to provide answers and justice to the people affected.

I absolutely support the call for an independent inquiry. There are many questions that still need to be answered, not just for the victims and their families, but so that we can make sure the same mistakes do not happen again. I read the *Manchester Evening News* yesterday which told of an excellent but heart-breaking investigation that was carried out into how patients were treated by the Pennine Acute Hospitals NHS Trust. There were stories about children who died as a result of ill treatment. What was most hurtful was not just the poor treatment, but the fact that the hospital did not face up to the mistakes it had made and tried to block information from coming out. When the journalist tried to get that information it was withheld and efforts were frustrated. The information needed to be released in the public interest.

That is the experience of many people who are affected by blood contamination. When they requested information they ought to have been entitled to—medical records, details of who knew what and when—they were frustrated by the very organisations and institutions responsible for the infection in the first place. That is a gross injustice to those trying to make sense of what happened to them and to move on in their life. So many of them still cannot see a future, and the Government have taken far too long to come forward with a comprehensive plan to address the questions and give the answers that are very much needed.

I urge the Government, for no party political gain whatever—this is beyond party politics; this is about human beings—to come forward with a properly funded and logical scheme that does not just keep people out of poverty, but reflects the fact that they have the right to a decent and fulfilling life. The answer should really unpeel the lid and get the information people desperately want to know about who knew what and when and how this happened. We need to learn lessons so that this does not happen again.

We are debating this specific issue today, but there are many people who are affected by poor public service and who are frustrated when they try to get answers. If there is one thing this place can do, it is apologise if an apology is needed, but more than that, we can be the champions for justice and help people get the answers they deserve.

12.56 pm

**Nadhim Zahawi** (Stratford-on-Avon) (Con): Since being elected to this House, every Friday at surgery I have talked to one or two constituents on this subject. In the few moments that I have, I want to share with the House what it has taught me about the impact of this

[*Nadhim Zahawi*]

extraordinary tragedy. I have lived with them all the frustrations, all the false hope that we will finally reach a settlement.

I pay tribute to the hon. Member for Kingston upon Hull North (Diana Johnson) for the incredible work she has done in leading all of us on a cross-party basis to get the message across in respect of all those people—all those human beings, and all that human suffering. I also congratulate the Minister on her role and pay tribute to her predecessor, who worked hard, working with many of us, to try and get to a full and final settlement. I hope the Prime Minister and the Treasury are listening carefully to this debate, and that it is not beyond us to work together now to get what we have been promising our constituents—those people who, through no crime of their own, have been infected with HIV or hep C—that they will get a settlement and, as the previous Prime Minister said, nobody will be worse off.

This is a question about fairness, as the hon. Member for City of Chester (Christian Matheson) rightly emphasised. I do not think it is fair that my constituents should feel that people infected in Scotland get a better deal than they do in Stratford-on-Avon.

The difficulty for Mr M—as I will refer to him, because it is right that he maintains his privacy—is that for a very long time there has been something called the discretionary payment, which in reality is not discretionary in any way. It is something that he absolutely relies upon to make sure that at the end of the week and the month he can balance the books; he can live just well enough to be able to feel that he has regained his dignity and his freedom. The difficulty for the Minister is that there is this sum of money, but I urge the Government to look again at this matter, because it could lead to a legal challenge if people feel that they are being unfairly treated vis-à-vis Scottish settlements or other parts of our country. Some of my constituents are considering that course of action.

I want to move on to the case of Ms W, whose anonymity I am protecting because she deserves that protection. Her issue has involved the Macfarlane Trust and she is not alone in feeling that the trust is not fit for purpose. I have attempted to deal with the trust on her behalf; every step of the way it has blocked my attempts to get her case across. My message to those on the Front Bench is that it would be an outrage if the trust were to continue to deal with my constituents in any way, because it is simply not fit for purpose.

I will end my speech by mentioning Mr D, who is infected with hepatitis C, to remind colleagues of the urgency of this matter. We must not find ourselves back here again in a year's time still looking for a settlement. Just this morning I received a call from Mr D's wife, who works in our NHS, to tell me that he had been admitted to hospital following a severe deterioration in his liver due to the advanced hepatitis C. He might not be around by the time we come to a settlement, so I urge the Minister to remind her Government that this is about fairness and about speed of settlement.

1.1 pm

**Ms Margaret Ritchie** (South Down) (SDLP): I pay tribute to my hon. Friend the Member for Kingston upon Hull North (Diana Johnson) for her strong

campaigning zeal in relation to this subject. The contaminated blood and blood products scandal has touched the lives of many people over the past 40 years. Sadly, many people have died, leaving loved ones who had spent their lives caring for them. The scandal has not only affected those who are infected but changed the lives of their families as well. We have had many debates in the House and Westminster Hall calling for a full and final settlement for those affected, and what we see today is an improvement on what was offered to them in January, but we still have a distance to go if we are to give those people and their families the means to have a decent standard of living.

Questions remain unanswered as to why those infected blood products, which infected others, were imported from the United States—and perhaps other places—into Northern Ireland and Britain. I understand that the Under-Secretary of State for Health, the hon. Member for Oxford West and Abingdon (Nicola Blackwood), is not the Minister responsible for this matter, but I hope that she can answer my questions today. I hope that she will pursue Lord Prior to ensure that we get answers. As the right hon. Member for North East Bedfordshire (Alistair Burt) said, there is a collective shame surrounding this issue. It is an issue without political boundaries or barriers, because it has impacted on families throughout the UK.

I return to a point that I raised in an earlier intervention, to highlight the issues that we face in Northern Ireland. I have written to the Northern Ireland Health Minister, Michelle O'Neill, because there has not yet been an announcement on the scheme for Northern Ireland. She replied to me in early August, after the Prime Minister's statement here in the Commons. She stated:

“I am currently considering options for the future of financial support for patients and families in the north of Ireland before making a decision.”

That is a similar answer to those that I received from her predecessors. There is no sense of urgency on their part, and no recognition or acknowledgment of the fact that this is a serious matter, which has impacted on people's lives. I have written again to the Minister in Northern Ireland to urge her to address this matter as soon as possible, and I would appreciate it if the Under-Secretary here could raise it in any forthcoming discussions with her Northern Ireland counterpart.

An important point is that the affected people in Northern Ireland can stay in the current scheme as long as the English scheme remains unreformed, but once the new English administrator is in place—I hope it will not be Atos or Capita—the existing discretionary charities will close. That will leave my constituents and those of my hon. Friend the Member for Foyle (Mark Durkan), as well as other affected people in Northern Ireland, in great peril. We do not want that to happen. The Haemophilia Society has also raised this matter in its document.

I remind the Minister that the Irish Government took the courageous decision some years ago to accept liability for this tragedy, which has compromised the health and the immune systems of so many people, and to deliver a compensation scheme.

**Mark Durkan** (Foyle) (SDLP): The House has been misinformed on this point a number of times in previous debates, and it is important to point out that the

compensation scheme in the Irish Republic was established even before liability was acknowledged. The tribunal system and the compensation scheme were set up, and the subsequent acknowledgment of liability simply affected the quantum. The fact of compensation had already been established, and that is what is still missing in the UK.

**Ms Ritchie:** I thank my hon. Friend for his helpful intervention. He characterises the position in the Republic of Ireland, which illustrates clearly the acknowledgment that the needs of people came first, before all the other extraneous matters.

I welcome the fact that progress has been made, but there are still matters that the Government must address if they want to be responsible for the long overdue settlement that these people are entitled to and require. It is not clear what will be in place following 2020-21. People need time to plan and they should not have to worry that the scheme might deteriorate or be pulled out from under their feet. I am also concerned by the lack of clarity around support for dependants, bereaved partners and bereaved parents, both current and future.

I have spoken many times in the Chamber about constituents of mine who have been affected by contaminated blood, and they have given me permission to name them. One constituent I have known for most of my life, Brian Carberry, has to go to weekly hospital appointments. He also has associated health problems. Over a year ago, he was diagnosed with non-Hodgkin lymphoma. Thankfully, he is currently in remission.

Two other constituents are twins, Martin and Seamus Sloan, who live in Kilkeel. They are both haemophiliacs and both infected. Their lives have been turned upside-down. They have difficulty in keeping hold of interpersonal relationships, and their immune systems have been completely compromised. That means that they are exposed to many other types of illness, and they are therefore unable to work and to provide for their families.

The strain and challenges that the families of infected people face cannot be overlooked. It is a direct result of this tragic situation. There can never really be a remedy for those whose lives have been affected, but the Government can recognise their suffering and alleviate the financial strain that they experience as a result. The Government must also try to resolve what the right hon. Member for North East Bedfordshire described as the legacy of collective shame that goes back across many Governments, and to bring relief to the people affected. Sadly, some of those people have passed on.

Regular payments must be in place and discretionary grants must be available to all those infected and their families. Like my hon. Friend the Member for Kingston upon Hull North, who has been such a stout campaigner on the behalf of these individuals, I would also like some form of inquiry, but I do not want an inquiry to hold up whatever form of compensation will eventually become available. We need to find out the reasons and the causes and hold to account the people who did this to our constituents and the wider population. It must never happen again. The Government have made progress, but they must ensure a full, fair settlement that is allied to an inquiry, because that is what these people deserve and so vitally need, have long been owed. It is long overdue for those lives lost, compromised or damaged by bad health as a result of infected and contaminated blood products.

1.10 pm

**Chris Stephens** (Glasgow South West) (SNP): It is a pleasure to take part in this debate and to follow my hon. Friend the Member for South Down (Ms Ritchie), who has consistently spoken with passion about this issue. I thank the hon. Member for Kingston upon Hull North (Diana Johnson) for securing the debate and for chairing the all-party group on haemophilia and contaminated blood.

I rise in this debate as a Scottish Member representing a Scottish constituency for two reasons. First, I want to speak on behalf of constituents such as Cathy Young, a stage 1 widow and member of the Scottish Infected Blood Forum. Like me, that group wants not only to express solidarity with those in other parts of the UK who find themselves in a different scheme, but to make the reasonable point that Scottish Members may find that they have constituents who are victims of infected blood and are covered by two different schemes, because the infection took place not in Scotland, but elsewhere in the UK. That is an important point. Members from other parts of the UK will find that they have constituents who are part of the Scottish scheme and benefit more as a result. Cathy wrote to me last night to say:

“I think for me personally, being a widow, obviously those still living with the horror of this disaster must be financially looked after, and not with payments that people feel that once again they’re just being fobbed off, but I would like both widows, and the deceased person’s estate, like children or parents of children who have passed away, to be recognised, and not with the insulting payment being offered. Our community deserve and demand the respect that has been denied us, and the justice that is long overdue. I send my total support to all those infected and affected by this disaster.”

Secondly, I want to raise issues relating to the proposed Scottish scheme that require this place to complete some work so that those infected in Scotland can receive their compensation. The Haemophilia Society points out that

“The Scottish scheme is comparatively more generous. The Scottish discretionary support scheme will also be better-administered, with patient involvement in governance; a goal to minimise means-testing and assessments; and a commitment to continue existing ongoing payments and ensure no beneficiary is worse off under the new support arrangements.”

According to analysis, the Department of Health could adopt many aspects of the Scottish scheme and still fall within the allocated budget. The all-party group calls on the Government to adopt those measures, particularly in relation to bereaved partners, and to reverse their plans for appointing a profit-making private administrator for the discretionary scheme. Any additional funds required to support those affected could be found, as the motion states, from the 2013 sale of the Government’s stake in Plasma Resources UK.

There are other differences between the schemes. Annual payments for those with HIV and advanced hepatitis C will be increased in Scotland from £15,000 to £27,000 to reflect average earnings. Those with both HIV and hepatitis C will have their annual payments increased from £30,000 to £37,000 to reflect their additional health needs. When a recipient dies, their spouse or civil partner will continue to receive 75% of their annual payment. Those infected with chronic hepatitis C will receive a £50,000 lump sum, which is an increase on the previous £20,000, meaning that there will be an additional £30,000 for those who have already received the lower payment.

[Chris Stephens]

A new support and assistance grants scheme will be established in Scotland to administer and provide more flexible grants to cover additional needs. Scottish Government funding for the scheme will be increased from £300,000 a year to £1 million a year. As recommended, the Scottish Government will aim to deliver the new scheme through a single body so that those affected no longer need to apply to more than one body for funding.

However, the timing of the Scottish-wide payment system will depend on both Her Majesty's Revenue and Customs and the Department of Health. Will the Minister outline what discussions the Department has had with HMRC about passing the relevant tax orders so that payments can be made to those entitled to compensation? They should be able to receive it with the minimum of fuss and should not be liable to tax. That has to happen whichever mechanism is used to make the new payments. To use the existing scheme to make the new payments, all four nations of the UK must agree, but only Scotland is signed up at the moment.

There are some important decisions to be taken before the Scottish scheme is established. They include changes to the threshold for receiving ongoing support, a re-examination of the ability of those with incomplete medical records to apply, an appeals procedure for those who think they should be in the Scottish scheme—that might apply to people resident in Scotland who were infected elsewhere, but want to apply to the Scottish scheme—a procedure for converting ongoing payments into a lump-sum settlement, and consideration of how the new discretionary scheme will operate in practice. The affected community will broadly welcome the replacement of the five trusts with a single scheme administrator, but the news that the new administrator of the proposed English scheme is likely to be a profit-making private company, which was not mentioned in the consultation documents, will be met with considerable concern. The tender process for a new scheme administrator started in September 2016. It was expected that the new administrator would take over in May 2017 following a transition period, but it appears that the deadline is now being pushed forward.

It is of grave concern to many hon. Members that Atos and Capita have attended Department of Health meetings to discuss bidding for the contract. It will be of utmost importance that the new supplier understands the complex needs of scheme beneficiaries and deals with all correspondence sympathetically. We all have concerns that if, as is likely, the successful bidder is a private company, it is not clear how the discretionary aspects of the scheme will be delivered. While the Department will own and publish a set of principles for discretionary support, as well as holding the budget, it will be up to the scheme administrator to consider applications for grants and other support. The Scottish scheme has the alternative option of a scheme administrator with more beneficiary involvement, and the original all-party group report recommended a similar thing. The Scottish discretionary support scheme will be better funded, as its funding is set to more than treble, while the English scheme will see a more modest 25% increase in 2018-19.

Before I conclude, I want to discuss some concerns relating to matters raised by the hon. Member for Worthing West (Sir Peter Bottomley) and health records.

People who were infected during this disaster do not have the words “HIV” or “hepatitis C” on their death certificates, which is understandable due to the stigma attached to those conditions at the time. Will the Government or the scheme administrator consider that issue? There are people who were infected whose death certificates say something different, but their medical records will show that infection.

**Sir Peter Bottomley:** The hon. Gentleman makes a very good point. He might be about to put another question to the Minister, but in case he does not, I will. How will the Government try to get to the spouses of people who might have died 25 years ago? Those spouses might not know about this offer, because not everyone is involved in the networks.

**Chris Stephens:** That is very important. It is also up to us, as Members, to raise that issue with our constituents through newsletters and all the rest of it. The hon. Gentleman is right that there are people who lost their partners years ago and do not know about the scheme. I thank him for his intervention and I hope the Minister will consider that point.

There are clear points to address because we must ensure that the compensation is not subject to tax, as that would be ludicrous. We must also deal with the issue of the death certificates. Thank you, Mr Deputy Speaker, for allowing me to speak. I thank all hon. Members who have contributed to this first-class debate.

1.20 pm

**Martyn Day** (Linlithgow and East Falkirk) (SNP): I am grateful for the opportunity to participate in this important debate. Let me start by thanking the Backbench Business Committee for scheduling today's debate and the hon. Members responsible for tabling the motion. I especially thank the hon. Member for Kingston upon Hull North (Diana Johnson) for leading the debate and for her work on the all-party group. She summarised the situation clearly and forcefully, and I am particularly grateful to her for outlining the risk of private operators administering the scheme. That concern has been raised by several hon. Members on both sides of the House.

Another recurring theme in the debate has been justice and the question of how much was known about the contamination at the time—that question has been asked, so it deserves an answer. Without any doubt, this subject is one of the most terrible chapters in the history of our NHS. It is truly horrific and has had an impact upon tens of thousands of people and their families. In some cases, their experience has been ongoing for more than 40 years. Many people have already died or been left suffering long-term disability and hardship as a result of infections. Relatives have had to sacrifice their careers to provide care and support. In some cases, partners and loved ones have become infected. Indeed, I received an email from a surviving victim of contaminated blood whose partner subsequently became infected and died. Patients, families and carers have had to deal with such difficulties with immense and enduring courage, and I wonder how many have found the strength—physically, emotionally and, indeed, financially.

That brings me on to the proposed changes to the current ex-gratia payments. As my hon. Friend the Member for Glasgow South West (Chris Stephens) illustrated, the proposed new scheme in Scotland will lead to an increase

in annual payments for those with HIV and advanced hepatitis C from the current £15,000 to £27,000 per year. That amount is set at a level that reflects average earnings. That point is important as this is not about poverty; it is about a decent standard of living. The payments for those co-infected with HIV and hepatitis C will increase from £30,000 to £37,000 per year, and that amount reflects their additional health needs. When a recipient dies, their partner will continue to receive 75% of the previous annual entitlement. That, too, is important, given how many have had to give up their own careers to look after loved ones. Those infected with chronic hepatitis C will receive a £50,000 lump-sum payment, which gives an additional £30,000 to those who have already received the lower payment.

The Scottish discretionary support scheme is set to see its funding more than treble. It will have an independent appeals mechanism, and there is a general guarantee that no individual will be worse off than at present. To simplify the situation so that those affected will no longer have to apply to more than one body for funding, the Scottish Government aim to deliver this scheme through a single body. Full governance arrangements are still to be detailed for this new organisation, but it is likely to be administered by National Services Scotland. It is also worth remembering that the Scottish Government are committed to reviewing the distinction between stage 1 and stage 2 hepatitis C.

There are clear differences between what is proposed for Scotland and the system elsewhere, with many viewing the Scottish scheme as comparatively more generous. That said, it is not without its detractors, particularly those with lesser health impacts who will not receive the more generous payments proposed. It is therefore important that we continue to listen to the views of beneficiaries as we design and implement the new Scottish scheme, so evidence-based reviews of the payment criteria will be carried out. In Scotland, we want to improve the scheme for everyone, but we must give greater priority to those in most severe need.

We have already heard of many tragic individual cases from throughout the UK, but I will spare hon. Members further heart-wrenching examples of cases of which I have received details. Instead I shall focus on some of the questions that have been raised with me by victims and their support groups; I hope that the Minister can assist with some answers. The first relates to the compensation schemes and the fact that there are currently five different organisations funded by UK Health Departments, including the three devolved health authorities. That means that using the existing schemes to make the new Scottish payments requires the agreement of all four nations of the UK. There must also be agreement from the boards of the UK-wide schemes. Currently, only Scotland is signed up. There will be a Scotland-wide payment system, but the timing will depend on the UK Government, Her Majesty's Revenue and Customs and the Department of Health. I therefore ask that the UK Government do not stand in the way of the Scottish payments.

That brings me to my second ask, which echoes one made by my hon. Friend the Member for Glasgow South West: Westminster must pass tax orders so that none of the payments are liable for tax—that must happen whichever mechanism is used to make the new payments. Thirdly, what more can be done about cross-border

infections? The current schemes are based on where the individual was infected, rather than their residency, which means that the English schemes apply to some Scottish residents and the new Scottish scheme will apply to others resident in England. That issue compounds the next point I wish to make: hepatitis C sufferers are acutely aware of the cold, and during the winter their heating bills go through the roof. If they cannot afford to heat their home, they are at greater risk of death through complications due to illness such as flu or colds. There is therefore a clear need for the winter fuel allowance, so perhaps Ministers can advise us on their rationale for wanting to remove it.

It has been suggested to me by the Scottish Infected Blood Forum that the liver damage test is outdated and we should look at the impact the condition has on the whole body. The problem may be amplified among those who have made positive lifestyle choices such as abstaining from alcohol, as their liver may appear to be less affected. Finally, people want some certainty about future funding, so what support will continue after the current spending review period?

I always try to be positive and to look forward to the future, but given the age of many victims and their medical complications, people are dying every week—there are fewer of them every year. Thousands have already died and for them this is all too little, too late. It is difficult to be positive in the circumstances, but I am grateful to have had the opportunity to take part in today's excellent and generally consensual debate.

1.27 pm

**Mrs Sharon Hodgson** (Washington and Sunderland West) (Lab): It is a pleasure to speak in such an important debate. I want, first and foremost, to thoroughly thank my hon. Friend the Member for Kingston upon Hull North (Diana Johnson), who for many years now has championed and pushed on this vital matter. Her work cannot and must not go unnoticed or unrecognised. I am sure people across the country, and indeed across the House, will want to join in thanking her.

The experiences of those men and women affected by this awful scandal should never be out of our minds as we continue to do all that we can to support them. Doing all we can for them is paramount, knowing full well that whatever we do will not be enough to give them back their life or a life without suffering or pain. HIV and hepatitis are terrible conditions. Someone living with HIV or hepatitis will face fears of developing other conditions and have to face the stigma that comes with these conditions. This debate is welcome, as it is the first time the House has had the chance to debate the new scheme since it was announced and to continue to hold the Government to account to do more. It is important that we now have the chance to discuss that in a considered and comprehensive manner.

In my contribution, I want to touch upon three areas: first, the current funding system in England; secondly, the involvement of private companies to administer support to beneficiaries; and, thirdly, the need for an independent Hillsborough-style panel to recognise the failures of the system that these people have had to live with.

It was announced earlier in the year that a new financial arrangements system would be introduced, and a public consultation was conducted to get views

[Mrs Sharon Hodgson]

and opinions on how that would take shape. Although there has been a welcome, if somewhat modest, increase in the annual payment to people with HIV, hepatitis C at stage 2 and those who are co-infected, as well as the first guaranteed ongoing payments for people with stage 1 hepatitis C, it is concerning that these payments fall short of what has been drawn up in Scotland.

Also, the current English system makes no mention of support for people who have been cleared of hepatitis C prior to the chronic stage but who, despite fighting off the disease, may still exhibit symptoms ranging from fatigue to mental health issues and even diabetes. These people have never been entitled to any support, and continue to get none. The scheme does not include support for those infected with other viruses, such as hepatitis B, D or E, and for those people it has meant continuous monitoring of their liver function. It is estimated that that group is extremely small and, according to the Haemophilia Society, would be a minimal cost to the Department of Health.

We find that the new scheme does little or nothing for bereaved partners, parents or children of those who have sadly died from diseases contracted through the contaminated blood scandal. The new system should have gone a long way to supporting those various groups within the affected community. I hope that the Minister can give us some reassurance that those concerns have been noted, and that she will go away and look into what more can be done to help the people I have just mentioned.

There are also concerns regarding the discretionary payments, which, thankfully, were saved, despite it being announced in the consultation earlier this year that they could be scrapped. That should be welcomed, but there is a clear concern that the discretionary support will not go far enough to improve the support on offer for those with HIV or those who are co-infected. The Government need to consider that impact and what more they plan to do. It is worrying that the Government have yet to make clear the minimum and maximum discretionary support that people will be able to receive.

I understand that the Reference Group on Infected Blood is currently considering that policy and that we will hear more from it in the new year, but would it not be worth while for the Minister to give us some indication now, so that those who will depend on this money in the years to come can have some reassurance, especially as we enter the festive period? There are many questions to be answered. That is why I hope that in the time allowed the Minister will give us in the House and those who will be watching the debate the reassurances that they need.

The new scheme will replace the current system so that the five trusts across the country that administer the payments are amalgamated into one, and I know that that has been welcomed. However, there is one very concerning point that was so eloquently put by my hon. Friend the Member for Kingston upon Hull North when she opened the debate and which needs to be addressed by the Minister. I refer to the potential involvement of a private sector company, such as Atos or Capita, which both bid in the tender process. The Minister no doubt expects me to make the typical party political point, but I am not going to do that.

That potential involvement was never included in any talks with the all-party parliamentary group on haemophilia and blood contamination, no consultation was held with the affected community, and there was no mention of it in the Department's response to the survey, yet we see it happening now. The concern here is that the many thousands of people affected by the mistake—which, it must be remembered, was often made by US private companies—feel aggrieved at the potential involvement of a profit-making private company. That resentment is justified, especially as it was the mistake of a private company that put them in their current situation. There should be no profit making when it comes to compensating for the failures of the private sector. That was highlighted well by my hon. Friend in her speech and was also touched on by the former Health Minister, the right hon. Member for North East Bedfordshire (Alistair Burt).

The issue was highlighted too by the APPG's survey of nearly 1,000 people affected by the scandal, who clearly had concerns about the involvement of a profit-making private company. It is important that those affected have their say in the administration of the payments and support. I would therefore be interested to hear the Minister's thoughts on their involvement, as we have seen in Scotland, where there has been an alternative scheme operator which includes beneficiary involvement. Perhaps the Minister can tell us why private involvement is now being considered, but was never consulted upon.

My final point is about co-ordinating an independent panel, such as in the case of Hillsborough. The Prime Minister promised in September that she would keep an open mind about an independent panel, but she has, sadly, quashed the idea. The rationale given is that we have had two public inquiries into this matter already, by Lord Archer and Lord Penrose. That may be the case, but it is important that we consider the approach to helping people to get the justice they deserve, especially as it is clear that neither of the inquiries met the needs of the affected community. The two inquiries were narrow in their focus and were not about apportioning blame. The affected community is not calling for that. What it is calling for, which is strongly supported by the Opposition, is a truth and reconciliation process and public disclosure of the failures, which those affected rightly deserve.

**Mark Durkan:** On the need for some vehicle of inquiry into the background, in an intervention, I pointed out that, in the Irish Republic, the right to compensation was established in 1995. There was an Act in 1997, but it was following a tribunal of inquiry that the state admitted liability, so there was further legislation in 2002. The liability of the Irish state rested on the fact that the tribunal found that the state knew that there was a risk and carried it because the UK and others were prepared to carry the same risk.

**Mrs Hodgson:** I am grateful for that important intervention, which emphasises why we need an inquiry into issues such as the one that the hon. Gentleman has raised.

I am sure the Minister can understand the concerns across the House and out in the community among the people affected and their families. Before she replies, I ask her not to adopt the same language as that used by the Prime Minister, who attributed the lack of support

for an independent panel to the delay in the introduction of a support system. An independent panel with clearly defined terms of reference would not impede the development and implementation of the new system. I hope the Minister will keep that in mind when she responds, and recognise how important it is for those affected to get the reconciliation for which they have fought so long.

The Government must be committed for reforming the system and listening—must be commended, rather, for reforming the system and listening. I know they are committed to that. However, this is such an important issue that we must get it right, and once more I thank my hon. Friend the Member for Kingston upon Hull North for her steadfast campaigning on this issue over many years. I am sure the community will also recognise that fact. Those people who have had their lives marked so significantly by the failures of the past should rightly be compensated and respected. Those who have died because of that serious mistake, those who are still living with the repercussions of the mistake, and those who have thankfully fought it off but still live with the impact of it all deserve respect and dignity, and I hope that in her reply the Minister will give them just that.

1.38 pm

**The Parliamentary Under-Secretary of State for Health (Nicola Blackwood):** I congratulate the hon. Member for Kingston upon Hull North (Diana Johnson) and all the members of the all-party parliamentary group for haemophilia and contaminated blood on helping to secure this debate, and I thank the Backbench Business Committee for providing time for it. It has been a highly informed, very personal and moving debate, but it has also been non-partisan. I thank all Members from across the House for the constructive way in which they have approached the debate.

I would like to begin by formally adding my personal apology to all those who have been affected by these tragic circumstances and the impact that this has had on so many families. I thank all colleagues' constituents for their bravery in allowing their personal circumstances to be shared in the House today. It brings this debate to exactly where it should be, reminding us all what we are trying to achieve through the process. The importance of that cannot be overstated. I wish I could refer to all the constituents who were mentioned today. I listed them, but that would take most of the debating time that we have today, so I say thank you to all those who allowed their stories to be told. That is exactly why the Government are introducing the reforms we have been debating today to existing support schemes, alongside a commitment within this spending review period of up to £125 million until 2020-21 for those affected, which will more than double the annual spend over the next five years.

At the beginning, however, we should be up front in recognising that nothing can make up for the suffering and loss these families have experienced, and no financial support can change what has happened to them. However, I hope all of those here today will recognise that the support provided is significantly more than any previous Administration have provided, and recognise how seriously the Government take this issue. I would like to join colleagues in paying tribute to the previous Prime Minister and to my predecessor, my hon. Friend the Member for

Battersea (Jane Ellison), for all their work on the issue. I reiterate their statement that the aim of this support scheme is that no one will be worse off.

It is, as many colleagues have said, time for our reforms to bring an end to the tortured road that far too many of those affected have been down. It is time for a more comprehensive and accessible scheme that gives those affected their dignity back. However, as I hope is clear from the debate, not all the details are yet resolved. I hope to answer as many questions as I can today, but I am certain that the noble Lord Prior will be listening closely to the debate, and he will be in contact with all those here today to make sure we can resolve details I cannot get to in the time available.

Let me turn to where we are. The reforms guarantee that all those who are chronically affected will, for the first time, receive a regular annual payment in recognition of what has happened to them. That includes all the 2,400 individuals with hepatitis C stage 1, who previously received no ongoing payment, but who will now expect to receive £3,500 a year.

Increases to existing annual payments have also been announced. These are not designed in themselves to guarantee a reasonable standard of living. The package needs to be considered in the context of the whole range of support that is available for the patient group, including support being exempt for the purposes of tax, and benefits being claimed by beneficiaries of the schemes, as the hon. Member for Glasgow South West (Chris Stephens) rightly mentioned.

I would like to address a couple of the issues raised by the hon. Member for Kingston upon Hull North about finances. We do expect to spend all of the budget allocated to the scheme in the year, but the budget for the scheme does come within the Department of Health's budget, not the Treasury budget, so if there is an underspend in any one year, the money will remain in the Department of Health. If any payments that should be made within that year fall into the next year, we can take that money forward.

I would also like to address the concerns that have been raised about the tendering for the scheme. The shadow Minister is, I am afraid, not quite correct that Capita and Atos have already bid to administer the scheme. The invitation to tender has not yet been issued, so no initial bids have been received so far. We intend to issue the invitation to tender shortly, and I am absolutely sure that, as the tender is being designed, the concerns that have been raised in the debate will be heard, and that the concerns about trust and the history of this situation will be well understood by all those involved in the design.

**Diana Johnson:** I am grateful to the Minister for clarifying the position around the tender, but could she confirm that the only organisations or businesses that have been invited in for conversations with the Department of Health were the two that have been mentioned by a number of hon. Members today? Is that correct or not?

**Nicola Blackwood:** I have had no meetings on this issue, because it is obviously not within my departmental brief. I am happy to try to find out about that issue, if the hon. Lady would like.

**Christian Matheson** *rose*—

**Nicola Blackwood:** I would like to move on to some other issues because we are quite tight for time.

I would like to talk about the budget that has been allocated, because it has been mentioned on a number of occasions. The pressures on the health budget will come as no surprise to anyone here today—we had an animated debate about that just this week. I would like to assure everybody in the House that, even in the context of those pressures, we fought hard to protect the money for this scheme through tough budget negotiations so that we could fulfil commitments that were made and ensure that the concerns of those affected are addressed as far as possible.

In that context, I would like to talk in a little more detail about some of the concerns that have been raised today by colleagues. Colleagues have rightly raised the issue of support for the bereaved and those relying on discretionary payments. That is why we have introduced the one-off payment of £10,000 to bereaved partners or spouses of primary beneficiaries, where infection contributed to the primary beneficiary's death, and in recognition of their relationship at the time of death.

**Jim McMahon:** Will the hon. Lady give way?

**Nicola Blackwood:** I will in one second. I just want to respond to a point made by the hon. Member for Kingston upon Hull North about the certification of death. We do understand that death certification may not state a direct contribution, so the policy that is to be published will recognise other ways to show a causal link between infection and death. We would like to make sure that issues around that are not a barrier to support under the scheme.

**Jim McMahon:** I thank the Minister for giving way on that point, which she has partly answered in her contribution. However, could we just get some clarity on cases where the death certificate is marked "unascertained" and on whether there will be more flexibility around that, providing that the hepatitis can be proven?

**Nicola Blackwood:** The hon. Gentleman makes an important point. Those are exactly the issues that are being wrestled with at the moment by the Department, and we are trying to resolve them.

We realise that the accessibility of the payment scheme for the bereaved, but also of the discretionary support scheme, will be important, as mentioned by the hon. Member for Glasgow South West and my hon. Friend the Member for Worthing West (Sir Peter Bottomley). I am not able to give the complete details of the discretionary scheme at the moment. In 2017-18, a new, single discretionary scheme will replace the three discretionary support schemes that are currently in place. It will have an increased budget, and it will be transparent and flexible so that it can support the beneficiaries who are most in need. However, until those details are fully worked out, it would not be fair for me to speculate on exactly what they will be. I do want to reassure hon. Members, however, that until we are in a position to introduce that new system, the current discretionary payments will stay in place.

I would also like to reassure hon. Members that the policy of paying bereaved partners and spouses £10,000 will be published by the Department of Health, and it will be communicated to all major stakeholders, including

the APPG, to ensure that we reach out to those who were bereaved a long time ago and make both these policies as accessible as possible.

We realise that these payments can never make up for the personal loss bereaved partners or spouses have experienced, but we are trying to make sure that the process is as smooth and effective as possible, with as few barriers as possible, so that individuals do not feel as though they are trying to jump through hoops.

**Chris Stephens:** On the point I made earlier, which was echoed by the hon. Member for Worthing West (Sir Peter Bottomley), will death certificates be dealt with in a very sympathetic fashion, so that someone's death certificate will not say HIV or hepatitis C, although we will know through their medical records that that was the cause of death? Will the Government look at that?

**Nicola Blackwood:** The issue of death certificates is one that we are very alive to. It is one that the Department is trying to address, and I hope that we will be consulting closely with the relevant groups to make sure we deal with it in as sympathetic a manner as possible.

**Ms Ritchie:** Could the Minister comment on the points I made about the inactivity of the Northern Ireland Executive? Would it be possible for further phone calls to be made to the Minister for Health in Northern Ireland to accelerate the process and to enable payments and a scheme to be made available?

**Nicola Blackwood:** If the hon. Lady will have a little patience, I have an entire section on the devolved nations coming up.

Before then, however, I would like to move on and speak a little about the other sections of the scheme. As well as the one-off payment to bereaved partners and spouses, the Government's response to the consultation makes it clear that partners and spouses will be able to continue to access discretionary schemes on a means-tested basis. However, that is not the end of the story. My officials will continue to work with a reference group of experts on the details of the policy for this new payment for the bereaved and on elements of the wider discretionary payment. As soon as the policy is confirmed, the Department will publish it and give guidance on who is eligible and how to access the payment as easily as possible.

I recognise that, as has been clear from this debate, some do not feel that the new payments that have been announced are sufficient. However, they are based on the consultation response, and a judgment was made to provide support to the widest group of people possible to recognise the pain and suffering of those who have been affected by this tragedy. There are never really any right answers when designing a support scheme in recognition of such awful circumstances. Difficult judgments have to be made in relation to prioritising support. We consulted on the proposals and used the responses gathered to announce reforms that, for the first time, provide annual payments to all infected individuals rather than waiting for more people to get sicker before they receive support.

The hon. Member for Kingston upon Hull North raised issues about other viruses. We have not expanded the scheme to include other viruses, including vCJD.

In that case in particular, that is because there is already a vCJD compensation scheme that offers no-fault compensation. It was set up by the Government for vCJD patients and their families in recognition of their wholly exceptional situation. The scheme provides for payments to be made, in respect of 250 cases, from a trust fund of £67.5 million. Over £41 million has been paid out by the trust to date. There are currently no proposals to extend the infected blood system of ex gratia payments to include other viruses or infections that were contracted through routes other than NHS-supplied infected blood. This is based on the advice of the Advisory Committee on the Safety of Blood, Tissues and Organs. For example, hepatitis B was not involved in the schemes when they were set up because the blood donor hepatitis B screening test had been introduced in the 1970s. There are other reasons for not including hepatitis E that I am happy to write to the hon. Lady about in more detail should she wish me to do so.

We now arrive at the devolved nations section that I mentioned to the hon. Member for South Down (Ms Ritchie). Many colleagues have referred to the Scottish Government's reforms. We are working closely with officials from Northern Ireland in keeping them up to date on our progress with implementation. These beneficiaries, as the hon. Lady said, will be eligible under the Northern Irish scheme to continue to receive support at their current levels. I am happy to ensure that my noble Friend Lord Prior is made aware of her concerns about the potential impact on Northern Irish victims.

The hon. Member for Linlithgow and East Falkirk (Martyn Day) rightly raised the importance of co-ordination between the devolved nations on the support schemes. Given the significance of the points that he raised, and some complexities about the co-ordination of business, it is important that I ask my noble Friend Lord Prior to contact him directly on those points so that these matters can be co-ordinated effectively. I can reassure the hon. Gentleman on one point: the £500 winter fuel payment is now automatically included in the payment that people in England are getting as part of the support scheme. That means that they do not have to apply for it, as was the case previously. I hope that he will accept that that is a degree of progress.

Many colleagues point to the Scottish scheme as a blueprint for what they would like to see introduced in England, but there are some differences, as the hon. Gentleman noted. In England, there are about 2,400 individuals with hepatitis C stage 1 who were not receiving any annual payment. We have introduced a new annual payment for all those individuals so that they can get support now rather than waiting for their health to deteriorate before they are eligible for it. The Scottish Government have made their own judgments. They have chosen to provide a lump sum payment, and there are currently no proposals for annual payments to the hepatitis C stage 1 group.

We have put in place other measures to avoid the sense that, as the hon. Member for Hammersmith (Andy Slaughter) suggested, this support could be grudging, or that, as the hon. Member for Kingston upon Hull North mentioned, people could feel as though they were being treated as beggars. We have specifically put in measures to avoid this. For example, as we announced in response to the public consultation, people should not feel as

though they have to jump through hoops to prove that they are worthy of support. We have no intention of introducing individual health assessments to registrants of schemes as a means of making people feel as though they have to prove their eligibility. Another key element is a special categories mechanism, with appeal, for those with hepatitis C stage 1 who consider that the impact of their infection, or the treatment for it, is similar or greater than for those at stage 2, such that they could qualify for stage 2 annual payments. This is a particularly beneficial aspect of the scheme.

Members have raised the issue of those who could clear hepatitis C infection. They will remain entitled to compensation under the scheme. The shadow Minister is right that those who clear the virus during the acute phase are not included in the scheme, but that is because the body fights off the infection before the severe health impacts occur. That has been the judgment of the expert advisory group, which we have been pleased to listen to.

**Chris Stephens:** Will the Minister deal with the question of tax rules? Has she had any discussions with HMRC on that issue?

**Nicola Blackwood:** I thought I had already answered that. These schemes are exempt from tax and we are continuing to ensure that the ongoing schemes will be subject to the same tax rules.

Several colleagues raised the issue of a public inquiry. The Prime Minister has been very clear that we do not believe that a public inquiry would provide further information. The things that a public inquiry could achieve, according to media reports, are establishment of the facts, learning from events, preventing a recurrence, catharsis, improving understanding of what happened, and rebuilding confidence and accountability. It is difficult to see what more information could be made available through a public inquiry given that action was taken as soon as possible to introduce testing and safety measures for blood and blood products as these became available, with the introduction of health and heated products, and that the Government have published all documents associated with this event from the period 1970 to 1985, in line with the Freedom of Information Act 2000. However, I am sure that campaigners will continue to make their case.

We have heard a lot about when this year's payments will be made. I share that concern. When I was appointed as Parliamentary Under-Secretary of State with responsibility for public health and innovation, I made resolving this issue one of my highest priorities. I am not prepared to suffer any further delays. It is not fair that affected patients should suffer the continuing uncertainty that has been raised by colleagues. I have told the Department that it must announce the scheme immediately. I am pleased to announce that letters to all hepatitis C stage 1 sufferers were sent out on 11 November informing them of their new annual payment and asking them to claim this through the existing schemes. The schemes have said that they will be able to make these payments by 22 December. Letters to those at stage 2 and those with HIV have been sent this week, and their additional payments will be made shortly before Christmas. The schemes are also planning to send all letters to bereaved partners and spouses before Christmas with the aim of paying their new lump sums before the end

[*Nicola Blackwood*]

of the financial year, and certainly during March 2017. Details of the payment schedules are now available on the schemes' website. In addition, as already announced, all new and increased payments will be backdated from April 2016 or the date of joining the schemes, if later.

I believe it is right that the Government's focus is on considering how best to create and implement a system with the increased budget that is affordable, that redesigns the inconsistencies that we have heard about, and supports those most affected by these tragic events now and into the future. I will continue to listen to the concerns of those affected. I hope that I have responded to those concerns as effectively as I possibly can.

1.59 pm

**Diana Johnson:** I will try to be brief. I thank, and am grateful to, hon. Members from across the Chamber for their excellent contributions. I spoke for quite a long time at the beginning, but I missed out some very important points, including the fact that the new scheme will be in place only until the end of the spending review in 2021, and that is of concern to many people. I was also remiss not to welcome my hon. Friend the Member for Washington and Sunderland West (Mrs Hodgson) to her new role. She is a good friend and this is the first time that I have been in a debate with her as the shadow Minister for public health.

I know that the issue under discussion is not part of the Minister's policy area, but I was pleased that she offered some reassurance on particular areas, including that any budget underspend by the trusts and charities in the new scheme will stay in the Department of Health budget and not go to the Treasury. I hope that it will be used to help beneficiaries. Her comments about death certificates were also welcome.

I am still very worried, however, about the tendering process that the Government seem to be set on pursuing

to decide the scheme's new administrator. It would be absolutely wrong if they chose a private sector provider to do that.

I welcome the stage 1 hepatitis C payments.

**Sir Peter Bottomley:** Does the hon. Lady agree that, whoever administers the scheme, if there are anomalies or cases that come outside the rules, they should be free to tell the Government that they should change them?

**Mr Deputy Speaker (Mr Lindsay Hoyle):** May I interrupt? The winding-up speech is meant to be very brief. I do not mind, but there is a big debate to follow with a lot of speakers, and we are eating into that time.

**Diana Johnson:** I will be very quick. The ongoing payment of £3,500 for people with stage 1 hepatitis C is not a large amount of money for those affected. Under the Scottish model, a £30,000 lump sum payment is made if people have already received the £20,000 lump sum payment. Over the spending period, therefore, I am not sure that the Government can really say that the help that they are providing to people affected with stage 1 hepatitis C is greater than that provided to those in Scotland.

*Question put and agreed to.*

*Resolved,*

That this House notes the Government's recent announcement on the reform of the support schemes for people affected by contaminated blood and blood products; recognises that the contaminated blood scandal was one of the biggest treatment disasters in the history of the NHS; believes that those people affected should have a reasonable standard of living and not just be removed from poverty; is concerned that bereaved partners of people who died with HIV/AIDS and those reliant on regular top-up payments will be worse off; is concerned that the new payments for people infected with Hepatitis C are not commensurate with the pain and suffering caused; notes that people who were infected with other viruses, those who did not reach the chronic stage of Hepatitis C and bereaved parents are not mentioned in this announcement; and calls on the Government to use the funds from the sale of Plasma Resources UK to bring forward revised proposals that are properly funded and which provide appropriate support to all affected people.

## Reducing Health Inequality

[*Relevant document: Second Report of the Health Committee, Public health post-2013, HC 140.*]

**Mr Deputy Speaker (Mr Lindsay Hoyle):** There are 11 Back-Bench contributors to this debate. Will Members bear that in mind, in order to give everybody a good chance of having equal time?

2.2 pm

**Dr Sarah Wollaston (Totnes) (Con):** I beg to move,

That this House calls on the Government to introduce and support effective policy measures to reduce health inequality.

In her first speech at Downing Street, the Prime Minister referred to the “burning injustice” of the difference in life expectancy between the richest and poorest in our society, and to her determination to tackle it. The purpose of this debate is to try to assist the Government in making that a reality, but I also urge her to look at the gap in healthy life expectancy. Based on Office for National Statistics data from 2012-13, the healthy, disability-free life expectancy of a woman born in Tower Hamlets is 52.7 years of age, while that for a woman born in Richmond upon Thames is 72.1 years of age. That is a gap of about 20 years. The social gradient for disability-free life expectancy is even greater than that for mortality. I ask the Under-Secretary of State for Health, my hon. Friend the Member for Oxford West and Abingdon (Nicola Blackwood), to consider the issue not only as one of social justice, but as one that adds hugely to NHS costs and to economic costs more widely. There is a compelling economic and social justice case for tackling it.

What should the Minister do? In a nutshell, she should follow the evidence and start immediately, beginning with the very youngest in society—in fact, she should start with them even before they are born—and take a whole life course approach, following all the wider determinants of health. She should also take a cross-Government approach, with leadership at the highest level of the Cabinet. She needs to take the long view—many of the benefits will become evident in 20 or 30 years’ time—while not ignoring the fact that there will also be quick wins. She needs to look at everything that needs to be done to tackle the situation.

I hope that this will be a consensual debate. I congratulate the Labour Government on the work that they did to tackle health inequalities, which is starting to pay dividends. I also pay tribute to Sir Michael Marmot for his groundbreaking work; the blueprint that he set out in 2010 holds true today and it should be the basis of everything that we do. It is about giving every child the best possible start in life and allowing people of all ages to maximise their capabilities and exercise control over their lives. It is also about fair employment and good work, healthy environments and communities, standards of living and housing.

It is about preventing ill-health as well, and that is what I want to address, because I know that many Members across the House will speak with great expertise about the wider determinants of health. Tackling the issue starts long before people come into contact with health services, but that is still an enormously important part of tackling health inequalities. As Chair of the Health Committee, I will focus on those aspects.

On preventing early deaths, we need to look at lifestyle issues, including smoking and obesity, and at preventing suicide, which is the greatest single cause of death in men under the age of 49. Public health plays a critical role. The “Five Year Forward View” called for a radical upgrade in prevention in public health. Cuts to public health budgets are disappointing and will severely impact on the Government’s ability to tackle health inequalities. The Association of Directors of Public Health surveyed its members in February and found that the cuts to the public health budget were affecting issues such as weight management, drugs, smoking cessation and alcohol, which are key determinants that we need to tackle. In my own area, part of which covers Torbay, cuts of about £345,000 to council public health budgets will result in the decommissioning of healthy lifestyle services. Those budgets affect education and active intervention, and support a network of fantastic volunteers. I regret that those cuts to public health are going ahead, and call on the Government to stop them.

I want to tackle a few key areas. First, smoking is still the biggest cause of preventable death in the United Kingdom. Every year, 100,000 people die prematurely as a result of smoking. In her closing remarks, I hope that the Minister will update the House on the tobacco control plan.

**Sir Peter Bottomley (Worthing West) (Con):** About 25 years ago I took an interest in how many death certificates mentioned smoking, and the answer was four. The figure may be larger now, but we should encourage medical practitioners to say that the person had been an active smoker, even if it was not the primary cause of death, so that at least people can become more aware of the issue.

While I am talking about this, I will mention two other things, which my hon. Friend may be going to cover. One is nutrition at the time of conception, and the second is that we should learn the lessons of how we cut the drink-driving deaths, which was not by public programmes, but by people doing the things that actually made a difference—that cut down the incidence and cut down the consequences and cut down the deaths.

**Dr Wollaston:** Those are extremely important points. The Government can introduce policies and make sure that there are levers and incentives in the system to make that happen. The drink-drive limit is a very important example.

We are not likely to make a difference to the gap in disability-free life expectancy without tackling smoking, which is a key driver for health inequality and accounts for more than half of the difference in premature deaths between the highest and the lowest socioeconomic groups. Without tackling it, we will not make inroads.

I would like briefly to touch on obesity and on the Government’s obesity strategy, which the Health Committee has looked at. To put the matter in context, the most recent child measurement programme data show us that 26% of the most disadvantaged children leave year 6 not just overweight but obese, as do 11.7% of the least deprived children. Overall, of all children leaving year 6, one in three is now obese or overweight. The situation is storing up catastrophic lifetime problems for them, and we cannot continue to ignore that.

[Dr Wollaston]

In our report, the Committee called for “brave and bold action”. Although I really welcome many aspects of the childhood obesity plan—such as the sugary drinks levy, which is already having an impact in terms of reformulation—it has been widely acknowledged that there were glaring deficiencies and missed opportunities in the plan.

I would like to have seen far greater emphasis on tackling marketing and promotion. Some 40% of food and drink bought to consume at home is bought under deep discounting and promotion, and that is one of the potential quick wins that I referred to. We often focus in this debate on what people should not do, and this is an opportunity to look at what they should do. Shifting the balance in promotions to healthy food and drink would have been a huge opportunity for a quick win, because one of the key drivers of this aspect of health inequality is the affordability of good, nutritious food. This would have been an opportunity to tackle marketing and promotion, and I urge the Minister to bring that back into the strategy. I also urge the Government to extend the sugary drinks levy to other drinks, including those in which sugar is added to milky products, because there is no reason why it should be necessary to add sugar to such drinks.

I also welcome the mention in the plan of the daily mile, which has been an extraordinary project. I have met Elaine Wyllie, who is one of the most inspirational headteachers one could meet, and she talked about the strategy and about how leadership from directors of public health makes a real difference. I hope that the Minister will update the House on how that will be taken forward. We should think not just about obesity, but about physical activity and health promotion, and about the benefits that they could bring to all our schoolchildren.

The Health Committee stressed in our report the importance of making health a material consideration in planning matters when money is so restricted. I do not think that to do so would be a brake on growth; it would be a brake on unhealthy growth, and it would give local authorities the levers of power when they are making licensing decisions and planning decisions for their communities. That is something that Government could do at no cost, but with enormous benefit.

The Health Committee is actively considering how we reduce the toll of deaths from suicide. The Samaritans have identified that men living in the most deprived areas are 10 times more likely to end their life by suicide than are those in the most affluent areas. Many factors contribute to this—economic recessions, debt and unemployment—but when we try to tackle health inequality, we will not make the inroads that we need to make unless we look at the inequality in suicide, particularly as it affects men. Three quarters of those who die by suicide are men. I hope that the Minister will look carefully at the emerging evidence from our inquiry as the Government actively consider the refresh to the strategy, and that they will do so at every point when they look at how to tackle health inequality.

I would like the Minister to look at the impact of drugs and alcohol on health inequality. The fact that there are 700,000 children in the United Kingdom living with an alcohol-dependent parent is a staggering cause of health inequality, which has huge implications for

those children’s life chances and for the individuals involved. Again, alcohol has a deprivation gradient; the two are closely linked.

There is evidence about what works, and we have had encouraging news from Scotland. The Scottish courts, I am pleased to say, have ruled that minimum pricing is legal, although I am disappointed that the Scotch Whisky Association has yet again taken the matter to a further stage of appeal. As soon as those hurdles are cleared, I think it would be a great shame if England undermined the potentially groundbreaking work being done in Scotland by failing to follow suit and introduce minimum pricing at the earliest possible opportunity; if we failed to do so, people would be able to buy alcohol across the border.

**Alison Thewliss** (Glasgow Central) (SNP): I thank the hon. Lady for giving credit to the Scottish Government for what they have done on minimum unit pricing. I reiterate what she has said: it is disappointing that the matter has been taken to appeal yet again. Does she agree that there is a lot to look at from Scotland in terms of the smoking ban, which England then took up?

**Dr Wollaston:** I congratulate the Scottish Government. It does seem to be the case that where Scotland leads, England will eventually follow. Scotland is particularly good at following the evidence, and I call on us to do likewise. I am particularly concerned that the benefits that will come about when Scotland introduces minimum pricing will be undermined if we do not follow suit here, so I call on the Government to do so as soon as possible.

In summary—I know that many other Members wish to speak—there is a huge amount that we can do, and not all of it has a cost. I urge the Minister, in summing up, to look at all the possibilities. I urge her to stick with the Marmot agenda and to take a cross-Government approach, but to make sure that there is leadership at the highest level. The Prime Minister’s words in Downing Street were hugely encouraging. The Health Committee calls on the Prime Minister to appoint somebody at Cabinet level to take overarching responsibility for health inequalities and to put those fine words into action.

2.16 pm

**Alan Johnson** (Kingston upon Hull West and Hessle) (Lab): I rise to express my enthusiastic support for the work of the Health Committee under the superb leadership of the hon. Member for Totnes (Dr Wollaston). I also pay tribute to the Prime Minister for her description of health inequalities as a “burning injustice” and for placing the issue at the top of her agenda, which was virtually the first thing she did as Prime Minister of this country.

This is an unusual debate. Usually in this Chamber, Back Benchers press the Government to take something on as a priority, but this is more of a top-down issue. The need to tackle health inequalities has been forcefully expressed by the Prime Minister, and through this debate we are trying to translate those words into effective action. For those of us who have grappled with the nuts and bolts of trying to tackle the obscenity—that is what it is in the 21st century—of health inequality, the Prime Minister’s words were, as the hon. Lady said, enormously encouraging, because they demonstrated the leadership that the issue requires if the awful statistics are to be properly addressed.

I want to set the matter in its historical context to demonstrate the difference in approach that spans the 37 years between the appointments of Britain's first woman Prime Minister and its second. Although health and life expectancy improved dramatically for everyone following the creation of the NHS in 1948, there was a strong suspicion by the 1970s that persistent health inequalities existed and that they were defined largely by social class. There was, however, an absence of easily understood statistical evidence on which to base a clear assertion. In 1977, the then Health Secretary, David Ennals, commissioned the president of the Royal College of Physicians, Sir Douglas Black, to chair a working group that would report to Government on the extent of health inequalities in the UK and how best to address them. The report proved conclusively that death rates for many diseases were higher among those in the lower social classes. Stripped bare, it was the first official acknowledgment that the circumstances into which a person was born would largely determine when they died. That remains the thrust of the argument expressed by the Health Committee's report, except that it has quite rightly added the new dimension, which was highlighted by the Marmot indicators of health inequalities in November 2015, of the difference made by the number of years spent in good health. There is an extraordinary gap between the most and the least disadvantaged of almost 17 years.

By the time the Black report was published, a new Government had been elected. They displayed their enthusiasm for tackling health inequalities by reluctantly publishing fewer than 300 copies of the report on an August bank holiday Monday in the depths of the summer recess. In his foreword to the report, the new Health Secretary could not even raise the enthusiasm to damn the report with faint praise; he simply damned it and virtually ignored it, and that remained the case for 18 years.

This is important because people assume that health has improved for everyone since the 1940s—it has, by and large—yet during those 18 years, many of the problems that Black highlighted actually got worse. For instance, in the early 1970s, the mortality rate among young men of working age in unskilled groups was almost twice as high as that among those in professional groups; by the early 1990s, it was three times as high. The most awful statistic—this began to emerge in the 1980s—was that the long-term unemployed were 35 times more likely to commit suicide than people in work. It would be inconceivable today for a Health Secretary to be as dismissive of an issue that is so critical to the life chances of so many.

We are also more aware today than we were then that healthcare is only part of the problem. Indeed—the Minister has a difficult job—it is a minor part: the proportion has been calculated at between 15% and 25%. The epidemiologist Professor Sir Michael Marmot, the world's leading expert on this subject, has established the social determinants of health. The Acheson report of the late 1990s explained:

“Poverty, low wages and occupational stress, unemployment, poor housing, environmental pollution, poor education, limited access to transport and shops”—

and the internet—

“crime and disorder, a lack of recreational facilities...all have an impact on people's health.”

Beveridge's five giants—disease, want, ignorance, squalor and idleness—were a more pithy and poetic way of describing the problem. Beveridge's brother-in-law, the historian and Christian socialist R. H. Tawney, set the template that we should follow. He said the issue was

“not...to cherish the romantic illusion that men are equal in character and intelligence. It is to hold that...eliminating such inequalities as have their source, not in individual differences, but in its own organization”.

The Marmot report, which I commissioned as Health Secretary in 2008 to inform policy from 2010 onwards—unfortunately, the electorate decided that we would not be in office to carry this out—recommended six policy areas on which we should focus: the best start in life; maximising capabilities and control; fair employment and good work; a healthy standard of living; healthy and sustainable places and communities; and a strengthened role for and provision of ill-health prevention. Marmot advised that those six areas should be focused on with a scale and intensity proportionate to the level of disadvantage, which he called “proportionate universalism”. The coalition Government accepted all Sir Michael's recommendations. However, they responded with a policy—“Healthy Lives, Healthy People”—in which the focus was on individual lifestyle and behavioural change. That, as Sir Michael has pointed out, is only one facet of the problem, just as the NHS is only one part of the solution. Moreover, the only piece of cross-Government co-ordinating machinery, the Cabinet Sub-Committee on health, was scrapped in 2012.

The Health Committee's report on public health and today's debate, together with the Prime Minister's pledge, give us a fresh opportunity to capitalise on the brilliant work done by Sir Michael Marmot and his Institute of Health Equity at University College London, and on the political consensus that I am pleased to say now exists on this issue, by forging a fresh and dynamic response across the Government to tackling health inequalities. One of the Committee's recommendations, as has been mentioned, is that a Cabinet Office Minister should be given specific responsibility for leading on this issue across the Government. I have a more radical suggestion: the Prime Minister herself should take personal responsibility for this issue. The Prime Minister is also the First Lord of the Treasury and Minister for the Civil Service, and previous Prime Ministers have taken on other ministerial positions—Wellington was also Foreign Secretary, Home Secretary and Colonial Secretary, and Churchill was Prime Minister and Defence Secretary. It would set a wonderful example if the Prime Minister followed up her words by saying, “I'm going to lead on this. I'm going to chair the cross-Government Committee that tackles health inequalities.” That level of leadership is needed, because only then will there be meaningful cross-departmental work to tackle these inequalities.

I echo the Health Committee's view that devolving public health to local authorities was the right thing to do. Not everything in the Health and Social Care Act 2012 was approved by Opposition Members or many other people, but that change was the right thing to do. The cuts in authorities' budgets—£200 million of in-year cuts—must be restored and I suggest that the ring fence is extended at least to the end of this Parliament. With local government having so many problems, I fear that breaking the ring fence for public health will mean that the money goes elsewhere and is not focused on these issues.

[Alan Johnson]

As I have said, only a minority of health inequality issues involve the Department of Health, but I want to highlight one that quite certainly does. The biggest cause of the hospitalisation of children between the ages of five and 14 is dental caries: 33,124 children went into hospital to be anaesthetised and have their teeth extracted in the past year. Incidentally, that is 11,000 more than for the second biggest cause of the hospitalisation of children, which is abdominal and pelvic pain. Believe it or not, it was the 12th highest cause of hospitalisation of tiny children below the age of four.

This is a health equality issue. Almost all the children who went into hospital were from deprived communities, including 700 from the city I represent. There is a safe and proven way dramatically to reduce tooth decay in children, and it also has a beneficial effect on adults. It involves ensuring the fluoridation of water up to the optimum level of 1 part per million. The cost of fluoridation is small. For every £1 spent there is a return to the taxpayer of £12 after five years and of £22 after 10 years. The evidence—from the west midlands and the north-east, and from countries across the world—has now existed for many years. A five-year-old child in Hull has 87.4% more tooth extractions than one living in fluoridated Walsall. The whole medical profession, the dental profession, the British Medical Association and the Department of Health have recognised that for many years.

In Hull, we intend to fluoridate our water as part of a concerted policy to tackle this element of health inequality. We need the Department of Health to show moral leadership by encouraging local authorities in deprived areas to pursue fluoridation, and supporting them when they do. The Health Secretary retains ultimate responsibility for public health, including ill-health prevention. This is one issue on which he can begin the process of reducing hospital admissions by encouraging preventive action and, in terms of health inequalities, giving poor kids prosperous kids' teeth.

**Sir Peter Bottomley:** I completely agree with the right hon. Gentleman. Has he or anyone else solved the problem of how to protect water supply companies and businesses so that they do not find themselves facing unjustified claims or difficulties?

**Alan Johnson:** I had actually finished my speech, but I will answer the hon. Gentleman's intervention as my conclusion. I have talked to Yorkshire Water, and my understanding is that putting the focus on local authorities changes the whole dynamic of how the various conspiracy theorists can attack on this issue.

2.29 pm

**Maggie Throup** (Erewash) (Con): It is a great pleasure to follow the very thoughtful speech of the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson).

Today's subject, reducing health inequalities, is very far reaching. I will focus on obesity, as I chair the all-party parliamentary group on obesity, and also sit on the Health Committee and was involved in producing the report that my hon. Friend the Member for Totnes (Dr Wollaston) has alluded to.

I make no apology for talking about obesity again in the Chamber. Alongside terrorism and antimicrobial resistance, it poses a major threat to our nation. More than one in five children are overweight or obese before they start primary school; that figure rises to more than one in three as they start secondary school. Our children—our future generations—are at risk of developing serious health conditions such as type 2 diabetes, heart disease and cancer. Recent data have shown the continuing and widening inequality gap in the overweight, obese and excess weight categories for reception and year 6 children. Some 60% of the most deprived boys aged five to 11 are predicted to be overweight or obese by 2020, compared with a predicted 16% of boys in the most affluent group—60% versus 16%. Overall, 36% of the most deprived children are predicted to be overweight or obese by 2020 compared with just 19% of the most affluent.

Those vast inequalities must be tackled, and, as the Health Committee inquiry into childhood obesity stated, we need to take “brave and bold” action. Every study around at the moment shows that higher obesity rates are linked to deprivation. Critically, the national child measurement programme showed that the gap between areas less affected and those where childhood obesity is more prevalent is growing. That cannot and should not be ignored. We need to see it as a wake-up call, highlighting the fact that many of our young people could face a future riddled with the complications of obesity—as I have said, those include diabetes, heart disease and cancer—as well as the immense strain we risk putting on our public services and the potential emotional impact on our population. Medics are reporting cases of type 2 diabetes in children. That is shocking and frightening, as until recently it was thought of as a disease only of the older population. It is a reminder, yet again, that action is needed to prevent a public health calamity.

I will focus now on the overall impact of obesity in adults. It is important we provide parents with every tool possible to make sure they can be great role models when it comes to what we eat and our lifestyles.

**Rebecca Pow** (Taunton Deane) (Con): I am sure that my hon. Friend is aware that last week Tesco announced significant changes to the amount of sugar in its drinks. It did so off its own back. What are her views about how such pressure from the supermarkets could influence outcomes for our children?

**Maggie Throup:** My hon. Friend makes a good point. It is not just Tesco that has done that; so have Waitrose and Morrisons, to name just two—I am sure there are many more. It is really good that major retailers have taken on board the severity of the challenge faced both by us as a nation and globally. Parents need to be role models, as do retailers. Sometimes they are not quite the role models that they should be, but we need every bit of help we can get.

It is not just childhood obesity that is linked to social class and to different levels of deprivation; adult obesity is, as well. The highest prevalence of excess weight for both men and women is found among low socioeconomic groups. If current trends continue, almost half of women from the lowest income quintile are predicted to be obese in 2035.

Obesity is the single biggest preventable cause of cancer after smoking. The Government acknowledge the importance of early cancer diagnosis, and dedicated NHS staff at all levels are committed to delivering that, so surely every preventive measure that can be put in place, must be. As previously noted, as well as cancer, obesity leads to a greater risk of type 2 diabetes and heart disease. Those conditions are all life-changing and life-limiting.

I am sure people now understand that there is a link between obesity and diabetes, but, sadly, I fear that many think they can just take a pill to keep diabetes under control. Sadly, for far too many diabetes sufferers, that is not the case. The consequences are vast, with many diabetes patients needing lower limb amputation and suffering kidney disease, heart disease and sight loss—as I said, it is life-limiting and life-changing. Action needs to be taken now to turn around what I believe has become an obesity epidemic.

Everything I have talked about should prompt a reconsideration and review of the Department of Health's childhood obesity plan. Although the Government were leading the world in producing the plan for action, when it was published, many, myself included, said that it was quite a let-down. I stand by that view. There simply was not enough detail in that 13-page document. It was aspirational, rather a focused plan of action; it ignored the recommendations of Public Health England, which were endorsed by the Health Committee; and it did not set firm timescales for turning the tide on childhood obesity.

The plan we have is insufficient for the scale of the task we have to tackle. That does not mean starting all over again, however; it means that we need to do more. We need clear actions and timescales. I acknowledge that there is a fine balance between a nanny state, business co-operation, and parental and personal responsibility, but I am sure it is not impossible to find that common ground. Yes, it is the responsibility of parents to ensure their children eat healthily, are physically active and learn good habits that will last a lifetime, but time and again that has proven insufficient by itself. Parents need more help and the current childhood obesity plan cannot and will not give them what they need.

It would also be a mistake to think the answer lies in burdensome regulation of business, namely the food and drink sector. Demonising that sector is both unhelpful and unfair. As we have discussed, some producers, manufacturers and retailers have already taken great strides in reformulating products and encouraging healthier consumer behaviour. We must commend them and welcome those actions. Evidence suggests that the least affluent households in the UK have higher absolute exposure to junk food advertising than the most affluent households. Interventions such as reducing the promotion of junk food, or the soft drinks industry levy, are likely to have a positive impact on reducing health inequalities by delivering change across the population and consequently delivering disproportionate benefit to the most deprived communities.

Just as the current plan does not help parents, however, it likewise does nothing for business, which would be better served by clear goals for reformulation, advertising and labelling, and timeframes in which those must be achieved. Both publicly and privately, many businesses in the sector note that they would be better served by

clearer, more far-reaching Government recommendations that at least gave them a measure of certainty for the future.

We may well be horrified by the national child measurement programme figures and other data we read on an almost daily basis now. Just this week, Cancer Research UK revealed that teenagers drink almost a bathtub full of sugary drinks on average a year—I hope that a visual representation will shock some teenagers into changing their habits rather than suffering the consequences.

**Mrs Sharon Hodgson** (Washington and Sunderland West) (Lab): The hon. Lady is making an excellent and thoughtful speech—she will be pleased to hear that there has been nothing in it that I have disagreed with so far. Was she therefore as disappointed as I was at the removal from the childhood obesity plan—we can only guess at why—of targets on halving childhood obesity, as well as measures on advertising and marketing that would have helped with the issues she has been discussing?

**Maggie Throup:** I thank the hon. Lady for that intervention. I will come on to that point when I make some requests of the Minister towards the end of my speech.

We know that childhood obesity levels will not drop tomorrow, but we need to see some signs in the next few years that they are declining. The foundations of an effective strategy are readily available in the form of the Public Health England recommendations and the Health Committee's report.

In conclusion, when the Minister responds, I would like to hear a firm commitment to the soft drinks levy; clear goals for product reformulation and timeframes within which those should be achieved; action on junk food advertising during family viewing; and action on supermarket and point-of-sale promotions—for example, we do not want to go to buy a newspaper and be offered a large bar of chocolate. I would also like to hear what accountability will be put in place to ensure that schools provide the exercise outlined in the plan. Such measures would ensure that we had a strategy, rather than just a vision, and enable us to start tackling the obesity challenge in our society today.

2.40 pm

**Alex Cunningham** (Stockton North) (Lab): I, too, thank the hon. Member for Totnes (Dr Wollaston), the Chair of the Health Committee, for bidding with colleagues for this crucial debate and the Backbench Business Committee for granting the time. There is probably no other person in this place who is better placed than her to talk about health inequalities, and her speech demonstrated that clearly. It was both challenging and thorough. It is a pleasure to follow the hon. Member for Erewash (Maggie Throup) and it was good to learn a bit more about obesity.

Many will say that health inequality stems from the overarching inequalities in education and opportunity across the country and even within communities, and that is true. My right hon. Friend the Member for Kingston upon Hull West and Hessle (Alan Johnson) outlined the historical context of that. However, I would say that health inequality starts even before birth—before a child is born into affluence or poverty; long before

[Alex Cunningham]

they have the opportunity to start at a good nursery or are left to make do with what is left; and years before they start making their own life choices.

Yes, health inequality begins in the womb and the child's development can be very much restricted or enhanced by the diet of the mother, her tendency to drink alcohol or smoke in pregnancy, and dozens of other factors relating to antenatal care and access to general practitioners. Where people live has a major impact on all those things, but the effect can be mitigated by the actions of the NHS, local authorities and, of course, the Government. They can all, given the resources, make the kind of interventions that are needed to support people where that support is needed. The issue is one of resources, which are needed for everything from mounting campaigns to discourage smoking in pregnancy to providing the best hospital facilities in the areas of greatest need.

I will talk about my area, the borough of Stockton-on-Tees, and the north-east of England to illustrate the reality of health inequalities and the poverty that plays its own part in people's life chances and life expectancy, and to show just why Government policy is putting the brakes on the progress we made in the years up to 2010. I will start with some facts. There is a life expectancy gap of 17 years between men in the most deprived ward in Stockton and a man in the least deprived ward, and the gap is over 12 years for women. That gap has increased by two years over a five year period, and unless we take immediate measures, I fear it will continue to grow.

Child development is an important contributor to health equity, as the successes and opportunities that children receive contribute to their quality of life later on. The English average for children achieving a good level of development at five years old is 60%, but in Stockton the figure is just 50%. A child who has a low quality of health due to parental lifestyle is more likely to be out of school more often due to illness, especially when it comes to dental health, with 72% of children in the most deprived areas having decayed, missing or filled teeth. My right hon. Friend the Member for Kingston upon Hull West and Hessle offered much more information on that problem and solutions to it.

In my constituency, the biggest causes of early death are cardiovascular disease, cancer and smoking-related diseases. The number of hospital stays due to alcohol-related harm is 808 worse than the average for England. That represents 1,500 stays per year. The rate of self-harm hospital stays is 225 worse than the average for England and the rate of smoking-related deaths is 320 worse.

Sadly, the position in the north-east region is similar and there are some startling statistics, many of them related to alcohol. Some 57% of people living in the north-east, or about 1.2 million individuals aged 18 or over, have suffered at least once due to the drinking of others in the last 12 months. Some 62% of people know at least one heavy drinker. Males, younger age groups and those who drink the most were more likely to know a greater number of heavy drinkers. A third of north-easterners drink above the Government's recommended limits on a daily or almost daily basis, and one in five binge drinks on a weekly basis. More than 60% of us worry about violence caused by drinking and 90% of us

are concerned about people being drunk and rowdy in public. There is a strong relationship between alcohol and crime. Almost half of all crime is alcohol related and that is having a significant impact on individuals and communities.

While smoking rates in the north-east have declined over the past two decades, Fresh, a great charity, reports that 18.7% of adults still smoke and nearly 9,000 children in the region start smoking every year, according to Cancer Research.

The north-east has the highest rate of economic inactivity in England. Between July 2014 and June 2015, 25.3% of the working age population in the region was economically inactive, with over a quarter of that inactivity due to ill health. The regional unemployment rate remains the highest in the UK at 7.9%, while life expectancy is lower than the English average. Men and women in the north-east typically live over a year less than the national average.

My constituency and much of the north-east reflect the picture across poorer parts of the country, and the evidence from charities and experts on these issues show them to be highly significant. A British Lung Foundation briefing on health inequalities found that people living in the poorest areas will die, on average, seven years earlier than those in the richest areas. There is a strong correlation, which is backed up by much evidence, that shows that a person's affluence and opportunities affect their health. Cancer Research UK has carried out research that shows that inequality is linked to 15,000 extra cases of cancer in England and that children from the most deprived groups are twice as likely to be obese than the least deprived groups.

So there is quite a dire picture across the north-east region, but that is not for want of action by health groups, local authorities and charities. They have had some remarkable successes over the years, despite the poor hand dealt them, but they need the support of the Government to make even better progress. To reduce health inequalities, we need to provide more resources to support those who seek help; to invest in our health services to detect illnesses earlier; to ensure that healthcare has a greater role in schools; to stop those 9,000 children a year taking up smoking; and to ensure that the NHS has the means to look after and treat everybody who needs it.

Back to Stockton, how do we ensure that those who live there are not at a significant disadvantage from birth compared with those in more affluent areas? We must start from the beginning. By investing in early-years education, we can make sure that all children have the best start in life and reach their key development milestones to the best of their ability. As I suggested earlier, we can start before they are even born.

The borough council has taken a number of measures to address the health inequality within the borough. The delivery of the health and wellbeing strategy is increasingly being targeted at those who most need support. For example, the Stockton seasonal health and wellbeing strategy co-ordinates a targeted approach to make sure that those who need the most support are getting it. Some 18,000 people have received winter warmth assessments to make sure their homes are prepared for the winter months, and Stockton Borough Council is working with Public Health England to implement a child dental health programme in schools, including

even in nursery—isn't that sad!—and for reception children. In our poorest wards, the council runs a community-led initiative focusing on three key outcomes for children up to three years old: cognitive development; speech and language development; and nutrition. These schemes are ensuring that children have more opportunities to break a cycle of health inequality in some areas of my constituency, and some areas in the wider country, and promoting a healthier and safer upbringing.

As I keep repeating, however, all these schemes need resources, but those are sadly diminishing as each year goes by. I could bleat on about the poor deal the north-east got from the coalition and is now getting from the Tory Government—the movement of health resources from the north to the south and the huge cuts to local authority spending, which have impacted on their ability to maintain the services they need in order to close the equality gap—but I will not. I will, however, remind the Government that while new hospital projects in Liberal Democrat and Tory constituencies planned by the last Labour Government went ahead in 2010, the one to serve my own and neighbouring constituencies was axed.

Our health professionals and trusts do a remarkable job in our area in the most difficult of circumstances, and I hope that one day soon they will have the 21st-century hospital and facilities they need to serve our community and help close that inequality gap. Perhaps the provision of that hospital should form part of the sustainability and transformation plan for our region. Instead we face the potential downgrading of our hospital and the potential loss of our accident and emergency department.

The challenge posed by health inequalities, not just in my area, is bigger than any individual parent, and bigger than any local authority or health trust. We must have a unified strategy to ensure that health inequality is a thing of the past and that my constituents, as well as those of many other Members, have the best start in life and a good quality of life. We need earlier intervention in schools, more support for those suffering from mental health problems, and greater action to break the cycle of health inequality in the poorest areas of the country.

I am well aware that we heard one of the gloomiest outlooks for our country from the Chancellor for decades when he delivered his autumn statement yesterday. He spoke of the uncertainty ahead, of rising debt and borrowing and falling growth and tax revenues. My great fear is that in the tough years ahead, partly as a result of the Government's failure properly to fund public health, the NHS and social care, we will see health inequalities grow, not reduce, and that the huge gap in life expectancy will not be closed for many decades to come.

We should have a country not where the future opportunities and health of children are determined by their socioeconomic status or the availability of resources to tackle the issues of smoking, alcohol, drugs and inactivity but where children yet to grow up or be born have the freedom to choose whichever path they want to take without negative health implications holding them back.

2.51 pm

**Oliver Colville** (Plymouth, Sutton and Devonport) (Con): I follow previous speakers in this debate with a certain trepidation. I hope that I can live up to their mark.

I congratulate the shadow spokesperson, the hon. Member for Washington and Sunderland West (Mrs Hodgson), with whom I have worked closely on issues around basketball. I should also draw the House's attention to my entry in the Register of Members' Financial Interests. I also congratulate my hon. Friend the Member for Totnes (Dr Wollaston) on securing this debate. As a fellow Devon MP, she might know something about the issues I want to talk about—it would be helpful to have a conversation with her afterwards.

In my constituency, there is an 11-year life expectancy difference between the north-east of my patch, where the professionals live, and the south-west, in Devonport, which is best known for its dockyard. Last week, I chaired a supper in Plymouth with health practitioners and academics on the subject of iron-deficiency anaemia in Devon. I will not pretend to be a medical expert—as hon. Members can probably tell, that is something that rather bypassed me—but it is a condition where the body has a low red blood cell count, resulting in less oxygen getting to organs and tissues. It can have serious consequences and often leads to more admissions to hospital or a deterioration in health.

The condition is a result of poverty—especially, but not exclusively, among the over-75s. I was horrified to learn that Plymouth is top of the national list of iron deficiency. The rates of iron-deficiency anaemia are four times the national average. In the Northern, Eastern and Western Devon area, which includes Plymouth, there were 1,530 in-patients with IDA in 2014, a 19% increase on 2013, following a steady rise over the previous few years. I understand that in 2014 this amounted to an avoidable cost to the local health economy of just over £1 million.

I want to focus on NHS England's desire to close three GP surgeries in my constituency by next March. I fear that this action will serve to put greater pressure on the principal acute hospital at Derriford, in the constituency of my hon. and gallant Friend the Member for Plymouth, Moor View (Johnny Mercer). I am told that the reason why NHS England is considering the closures is the size of the GP practices. I understand there is a Nuffield report that says that should not be the only thing taken into account. The Cumberland GP practice has 1,800 patients, Hyde Park has 2,800 and St Barnabas 1,700. They are considered by NHS England to be unsustainable and too small, despite the fact that they are growing practices. I have mentioned some of these issues before, but I have no problem repeating them. I was told that closing the practices is not down to saving money, but is about delivering better value for money. However, before I speak about those issues, let me put my constituency in some context.

Plymouth, Sutton and Devonport runs from the A38 down to sea, and from the River Plym to the River Tamar. It is home to one of the largest universities in the country, with more than 27,000 students, thousands of whom live in the city centre. It is a naval and Royal Marines Commando garrison city, as the Minister of State, my hon. Friend the Member for Ludlow (Mr Dunne), for whom I was previously a Parliamentary Secretary, knows only too well. Before the November recess, the Ministry of Defence sadly confirmed that it would be releasing Stonehouse Royal Marines barracks and announced that the Citadel, which is where 29 Commando is based, would be released back to the Crown Estate.

[*Oliver Colvile*]

Fortunately for Plymouth, the MOD also announced that the Royal Marines and their families would be transferred from Chivenor, in the north of Devon; Arbroath, up in Scotland; and Taunton, just up the M5. While the city's population is growing, this announcement will almost certainly put even greater pressure on our schools, our hospitals at Derriford and Mount Gould, and our GP practices.

Although Plymouth has a global reputation for marine science and engineering research, it is a low-wage, low-skills economy. It is an inner city—something pretty unique for a Conservative to represent, if I might say so. Indeed, I do not have a single piece of countryside in my constituency, unless we include the Ponderosa pony sanctuary, which is a rather muddy field. In the run-up to the 2010 general election, when I won the seat on the third attempt, the Conservative party pledged to do something about healthcare in deprived inner cities. We have started to make good our word, and in 2014 my hon. Friend the Member for Central Suffolk and North Ipswich (Dr Poulter)—one of the Minister's predecessors—came to Devonport to open the Cumberland GP practice, which is now very much under threat. Other facilities on the Cumberland campus include a minor injuries unit, the Devonport health centre and a pharmacy.

The Cumberland GP practice was set up by Plymouth Community Healthcare—now Livewell Southwest—and the Peninsula medical school. There was, and is, a desperate need to provide a tailor-made alternative service to the existing GP practice—then the Marlborough Street practice, now the Devonport health centre—for this deprived Devonport community and a need to look after drug users and the city's homeless in hostels such as the neighbouring Salvation Army hostel. The practice also offers practical placements to students at the Plymouth medical school. Until earlier this year, it was funded by Livewell Southwest, a social enterprise, which found it too expensive to maintain.

Despite Devonport's real deprivation, NHS England did not want to get involved in providing a contract to the Cumberland GP practice, which has consequently been operating without a formal contract and is managed by Access Health Care. I understand that in the past the neighbouring Devonport health practice has not been interested in offering facilities to homeless people and drug users—it may change its mind, though. Indeed, I understand that some of the Cumberland practice's patients were not keen to transfer back to the Devonport centre, which is where they came from in the first place.

NHS England's reason for putting the Cumberland GP practice under threat is because it considers it to be too small and to be operating in unsuitable, cramped premises. Unless we are careful, we could put more pressure on Derriford's acute emergency unit, which is already under enormous pressure.

I became aware of NHS England's proposals for these three GP practices in August, during the summer recess, when NHS England no doubt expected me and other MPs to be away on parliamentary trips or taking a holiday—hard luck; I was there! I immediately put together a series of meetings with the city councillor director of public health, the leader of the council, the cabinet member for adult social care, people from NHS England, the dean of the medical school and Dr Richard

Ayres, who runs the Cumberland GP practice. At that meeting, I suggested that the Cumberland GP practice should share the Devonport health centre's brand-new building, which has space and operates as a federation, sharing the receptionists and backroom staff. This was supported by everybody present. Indeed, the city council's health and wellbeing board also supported it, following an inquiry that recommended measures to allow the Cumberland GP practice to continue.

However, I understand that Devonport health care might not be willing to do that, so it appears that the Devonport community might be deprived of a second GP practice so that patients will have no choice over which doctor they go to. The Northern, Eastern and Western Devon CCG is looking at ways to try to keep the Cumberland GP practice open, but it needs space in the short term while it considers alternative locations. I have also received representations from patients at both the Hyde Park and St Barnabas surgeries.

At Hyde Park, although Dr Stephen Warren is keen to continue as a GP, following a heart attack, he has transferred the ownership of his practice to Access Health Care because he no longer wishes to deal with the backroom tasks of administration, which is part of running a practice. He argues that his and his partner's growing 2,800-patient practice—the Cumberland is growing as well—has attracted outstanding reviews, and that he would not be able to inform his patients where he was going if he relocated to another practice. He also thinks that some patients like to have a relationship with an individual doctor whom they can see speedily rather than having to wait weeks. It is rather like having one's own personal bank manager, which I feel is quite important.

The St Barnabas surgery, which is also run by Access Health Care, was set up in a new development next to a residential care home for the elderly where patients do not have to walk very far to get to it. In all three cases, NHS England, for supposedly technical reasons, gave patients only 24 hours' notice of its initial engagement. I must say, frankly, that I found the public consultation process utterly appalling. I wrote to NHS England asking it to give more time to engage with local communities, and I am grateful that it bothered to listen.

Recently, at my weekly constituency surgery, I was asked to write to NHS England to ask whether it had engaged with other GP surgeries and with Derriford hospital, and whether it had consulted them, because some GPs will have to accommodate more patients. That is a very big issue.

There are wider issues in all of this, too. At the moment, the commissioners in Northern, Eastern and Western Devon spend a higher amount of money in eastern Devon than in the more deprived western locality. The Government's success regime is keen to correct that, so that resources are focused on deprived communities such as Devonport.

**Rebecca Pow:** I wish to make an observation. Given the detail that my hon. Friend has gone into and how he seems to be representing his community in these deprived areas, I wish to observe how very fortunate they are to have this Conservative MP in that inner-city area.

**Oliver Colvile:** It is generous of my hon. Friend to say that, and I shall try to intervene on similar lines later! [*Interruption.*] I also observe that there have been no mentions of hedgehogs in this debate.

Finally, as the Minister may know, I am the Government's pharmacy champion, and the Government are reviewing the role of pharmacy to take pressure off our GPs and major acute hospitals such as the Derriford. Much has been made of the 6% cut, but there has been very little publicity of the £19 million that will be made available through the Government's pharmacy access fund. My hon. Friend might like to use her winding-up speech to give us a little more information about all this, and to explain how the Department of Health will provide the resources for pharmacies to take pressure off GPs by delivering flu jabs, opticians, mental health services, anti-smoking measures and a nationwide minor ailment facility. If she cannot do that now, perhaps she would like to write to me about it.

Plymouth's health service is under real pressure. Like the rest of the country, the town does not have enough GPs. Parts of my constituency are very deprived and we need to do something about the 11-year life expectancy difference. The Government must ensure that resources follow health needs. We also need to make much more use of pharmacies. As my hon. Friend the Minister knows, I am the Government's pharmacy champion, so may I ask how we will ensure that pharmacies have funding, and how they will be able to operate?

3.5 pm

**Judith Cummins** (Bradford South) (Lab): Thank you, Mr Deputy Speaker, for calling me to speak in this important and, in my opinion, overdue debate. I thank the Chair of the Health Committee, the hon. Member for Totnes (Dr Wollaston), for initiating it, and I thank the Backbench Business Committee for allowing time for it.

I want to focus on an area of health inequality that receives disproportionately less funding than most others and, sadly, far less attention from Ministers than it is due. I am, of course, talking about dental and oral health inequality. Most people, when asked to describe what health inequality looks like in this country, would cite difficulties in seeing a GP, long waiting lists for treatment for common ailments, and the rationing of licensed drugs for those suffering from treatable diseases. I could, of course, go on. Most, however, would not immediately cite dental and oral health, although inequality in that area is just as widespread throughout the country as the many other important inequalities that Members have rightly highlighted today.

Let me underline my point by sharing with the House some unsettling figures that have caused me, as a Bradford Member, more than a few sleepless nights. Official figures reveal that five-year-old children in Bradford are four and a half times more likely to suffer from tooth decay than their peers in the Health Secretary's constituency of South West Surrey. The number of children admitted to hospital for tooth extractions—they usually require a general anaesthetic—has risen by a quarter over the past four years. Shockingly, during the past year 667 children in Bradford alone have spent time in hospital for that entirely avoidable reason.

**Maggie Throup**: As someone who was born in Bradford, I can proudly say that, even at my age, I have only one filling. As with obesity, dental problems are often due to a lack of parental responsibility as well as environmental factors.

**Judith Cummins**: That is an interesting point. I shall deal with some of those issues later in my speech.

According to the latest figures, 32% of children in Bradford—nearly a third—have not seen a dentist for more than two years. Ideally, as Members will know, children should be given a check-up every six months.

Dental and oral health has been and continues to be the Cinderella of health service provision. It is seen as being “nice to have”—to be tackled once the good ship NHS has returned to calmer waters—and due for its much-needed extra funding only when the financial black holes elsewhere in the NHS have been plugged. Such inequality in dental and oral health is plain wrong. It is an unspoken injustice in today's society, and the task of tackling it cannot and should not be kicked down the road like the proverbial can year after year.

Tooth decay is an almost entirely preventable disease. It is a scandal, without exaggeration, that tooth decay is the No. 1 reason for hospital admissions of children between the ages of five and nine. It is a scandal not only because it causes our children needless pain and suffering, but because, in this time of austerity, it wastes countless millions in NHS resources. However, its impact goes much deeper than that.

In an increasingly globalised and competitive world in which our children are expected to succeed at school, improve their skills and excel in internationally benchmarked exams, they all need to be healthy and energised to face the school day. Too often, however, pain arising from poor oral and dental health hinders their school readiness, impairs their nutrition and growth, and cripples their ability to thrive, develop and socialise with each other. A recent survey sadly confirmed that more than a quarter of our young people feel too embarrassed to smile or laugh due to the condition of their teeth. For our teenagers, the injustice is no less when they need to succeed and make their way in a competitive job market.

**Meg Hillier** (Hackney South and Shoreditch) (Lab/Co-op): In my constituency, I can tell the extent of someone's poverty by the state of their teeth, so not only is there the issue of decay, but this is about not having the money to be able to get the necessary treatment—perhaps cosmetic treatment—which can then lead to embarrassment and a loss of confidence.

**Judith Cummins**: I thank my hon. Friend for making that valid and important point.

Disproportionate levels of poor oral and dental health, predominantly in deprived, low-income areas such as those in Bradford, hamper these young people from forging their careers. Survey after survey confirms that young people who suffer from poor dental and oral health face poorer job prospects. Dental and oral health plays, rightly or wrongly, an important part in selling ourselves in today's competitive job market.

I have set out the depressing scale of the challenge, but what can we do—or, perhaps more accurately, what can and should this Government be doing—to tackle this scandalous health inequality? As I highlighted to the former Prime Minister Mr Cameron, when I challenged him about this inequality in my constituency and city, there are some simple steps that can be taken. The first of them is due to be implemented in the foreseeable future: a tax on sugary drinks. Although the Government's

[Judith Cummins]

final proposal was very much weaker than it should have been, it was nevertheless very much a welcome step in the right direction.

The Royal College of Surgeons faculty of dental surgery, a professional body that sees dental inequalities first hand in its day-to-day work, suggests a number of low-cost, easily deliverable measures that could readily be adopted by Government: tightening restrictions on advertising high-sugar products on television, for example by restricting advertisements before the 9 pm watershed; limiting price promotions in supermarkets for high-sugar foods and drinks, and excluding these products from point-of-sale locations such as checkouts and counters; and, most sensibly, limiting the availability of high-sugar foods and drinks in our school system.

Perhaps the most important measure that the Government could implement, as highlighted by the British Dental Association, would be to expedite changes to the current dental contract. Critical changes are long overdue, the first of which would be to incentivise preventive work through the contract. The second, and most important, would be to incentivise the dental profession to establish new practices in deprived areas. Such areas desperately need practices as people there typically face the least availability.

In my constituency, despite need being so high, there is a shameful shortfall of NHS dentist appointments. Very few NHS dentists have open lists, meaning that most people in search of dental treatment simply give up, and those who are determined end up finding a dentist outside the city boundaries. Surely that is not right. I understand that the Government hope to begin rolling out a reformed dental contract from 2018-19 onwards, but that simply is not soon enough.

I finish by asking a simple question: is it just and equitable that five-year-old children in Bradford, my home city, are four and a half times more likely to suffer from tooth decay than their peers in the South West Surrey constituency of the Health Secretary? I hope that the House agrees that the answer is no.

3.13 pm

**Rebecca Pow** (Taunton Deane) (Con): I am very pleased to follow the hon. Member for Bradford South (Judith Cummins), who gave such a shocking account of oral and dental health. I am also delighted to follow my hon. Friend the Member for Totnes (Dr Wollaston). I commend her for raising this important issue and for so ably highlighting the impacts and causes of health inequality.

I want to focus on an area my hon. Friend did not mention, and to bring it to the Minister's attention: natural and green solutions to help to reduce and prevent the disparity and inequality in health outcomes. I am not suggesting that the things I am going to mention are the only solutions, but I really believe that our natural environment has an important and often underestimated role to play in our health and wellbeing. Health inequality can cost up to £70 billion a year, with those below the wealthiest levels in society suffering the greatest degrees of inequality. Many of my colleagues have expanded on that point today. I have a particularly deprived area in my constituency called Halcon, which is among the

4% most deprived parts of the country. Many of the factors being described today apply to that part of Taunton Deane.

Interestingly, people living in deprived areas are 10 times less likely to live in the greenest areas. That seems more than a coincidence. There must be a link. In fact, I can tell the Minister that research shows that disadvantaged people who have greater access to green spaces are likely to have better health outcomes. A good-quality natural and built environment can have a significant positive impact on mental and physical health. Not only that, but some of the solutions that I am going to mention can be cost-effective. I know that the idea of cost savings will always make a Minister's eyes light up. Many people are beginning to realise the important link between health and wellbeing and the natural environment, and I am heartened that many service providers are already thinking about that and putting people in place to deal with it. For example, the Somerset Wildlife Trust, of which I am very proud to be a vice-president, has appointed Jolyon Chesworth as its first health and wellbeing manager. That is heartening, and I shall watch with interest to see how that role develops and what the trust will do to highlight this issue.

The natural world can have a really positive impact on mental health. I am a firm believer in the therapeutic power of a brisk walk in the beautiful Somerset countryside. Maybe we can stretch that to include Devon.

**Oliver Colvile:** Does my hon. Friend agree that one of the great problems is that mental health care has been a Cinderella service in the NHS for far too long? Does she also agree that the Government are trying to do something about that?

**Rebecca Pow:** My hon. Friend is right; it has been a Cinderella service.

The solutions that I am outlining are free. I am giving the House ideas for free therapy, because nature is free. It is a beautiful thing, and it really does have power. What could be more relaxing than a walk up to the Wellington monument on the Blackdown hills in my constituency? Hundreds of thousands of people go up there, including lots of people with disabilities, because it is easy to get to and it is all flat. Those walks to the monument are really beneficial. I know that it is not quite relevant to the debate, Mr Deputy Speaker, but the Government raised my spirits yesterday by announcing that they were giving £1 million to the Wellington monument's restoration project from the LIBOR fund. That will have loads of spin-offs for the public, and health and wellbeing will be part of that. We are going to build a big community project to encourage more people to go up there.

When I was looking for somewhere to live in London—obviously, I have to stay up here during the week—one of my criteria for the flat was that I had to be able to see a tree from my window, and I can. I could not live without one.

**Dr Wollaston:** I congratulate my hon. Friend on the points that she is making. There are good data to back up what she is saying. Public Health England estimates that an inactive person is likely to spend 37% more time in hospital than someone who is active, and that inactive people are 5.5% more likely to visit their doctor. There is a good evidence base for what she is saying.

**Rebecca Pow:** That is absolutely true, and I shall give the House a few more statistics as I go on. I am not making this up. This is not wishy-washy; it is actually coming into our psyche.

**Oliver Colville:** May I encourage my hon. Friend, when she is in London, to take a boat from Chelsea Harbour down to Greenwich? She will see the magnificent layout of trees that occurs beautifully in the west, although there seem to be fewer of them in east London.

**Rebecca Pow** *rose*—

**Mr Deputy Speaker (Mr Lindsay Hoyle):** Order. I do not want us to get into a forestry debate. I admire this love-in for the south-west, but I think we need to get back to health.

**Rebecca Pow:** I did actually go out on a boat up the Thames this morning with Greenpeace to look at the issue of microplastics in water, and we also saw some trees. Trees are important and serve a good purpose in taking in air pollution, which has an effect on health; we have a lot of asthma in our cities. If we plant more trees, we will help to combat all that.

It has been demonstrated that mental health can be aided through contact with nature. As a keen gardener, I can vouch that getting one's hands in the soil, watching things grow, planting seeds and watching the seasons change definitely does lift the spirits and is a pick-me-up.

**Maggie Throup:** My hon. Friend makes a good point that brisk walks are not the only thing that can help health. Last Friday, I was helping some young children at Chaucer Junior School to plant bulbs in the school's grounds. We were getting exercise out in the fresh air in an area that is quite built up and urban, which must be a good thing for their future health.

**Rebecca Pow:** My hon. Friend is absolutely right. Many schools run gardening groups. There is so much to take from gardening, and it can also help the unemployed and other groups. Gardening is physical activity, but watching things grow out of the soil is so beneficial. In fact, Royal Horticultural Society research shows that 90% of UK adults say that just looking at a garden makes them feel better. Doing something in a garden is better, but one can also just look. There were data recently about watching birds on a bird table or hedgehogs. If someone has the chance to watch a hedgehog, that could make them incredibly happy because they are so rare now. I got terribly excited when I recently saw one eating my cat's food.

**Alison Thewliss:** I do not want to rain on the hon. Lady's garden as such, but does she agree that there can be a negative impact on someone's mental health if their surroundings are not good? Some 60% of people in Glasgow live within 500 metres of vacant or derelict land, which can negatively affect their mental health.

**Rebecca Pow:** That is such a good point. We need to be doing something with derelict land as communities. The Woodland Trust has some great data saying that, if someone lives 500 metres from a wood, their health will be better because not only can they go into it, but they can look at it and enjoy it. The mental health charity

Mind produced a report called "Feel better outside, feel better inside" that advocates the benefits of ecotherapy. Ecotherapy improves mental and physical wellbeing and boosts people's skills and confidence to get back into work by taking part in gardening, farming, growing food, exercise and conservation work. Some 69% of people who took part in such projects definitely saw a significant increase in their mental wellbeing and 62% thought that their overall health was improved. The projects helped 254 people find full-time work, which saves the nation money because they no longer need support.

In my constituency, a job agency called Prospects has a contract to get the long-term unemployed back to work. It does gardening with groups of people, but it also does forest walks. I have been out with them in the Neroche forest, which contains a lot of ancient woodland. It definitely helps people not only to engage in nature, but by giving them confidence because they are talking to each other and getting out in a different atmosphere—not an office. Many of those people then have the confidence to apply for jobs and get back into work. There is a clear case for having the prescription of access to green space in the armoury of traditional medical treatments to deal with a range of mental health issues.

We also have physical health to consider. The great outdoors is a vastly underutilised tool, in the wider sense. Many of my colleagues have been talking about obesity and the outdoors can play an important part in our fight against it. Obesity, particularly childhood obesity, currently costs the Government £16 billion, and those living in deprived areas are twice as likely to be obese.

With that in mind, I advocate that consideration be given to green prescriptions. The Local Government Association has recently called on the UK to implement a similar model to that used in New Zealand, where eight out of 10 GPs have been issuing green prescriptions to patients, with 72% of them noticing a change in their health. The LGA is encouraging GPs to write down moderate physical activity goals for their patients, including things such as walks in the park and all-family classes that they can go to. A number of GPs are already using these schemes on Dartmoor and Exmoor, and in one pilot people are being encouraged to visit the national parks, which are beautiful, on their doorstep and free to enter. I am recommending all of these things. Councillor Izzi Seccombe, chairman of the LGA's health and wellbeing board, said that writing a formal prescription such as that encourages so many more people to get out and do the activity. If the doctor says people must take a pill, they take it, so if the doctor says that they must go out for a walk in the wood, people might do it.

A great many initiatives are already taking place, such as NHS Forest, which aims to improve the health, wellbeing and recovery times of patients and staff by increasing access to NHS gardens—the locations on the doorsteps of the hospitals. As part of the Health and Social Care Act 2012, a statutory duty was placed on local authorities to create health and wellbeing boards. However, the Health Committee has reported that those were not working very successfully and have few powers. Perhaps the Minister might examine that, as they could start to make a big difference in moving this agenda forward.

There was a proposal in 2015 for a nature and wellbeing Act, which was much discussed and debated. That sought to put nature at the heart of all the decisions we

[Rebecca Pow]

make about health, education, the economy, flood resilience and so on. Perhaps, Minister, we could re-examine some of the ideas in there, because some of them are very good. We know that there are links between access to green space and health. It seems a no-brainer to me—if we can improve access to green space and look into the idea of beginning to prescribe these green treatments, we could really make a difference to health and health inequalities.

That would be much easier if we had all the data and we could prove these benefits with those data. Help is at hand, because the Wildlife Trust has commissioned a piece of work; it has commissioned the school of biological sciences at the University of Essex to gather just such data. Once we have some solid facts, we can really move forward. I would like to think that the Minister will consider some of these ideas. When the Cabinet Minister for tackling health inequality is put in place, as was recommended by my hon. Friend the Member for Totnes—or perhaps the Prime Minister could lead on this, as recommended by the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson)—we might be able to add my green points to the agenda and really move forward to a healthier society.

3.28 pm

**Natalie McGarry** (Glasgow East) (Ind): It is a pleasure to follow the hon. Member for Taunton Deane (Rebecca Pow), who makes some interesting points. I also thought the intervention from my neighbour, my hon. Friend the Member for Glasgow Central (Alison Thewliss), about the landscape in Glasgow was particularly pertinent.

Let me begin by commending the hon. Member for Totnes (Dr Wollaston), whose campaigning efforts in health matters, coupled with her ability to challenge her own Government, are second to none. I thank her for securing this debate and the Backbench Business Committee for allowing the time for it to take place in the House today. It is clear from this debate that we are united as a House in wanting to eradicate health inequality, but it is about how we work together to achieve that.

In her opening speech the hon. Lady referred to the Prime Minister using her first speech to proclaim that her Government would fight the “burning injustice” that plagues our society. I believe it is fair to say that most burning injustices lead back to health inequalities. Inequalities in health are underpinned by greater societal inequalities—the conditions in which we are conceived and born, grow up, live, work and grow old have an immense impact on our lives. Essentially, where there are social and economic inequalities there are health inequalities, and although they are most definitely unjust, they are certainly not unavoidable. Many people—our constituents—will die prematurely and needlessly each and every year as a result of these gross inequalities. This, wherever it occurs, is a human and moral tragedy that shames us all.

During the debate today, right hon. and hon. Members from across these islands will rightly speak about their constituent nations, regions, local constituencies and their particular competencies, and England will be a key focus. I would like to complement this debate by talking specifically about Scotland, Glasgow and my

constituency, Glasgow East. Despite vast progress in life expectancy in Scotland over the past 150 years, our life expectancy remains lower, and our average mortality remains higher, than our neighbours across the UK and throughout Europe.

The poor health status of Scotland and our largest city, Glasgow, is well documented and is largely explained by the experiences of deindustrialisation, deprivation and poverty. However, there are now greater levels of mortality that cannot be explained by deprivation, known as “excess mortality”. For example, premature mortality rates are 20% higher in Scotland than in England and Wales, even after deprivation is accounted for, and the premature mortality rate in Glasgow is 30% higher than in equally deprived areas, such as Liverpool and Manchester. The former has been dubbed the “Scottish effect”, the latter the “Glasgow effect”. Both account for approximately 5,000 extra, unexplained deaths per year in Scotland—that is, 5,000 people dying prematurely, dying needlessly, over and above normal inequalities in health.

Traditionally, the cause of this has not been entirely understood. Research suggests that it is a combination of a change in political power, increasing income inequalities, disempowerment and deindustrialisation, the last of which has impacted on people in many ways, such as through unhealthy behaviours, psychosocial stress and, of course, poverty. In May this year, the Glasgow Centre for Population Health, NHS Scotland, the University of the West of Scotland and University College London produced a report entitled “History, politics and vulnerability: explaining excess mortality in Scotland and Glasgow” which confirmed this.

The report, which was signed by over 30 academics and health professionals, found that Glasgow’s population was more vulnerable to factors that impacted on health across the UK, such as poverty, deprivation, deindustrialisation and economic decisions taken by the UK Government that have led to the population having poorer health outcomes. Such vulnerabilities arose from notoriously high levels of deprivation over a sustained period; urban planning decisions in the post-war period, such as the creation of monolithic, poor quality, peripheral housing estates; the regional economic policies of the UK Government and its Scottish Office; and local government responses to UK Government policies in the 1980s.

Again, where there are socioeconomic inequalities, there are health inequalities. These inequalities are not a mistake and they are not an accident, they are not inevitable and they are not irreversible. Income inequalities were relatively narrow in the UK until the late 1970s, and health inequalities declined dramatically. However, income and wealth inequalities soared again during the 1980s and 1990s, and so have health inequalities. Again, this did not happen by accident, nor did it happen in countries across the world. It happened in countries which, like the UK, made conscious decisions to roll back the state to the minimum level possible; to slash public expenditure like it was going out of fashion; to reconstruct the tax and welfare system to be less redistributive; and to champion the wants of business and the financial sector at the expense of the needs of workers and their trade unions. This was an ideologically-driven Conservative Government hell-bent on pursuing a neoliberal agenda at any cost, come what may.

To break somewhat from the conciliatory tone, there were worrying signs that that approach was being mirrored by the previous Government. However, we have a new Prime Minister, and she has offered encouraging words about her Government's ambition to fight burning injustice, but what she does matters more than what she says. Hopefully, today's debate is a starting point.

The interventions the Government could make, which are more likely to reduce inequalities in health, are those that utilise taxation, legislation, regulation and changes in the broader distribution of income and power in society. As Michael Marmot, chair of the Marmot review, said in 2010:

"Simply restoring economic growth, trying to return to the status quo, while cutting public spending, should not be an option. Economic growth without reducing relative inequality will not reduce health inequalities."

The Government must acknowledge that health inequalities cannot be solved with health solutions alone; they are rooted in poverty and income inequality, as well as across all areas of Government policy. Solutions from the Department of Health or the NHS will not suffice, as ably outlined by the right hon. Member for Kingston upon Hull West and Hessle (Alan Johnson). Therefore, the Government should commit to a joined-up, evidence-based approach of cross-departmental working, with a Minister from the Cabinet Office given specific responsibility for embedding health as a priority in all Government policy.

Inequalities in health are a matter of life and death, health and sickness, wellbeing and misery. They represent misery on the greatest scale imaginable. If the Government are looking to fight injustice, this is it. The only question is: are they up to the job, and are they willing to do it?

3.36 pm

**Fiona Bruce (Congleton) (Con):** On the doorstep of No. 10, our Prime Minister, taking up her leadership mantle, gave an inspirational social justice speech, aimed at ensuring that we reduce health inequalities, including by addressing the stark realities of the mental health challenges that so many families in our communities live with daily. I want to speak about that, about the importance of healthy early relationships in life—even beginning before birth—and about the mental health challenges that can be involved. I would like to conclude with a reference to the implications of alcohol harm, wearing my hat as the chair of the all-party parliamentary group on alcohol harm.

Building healthy relationships—beginning before birth—and establishing them in our earliest years as building blocks in our family and community life are absolutely key for the prevention and reduction of mental health problems in childhood and throughout later life. That starts in the womb.

Let me commence by setting out some key facts from the early lives of our children here in the UK. Depression and anxiety affect from 10 to 15 of every 100 pregnant women. Over a third of domestic violence begins in pregnancy. One million children in the UK suffer from problems such as attention deficit hyperactivity disorder, conduct disorder, emotional problems and vulnerability to chronic illness, which are increased by antenatal depression, anxiety and stress. The UK has the world's worst record for breastfeeding. Some 50% of three-year-olds experience family breakdown. Some 15,700 under-twos live in families classed as homeless.

By addressing some of those social determinants of health inequality, beginning even before birth, we could help exponentially, in terms of not just the physical but the mental health of so many of our young people, and that help would last their whole life long. We need to support our youngest, so that we can increase their life chances and reduce the health inequalities that get in the way of their achieving their full potential.

Points on the compass of scientific advancement are increasingly showing us the direction of travel in terms of the social determinants of health, and they significantly point towards the experiences of bump, birth and beyond. The top policy recommendation in Marmot's "Fair Society, Healthy Lives" report, which was referred to by the hon. Member for Glasgow East (Natalie McGarry), and which was published as long ago as February 2010, was to give every child the best start in life. The "1001 Critical Days" manifesto, which is the UK's only children's manifesto with the support of eight political parties, was launched three years ago in response to that report.

A child's development is mainly influenced initially by their primary care giver—usually their mother but often their father—and by others who are engaged with helping with their parenting. Parenting begins before birth. We have known for a long time that how we turn out depends on our genes and on our environment. Scientists now realise that the influence of the environment begins in the womb, and how the mother feels during her pregnancy can change that environment and have a lasting effect on the development of the child. So we all need to support and look after pregnant women, for their sake and that of future generations.

A stable and secure home learning environment is critical in the early months. Children, right from their infancy, need to be protected, nourished, and stimulated to think and explore and to communicate and interact with their parents and others. Babies are primed to be in relationships, and their earliest relationships really matter for the "ABC, 123" building blocks that lead to school-readiness. A young child's earliest relationships develop their social brain, which will influence their later life. Eighty per cent. of our brain significantly develops in the earliest years and through our earliest relationships. I am focusing on that because it shows that healthy relationships really matter for our health and well-being throughout life.

**Alex Cunningham:** I know we are trying to make this a non-partisan debate, but does the hon. Lady recognise that all the things she is talking about require resources? Some of our most needy communities have seen a loss of those resources in recent times, and we need to do something to redress that.

**Fiona Bruce:** I thank the hon. Gentleman for that intervention.

We need to focus on the fact that learning about and enjoying healthy relationships is a key determinant of future health, both physical and mental. Between 1.3 million and 2.5 million years of lives are lost as a result of health inequality in England. Many children never reach their potential throughout their life partly because of a lack of healthy relationships in their early years. Relationship breakdown is a significant driver of poverty and health inequality. A comprehensive cross-departmental strategy to combat health inequality must include

[Fiona Bruce]

measures to strengthen healthy relationships and combat relationship breakdown, which is at epidemic levels in our country.

I am chair of a mental health charity for children in my constituency called Visyon, which is overwhelmed by requests on behalf of children as young as four. When I asked its CEO how many of the problems of the children it helps are the result of poor early relationships in the home, he looked at me and said, "Virtually all of them." This is an absolutely critical factor in a child's early development and healthy life, particularly in relation to mental health. Interestingly, a wide-ranging survey by the Marriage Foundation published in May 2016, involving thousands of young people, found a noticeable difference between the self-esteem levels of children who were brought up in stable households and those who were not. Self-esteem acts as a predictor of a range of real-world consequences in later life.

When relationships break down, as they do in all socioeconomic groups, it disproportionately affects children in low-income families because they are less resilient in combating the impact. Half of all children in the 20% of communities that are least advantaged now no longer live in a home where they have healthy relationships—where, for example, both parents are still with them by the time they start school. I am not saying that a child cannot have a healthy relationship with one parent or another, but it is important that we grasp this nettle and appreciate that healthy relationships with a range of people—including, ideally, a mother and a father—are good predictors of early health. We should support that, and the Government and Health Ministers should be brave enough to tackle the issue. For too long, Ministers have shied away from looking at healthy relationships, yet we are happy to help and educate young people about how to build healthy bodies for physical health in life.

Relationship breakdown is a root cause of poverty. When relationship breakdown happens, households often suffer dramatic income reductions. There is also an impact with regard to infant mortality rates, hospital admissions and mothers in poor health.

I agree that we need more funding to strengthen relationships, to provide the early support that is needed in many different ways. We need to consider extending children's centres so that they can become family hubs that provide support for the whole family. The recent report of the all-party parliamentary group on children's centres, of which I am the chair, made that recommendation. We need to look at the availability of couple relationship advice, not just parenting advice. Sex and relationship education lessons in schools need a much stronger focus on relationship education. We need to provide a family services transformation fund, so that local authorities can share best practice. We need to do all of that to ensure that we give children the best start in life, and in particular to tackle the serious challenge of the mental health problems experienced by so many schoolchildren. So many headteachers say that it is a major issue with which they have to grapple.

In the final part of my speech, I want to refer to the different but not entirely linked issue of alcohol harm. I say that it is not entirely linked because people who experience or fall into addiction are often looking for a source of comfort in life that is missing from their

relationships. I am not saying that it is not right to enjoy drinking, but it needs to be healthy drinking. Alcohol harm is a major issue in our society and I do not believe that the Government are doing enough to address it.

The Government must do more to tackle health inequality. For example, in January the chief medical officer published her recommendation that it is wisest for women not to drink during pregnancy. Pregnant women are advised to make that choice, yet there has been wholly inadequate publicity for that recommendation. I speak as the vice-chair of the all-party parliamentary group on foetal alcohol spectrum disorder. We have heard heartrending evidence of the impact of alcohol on children's lives, including their physical and mental wellbeing. It is particularly important to note that, according to the evidence that we have heard, women's bodies tolerate alcohol at different levels, which is why the best advice is to not drink at all during pregnancy. I challenge Health Ministers, particularly in the run-up to Christmas, to get that message out so that pregnant women hear it and can make that choice.

Alcohol harm impacts on the health not just of the individual, but of those around them. One in five children under the age of one live with a parent who drinks hazardously. Alcohol is implicated in 25% to 33% of child abuse cases, and it generates a substantial bill for UK taxpayers with regard to the impact on emergency services. The all-party parliamentary group on alcohol harm will publish a report on that on 6 December, and I am pleased that my hon. Friend the Member for Totnes (Dr Wollaston) has contributed to it. I hope hon. Members will take note of it, because alcohol abuse has a disproportionate impact not only on emergency services, but on the number of accidents and fires in the home. The report will spell that out. The charity Balance has shown that between 2014 and 2015, the rate of alcohol-related admissions in England from the most deprived decile was more than five times greater than the rate for those from the least deprived decile. That puts pressure on already burdened systems.

I want to finish with a point that now arises continually in my work on alcohol harm, namely the impact of cheap alcohol. Let me tell Members a fact that may surprise or even shock them; it shocked me when I first heard it. For the cost of a cinema ticket, it is possible to buy almost 7.5 litres of high-strength white cider, containing as much alcohol as 53 shots of vodka. Many homeless people, and many people who are in a vulnerable state in life, are drinking that product, which has been likened to a death sentence. In the hostels run by the homeless charity Thames Reach, 78% of deaths were attributed to high-strength alcohol. Not for the first time, I urge Ministers, for the sake of the health of the most vulnerable in society, to consider a minimum unit price for all alcoholic drinks. That is a targeted and effective intervention that would save lives and reduce health inequalities considerably. Potentially, according to the Institute of Alcohol Studies, eight out of 10 lives saved as a result would be from the lowest income groups.

We need better education to inform young people about the effects of alcohol harm, so that they can make better choices and so impact on their own health. We need improved alcohol treatment services because they are inadequate. More than half of drug addicts receive treatment, but only one sixteenth of alcohol dependants do. We need to invest more in recovery for

those who are suffering the effects of alcohol addiction and harm. We need better and more effective alcoholism diagnosis in our hospitals and better rehab programmes. We need to support education better to help people not to fall into such difficulties in the first place.

3.51 pm

**Liz McInnes** (Heywood and Middleton) (Lab): It is a pleasure to follow the hon. Member for Congleton (Fiona Bruce), who made a number of interesting points. She made a convincing argument for introducing compulsory PSHE in schools. That is something that the Government could well do to foster good, healthy relationships, and it would go a long way to reducing health inequalities.

I congratulate the hon. Member for Totnes (Dr Wollaston) on securing the debate and thank the Backbench Business Committee for recognising the importance of the subject. I was pleased to hear the hon. Lady refer to drug and alcohol treatment services, as did the hon. Member for Congleton. The future of substance misuse services is in jeopardy when some local authorities face huge cuts to public health budgets and have no statutory obligation to provide such services. We need to address that when we talk about health inequalities.

I would like to add to the list something that I do not believe anyone has mentioned: the responsibility of local authorities in England to commission sexual health services. Sexually transmitted infections are increasing because cost-efficiency, rather than clinical need, seems to be the overriding factor when commissioning such services. We need to ring-fence funding for sexual health services as a matter of urgency; otherwise we face the development of a serious risk to public health.

I want to concentrate on diabetes and diabetic care, and throughout my speech, I will refer to the report by the all-party group for diabetes entitled “*Levelling Up: Tackling Variation in Diabetes Care*”, which was launched yesterday. I declare an interest as secretary to that group. I urge everyone with an interest in diabetes care, and in health in general, to read a copy of that excellent report. We took evidence from people with diabetes, healthcare professionals and clinical commissioning groups. One theme that came out from people with diabetes was the inconsistent quality of care. I am pleased that the Government and NHS England have recognised the need for improvement in diabetes services. During the investigation, NHS England announced £40 million of funding for diabetes improvements—diabetes is one of the six clinical priorities in the improvement and assessment framework for clinical commissioning groups—and it is vital that this opportunity to transform diabetes services is taken.

Our report identified three key things that people with diabetes need and deserve: first, high-quality consultations with the right healthcare professionals; secondly, support to manage their condition; and, thirdly, access to key technologies. On the first point, a big part of how people with diabetes perceive their care is determined by how healthcare professionals communicate with them. People told us that they sometimes felt that they were criticised in appointments for not meeting treatment targets and that they were being dictated to about how to manage a condition that they had to live with.

Our report found that people who have an input into their own care have better treatment outcomes. Consideration of their own lifestyles alongside their diabetes management, as well as an interpretation of National Institute for Health and Care Excellence guidelines, allowed for tailored treatment plans. In this case, it seems that collaboration brings far better results than confrontation.

People also talked to us about the difficulty of getting access to specialists, with some reporting that services were simply overwhelmed. Others said that they had to seek local services proactively to get a referral. The services that patients really valued were diabetes specialist nurses, dietetics and podiatry. Additionally, people affected by diabetes also valued their pharmacists and saw how their role might be significantly expanded to provide more information and support. That might well be worth reflecting on, given the Government’s recent cuts to community pharmacy services.

On the second point, about the support given to those with diabetes to help them to manage their condition, there is a huge variation in the information and education that is provided. Those who attended structured education courses generally reported that they found them valuable and that those courses helped them to manage their condition better. However, there is huge variation in the offer and uptake of these courses. In my constituency of Heywood and Middleton, only about 20% of people with diabetes are offered these courses, and the uptake is even lower. Clearly, that health inequality needs addressing. People in work often reported the problem of getting time off work to attend a five-day intensive course, while those with children also reported that accessing childcare was a problem. There is a job of work to be done to persuade employers that they will also reap the benefits of having a happier, healthier and more productive employee if they are reasonable about allowing time off.

The third point, on access to key technologies, serves to emphasise that technology now plays a key role in diabetes care, particularly for type 1 diabetes. Again, however, patients face a postcode lottery in getting the technology they need. That was cited as a major concern by the parents of children with diabetes. Worryingly, many type 2 diabetics reported that they had to self-fund their own blood glucose meters and test strips, which are essential for the self-management of their condition. Some type 1 diabetics reported the same thing, which sounds harsh, as it is a legal requirement for diabetics on insulin to test themselves before driving, and the Driver and Vehicle Licensing Agency now advises people who take medication that causes hypoglycaemia to test themselves before driving. Similar postcode lotteries were reported regarding access to insulin pumps, and continuous and flash glucose monitoring, all of which can help diabetics to control their condition better and improve health outcomes. Sadly, inequalities in health outcomes persist because only the better-off are able to access devices that make living with diabetes easier.

The motion calls for support for policies to reduce health inequalities, and our report identified four areas the Government should look at: care and support planning; support for self-management; access to key technologies; and a strong, local diabetes system. Variation and inequality in diabetes care show us that good care can be achieved, but our task and the task of the Government is to make

[Liz McInnes]

that happen everywhere so that best practice is shared, we end the postcode lottery in diabetes care and we tackle the diabetes crisis.

4 pm

**Lucy Allan** (Telford) (Con): It is a pleasure to follow the hon. Member for Heywood and Middleton (Liz McInnes), who made important and serious points. I congratulate my hon. Friend the Member for Totnes (Dr Wollaston) on securing this incredibly important debate. I thank her and other Members who have participated for their work in this place to highlight this issue, and for the excellent debate that we have had.

This issue is about unequal lives and life chances. Naturally, like all Members, I take every opportunity that I can to talk about everything that makes me proud to represent my constituency, whether that is Telford's industry, its history of innovation and enterprise, its vibrant new town, its green spaces or its high-tech businesses and jobs, all of which I have spoken about with great pride and at some length. However, sometimes, as the hon. Member for Stockton North (Alex Cunningham) so eloquently did, we must raise the issues that deeply affect the quality of life of our constituents. Those issues need to be addressed, but they are too often overlooked and glossed over, which can make those who experience these difficulties feel left behind and ignored.

Telford is a former mining area on the east Shropshire coalfield. It became a new town in the 1960s. With business, jobs and new growth it is starting to thrive in many ways, yet it retains significant areas of deprivation, with a total of 13 super output areas ranked in the 10% most deprived areas nationally. Hand in hand with areas of deprivation and disadvantage come marked health inequalities, which exist relative to both the national average and that for the west midlands, as well as—pertinently—relative to the surrounding, more affluent rural area of Shropshire. That area has more good schools, higher incomes and significantly better health outcomes, judged by any measure we might care to choose. Whether it is obesity, life expectancy or smoking rates, the outcomes are significantly better in surrounding Shropshire.

To take obesity, which Simon Stevens has dubbed “the new smoking” as a killer disease, 72% of adults in Telford are overweight or obese, which is an increase on last year's figure and one of the highest rates in the country. That compares with a rate of 65% in neighbouring, more affluent rural Shropshire. Some 32% of adults in Telford are obese compared with 24.4% nationally; in Shropshire, the figure is 23.1%. I congratulate and admire organisations in Telford that are doing such good work to tackle that. However, the figure is continuing to increase, and we cannot ignore it—we must talk about it and take it more seriously.

I want to take this opportunity to flag up the statutory obligations of local CCGs, NHS England and the Secretary of State to address health inequalities, in particular because Telford and Shropshire continue to undergo a controversial reorganisation of future healthcare provision. The Health and Social Care Act 2012 introduced legal duties on the Secretary of State, NHS England and CCGs to reduce health inequalities and move towards

greater investment in healthcare where levels of deprivation are higher. NHS guidance for commissioners says that

“health inequalities must be properly and seriously taken into account when making decisions”

and that it is necessary to demonstrate that the appropriate weight has been given to tackling health inequalities. I know from my experience as non-executive director of an NHS trust that the NHS is committed to that objective and that tackling health inequalities is at the heart of all it does, but somehow that is not happening.

It is right that decisions are made locally by local health commissioners, but we need to ensure that commissioners pay due regard to health inequalities and that they evidence the fact that they have done so. That is not about box ticking or paying lip service to an ideal.

Telford and Shropshire are in the third year of a review into the reconfiguration of the area's healthcare provision, which includes a women and children's centre and an A&E. While I welcome the proposed additional investment in health provision for the wider area of Telford and Shropshire, I want to be a voice for my constituents, so I want to ensure that health inequality is prioritised both in the decision-making process and when new investment is brought to the area.

As the review of Telford and Shropshire's healthcare draws to a close after a protracted and expensive process, it has been confirmed that the preferred option is to close Telford's newly opened women and children's centre at Princess Royal hospital and to rebuild it in the more affluent area served by Royal Shrewsbury hospital. In addition, it is suggested that there should be extra investment in emergency care at Royal Shrewsbury hospital. My constituents are rightly concerned about that proposal. Not only is the much-needed investment to be redirected elsewhere, but Telford may lose other key services. Telford has the greatest need, the fastest growing population, as a rapidly expanding new town, and, above all, the greatest inequality of health outcomes. Too often in Telford we hear that rural sparsity is prioritised for additional investment, rather than deprivation, health inequalities and need. That is wrong.

I am pleased to have had the opportunity to raise this issue. I ask the Minister to give us assurances that addressing health inequalities in Telford, and in other areas of deprivation and need where there is a stark contrast with more affluent neighbouring areas, will be prioritised. As my hon. Friend the Member for Plymouth, Sutton and Devonport (Oliver Colvile) said, resource really must follow need.

4.7 pm

**Meg Hillier** (Hackney South and Shoreditch) (Lab/Co-op): I join colleagues across the House in congratulating the hon. Member for Totnes (Dr Wollaston) and her Committee on their work in this area and on securing this debate. She brings a calm and clear knowledge to every health debate. We really do need a long-term vision in this area and I know that she, like me, wants to see that, whatever party is in government.

I speak today both as an MP for a constituency with large gaps in health, wellbeing and life expectancy, which are very much determined by place of birth, early-years experience and poverty, and as Chair of the Public Accounts Committee, which in this year alone

has published 10 reports on the national health service, some of which shine a light on this debate. Our reports show the huge pressures on the national health budget and the huge increases in demand on that budget. To take diabetes as an example, 4.8% of the population is currently diabetic, but that is set to rise to 8.8% in the next few years.

It is my role and the role of my Committee to look at funding. Specifically, our role is to look at the economy, effectiveness and efficiency with which the Government spend taxpayers' money, so I will talk first about how we spend the money that is allocated to our health service and how that is key to tackling health inequalities. I will then turn to how we look at the impact of decisions, both in the health service and in other parts of Government, on health inequalities—what we in the Committee call “cost shunting”.

NHS budget spending is in the region of £110 billion a year. The Government are keen endlessly to remind us that they have injected £10 billion into the NHS over the six-year period to about 2016. At the same time, we see an ageing population, a large and increasing demand, including for specialised services, and a health service squeezed at each step of the journey. My Committee has heard evidence on general practice, specialised services such as diabetes and neurology, acute trusts and social care, all of which has shown the impact on the budget. That has all been caught up in what, sadly, has been a rather childish debate over headline figures and often very subtle changes in language from the Government about who is to blame. Ministers have moved from the mantra, “We've injected an extra £10 billion”, to saying, “The NHS has been given what it asked for”, as though they were scolding a naughty child, and, “We will manage this within the NHS”, as the Chancellor said yesterday when I asked him why he had not considered the NHS budget in the autumn statement.

In today's *Daily Mail* there is an exhortation—this is quoting sources close to or in Government—that the NHS simply needs to manage its resources better and cannot endlessly be given more money. I am Chair of the Public Accounts Committee. This is taxpayers' money. I do not think we should endlessly pour money into any Department without demanding quite a lot of it, and I am clear that there are always efficiencies to be found in a system so large and with such a large overall budget. Every pound saved is a pound to spend on something else. That is the key point. Every pound saved in the Department of Health budget can be spent on other things and ought to be spent on public health in particular. I will come on to that.

As I have highlighted, there are many pressures on the NHS budget. With all these discussions and figures being bandied around, we need to take a closer look. In 2015-16, the Department's budget was projected to have a £2.45 billion deficit. The measures used in the last financial year to balance the budget were extraordinary and one-offs and led to an unprecedented three-and-a-half-page explanatory note from the Comptroller and Auditor General alerting all of us, particularly the Department, to his concerns that those were not replicable, long term or sustainable. He reiterated that point in a Committee hearing only a few weeks ago.

I will not spend too long on the budget figures—the debate needs to move on—but I will touch briefly on the overall figures this year for acute trusts alone.

From April to September, trusts overspent by £648 million and the deficit for the first six months forecast to the year end is £669 million. This trend was increased largely because of the decision in 2011 to allow for 4% efficiency savings across the NHS by the then Chancellor of the Exchequer. Everybody in the system knew that that was not realistic on a long-term basis. People knew that there would be a problem with the budget two or more years out from the crisis in the budget settlement in the last financial year, yet there is no openness in discussing how we spend money in the NHS, what we spend it on and what we focus on.

That brings me to public health. Too often, public health budgets are raided to deal with day-to-day crises and money is taken out of NHS education. The plans for service transformation are not necessarily a bad thing, but the danger is, if they are done in the wrong climate and with the wrong tone, that they are seen as an excuse for cuts. They can be so much better for patients, especially if focused on preventive work and the more efficient spending of taxpayers' money, but too often they will be driven by financial pressures. A lot of pressure was put on finance directors of acute trusts in particular at the end of the last financial year. Many were encouraged, for example, to move capital funding into the resources side of their budget in order to balance the books—a short-term measure that can lead to underinvestment in facilities that, if invested in, can actually save money and improve the patient experience.

This short-term, year-on-year, or even spending review period planning will not tackle health inequalities effectively. We need a longer-term approach. We need to prevent more ill health and treat fewer patients. As others have highlighted, the age of death is increasing—we have an ageing population—but the age of disability remains broadly similar. Public Health England released a report towards the end of 2015 highlighting some of these figures. The cost of treating illness and disease arising from health inequalities has been estimated at around £5.5 billion a year, and then there is the issue of cost shunting, which is a big concern.

If we do not tackle these things, it will not just be individual patients or their families who suffer, or the taxpayer funding these services; there is a wider impact on society. Productivity losses are estimated at between £31 billion and £33 billion per annum. Lost taxes and higher welfare payments cost in the region of £28 billion to £32 billion per annum.

To go back to what the hon. Member for Totnes said about smoking, if we tackle tobacco issues in my neighbouring borough of Newham alone, that would save about £61 million per annum. That would make a big contribution to the local health budget in east London. If we replicated that across just east London, just think what we could contribute to the NHS budget.

About 1.3% of workdays a week are lost to sickness in London alone, which is lower than in many parts of the country. All these things contribute to our productivity gap and have a big effect, so if we are to do what the Chancellor said yesterday and ensure that our workers produce in four days what they now produce in five, we need workers who are well and can work until the increased retirement age that is demanded. It is quite shocking that the hon. Member for Glasgow East (Natalie McGarry) and other colleagues from Glasgow represent a city where people will die before the age at which they

[Meg Hillier]

qualify for their state pension. There are certainly many people in my constituency who face that, although they are not the average. That is a sign of the failure of preventive work to tackle health inequalities at the right point.

When it comes to joining up Government, we need to look not just at the silos in various parts of the health budget, but at ensuring a healthier wider society. Let us take, on the one hand, the land disposals that the Government are undertaking to provide public land to build new homes. My Committee has looked at that a great deal, although I will not divert the House today too much. In my area we have St Leonard's hospital, the site of a former workhouse in Hackney. When the most recent reorganisation of the NHS took place in 2011, the site was moved to the central PropCo, the property company that the NHS holds centrally to manage its estate. We therefore no longer have local control of what to do on that site. Given the state of homelessness locally, if we could provide families with more good-quality homes on that site that were not overcrowded, we would do more for public health and health inequalities than a lot of the fiddling around we do over whether a service should be based here or there and all the treatment work we are doing.

Departments are now taking account of other "strategic objectives", as they put it, in land disposals, but that is still ill-defined. My Committee will continue to push, because from the perspective of my constituency, where we have extraordinarily high house prices, if we can release land and provide homes for key workers, that would contribute to the outcomes of those Departments. I am determined that Government are clearer in their outcomes, because in constituencies such as Taunton Deane—or perhaps not, as the hon. Member for Taunton Deane (Rebecca Pow) highlighted—the need might be for green space or other facilities that would improve or promote health. However, if we do not have a wider view of what we are doing with our public assets, there is a danger that we will just sell to the highest bidder and lose the chance for several generations, because once land is gone, it is gone.

Finally on this issue, it is important to touch on the increasing challenge of homelessness, particularly in London and in my constituency. London households in temporary accommodation now account for around three in four of all such households in England. That is not a surprise, given increasing house prices and rents, and the impact of the benefit cap, which means that people cannot now rent a three or four-bedroom home on housing benefit anywhere in London or the south-east of England. I have people coming to see me now who even five years ago, and certainly 10 years ago, would not have come to me about their housing. They were managing okay, they were living in the private sector, they were paying their rent and they were working.

Now, one woman who came to see me had lost her job because she had been ill. She had hoped to go back to work. She had a good job with professional prospects, although not a well-paid job. She became ill and her rent went up, so she fell notionally into arrears while she was trying to find another home, as her rent was no longer covered because of the housing benefit cap. She tried to find somewhere in Hackney and the neighbouring

six boroughs but could find nowhere, until eventually a landlord said he would take her in on benefits. However, because of the complexities in how housing benefit is allocated, he would not take her unless he had a guarantee a month before she moved in that she would be able to receive housing benefit. However, the system does not allow for that. As a result, a woman whose health was challenged anyway was suffering mental health issues through no fault of her own.

My constituent was of course very concerned, anxious and depressed about what was going to happen in her situation, and she is just one of many. This is the worst situation I have experienced in over 20 years as an elected member at local or national level. The stress of poor, uncertain and overcrowded housing has a huge impact on health. If someone is homeless, it increases by one and a half times the likelihood of their having a physical health problem, and it makes them 1.8% more likely to have a mental health problem, although it seems to me from my experience of speaking to people face to face that those figures are underestimates. Perhaps they mask the temporary housing problem, compared with the reality of what I am seeing. This has a huge impact, focused, yes, on the absolutely poorest, but also on people such as the woman I mentioned—people who have just hit a bit of a rocky patch in their life, where something has gone wrong and caused a spiral downwards towards homelessness.

There are so many hidden households in my constituency—families living on the sofa in the living room. It could sometimes be a family of an adult and two children in that situation while another family is living in the bedroom. For various reasons, they do not qualify for council housing, or they are on the waiting list—a bit of a misnomer when people wait a lifetime for a council property. Sometimes they cannot afford, on their income, to rent privately and they have no other options.

Temporary accommodation is now costing Hackney council about £35 billion a year. I commend the *Hackney Gazette*, which has done a lot to highlight the conditions in temporary accommodation hostels in my borough and across London. We have the Homelessness Reduction Bill, which is passing through Parliament, but that is only part of the picture. Saying that councils must accept people who are homeless is fine, but unless we have the homes available to provide to those people at an affordable level, we will not solve this problem.

**Rebecca Pow:** I believe that the Government provided £10 million yesterday for homes, particularly in London, so things are being done and they are on the move. I just wanted to put that on the record.

**Meg Hillier:** The hon. Lady pre-empts my next point. I welcome the fact that the Government have begun to make some moves on housing, particularly taking away the "pay to stay" provisions. I am making sure that all my local housing associations are not going to buy into this on a voluntary basis—I hope they would not in London. The autumn statement freed up housing associations to use Government money for affordable housing as defined locally, rather than as set nationally. The idea that in my constituency affordable would be 80% of private rents is nonsense; it is well out of the range even of people who are well above the minimum wage. Most young people in Hackney share a home,

because they could never afford to rent somewhere privately and they certainly cannot get on the housing ladder. It is going to take a generation to solve this housing problem, so although I welcome what the Government have done, much more could have been in their six years of office.

I am pleased that we now have a Housing Minister who is a London MP and who understands London issues. We London Members often speak about housing here, and it is as though we are in a different world from others. However, we have this very big problem of homelessness, overcrowding and excessive use of temporary accommodation.

Let me finish with a story that should never be true in our world. It is a story of a woman who was living with her toddler and her husband in a hostel because she was waiting to get some council housing. Even three years ago, I used to say, "Hold on and hang on in there for six months, and we'll find a home for you". Nowadays, it is increasingly a year or 18 months. The woman went into hospital to give birth and had to come back, with her new-born baby, her toddler and her husband, to that one room in the hostel. The people living in that hostel are among the most vulnerable—not an ideal environment in which to bring children home. Many people with a lot of problems are crowded into one place, without the support they need. This is not, I am sure, what any Member wants to see. We must tackle the issue, because the health problems that that spins off for the next generation of children are immense. I add a plea from my local constituency perspective as well as from my national perspective as Chair of the Public Accounts Committee—tackling homelessness is a vital issue to tackling health inequalities.

4.23 pm

**Alison Thewliss** (Glasgow Central) (SNP): I am proud to participate in this debate, and I am glad that the Chair of the Health Select Committee, the hon. Member for Totnes (Dr Wollaston) has brought it before the House today. This debate is an important one, in which I have a considerable interest.

The issue of health inequalities was one of the first that I got interested in as a teenager. Sitting in my modern studies class in Lanarkshire, I could not understand why any Government would allow people in less well-off areas to disproportionately suffer ill health and die prematurely. I was frustrated when I read about the Black report and the inverse care law. I was angry then, and I am angry now that the political decisions taken here are the root cause of that mortality and morbidity that still blights too many lives in our country today. It is unacceptable that male life expectancy in parts of Glasgow should vary by 15 years, between the ages of about 66 and 81. In the case of women, the gap is 11 years. I got interested in politics because I wanted to change that: I wanted to understand why it was, and I wanted to know what I could do to help.

I joined the SNP when I was at school. I know that today's debate has not been too party-political, but I think it is important to put this on the record, because it is important to me. I joined the SNP because I could see that the health of Scotland's people in particular was not a priority at Westminster. When I was at school there was no Scottish Parliament, and there was no way in which we could deal with the issue ourselves.

The hon. Member for Stockton North (Alex Cunningham) mentioned the Black report. The way in which that report was greeted was quite telling, as is the fact that we are still discussing many of the issues now. The Marmot report has not yet been implemented, and the obesity strategy is still not as strong as it could be. It has not been possible to tackle the underlying causes of health inequality, but I believe that if the Scottish Parliament had all the powers of a normal Parliament, we would be able to deal with them more adequately than they have been dealt with in the past. *[Interruption.]* Some members may disagree with me, but that is what I believe. It is past health inequality that we are dealing now, because there is a time lag.

**Alex Cunningham:** I do not disagree with the hon. Lady, but I think she must have misinterpreted my action. It was my right hon. Friend the Member for Kingston upon Hull West and Hessle (Alan Johnson) who mentioned the Black report, and I was indicating him. No offence was meant.

**Alison Thewliss:** My apologies. I had to nip out to the loo earlier, and I must have got my wires crossed. I thank both Members for raising those issues. It is important for us to think about the context of the debate and where we are going.

I have been reading the report to which the hon. Member for Glasgow East (Natalie McGarry) referred. I pay credit to the in-depth work and dedication of the Glasgow Centre for Population Health. Its director, Dr Carol Tannahill, along with Bruce Whyte and David Walsh, lead much of that work. Along with their team of researchers, they have laid out the history of health inequality in Glasgow and in Scotland more widely. They have done a huge amount of research, and have come up with not only history, but some solutions.

In 2007, when I was first elected as a Glasgow councillor, the centre's most recent report was "Let Glasgow Flourish", but since then it has carried out a great deal of research on Glasgow's "excess mortality". It is interesting to note that that excess mortality applies across different causes of death, and across ages, genders and social strata, although it is most pronounced in members of the working-age population living in the poorest neighbourhoods, where the impact of alcohol, drugs and suicide, particularly among men, is stark. In comparison with Manchester and Liverpool, Glasgow experienced an extra 4,500 deaths between 2003 and 2007. In Scotland overall, there were an extra 5,000 deaths in each year between 2010 and 2012.

I shall not repeat what was said by the hon. Member for Glasgow East, but it is important to note that Governments knew that that was happening. The impact of their policies was known. Urban change, particularly in Glasgow, was taking place in a noticeably different way from the way in which it was happening in Liverpool and Manchester. It had a disproportionate effect on the population, and we still see the lag of that today. One of the reports produced by the Glasgow Centre for Population Health quotes from a 1971 Scottish Office report called "The Glasgow Crisis", which noted that

"Glasgow is in a socially...economically dangerous position."

However, nothing was done at the time. The urban regeneration in Glasgow took place in the shopping centres in the middle of the town, but did not touch the areas that needed it most.

[Alison Thewliss]

Poverty and health inequality are incredibly difficult to turn around. They cannot be fixed by a sugar tax or any other individual health measure; a wide-ranging approach is required from all levels of government. Glasgow has worked incredibly hard, and has established a poverty leadership panel to examine some of the issues. The Scottish Government have invested heavily, and have set up a ministerial taskforce on health inequality. However, we must keep working harder and working together if we are to achieve a result.

Clyde Gateway is an urban regeneration company in my constituency. Members may wonder whether an urban regeneration company, which builds things and fixes the ground conditions, should be interested in health, but the company has been working for eight years in Glasgow and Rutherglen, and has learnt lessons from previous regeneration efforts. So far, it has managed to lower the claimant count for out-of-work benefits from 39% to 28% and the claimant count for jobseeker's allowance from 8.6% to 4.8%. That is pretty remarkable in itself, but the company cannot go any further until it starts to tackle the underlying health issues that are keeping people out of work. It is therefore working closely in partnership with local organisations and local people. It is crucial that local people are part of the process and are not having things done to them, as was the case before. They are now part of the solution and the community is a part of what is happening.

Clyde Gateway recently signalled its intention to seek a means of tackling health inequalities. It wants to work to improve diet and cancer screening, which are both factors in the area's ill health. There is a lot of worrying evidence that people in areas of deprivation are not taking up the screenings to which they are entitled. Those screenings include tests for cancer and free eye tests, which can also be an indicator of other conditions. I spoke to the RNIB yesterday about early intervention and the importance of people going for their eye tests. Clyde Gateway also wants to grow jobs in health and social care in the local community to make people working in the industry part of the community as well, rather than having staff coming in from other areas to "do" health to people.

I wholeheartedly agree with the notion that public health ought to be everybody's business. It is not just for public health officials to do on their own, because the roots of health inequalities are to be found in income inequalities. So in Scotland we are tackling some of the underlying causes. The living wage uptake in Scotland now far exceeds the uptake in other parts of the country. We are supporting families and helping to improve the physical and social environment and housing. We have invested heavily in housing, because much of the ill health was coming from housing that was damp and substandard. Housing was making people ill and was not being tackled.

We have increased free school meals and continued commitments such as free prescriptions, concessionary travel and free personal care. The hon. Member for Bradford South (Judith Cummins) talked earlier about tooth-brushing and the rates of tooth decay. In the mid-1990s, when I was starting secondary school, just under 40% of children in primary 1 in Scotland—those just entering school—had no dental cavities. That figure

is now just under 70%, which is pretty good and marks quite a shift, but we need to go a lot further. Initiatives such as Childsmile, through which all children in Scotland regularly get free toothbrushes and toothpaste, are helpful.

As the hon. Members for Totnes (Dr Wollaston) and for Congleton (Fiona Bruce) mentioned, a lot of work is being done on minimum unit pricing to reduce alcohol consumption and deal with many of the issues that lead to people buying low-price cheap alcohol, which is killing them. We have reduced smoking rates, too, by bringing in the smoking ban first, and we are doing a lot of work to encourage active living and healthy eating, and investing to improve mental health services.

As chair of the all-party group on infant feeding and inequalities, I want to take this opportunity to speak about breastfeeding and the impact it can have on health inequalities. James P. Grant, executive director of UNICEF during the 1980s, said that

"exclusive breastfeeding goes a long way towards cancelling out the health difference between being born into poverty or being born into affluence. It is almost as if breastfeeding takes the infant out of poverty for those few vital months in order to give the child a fairer start in life and compensate for the injustices of the world into which it was born."

That is quite a statement.

Sadly, there is a huge inequality in breastfeeding, particularly in the UK. Women in areas of greater deprivation are far less likely to breastfeed. They are then also often paying for expensive formula milk, which will put strain on their family budget.

I was once told by a Labour councillor in Glasgow that in his experience there was an inverse perverse stigma: if a woman breastfed, it made her look as though she was too poor and could not afford the formula. The cost is a big issue, however, as I highlighted in my ten-minute rule Bill last week.

Families are being penalised for a societal problem: the UK just does not provide enough support, via midwives, health visitors, peer supporters and local networks, to ensure that mums are able to breastfeed for as long as they want to. Some of the economic agenda is having an impact on those important services, and coverage is fraying, as volunteer services find it harder to cope. It is seen as difficult, and there is so much blame and shame for mums, whatever they do and however they feed their children.

Many younger women have never seen anyone breastfeed. There is also interesting evidence from Sally Etheridge that the longer that BME women who have come to the UK from other countries stay here, the lower their breastfeeding rates become as they begin to assimilate into our bottle-feeding culture. I believe that there is a lot we can do to improve this situation and encourage the Government in that regard. I met the Minister earlier this week and am glad that she is listening and keen to address the breastfeeding rates across the country.

The series on breastfeeding from *The Lancet* and the UNICEF report on preventing disease and saving resources point out that the NHS could save significant amounts of money by investing in breastfeeding services. They reckon that there would be 3,285 fewer hospital admissions for gastrointestinal issues and 5,916 fewer admissions for respiratory tract infections, which could save £10 million across the country. That is no mean feat. There would also be connected reductions in obesity and sudden

infant death syndrome, as well as a reduction in breast and ovarian cancer in the mum. Breastfeeding is a significant public health intervention, as the UNICEF call to action has illustrated.

I should like to summarise a few of the suggestions in the Glasgow Centre for Population Health report, as it is the purpose of our debate today not only to look at the problems. Health interventions on smoking, alcohol and so on have helped, but the report has found that the main means of resolving health inequality is not a health intervention but a wealth redistribution. A widening gap in income has been perpetuated by different Governments over many years. Fair and progressive taxation and fair wages would make a huge difference to the gap. Ensuring that all people have a sufficient income is critical, yet this Government continue to slash social security spending, which is making people not only poor but ill.

An NHS Health Scotland report published this month said that a quarter of lone parents in Scotland rated their health as either fair, bad or very bad. Those parents have to look after children. If their health is fair, bad or very bad, they will not be able to be effective parents. The impact of food banks on health is also clear. If people cannot afford to put food on the table, they have to resort to going to a food bank to get canned meals. They do not get fresh food and vegetables; they get something out of a can that they might not even be able to heat. That will have an impact not only on their physical health but on their mental health.

The GCPH report looks at the cost of living and at how we as a society can support people to live with dignity and live a life in which they have choices. Having choices in life should not be a luxury. If someone does not have any control over what happens to them in life, it will have a huge impact on them and their family for years to come. The report also recommends affordable, warm and appropriate housing. As the hon. Member for Hackney South and Shoreditch (Meg Hillier) said, not having somewhere affordable and warm to live can have a huge impact on people. We need to learn from past mistakes and look more widely at the policies we pursue and the things that we in this House think are important, because they can have long-lasting effects, as we have seen in Glasgow.

Most significant to all of this is the adoption of the World Health Organisation's principle of including health in all policies. This must run through absolutely everything that the Government do, because of the impact on health. Yesterday, the Chancellor failed to address health spending; indeed, he failed to address the question of health at all. He is failing the people of this country by not acknowledging the significance of health to everything else that the Government wish to achieve.

4.37 pm

**Mrs Sharon Hodgson** (Washington and Sunderland West) (Lab): I welcome the opportunity to speak in the Chamber for a second time today, on yet another important topic. This time we are debating health inequalities and I thank the Backbench Business Committee for allowing this debate to take place following the application by the hon. Member for Totnes (Dr Wollaston) and other hon. Members across the House. The hon. Lady made an excellent speech, and we are very grateful to her for that. I also want to thank other hon. Members across

the House for their excellent contributions today. I especially want to highlight the excellent speeches by my right hon. Friend the Member for Kingston upon Hull West and Hessle (Alan Johnson) and my hon. Friends the Members for Stockton North (Alex Cunningham), for Bradford South (Judith Cummins), for Heywood and Middleton (Liz McInnes) and for Hackney South and Shoreditch (Meg Hillier).

I enjoyed the speeches by the hon. Member for Plymouth, Sutton and Devonport (Oliver Colvile)—a fellow member of the all-party parliamentary group on basketball—and by the hon. Member for Erewash (Maggie Throup), who made an excellent speech on obesity and childhood obesity. I also enjoyed the speech by the hon. Member for Glasgow Central (Alison Thewliss). As she knows, I agree with most of what she says, especially about breastfeeding. We have had an excellent debate, with excellent contributions all round.

When it comes to addressing health inequalities, there are many conversations about the need for systemic change to reverse the trends. However, in my contribution today I want to look at tangible specifics that the Minister can get to work on in her remit as Minister for Public Health. I will do that by looking at the current state of health inequality and then the two key areas of smoking and childhood obesity and what more can be done to address those signifiers. I will then move on to the cuts to public health grants, which are exacerbating the situation.

The most recent intervention on health inequality came from the Prime Minister, who used her first speech on the steps of Downing Street to highlight that,

“if you're born poor, you will die on average 9 years earlier than others.”

We have heard clear examples of that from constituencies around the country. That welcome intervention set the tone of her Government's serious work to address health inequalities.

It is hard not to agree when the facts speak for themselves. Two indicators from the most recent public health outcomes data show that London and the south-east have the highest life expectancy while the north-east and north-west have the lowest. The same pattern appears when looking at excess weight in adults, about which we have also heard today. Rotherham comes out the highest at 76.2% and Camden is the lowest at 46.5%. Those figures prove what we all know to be true: people living in more deprived parts of the country do not live as long as those in more affluent areas. Contributors to ill health such as smoking, excessive alcohol consumption—which we heard about from the hon. Member for Congleton (Fiona Bruce)—and obesity are more prevalent in deprived areas.

On a moral level, it is important for the Government to address such issues, so that we can improve our nation's health, but there is also an economic argument to be made. If we have an unhealthy population, we will not be as productive. In England, the cost of treating illnesses and diseases arising from health inequalities has been estimated at £5.5 billion a year. As for productivity, ill health among working-age people means a loss to industry of £31 billion to £33 billion each year. Those two facts must spur the Government into action, but there are many issues to tackle and multiple ways for the Government to address them. Many such issues

[Mrs Sharon Hodgson]

have been raised in the debate but, as I said, I will examine two key areas that the Minister must get right: smoking cessation and childhood obesity.

My first outing as shadow Public Health Minister was to debate the prevalence of tobacco products in our communities and the need for the Government to bring forward the new tobacco control plan.

**The Parliamentary Under-Secretary of State for Health (Nicola Blackwood)** *indicated assent.*

**Mrs Hodgson:** The Minister is nodding, so she remembers it well. The Government need to set out key actions to work towards a smoke-free society. Smoking is strongly linked to deprivation and has major impacts on the health of those who do smoke, such as being more prone to lung cancer and COPD and facing higher mortality rates. If we look at that by region, which I have already established is a factor in health inequality, smoking levels are higher in the north-east at 19.9% compared with the lowest in the south-east at 16.6%. When looking at smoking by socioeconomic status, we find that smoking rate in professional and managerial jobs is less than half that in routine and manual socioeconomic groups, at 12% and 28% respectively.

In the debate held just over a month ago, the Minister was pushed on when the new tobacco control plan would be published. Concerns have been raised by various charities, including ASH, Fresh NE and the British Lung Foundation, about how the delay could jeopardise the work already done. Sadly, the Minister evaded my specific question back then, so I will ask her the same thing again: when can we expect the new plan? Will it be this year or next year? The plan will not only go a long way to work towards a smoke-free society, but help to reduce health inequalities in deprived areas. The Minister can surely understand that and the need to come forth with the plans.

The Minister knows that I also take a keen interest in childhood obesity. She has said repeatedly that the publication of the childhood obesity plan was the start of the conversation. Childhood obesity is the issue on everyone's lips right now as it is the biggest public health crisis facing the country. I will not repeat the stats we all know about the number of children who start school obese and the number who leave obese—they are shocking. Many organisations and individuals, including Cancer Research UK, the Children's Food Trust and Jamie Oliver, have made clear their dismay at the 13-page document that was snuck out in the summer and have said that it did not go far enough. Incidentally, it came out on the same day as the A-level results, so it looked like it was being hidden.

Obesity-related illnesses cost the NHS an estimated £5.1 billion a year, and obesity is the single biggest preventable cause of cancer after smoking. It is also connected to other long-term conditions such as arthritis and type 2 diabetes. When obesity is linked with socioeconomic status, we see real concern that the plan we have before us will not go far enough to reverse health inequality. National child measurement data show that obesity among children has risen, and based on current trends there could be about 670,000 additional cases of obesity by 2035, with 60% of boys aged five

to 11 in deprived communities being either overweight or obese. There is a real need for the Government to come to terms with the fact that many believe the current plan is a squandered opportunity and a lot more must be done. That is why I hope the Minister will be constructive in her reply to this debate, giving us reassurances that move us on from this being "only the start". At the end of her speech, the hon. Member for Erewash gave us a list of four or five items that we could start straightaway, which would certainly take us further on.

The Government have stalled or not gone far enough on the plans I have mentioned, but there is also deep concern that the perverse and damaging cuts to public health spending will widen the health inequality gap. The Minister knows the numbers that I have cited to her previously, but I will cite them again, even after my right hon. Friend the Member for Kingston upon Hull West and Hessle has done so. We are greatly concerned about the £200 million cut to local public health spending following last year's Budget, which was followed by the average real-terms cut of 3.9% each year to 2020-21 in last year's autumn statement. I want to add some further concerns that go beyond those raised by Labour.

Concerns were identified in a survey by the Association of Directors of Public Health, which found that 75% of its members were worried that cuts to public health funding would threaten work on tackling health inequalities. Those concerns are backed up by further evidence published by the ADPH, which found that local authorities are planning cuts across a wide range of public health services, because of central Government cuts. For example, smoking cessation services saw a 34% reduction in 2015-16, and that will become 61% in 2016-17, with 5% of services being decommissioned. That is seen across the board among local public health services and will be detrimental to reversing health inequalities. For the Government to fail to realise that cutting from this important budget will not help the overall vision on health inequality, set out by the Prime Minister earlier this year, is deeply worrying and shows a distinct lack of joined-up thinking around this issue.

In conclusion, health inequality is a serious issue that we cannot ignore or let the Government get wrong, as the health of our nation is so important, not only in a moral sense, but economically. I know the Minister will fully agree with the Prime Minister's statement from earlier this year—there is no second-guessing that, as we all do—but we need radical proposals that get to the bottom of this persistent issue, which blights the lives of so many people living in our most deprived communities. We all want to see a healthier population, where nobody's health is determined by factors outside their control, and we must all work together to get to the point where it is no longer the case that the postcode where somebody is born or lives determines how long they will live or how healthily they will live that life.

4.48 pm

**The Parliamentary Under-Secretary of State for Health (Nicola Blackwood):** I congratulate the Chair of the Health Committee, my hon. Friend the Member for Totnes (Dr Wollaston), on her characteristically thoughtful opening of this debate. I thank the Backbench Business Committee for agreeing to the debate, which has been not only highly informed, but very wide ranging. I will

therefore start by apologising for the fact that I will not be able to comment in detail about all the points raised, but I will reply in writing where I am not able to respond. Colleagues are right to say that the Prime Minister has made this issue a national priority, so it is not surprising that the Government share the commitment of the House to having an effective cross-Government policy that will reduce health inequalities.

We are recognised as world leaders in public health, and that has been achieved by avoiding the temptation to put health inequality in a silo. Marmot, as many have pointed out, is clear that an approach to treating health alone will not tackle what we here know are some of the most entrenched problems of our generation. We have avoided a health-only approach in the past, which is why the Chancellor's autumn statement yesterday announced important and relevant measures such as raising the national minimum wage, raising the income tax threshold and providing, as the hon. Member for Hackney South and Shoreditch (Meg Hillier), the Chair of the Public Accounts Committee, rightly observed, an additional £1.4 billion to deliver 40,000 extra affordable homes. That provision is in addition to the Homelessness Reduction Bill.

It is right that we also look to the work of industry and non-governmental actors. I am pleased to say that the food and drink industry has made progress in recent years. Its focus under voluntary arrangements has been on calorie reduction. Billions of calories and tonnes of sugar have been removed from products, and portion sizes have been reduced. Some major confectionary manufacturers are committing to cap single-serve confectionary at 250 calories, which is an important step forward. As my hon. Friend the Member for Erewash (Maggie Throup) mentioned, some retailers have played their part by removing sweets from checkouts, while others have cut the sugar in their own-brand drinks. We welcome that and urge others to follow suit. The challenge to industry to make further substantial progress remains. We should praise those who have had success, but we will continue to challenge those who lag behind.

Colleagues are right to highlight the importance of employment, and it is encouraging to see that some gaps are narrowing. As the Chancellor said yesterday,

“over the past year employment grew fastest in the north-east... pay grew most strongly in the west midlands, and every UK nation and region saw a record number of people in work.”—[*Official Report*, 23 November 2016; Vol. 617, c. 900.]

But there are still some who are left behind, which is why our health and work Green Paper is specifically focused on driving down the disability work gap for those who wish to work. It is this emphasis on the social, economic and environmental causes of inequalities that convinces me that public health responsibilities as they are traditionally understood do rightly sit in local government, where national action can be reinforced and resources can be specifically targeted at pockets of inequality within local populations.

Let me respond to the concerns raised by my hon. Friend the Member for Plymouth, Sutton and Devonport (Oliver Colville) about his GP practices. When a GP practice closes, NHS England has a responsibility to make sure that patients still have access to services and are not misplaced. I am pleased to hear that he is making some progress on the matter, but if he finds that he reaches a roadblock, I will be happy to raise his

concerns with the Under-Secretary of State for Health, my hon. Friend the Member for Warrington South (David Mowat), who has responsibility for community health.

Although, as a number of colleagues have said, councils have had to make savings and are acting in tough financial circumstances, they are still accessing £16 billion over the next five years from their public health grant. They have shown that good results can be achieved while efficiencies are found and the greatest effect is generated. There are a number of examples of outstanding practice to which we should pay tribute today. The HIV innovation fund, for example, which is funded by Public Health England in collaboration with local government, provides funding for services that meet local needs and offers the most at-risk populations free, reliable and convenient alternatives to traditional HIV testing. That is happening at a time when driving up HIV testing is a key public health priority.

As my hon. Friend the Member for Totnes rightly noted, however, we must focus on key determinants such as obesity, smoking, suicide and alcohol. That is the core of the challenge that we face, which is why we are working closely with our partners in the NHS, PHE, local government and schools to deliver the childhood obesity plan. That subject has been raised by many speakers today and I assure the House that the delivery of the plan has started. We have consulted on the soft drinks industry levy and launched a broad sugar reduction programme. Those measures will have a positive impact, particularly on lower income groups, which are disproportionately affected. As many colleagues have mentioned, the measures will have secondary benefits, such as better dental health and diabetes prevention.

As was mentioned by my hon. Friends the Members for Erewash and for Taunton Deane (Rebecca Pow), it is particularly important that we focus on effectively delivering a key plank of that obesity plan: the hour of physical activity every day. One of the ways in which we will make sure that is delivered effectively is by introducing a new healthy rating scheme in primary schools to recognise the way in which they deliver this and to provide encouragement. I believe that we have delivered the right approach to secure the future health of our children, but I am determined that we will implement it quickly and effectively, and I am very happy to enter into discussions about how we make sure that that implementation works.

I entirely agree with hon. Members on both sides of the House that mental health must not be forgotten when we are discussing health inequalities. We have made progress, but parity of esteem must be more than just a phrase; it must be backed by increased funding and effective reform. That is why we are investing an additional £1 billion every year by 2020 to help 1 million more people with mental illness to access high-quality care, including in emergency departments, as well as putting in place a record £1 billion of additional investment in children's mental health. That money is funding every area in the country. We are working hard to make sure we drive these reforms to the frontline, including, as my hon. Friend the Member for Totnes said, by refreshing the suicide strategy with a particular focus on the alarming figures for suicides among young men and for self-harm.

[*Nicola Blackwood*]

There can be no complacency about the scale of the challenge, as the figures quoted today forcefully remind us. We know that inequalities can be stubborn to tackle. Variations in smoking rates, particularly in pregnancy, persist, and concerted efforts are required to tackle that. That is exactly why I am prioritising the tobacco control strategy so that we can use our combined efforts to target vulnerable groups, including pregnant women, mental health patients and children, and reduce those differences, not least by supporting local areas to use data effectively to understand how best to target their policies.

**Alex Cunningham:** Can the Minister offer us a timescale for the tobacco strategy?

**Nicola Blackwood:** I cannot, because I am not yet satisfied that it is as effective as I want it to be.

In addition, I am pleased with the action we have taken to introduce standardised packaging for cigarettes and other legislative measures. We have also launched the world's first diabetes prevention programme, as mentioned by the hon. Member for Heywood and Middleton (*Liz McInnes*), and we had a very good debate just yesterday about how we can improve diabetes care. We also have one of the most effective immunisation programmes in the world. That shows our commitment to take firm action where the evidence guides us, but as I have said, that action must be cross-government, at both a local and a national level.

Our job is to put prevention and population health considerations at the heart of everything we do, as the five year forward view makes clear. Devolution deals are giving local areas more control over many of the social determinants of health, such as economic growth, housing, health and work programmes, and transport. The focus on integrated public health services within devolution promises to remove many of the structural barriers to prevention that we have discussed today, and

it makes public health everyone's business, exactly as the SNP spokesman, the hon. Member for Glasgow Central (*Alison Thewliss*), said.

However, with devolution, to which the right hon. Member for Kingston upon Hull West and Hessle (*Alan Johnson*) referred, and as we move towards business rates retention, transparency will be ever more vital to ensuring that public health outcomes improve. That is happening, but we need to go further, and we need to do more to engage local people and their elected councillors in highlighting the unjustifiable inequalities that persist. Ensuring that transparency translates into accountability is a key priority for me, and I assure the House that I am actively involved in this matter.

Members on both sides of the House are right to launch this challenge today, and I take fully on board their suggestions of how we can collectively reduce health inequalities. However, I hope that I have made it clear that the only way we are going to make progress on this issue is to adopt a whole-Government, whole-society approach. We have to constantly remind ourselves that reducing these inequalities is for not just the NHS or Public Health England, but the whole of Government, as well as local areas, industries and, indeed, all Members of this House. Today I reaffirm my commitment to work together with the widest range of partners, inside and outside Government, to make progress on this agenda. I hope that every Member here will do the same, because we owe our constituents nothing less.

4.58 pm

**Dr Wollaston:** I thank colleagues on both sides of the House for the extraordinary number of thoughtful contributions to this debate. As we have heard, this issue is everybody's business, and what we now want is to see the Government translate the ambition and words into action.

*Question put and agreed to.*

*Resolved,*

That this House calls on the Government to introduce and support effective policy measures to reduce health inequality.

## HS2 Phase 2: Consultation

*Motion made, and Question proposed,* That this House do now adjourn.—(*Julian Smith.*)

4.59 pm

**Sir William Cash** (Stone) (Con): I want to make clear, on behalf of my constituents, my very strong objection to the proposals in section 4 of the document entitled, “HS2 Phase 2a: West Midlands to Crewe design refinement consultation”. I have already registered my objections to HS2 on many, many occasions. My right hon. Friend the Member for Chesham and Amersham (Mrs Gillan) and my hon. Friend the Member for Stafford (Jeremy Lefroy) have also taken a very strong line on this whole subject for a very long time. There will be a Bill, presumably after December. At some point, there will be a hybrid Bill, on which my constituents will be able to petition if they need to do so.

I want to set out my objections to these initial proposals. They amount to a railhead at Yarnfield, in between the proposed HS2 route and the M6, which is likely to become, we believe, a permanent maintenance facility to replace the infrastructure maintenance depot at Crewe. Stone Town Council has said in its objections that it is extremely disappointed with the level of consultation of Stone residents. That does not really fit in with the Minister’s saying in the previous debate, in which I took part with my hon. Friends, that he was absolutely determined that consultation would be at the very highest level. I have to say that my constituents do not believe that that has been effective in this particular case, and I ask him to look into that.

I recently held a public meeting with my constituents in Yarnfield village hall, and the depth of frustration and anger at the proposals, which have caused extreme anxiety in the local area, was evident to all, as in a meeting with local residents that I had on the same day in Baldwins Gate, further to the north. I will hold a further public meeting on 3 December in Walton community centre.

The Yarnfield railhead sliver is totally new in the September 2016 consultation. The railhead was meant to have been in Crewe, and this is a shock to all my constituents in the towns of Stone and Eccleshall, and all the villages in and around the area, particularly Yarnfield. This is not a conceptual design, as the others have been; it is a detailed design that required much more time for consultation of the affected people. HS2’s standard consultation process was therefore hopelessly inadequate. Why did HS2 identify the Yarnfield area as appropriate instead of Crewe?

My constituents have raised an important issue in relation to the options appraisal in the community area report for my constituency. It contained eight options, but four were not taken forward. A brief commentary is provided with regard to only one of the four rejected options, which is Madeley. Of the remaining three, one is not related to Stone—option 5, for Crewe—and this is described in one section as the preferred environmental option. Of the three remaining Stone options, option 8—the Stone hybrid, now selected by HS2—seems to be a combination of options 2 and 3, but we have had only a very limited amount of time to consider all this. We believe that there has been misinformation about the number of jobs and a lack of evidence to demonstrate

that there was availability in Crewe. This seems to have been overridden, and we do not understand why it has happened.

With regard to the railhead south of Crewe at the northern end of the phase 2a route, the consultation paper does not explain why Yarnfield must be chosen, nor why the so-called design development work would lead to the identification of Yarnfield as appropriate. The reason to move the location from Crewe to Yarnfield cannot be that Crewe is now to have 370 new homes, some of which have already been built. That would be baffling, because the site at Yarnfield is even more inappropriate given the positioning of local residential buildings.

The disruption that has already been caused by HS2 project preparation throughout my constituency, including Stone and Swynnerton, on top of the ongoing works at Norton Bridge that have been shattering the local area and having a great impact on nearby residents, has been excessive. Therefore, the attempt to minimise disruption in Crewe only to maximise it in Yarnfield does not seem, by any means, to be a good idea or a sensible option.

**Mrs Cheryl Gillan** (Chesham and Amersham) (Con): Does my hon. Friend agree that we need better communications with HS2? It has started to do the exploratory groundworks in my constituency, but it failed to get the correct permissions in Chalfont St Giles and since then a lorry has had an accident there. I think that we as MPs need a hotline to HS2 and to the Department, so that we can report some of the aggravation that is going down in our constituencies. If it is already happening in my hon. Friend’s constituency, all I can say is that I have a great deal of sympathy, because it is certainly happening in mine.

**Sir William Cash:** I am extremely grateful to, and concur with, my right hon. Friend. Accidents have occurred and I think that a hotline is an extremely good idea. I hope that the Minister is listening.

An analysis of the population of Yarnfield and the Stone area shows that over-65-year-olds make up a significant number of the local population. The proposed option will do nothing to enhance, let alone accommodate, an environment to support such an elderly population. Many residents in Yarnfield who are elderly and infirm will have to live with those proposals being imposed on them. Not only will they create dust, noise, light pollution and total disruption to all the residents of numerous surrounding villages and the Stone town; they will also ruin the lives of many who have chosen to retire to a rural environment and who have settled in the area in good faith. People in Stone town itself are also deeply concerned.

**Jeremy Lefroy** (Stafford) (Con): I congratulate my hon. Friend on securing this debate. Although the development is not as close to my constituency as it is to his, there will be an impact on Great Bridgeford, Little Bridgeford and Ellenhall. In addition, if I am not wrong, there has been substantial new building of homes in Yarnfield itself and people will not have been aware that this was coming when they purchased those homes.

**Sir William Cash:** That is completely true. I concur with my hon. Friend. Indeed, people who came to the public meeting said that they moved to Yarnfield precisely

[*Sir William Cash*]

because they thought that it was a peaceful area. They moved away from areas that had been disrupted by HS2 proposals, but now they find themselves saddled with them again.

The Campaign to Protect Rural England wrote about the proposals on Monday:

“The site is in the green belt, and CPRE has a long standing commitment to protect those special areas...In the case of HS2a...We considered and accepted that the best location for the main construction compound was on railway land at Basford Sidings, south of Crewe. Temporary satellite compounds would be needed at points along the line during the construction period. The decision by HS2 Ltd to transfer the main railhead compound to Stone in place of the depot at Crewe then upgrade to a permanent one and include it in the Hybrid Bill”,

which will come before Parliament,

“has caused us immense concern.”

The consultation proposals are entirely silent on many important details. Nowhere in them can we find the specified acreage of the railhead and compound. How can such consultation proposals and maps be provided to my constituents, causing great fear, anxiety and disruption in the area, without HS2 Ltd transparently showing the precise acreage of the proposed railhead and compound?

As I have said before, a great deal of noise, vibration, poor air quality, HGV traffic and visual intrusion will result from the proposed works. The consultation paper refers to the location having

“good connections to the existing Norton Bridge to Stone Railway”, yet Norton Bridge is currently under a departmental consultation for closure, and it has certainly not been made at all clear what possible strategic link could be made to Stone railway.

On roads and highways, the proposed closure of Yarnfield Lane for three years is totally unacceptable to local residents, as it will compromise the health and welfare of the community and their ability to travel around the area. The proposal to use Eccleshall Road as an access and supply route to the construction site is untenable. It will block the whole area, which is already over-subscribed, and cause unbelievable chaos.

Stone Town Council is also concerned about the impact on the Walton area of Stone, where a strategic development location for 500 houses has been identified in the Stafford borough plan. The proposed railhead and sidings encroach on to that land. The maintenance facility must not be allowed to interfere with the local borough plan for Yarnfield and Stone. The design also proposes the use of the M6 as a supply route to the site, but that area of motorway is well known among local residents for becoming effectively a car park as soon as a traffic incident occurs. My hon. Friend the Member for Stafford knows that that is absolutely true. The traffic will come back on to the local roads, the A34 and the A51, and that will make the situation even worse.

The proposal to use Pirehill Lane as a supply and service route to the construction site further out towards Whitgreave is ill-conceived and has no credibility. The proposal is absolutely unacceptable, and, furthermore, it has not been thought through. The consequences for local people are devastating. Although Stafford Borough Council and Staffordshire County Council say at the

moment that they neither support nor object—that they are simply weighing up the situation—they have expressed concerns about the consultation, closing Yarnfield Lane, access to the M6, the connection to Norton Bridge station, the strategic housing allocation for Stone and existing housing developments, all of which I have written to the Minister about.

Cold Norton, where there is a cluster of 40 dwellings within 500 metres of the M6, does not even seem to have been mentioned in the documents. If the B5026 and Yarnfield Lane, in particular, are closed during the works, my constituents in Cold Norton, Norton Bridge, Chebsey, Yarnfield, Swynnerton and Eccleshall will have their main travel route into Stone severed. Great Bridgeford and many other areas that concern my hon. Friend the Member for Stafford will also be affected.

There is also the question of the Yarnfield sports centre, which hosts extremely well-attended football games on weeknights. It will have incredible difficulty.

**Jeremy Lefroy:** Will my hon. Friend comment on the incredible disruption to the Yarnfield conference centre, which is becoming a major regional conference centre and hosting conferences from all over the country, and which has had a lot of investment?

**Sir William Cash:** My hon. Friend has anticipated my next point.

**Jeremy Lefroy:** Oh, sorry.

**Sir William Cash:** Not at all. I was only going to say that, as Stone Town Council made clear, more than 80,000 visitors a year come to the regionally significant footballing facility at Wellbeing Park, Yarnfield. The closure of Yarnfield Lane will reduce the accessibility of the facility and force users to approach it through the village of Yarnfield rather than on the A34.

The Yarnfield Park training and conference centre is located in the village of Yarnfield and would be badly affected by the proposed closure of Yarnfield Lane, along with the disruption from the building work to create the railhead compound. Richard Smith of Compass Group has submitted to the consultation statements indicating that Yarnfield Park is one of the UK’s largest training and conference centres, with 338 bedrooms and more than 50 meeting and training spaces. The venue is operated by Compass Group, and it welcomes more than 50,000 residential guests per year. It has stated in a submission to me that the proposal to close Yarnfield Lane for an extended period would do extreme damage to its local business. The board of governors at Springfields First School have said that the closure of Yarnfield Lane would be intolerable. This has not been concluded, and I urge the Minister not to continue with these proposals, as they relate to my area, because of the arguments that I have made.

I turn to the effect of the proposals on Baldwins Gate, Bar Hill, Whitmore and Madeley. I wrote to the Secretary of State on 3 November about those areas. I urged him to refer back to the non-technical summary HS2 consultation document and the November 2016 report from Atkins, the famous rail engineering firm, on “Rail alternatives to HS2 Phase 2a”; and I urged him please to reconsider option 1 in the Atkins report, which has not yet been discounted. It is less expensive

than the HS2 phase 2a project, while providing almost the same benefits, and it would avoid the need to carry out what is described as the “expensive” and “complex” section of HS2 phase 2a north of Baldwins Gate.

That option would avoid almost entirely the very expensive harm that the current project will impose on the parishes of Whitmore and Madeley. In particular, it would avoid the complex and expensive operation of raising the A53 by as much, some believe, as 8 metres in order for the track to be able to run under it, and driving a twin-bore tunnel under the development known as “The Heath” at the edge of Baldwins Gate. I urge that the cost-benefit comparison between the two solutions, current HS2 phase 2a versus high-cost option No. 1, be revisited. Adopting the high costs of option 1 would greatly simplify the construction project, offering virtually the same benefits as the current HS2 phase 2a project and, according to the Atkins estimate, would cost over £1 billion less. Fundamentally, for my constituents, this proposal would save the parishes of Whitmore and Madeley from the devastation that they currently face.

It seems that HS2 Ltd was convinced that the heath was flat and consisted of solid sandstone. It now accepts that it is not flat, and it has been informed that the ground is the remains of a sand and gravel quarry. In other words, the heath is completely soft and unstable, and HS2 cannot tunnel through it. HS2 is due to drill boreholes to verify that, but it does not seem to have got around to doing so. We think that that is for the very good reason that the proposal will not stand up. There will also be traffic chaos on the A53 for the duration of the construction work, which is seven years, as it is meant to be an access route to the area for construction vehicles.

I strongly back my constituents in seeking support for the Atkins report alternative of option 1. This is the best option available for my constituents, primarily because it proposes to connect HS2 phase 2a to the west coast main line south of Baldwins Gate. The HS2 line would then run to Crewe on the fast track of the west coast main line. In that area of my constituency, this option would avoid the permanent major adverse impact of the Meece valley viaduct and embankment, the Whitmore south cutting, the Whitmore wood cutting and the Lea valley viaduct, which threaten to have a serious impact on my constituents’ properties.

Option 1 would obviate the costly tunnelling at Whitmore heath, Madeley and Bar Hill. It would save significant amounts of money, and it would prevent the devastation of ancient woods and lands and the damage that will cause to my local area. In the absence of this proposed change, my constituents have expressed a strong interest in the creation of a tunnel from Whitmore to Madeley, as the “next best option”. The proposal for a tunnel from Whitmore to Madeley would avoid the destruction by HS2 works of 33% of Whitmore wood, the viaduct and embankments in the Lea valley and the disruptive work on Manor Road.

I understand from emails I have received that HS2 is considering a longer and lower tunnel option, combining the tunnels of Whitmore heath and Bar Hill into one long deeper tunnel. Many of my constituents, including representatives of the Whitmore and Baldwins Gate HS2 action group, believe that this is the best option. Whitmore and Madeley should receive special treatment

and get the longer, lower tunnel. There is no other tunnel on the whole of the HS2 route that has such a large density of rural housing as the Whitmore tunnel.

On the question of Whitmore heath, the unfathomable delays in carrying out the work of drilling boreholes and taking samples to establish the nature of the ground is a real problem in itself. HS2 Ltd says it is sandstone and conglomerate rock, but the only sensible way to find out is to drill boreholes. We insist that something is done, because such work has not yet been done. Even its former chief executive officer Simon Kirby, in a letter written to me on 3 August, stated that boreholes are needed. I need the Minister to intervene.

Finally, on woodland loss, the Woodland Trust wrote to me on Monday—I will forward the letter to the Minister—saying that the work at Whitmore wood under the scheme

“will result in 6ha of loss from this ancient woodland.”

Swynnerton old park will be affected, as will Hey Sprink. Barhill wood will be affected, with 0.5 hectares of loss. Grafton’s wood will again be affected; it has been greatly affected already by the west coast main line. All these areas need to be protected. The Woodland Trust supports us completely, as does the CPRE.

In conclusion, I simply say that, as far as I am concerned, the Minister has alternatives in front of him. The Bill has not yet been drafted, and it would be possible for these changes to be made in the areas of Yarnfield, Stone and all the other villages I have mentioned, as well as in Great Bridgeford and the other parts of the constituency of my hon. Friend the Member for Stafford that will be affected. We have had tremendous problems with HS2, as the Minister knows. Will he please do something about it, because we have not had the right consultation? Other options are available, and he has the opportunity to put this right. Will he please do so, and will he also tell us what the arrangements are for Stoke-on-Trent and about the question of having a stopover there?

5.19 pm

**The Parliamentary Under-Secretary of State for Transport (Andrew Jones):** I start by congratulating my hon. Friend the Member for Stone (Sir William Cash) on securing this debate on the consultation process for phase 2 of HS2, and specifically on his constituency of Stone. I acknowledge his tireless work on behalf of his constituents, alongside my right hon. Friend the Member for Chesham and Amersham (Mrs Gillan) and my hon. Friend the Member for Stafford (Jeremy Lefroy), in challenging HS2 Ltd to really examine its practices to seek the best possible outcome for the people of Staffordshire.

Having said that, I must also restate the strategic importance of HS2 to our country’s infrastructure and its longer term economic health. The number of seats available out of Euston at peak hours will treble as a result of HS2, relieving congestion while freeing up space on the existing network. Journey times will be cut not just along the newly built line but to destinations throughout the north of England and Scotland. Although, as has often been said, HS2 will become the largest infrastructure project in Europe, its value is not as a stand-alone project but as a fully integrated part of our national rail infrastructure.

With that in mind, we have a duty to consider how each region will benefit from the project, but we must also consider those for whom the construction of the

[Andrew Jones]

railway will have a cost. For that reason, the ongoing consultation and engagement form such an integral part of HS2's remit. That will continue to be the case throughout both phases of HS2, and I intend to give a brief overview of that process later. However, I wish first to turn to some of the issues raised by my hon. Friend regarding his own constituency.

Let us start with the proposed railhead near Stone. I fully understand that the proposals as they stand will have a significant impact on some of my hon. Friend's constituents. That is clearly the case, and so I reinforce the Secretary of State's commitment to treating those along the route with "fairness, compassion and respect". In doing so, it is important not to lose sight of the need to deliver the best outcome for the country as a whole—we have a mixture of the individual and the public here.

I must remind my hon. Friend of why we are looking at a railhead at Stone. If the proposal were to go ahead, it would allow HS2 Ltd to significantly accelerate the construction schedule of phase 2a; because the site is situated in the middle of the phase 2a route, it would allow construction to start to the north and the south simultaneously, while negating the need for maintenance loops at Pipe Ridware, to the south of the site. That is why HS2 Ltd has put the idea forward. In addition to the programme-wide benefits, there would be benefits to the region in the form of approximately 150 new jobs.

If the railhead at Stone goes ahead, it will clearly have to be built with minimum disruption to local residents. The documents accompanying the recent consultation represented a worst case scenario. It is important to say that no decision has been taken on road access to the site or on the closure of Yarnfield Lane, and HS2 Ltd must seek to keep the lane open; it will try to do so whenever it can. The strong message from colleagues tonight will clearly have been heard.

It cannot be overemphasised, however, that the consultation process underpins and is integral to all route decisions. As it is the main point of debate tonight, let me move directly to the consultation process. I am well aware of my hon. Friend's concerns about the length of the consultation, as we have met and discussed it previously. However, we have been pleased by the high number of responses we have received to the three consultations, which suggest that residents have been able to engage with the issue and respond positively. I will update the House on the number of responses we have had. There were 442 responses to the working draft environmental impact assessment report, 98 responses to the equality impact assessment and 553 responses to the design refinement consultation, representing a total of 1,093 responses to the three consultations. I think the design refinement consultation has particularly exercised my hon. Friend, because it incorporates the proposed changes to the location of the railhead and depot.

As to the length of the consultation, I should say that the phase 2a consultations followed the same timescale as the phase 1 consultations. We are not seeking to treat one part of the country differently from any other. It is important to state that we have been entirely consistent on that. I have been through this with HS2 Ltd, and I am persuaded that during the course of the eight weeks it has been effective in getting out there and meeting people. I have looked at the press adverts that have gone

out advertising the venues. There have been adverts highlighting the consultations in the *Crewe Chronicle*, the *Staffordshire Newsletter*, the west midlands' *Express & Star*, *The Sentinel*, the *Advertiser* and the *Lichfield Mercury*. Those adverts have appeared on a number of occasions. There has also been a social media effort, which has reached several hundred thousand people. There has been positive engagement, as well as a series of public meetings, including in Yarnfield.

I understand entirely why this matter is of concern to colleagues and the people they represent. I am very supportive of the idea of a hotline. HS2 Ltd already offers colleagues individual technical briefings and I will make sure that those continue. It would be helpful to have a hotline for MPs and that idea is on the agenda for my next meeting with HS2 Ltd, so it is already in play. I am interested to hear that colleagues think it would be a good idea.

**Mrs Gillan:** I am very grateful for that positive response. I raised the idea with the interim construction commissioner several weeks ago, so obviously it has filtered into the system. A hotline would be of great assistance to my colleagues who are here, as well as to me and other colleagues in Buckinghamshire.

**Andrew Jones:** I thank my right hon. Friend for that comment. This is an important national project, but it has such implications for people on the line of route that we have to ensure that we treat everybody with openness, transparency and respect. Making sure that colleagues are informed, so that they can deal with their constituents and make the case for their areas effectively, is a key part of that.

I will certainly look into the consultation process. We have already made some changes for the consultation on phase 2b. I was able to do that before the announcements were made last week. I will always take feedback from colleagues and if we can improve things, we certainly will do. We have to treat people fairly and I am sure that the significant efforts that are being made now will pay dividends later.

My hon. Friend the Member for Stone asked about the timing of the Bill and whether people will have the opportunity to petition. We are looking to introduce the hybrid Bill for phase 2a next year and that will, indeed, offer residents the opportunity to petition, as was the case with phase 1.

As well as the measures I mentioned earlier, the publicity for the consultation took the form of leaflets distributed to households within 1 km of the proposed route, alongside information packs sent to public libraries and parish councils, with the request that the documents be made available at all community locations. Furthermore, briefings were provided for local authorities and parish councils.

There has often been feedback that the consultation events are not handled professionally. I have not been to the consultation events that have taken place for phase 2a, but I know that HS2 Ltd has always arranged training for staff to prepare them and clearly set out the conduct required for such events. I am confident that in the overwhelming number of cases, staff conduct themselves well, but any time any colleague has any concerns, I will be extremely available to hear them and will take them up with HS2 Ltd.

On the wider implications of the process we are discussing, I assure all colleagues that HS2 Ltd will continue to build on the good engagement work that has been done thus far as it goes forward with the phase 2 consultation.

**Sir William Cash:** I just want to be sure that my hon. Friend gets on to the Whitmore and Baldwins Gate question, because we are running out of time and I want to hear what he has to say on that.

**Andrew Jones:** We are, indeed, running out of time. I will go through all the points that have been raised with HS2 Ltd and ask it to contact my hon. Friend to give him an individual technical briefing on the subject. We have only seconds left, but the key thing is to treat this matter properly and not rush it. We will go through all the points he has mentioned.

I can quickly respond to the point about Stoke. We have asked HS2 Ltd to consider how we can have a

service for Stoke, through to Macclesfield. That is a work in progress that has just been commissioned by the Secretary of State.

Debates such as these give us the opportunity to air and discuss the impact of HS2 on communities. They are vital in ensuring that we get the project right locally and nationally. This project will deliver for the whole country. I thank my hon. Friend for giving me the opportunity to highlight all that is going on. I know he will continue to be a resolute advocate on behalf of his constituents, as will my hon. Friend the Member for Stafford and my right hon. Friend the Member for Chesham and Amersham. As the Minister for HS2, I will always be available to be contacted and will always take up the issues they raise on their behalf.

*Question put and agreed to.*

5.29 pm

*House adjourned.*



# Westminster Hall

Thursday 24 November 2016

[GRAHAM STRINGER *in the Chair*]

## Sustainable Development Goals

1.30 pm

**Stephen Twigg** (Liverpool, West Derby) (Lab/Co-op):  
I beg to move,

That this House has considered the First Report of the International Development Committee, UK implementation of the Sustainable Development Goals, HC 103, and the Government response, HC 673.

It is a pleasure to serve under your chairmanship, Mr Stringer. I am delighted to have the opportunity to discuss this report, and to see present so many Members from different parties. There is a particularly great turnout from fellow members of the Select Committee on International Development. I welcome my fellow Select Committee Chair, my hon. Friend the Member for Wakefield (Mary Creagh), Chair of the Environmental Audit Committee.

In 2000, the United Nations adopted eight goals that shaped the subsequent international development agenda. The millennium development goals were ambitious, and included the aims of eliminating extreme poverty; achieving universal primary education; reducing child mortality; and promoting gender equality. Their impact was significant. According to the UN, extreme poverty around the world was reduced by more than half; global child mortality rates were halved; primary school enrolments in the developing world increased to their highest ever level; and, through a mixture of vaccination and education, the deaths of more than 6 million from malaria were prevented.

Despite that significant progress, though, the MDGs were not achieved in their entirety, so when the programme came to an end last year, UN member states embarked on a more ambitious and wide-ranging set of goals: the sustainable development goals, often described as the “global goals”. There are 17 goals and 169 associated targets, covering some of the greatest challenges the world faces, including poverty, inequality, the impact of climate change, justice, industrialisation, education, good governance and health. Unlike the MDGs, the sustainable development goals are universal, so they apply as much to us here in the United Kingdom as they do in Nigeria, Bangladesh, China or Brazil. That means that over the coming 15 years, the Government need to be doing all they can to ensure that the UK achieves the goals and their associated targets.

The process by which the global goals were agreed was extensive, involving all members of the United Nations, as well as global civil society and the private sector. The goals will be achieved only if there is global co-operation, so it is right that every country has had the opportunity to influence them. The results will be measured against a total of 231 universal indicators, and each country will then create its own national indicators. Global progress on the goals will be reported annually through the high-level political forum at the UN, which meets every year in July.

I am pleased to say that the United Kingdom played an important role in the formation of the goals. The former Prime Minister, David Cameron, was appointed by Ban Ki-moon to co-chair the high-level panel of eminent persons on the post-2015 development agenda, which began the work that led to the global goals. The UK Government played a vital role in fighting for the inclusion of some goals that were resisted by other countries. For example, the UK fought hard for the inclusion in goal No. 5, on gender equality, of targets on female genital mutilation, early and forced marriages, and sexual and reproductive health. We can be proud of that.

During the negotiation of the goals, the UK rightly emphasised that the agenda was about leaving no one behind. Such an agenda recognises the importance of closing the gaps between different social groups and ensuring real progress for the most marginalised. There is, therefore, an emphasis on tackling inequality as well as poverty. I commend the Government on the role they played in shaping the future of the global development agenda, as well as on their continued commitment to spending 0.7% of gross national income on international development; however, we now need to see how those commitments are being translated into action.

The global goals aim to solve common problems found in every country to secure gains for everyone. Although they are not legally binding, there is a moral imperative for action to reach the targets they set out. Those targets include eradicating extreme poverty; ensuring equality of opportunity; reducing inequalities of outcome; integrating climate change measures into national policies; and promoting the rule of law. We have a duty to ensure that we are tackling the goals globally and acting as a global leader in their implementation.

In June this year, the International Development Committee released our report on the UK implementation of the goals. The report is the biggest we have published so far in this Parliament. We took extensive written and oral evidence from civil society, non-governmental organisations, academics, the private sector and, of course, the Government. We made a number of recommendations to the Government, but our central finding was that despite the UK’s strong leadership during the negotiation and agreement of the goals, the Government’s response to implementation since their adoption had been insufficient, particularly at the domestic level. There are several reasons for that.

First, it is unclear which Department has lead responsibility for the domestic implementation of the SDGs. Today, the Secretary of State for International Development has written to me to explain matters further, and I am grateful for her letter. She has told me that she and the Minister for the Cabinet Office and Paymaster General have agreed that Departments will report progress towards the goals through their single departmental plans. The Cabinet Office will continue to have a role in co-ordinating the domestic delivery of the goals through the single departmental plans process.

I welcome that clarification from the Secretary of State, but I have two issues for the Minister to address when he responds at the end of the debate. First, it is still unclear whether the overall responsibility for leading on the reporting of domestic progress lies with the Department for International Development or the Cabinet Office. Secondly, how will whichever of those Departments

[Stephen Twigg]

is leading ensure that every Department addresses the global goals in their single departmental plans? My understanding is that the majority of Government Departments do not mention the sustainable development goals in their departmental plans. The Select Committee outlined clearly in our report that we believe the UK can be successful in implementing the goals only if there is a coherent and comprehensive cross-Government response.

Secondly, we were told in the Government's response earlier this year that the forthcoming report on UK implementation of the goals

"will set out a clear narrative for the Government's approach to implementing the Goals both internationally and domestically, including key principles, flagship initiatives and expected results and further information on how the government is set up to contribute towards achievement of Agenda 2030."

The Select Committee recommended that the report should be produced urgently, and must equate to a substantive cross-Government plan for implementation, with clear lines of responsibility for each Government Department.

As the SDGs were agreed more than a year ago, it is deeply worrying that the Government have still not published the report. In her letter today, the Secretary of State says:

"We are currently working on report setting out the UK approach to Agenda 2030. I look forward to sharing this with you once it has been finalised."

I have three questions for the Minister that arise from that. When do the Government expect the report to be finalised? Can he give us a sense of what the report will look like—how substantive will it be and how much detail will it have? Will it outline a clear cross-Government strategy for the implementation of the SDGs? Of the other countries around the world, 22 have now submitted voluntary national reviews to the UN, and a further 30—including China, France, Germany and Turkey—have already volunteered to produce a national report by 2017. There is a real risk that we have moved so slowly that we will fall behind other countries.

The third challenge is this: for the SDGs to achieve success both domestically and internationally, clearly we need to work with a wide range of partners. For example, our report recommended that the Government enter into discussions with the London Stock Exchange and the City to discuss how they might create incentives for sustainable development in the capital markets. We also recommended that the Government engage with the private sector and, through CDC and the Prosperity Fund, align their work with the SDGs to ensure that they support progress overseas. I welcome the extra information on those issues that the Secretary of State has provided in her letter today.

Civil society has a crucial role to play, both in communicating and implementing the goals in developing countries, and in holding Governments both here and in other countries to account on their implementation. Therefore, the Committee was particularly disappointed that the recent civil society partnership review from DFID did not mention the SDGs. We expect the multilateral and bilateral aid reviews from the Government very soon, and I hope that they will use the opportunity that those reviews provide to lay out exactly how they will

work with civil society here and in other countries, as well as with multilateral organisations, to support the achievement of the global goals.

We can learn from the progress that some other countries have made since New York last year. For example, in Germany Chancellor Merkel has initiated a national consultation on the global goals, to develop a national sustainable development strategy. She has also set up a ministerial committee on sustainable development, with politicians, business representatives, academia and civil society, to ensure that all of the Government in Germany is making progress towards achieving the goals. In Norway, Ministries have specific responsibilities for the implementation of individual goals and each Ministry has to report on progress towards the SDGs in their annual budget, which is then scrutinised by Parliament. Finland has committed to producing a comprehensive national implementation plan by the end of this year, led by the Prime Minister's office, and China has established a domestic co-ordination mechanism, comprising 43 Government Departments, to deliver on the SDGs. These countries are pulling ahead of us in their plans for domestic implementation of the goals. I say to the Minister that the Government need to act swiftly and decisively, so that we do not lose our credibility.

For the International Development Committee, the SDGs will be a thread through all our work in this Parliament and we encourage the Government to think of them in that way. For example, we have recently launched a major inquiry into DFID's work on education, in which we will focus on SDG 4, which is on education and access to quality education for all. In this inquiry, the interplay between the different SDGs has already become clear. For example, an estimated 50% of children of primary school age who are not in school live in conflict-affected areas. So, to successfully achieve SDG 4 on education, we need to examine how we can ensure that children get a good education regardless of their circumstances, including addressing SDG 16, on peace, justice and strong institutions, which was one of the goals for which the UK Government fought very hard.

Our inquiry on education will concentrate on DFID's work in three key areas. The first is access—making sure that the most marginalised children are getting to school. The second is quality—ensuring that children receive a high standard of education at primary and secondary level and beyond, with good learning outcomes. Finally and very importantly, there is lifelong learning, which includes good quality tertiary education that has a technical and practical focus, so that children and young people in some of the poorest countries of the world are being prepared for the jobs and livelihoods of tomorrow. The Independent Commission for Aid Impact is conducting its own performance review of DFID's support to marginalised girls in basic education, which will feed into our broader inquiry.

DFID's spending on education constitutes 7.7% of its overall budget; it is the Department's fourth biggest area of expenditure, after health, disasters, and government and civil society. Globally, education has seen a steady decline in its proportion of overseas development assistance funding in recent years, both via bilateral and multilateral donors. At a time when conflict is a major threat, it is imperative that ODA money is spent, and spent wisely, to ensure that children get a good education, and in

particular to ensure that children affected by conflict and those who are displaced either internally or as refugees have access to good education.

Let me finish by saying something about the role of Parliament in the implementation of the SDGs, because this House and the other place have an important role to play in ensuring UK implementation. I welcome the close interest that the Environmental Audit Committee has taken in the SDGs and if she catches your eye, Mr Stringer, I look forward to hearing from my hon. Friend the Member for Wakefield, who is the Committee's Chair, during the debate this afternoon. I also welcome the interest that has been shown by the Women and Equalities Committee; the commitment to gender equality and indeed to other strands of equality within the goals is absolutely crucial.

I also pay tribute to the all-party group on the United Nations global goals for sustainable development, which is co-chaired by a very active member of the IDC, the hon. Member for Aldridge-Brownhills (Wendy Morton), and Lord Jack McConnell. The work that the all-party group has done in raising awareness of the SDGs in both Houses has been exemplary. The continued support for, and interest in, both the domestic and international implementation of the global goals is clear across Parliament, and I hope that it has been noted by the Government.

I also think that it is in the interests of other departmental Select Committees to engage with the goals, in order to assess any potential gaps in progress against the SDGs for which their Department is responsible. For example, the Select Committee on Work and Pensions should address some of the issues of poverty and inequality in our own country, which I hope will enable the other Select Committees to push for ambitious national indicators in a broad range of areas, and to hold the Government to account on any area where there is a risk that we may fall short domestically over that 15-year period.

In our report, the IDC recommended that all House of Commons departmental Select Committees should engage with the SDGs, particularly those goals and targets that are most relevant to their Department. We encourage other Committees to push for ambitious national indicators against the goals; to monitor departmental progress against these indicators; and to use the data produced by the Office for National Statistics annually to hold Departments to account on their performance. In light of the letter from the Secretary of State today, departmental Select Committees now have a particular role to ask questions of their Departments about the inclusion of the SDGs in the single departmental plans. Ideally, this scrutiny would culminate in an annual session with the relevant Secretary of State in advance of the high-level political forum on global SDG progress each July, enabling an alignment between the domestic consideration of the goals and the UK's reporting at the high-level forum of the UN in July. We also raised the possibility that the Liaison Committee might wish to question the Prime Minister annually on progress.

For the rest of this Parliament and hopefully all the way through to 2030, the IDC will scrutinise the Government's implementation of the SDGs. Rightly, our focus will be on global implementation and the role that the UK, through DFID and other Government Departments, plays in overseas development assistance and other forms of development work.

As I have said and as our report set out in detail, so far we are disappointed, particularly with the domestic response. I welcome the clarification that the Secretary of State has provided today, but I encourage the Minister to go further in his response this afternoon. As one of the countries that played a leading role in the development of the global goals, it would be shameful if we failed to meet the goals in our own country. The UK Government need to act, and act quickly, to produce a plan for both domestic and international implementation of the goals. We now have less than 14 years to achieve this momentous agenda. There is no time to waste, and I look forward to listening to colleagues from all parties in the House during our debate this afternoon, and in particular to the Minister, because I think there is a desire to work together to ensure that the great opportunities that the global goals provide are realised, both at home and abroad.

1.49 pm

**Fiona Bruce** (Congleton) (Con): It is a pleasure to follow the excellent speech of the Chair of the International Development Select Committee, the hon. Member for Liverpool, West Derby (Stephen Twigg). He provides great leadership to our team, and I support everything he has said in this debate.

In September 2015, when Britain backed the global goals, the then International Development Secretary applauded them as

“a major landmark in our fight against global poverty”.

If I recall correctly, shortly after that a DFID Minister said in reply to a question I asked in the House that each in-country office would be reviewing their in-country plan in light of the goals. It is extremely concerning to me, as a member of the International Development Committee, to know that as of today—more than a year since the SDGs were fanfared—there is still no clear narrative, as our Chairman described it, on DFID's approach to the SDGs or the practical actions and practical plan for each goal in each country where UK aid is spent. Can I echo his call for a plan to be produced quickly and for that to include specific reference to the SDGs in each country where UK aid is spent? When can we expect that?

I was extremely disappointed that the recently produced civil society partnership review contained no specific reference to the SDGs—I am echoing our Chairman's remarks. It was long awaited but disappointingly short. If the Government were serious about the SDGs being a major landmark, as DFID has stated, and “a historic opportunity to eradicate extreme poverty and ensure no one is left behind”,

the SDGs should be front and centre in such key DFID documents. I hope that that will be the case when we see the multilateral aid review and the bilateral aid review.

DFID made a promise to leave no one behind. That is a key theme of the SDGs, and the UK Government pledged to work together with citizens, civil society and others to eradicate extreme poverty. I was pleased that in DFID's published promise in November 2015, it made commitments to:

“Listening and responding to the voices of those left furthest behind, such as people with disabilities, children, older people and those who face discrimination on the basis of who they are”.

I am pleased, too, that in that same promise, DFID commits to

“sustainably address the root causes of poverty and exclusion”,

[Fiona Bruce]

and to challenge

“the social barriers that deny people opportunity and limit their potential, including changing discrimination and exclusion based on gender, age, location, caste, religion, disability or sexual identity.”

I have detailed that promise because I want to look at how DFID can work better with civil society in developing countries, particularly to achieve goal 16, which is a new and very ambitious goal.

Specifically, I want to touch on a theme that I have continually raised in Parliament, almost since I became a member of the Committee. I am optimistic that current Ministers may at last, following their appointment, have ears to hear it. It is the importance of promoting inter-religious dialogue to help prevent the dangerous pathway of extremism within societies, which is a root cause of poverty. I will elaborate on that. If we do not have freedom of expression, thought and belief within societies, there is a dangerous pathway; intolerance can lead to discrimination and ultimately to persecution by state and non-state actors. We now see that across the globe. It may initially start with marginalisation, inequality and a denial of civil liberties such as free speech, but it can lead on to discrimination in terms of access to education, a job or a home. More gravely, that can lead to displacement and violence. The pathway is now a major contributory factor in the considerable increase in refugees across the globe. Indeed, in the past two years alone the number of refugees has risen by 5.8 million, from 59.5 million to 65.3 million. In many areas of the world, intolerance of others’ beliefs has ultimately led to that catastrophe, on which so much UK aid is spent.

Would it not be a good investment and good value for money to consider spending a proportion of UK aid on tackling more profoundly the root cause of civil society instability, which is so often religious intolerance? Expending money in that way would be a wise investment. Prevention is better than cure. In many of the countries that our Select Committee is currently concerned about such as Burma, Bangladesh and Nigeria, religious intolerance is a direct cause of displacement and poverty. It is one of this century’s greatest plagues. It is a global cause of profound poverty and distress, and it cannot be ignored.

I welcome the recognition on pages eight and 11 of the civil society partnership review of the importance of improved working with faith groups, of recognising the unique contribution they can make and of DFID’s commitment to increasing opportunities for engagement with in-country civil society organisations, including DFID country offices working better with faith groups. It is so important because we cannot ignore this phenomenon any longer. There is now a 21st-century phenomenon, which is the rise of hyper-extremism. It is a wrecking ball. It is primarily but not exclusively violent Islamic hyper-extremism, and it is determined to do nothing less than eliminate all other beliefs, including moderate Muslim beliefs, and develop a monoculture. The aim is nothing less than the elimination of diversity—particularly, but not exclusively, religious diversity. Women in particular are often subject to inequality as a result of this hyper-extremism.

Those involved in hyper-extremism target basic rights and freedoms. That is why the aims highlighted in goal 16 are so important. Goal 16 is to:

“Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels”.

This 21st-century hyper-extremist phenomenon is not a distant threat. It resonates here in the west, where violent terrorist atrocities have been perpetrated in many countries—from Sweden to France to Australia—including 17 countries in Africa. If, as our current Secretary of State has said, UK aid should work in our interest as well as in the interests of those in developing countries who wish to help, surely it is an area that we need to focus on more closely.

How can we do that? Well, I welcome the paragraphs in the letter from the Secretary of State that the Committee received just today. It is hot off the press. I think I was given it two minutes before I walked down to this Chamber. I will refer to one or two elements in it. I am pleased that the Secretary of State acknowledges that she is

“concerned about the trend of increasing restrictions on civil society activism, media freedom, social movements and human rights in many countries...As part of the Civil Society Partnership Review I am committed to supporting civil society abroad and to standing alongside civil society against encroachments against freedom of thought, association and expression”,

and that that includes working alongside the Foreign Office. She goes on to say that it works on a “case-by-case basis” and adds:

“We work...with the FCO to raise concerns with governments at the appropriate level.”

That is good, and I welcome it, but DFID needs to be much more proactive. It needs not just to stand alongside civil society or deal with individual cases but to take a lead globally and work proactively to prevent these kinds of horrendous civil disturbances in the countries where we work. Ministers should consider how that could be done.

It is critical that we all work to improve interfaith relationships and promote community cohesion, in this country as much as in any other. I highlighted that as chair of the all-party parliamentary group on religious education in a report we produced a few months ago, entitled “Improving Religious Literacy – A Contribution to the Debate”. That was about understanding others’ beliefs. It is in our interests and the interests of developing countries to promote dialogue between people of different faiths and no faith—dialogue about cultural and religious heritage, experiences and religious practices—to bridge gaps in understanding and to help communities to live together in freedom and peace and accept one another. Without that, in a global world of increasing religious intolerance, it will be all too easy for misunderstandings to develop into hatred and for hatred to result in violent action; for intolerance to develop into discrimination and for discrimination to result in persecution. As we all know, the poorest in the world are the least resilient when affected by such issues.

To give just one suggestion to Ministers, we need to consider training teachers in the developing world to conduct classroom discussions about combating racism and inter-religious tensions. That would help young people deal with differences and ensure that potential conflicts can be diffused. It would teach young people to understand the complexities of such situations, in the same way as we are now teaching how important it is not to shut out women and girls from their potential

leadership positions in society but to give them an equal place and equal opportunities. It is critically important that we teach young people not to shut out those with other beliefs and to combat exclusivism in order to help build a more peaceful and just world.

Through its diplomacy, the FCO has already come a long way on this issue in the last few years. I pay tribute to FCO Ministers; they have frequently attended debates that I have spoken in over the last few years in this House on the issue. However, DFID Ministers have been notably absent, and I do hope that will change. Although through diplomacy the FCO already substantially and increasingly promotes freedom of religion and thought throughout the world, DFID must take action not just to follow that lead but to provide its own lead. There is a great need to encourage inter-religious dialogue and promote freedoms—religious and other freedoms—in aid work with civil society in-country, at local government and community level and with non-governmental organisations. If religious freedom goes, so many other freedoms fall as a result, such as freedom of belief, thought and expression, as I have said.

Promoting inter-religious dialogue is just one way in which DFID could make a valuable contribution to tackling this 21st century challenge of hyper-extremism—there may well be others—and I challenge Ministers to consider it. It would go a long way towards attaining goal 16. If DFID is serious about tackling that goal, it must make religious freedom an explicit priority now more than ever.

2.3 pm

**Jim Fitzpatrick** (Poplar and Limehouse) (Lab): It is a pleasure to see you in the chair this afternoon, Mr Stringer, and I am equally pleased to follow the hon. Member for Congleton (Fiona Bruce), who has established a very doughty reputation in the House defending communities against religious discrimination and intolerance. That was demonstrated straightforwardly and powerfully in her speech.

I congratulate the Select Committee on the production of this very important report. Although it deals with national and global responses to the United Nations sustainable development goals, I want to focus more on delivery. I declare an interest as the voluntary, unpaid chair of Fire Aid, which is an umbrella organisation for fire and rescue services and non-governmental organisations and charities in the UK doing work around the world. I want to discuss their role in the context of two of the sustainable development goals. I make no apology for using this opportunity to unashamedly promote Fire Aid and everything that it does, as I hope colleagues will understand in a few minutes.

There are three basic issues that I want to address, which are relevant to goals 3 and 11: the role of fire and rescue services internationally, the creation of Fire Aid and the connection to and delivery of the UN SDGs, which were considered by the chair of the International Development Committee, my hon. Friend the Member for Liverpool, West Derby (Stephen Twigg), in his introduction to the report.

Fire and rescue services have a long history of responding to international disasters. For decades, firefighters have volunteered to go to parts of the world affected by earthquakes and other natural disasters. In the early days, I believe all were volunteers. It was personal,

unpaid, informal and sometimes not helped—indeed blocked—by the fire brigade bureaucracy. That has changed. Firefighters now not only attend disasters but are continuously out in countries around the world, being proactive—building safety infrastructure and resilience, and therefore saving lives.

A number of fire and rescue organisations and NGOs emerged from those years of activity and experience and in 2012-13 banded together. I was recruited and invited to assist by Emma MacLennan, director of the charity EASST, the Eastern Alliance for Safe and Sustainable Transport, which works in eastern Europe on road safety matters. I was nominated by Lord Dubs and Lord Robertson from the other place, because of my background of 23 years in the fire brigade, two years as road safety Minister and time as a former member of the Select Committee on Transport, which you served on in a distinguished manner, Mr Stringer, for many years. I was asked to chair that umbrella organisation.

What emerged was the organisation now called Fire Aid. Founding members included the Asian Fire Service Association, whose conference I spoke at in Wembley this morning, Blythwood Care, the Chief Fire Officers Association, EASST, Fire Safety Friends of Russia, Kent fire and rescue service, Operation Florian, Staffordshire fire and rescue service, the United Kingdom Rescue Organisation and the World Rescue Organisation.

We had one-off funding from the Department for International Development to set up our website, which was extremely welcome, in recognition of the vital role carried out by the UK fire and rescue services and NGOs in donating equipment and training for communities and countries in need. We subsequently secured some sponsorship from the Fédération Internationale de l'Automobile Foundation. We have memorandums of understanding with the Institution of Fire Engineers, the Chief Fire Officers Association, and the Fire Brigades Union.

Our founding organisations are working in 30 countries around the world, mainly in Africa, Asia and eastern Europe. Volunteers from our partners deliver equipment donated by fire brigades and fire industry manufacturers. They provide training on how to use the equipment as well as mentoring key staff wherever they go. They instruct on how to build the safety infrastructure, emergency services co-operation and communications that we in the UK take for granted.

Our website provides a clearing house for donated equipment, for which we organise and provide storage. Overseas partners or UK-based organisations can bid for that equipment and we match what is available with identified need and assure transparent and accredited use for those good enough to donate that equipment.

Our organisations have provided the manual for fire safety in refugee camps to the United Nations. Operation Florian was invited to work in the Lebanon for three weeks in August this year to undertake a fire-risk reduction project in a number of informal settlements to improve the protection and safety for Syrian refugees after a series of fatal fires.

That brings me to the UN and the sustainable development goals. The UN declared a decade of road safety from 2010 to 2020, and we have been supporting those objectives. As my hon. Friend the Member for Liverpool, West Derby mentioned, the 2015 UN summit

[*Jim Fitzpatrick*]

adopted a new agenda for the next 15 years. It included 17 goals and 169 targets, several of which directly relate to the work of Fire Aid partners, and therefore we can assist with them. I will mention two in particular. Goal 3 is

“Ensure healthy lives and promote well-being for all at all ages”,

and target 3.6 is

“By 2020, halve the number of global deaths and injuries from road traffic accidents”—

we call them crashes in the UK, but the language has obviously not caught up yet. The majority of collisions are caused by people making deliberate decisions to use their mobile phone, to speed, to drink drive, not to wear a seat belt or to take drugs. Most crashes are not accidents, because they could be avoided.

Goal 11 is

“Make cities inclusive, safe, resilient and sustainable”,

and target 11.2 is

“By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons”.

I attended the UN and World Health Organisation’s second road safety world summit in Brasilia last year. Sadly, no UK Minister from DFID or the Department for Transport was available to attend. The UN subsequently adopted the statement from that summit. The targets are as I mentioned, but in real terms they aim to halve the 1.2 million people who die in road crashes around the world every year and reduce the 20 million people who are seriously injured.

As we all know, our roads in the UK are among the safest in the world, and our fire and rescue service has the ability and motivation to play its part in delivering that great record. We can share our knowledge, expertise and abilities with other countries that are not so fortunate. I thank DFID for the support we have received from it so far. We stand ready to assist in realising the international targets.

It to the Government’s credit that they have achieved the 0.7% GDP aim. We are a small facilitating charity, and we are very frustrated because when we approach our embassies and other organisations overseas to try to tap into the DFID money, we are told that it is not worth getting out of bed for less than £1 million. We have only one part-time member of staff, and £20,000 would sustain us for a whole year. It is difficult to get recognition for the role that we play.

When I spoke at the conference in Brasilia on a post-crash response platform, most of the other speakers were bidding for more investment in medical facilities. They wanted trauma centres, better-equipped accident and emergency departments, more neurosurgeons and MRI scanners. Those are all appropriate asks for casualties, but Fire Aid pointed out that the victims need to be rescued from the crashed vehicles first. Without fire engines, cutting equipment and trained crews, they will not need better hospitals and clinical staff because the casualties will not get to the medical facility. Without joint working with the police and ambulance services, the casualties will not reach the hospitals; therefore, they will not need medical assistance. In some eastern

European countries, nearly 80% of road crash victims die at the roadside. In the UK, it is about 30%. Some countries do not have a single 999-type emergency telephone number. There are simple things that we can deliver, such as equipment training and facilities. I would like to take the opportunity to congratulate all our volunteers and membership organisations on what they deliver. I hope we can solicit some more support on their behalf.

We have a solid road safety record in the UK. We have great expertise in dealing with crashes, and we have volunteers who want to help less fortunate countries. That could be viewed as soft diplomacy—clearly it is—but morally it is the right thing to do. Organisations such as Fire Aid need resources. I am delighted that the Minister and my hon. Friend the shadow Minister are in their places, and I look forward to their responses.

2.14 pm

**Jeremy Lefroy** (Stafford) (Con): It is a pleasure to serve under your chairmanship, Mr Stringer, and to follow the hon. Member for Poplar and Limehouse (*Jim Fitzpatrick*). I was interested that he mentioned Staffordshire fire and rescue service. I shall contact it and ask it about the work it has been doing. It is also a great pleasure to follow the Chairman of the Select Committee, the hon. Member for Liverpool, West Derby (*Stephen Twigg*) and my hon. Friend the Member for Congleton (*Fiona Bruce*), who made very important speeches.

The UK has a great opportunity to show leadership in implementing the sustainable development goals. In our report, we have given four or five out of 10 for what has happened so far, but I want to let bygones be bygones and look ahead to the future. We have got a new Minister and a new team, and this is a great opportunity for them and the United Kingdom to show leadership, as the former Prime Minister, David Cameron, showed in developing the SDGs with the two other leaders and the United Nations more generally.

As the hon. Member for Liverpool, West Derby said, the millennium development goals were, on the whole, a success. They were fairly narrowly focused, but they were all the better for that because we could see that great progress was being made. As the chairman of the all-party group on malaria and neglected tropical diseases, I saw how much the emphasis on malaria in the MDGs meant for countries in which the disease is endemic. Malaria deaths have been reduced by more than half over the past 15 years, with a huge reduction in the number of cases. The SDGs are much broader, but that does not mean that they should not equally be a success. All of us have to work to achieve that.

We must start at home. These are global goals, and they are meant to apply to the United Kingdom. I welcome the Secretary of State’s letter, because it gives a lot more clarity. I have a suggestion for the Minister on something that other countries have not yet done, so perhaps we can take the initiative. Why do we not ask to be marked by other countries—particularly those to which we give bilateral aid—so they can look at what we are doing? We should open the books in the great spirit of partnership and equality so they can see whether we are matching up to the goals. International development should be something we do together with each other, not to other people.

I have five levers—I tried to think of a better word, but I could not—that the Department for International Development can use to achieve the 17 SDGs and the 169 targets to be achieved, and five means by which those levers can be supported. The levers are ways into not just one goal but lots of goals.

The first is jobs and livelihoods, which help to reduce poverty. If someone has a job or a livelihood, they are likely to have access to better health, better education and many other things. It is not just about economic development. Many areas in which jobs and livelihoods are created are beyond economic development. For instance, they will be created in the health and education sectors as countries employ more health workers and teachers.

The second is education, about which the Chairman of the Select Committee spoke at length. Without education, we will not get anywhere. As he said, DFID is already spending more than 7% of its budget on education, but I think we need to up the amount going into all forms of education, because it is one of the great levers for tackling almost all of the 17 goals.

The third is gender equality. If we do not aim for gender equality, we will not reduce poverty as we should, and we will not achieve the health outcomes, education outcomes and all the other outcomes that we want from the SDGs.

The fourth lever is water and sanitation. Earlier this year colleagues on the International Development Committee and I had the honour of going to the Democratic Republic of the Congo to see an excellent project that DFID had funded, providing water to villages for the very first time. We were humbled by people's reaction. The project was low-cost, only a few dollars per head to provide clean water, but it meant that children and women in particular had to spend far less of their day getting the water that they and their families needed. That brought home to me how cheap it really is to make such life-changing interventions for so many people.

Over the past five years DFID has reached more than 60 million people with better water and sanitation. What has happened is absolutely wonderful, but a lot more can be done—so many more hundreds of millions of people are still without. Over the past two or three years that was brought home to me while most of Stafford was dug up in order to replace the water and sewerage systems. Of course I had plenty of moans about the effect on traffic congestion but, ultimately, my constituents said, “Yes, we know that this has to be done. We know that we have a system that is decades old and needs to be replaced. And we know how vital water and sanitation are to our everyday lives.” If that is the case for us, it is the case for every person on the planet.

The final lever I suggest is that of global public goods in health, climate change and, following on from what my hon. Friend the Member for Congleton said, peace building. Global public goods are, by definition, goods for the benefit of everyone, such as the development of drugs against tuberculosis—we know how far we are falling behind on drugs against TB—or research into antimicrobial resistance, which I raised in the main Chamber earlier today. The Government have taken the lead after an excellent report from Lord O'Neill earlier this year but they need to pursue it relentlessly because,

as he said, by 2050, if we take no action, 10 million lives will be lost every year—that is more than die from cancer—to diseases that cannot be cured because of resistance, and that will cost the global economy trillions of dollars.

Global public goods are not only in the area of health, but in climate change. Many communities around the world face the prospect of being submerged, or flooded regularly, and others face regular droughts, even though there are practical, if not simple, actions that we could take on behalf of those communities and of the world as a whole.

Peace building is another area. As my hon. Friend the Member for Congleton said, we need to invest in peace building at an early stage—in inter-faith relationships and dialogue, for example—and, as the Committee has said on many occasions, in training peace negotiators, women in particular. There are almost no women peace negotiators whom I am aware of in the United Nations. Let us invest in that: prevention is so much better than cure or, as Churchill said:

“To jaw-jaw is always better than to war-war.”

Those are the five levers that I humbly suggest the Department looks at. It is doing many of those things already, but I wanted to put them in one place. If we concentrate on those levers, we will succeed in addressing the SDGs in the best possible way.

Finally, I will talk about the five means. The first, as our report suggested, is the collection of data, and the UK has a comparative advantage in data accumulation. Earlier this week at our all-party group on malaria and neglected tropical diseases, we heard how an Oxford centre for collecting data has been hugely helpful in identifying which areas have problems with malaria or particular neglected tropical diseases and how to address them. With good data we will make much more progress, and I know that DFID has that as a priority.

The second means we refer to as scale. We hear a lot about pilot projects, some of which go to scale, but many stay as pilot projects and get nowhere. Right from the beginning of a pilot, we have to think how it will be scaled up. The project might of course not work, in which case it can be cut after the two or three years of the pilot, but so often we hear about a successful pilot project only for a hiatus to occur as people think how to get it to hundreds of thousands, or millions of people, as opposed to the hundreds or thousands whom the pilot helped.

Third is the issue of partnership, which has also been mentioned. It is absolutely vital that we work in partnership with NGOs and other Governments. We need to see the SDGs as an enterprise on which we are all engaged together. I come back to the point made by the hon. Member for Poplar and Limehouse about small grants. The idea that DFID will not get out of bed for less than £1 million—I am sure that is not the case—is how things seem to many of us who have met several such excellent charities in our constituencies or are aware of them through previous or current work. They simply cannot get access to funding, even when they have raised a lot themselves. The Department is looking at that carefully, and the Minister has expressed a desire to do more, so it will be good to hear his suggestions when he replies to the debate.

The fourth means is parliamentary scrutiny, and I mean not the scrutiny of this Parliament alone, but that of parliaments in the places where we work. Frankly, if

[Jeremy Lefroy]

Members of Parliament in a country where we operate are not interested in the work being done for the development of their own constituents, why should we be? I agree that we have a moral imperative to do such work—I am sure all Members present feel that—but if a Parliament does not look at the kind of things that our own DFID officials look at, we should begin to question whether we are in the right place, because there might not be the right commitment. I urge DFID to help and work with parliaments in the countries in which we are active—through multilateral organisations in those with whom we do not have bilateral relations—to scrutinise the work of their own Governments and of the development agencies there.

Finally, long-term engagement is another point made by the Committee on a number of occasions. DFID has been involved in some excellent long-term programmes. The one I always come back to is the reforestation programme in Nepal, on which we have worked together with the Nepali Government over more than two decades. It has resulted in a tremendous increase in reforestation in that country, which is vital in tackling climate change in Asia and globally. We need to do more, however. Too often, I fear, people involved in a country and doing great work are not aware of what DFID did 20 or even 10 years ago in the same country. It was good to hear the permanent secretary take up that challenge at a recent evidence session the Committee had and suggest the possibility of looking at one or two countries to map what DFID has done, together with the NGOs and the Government of the country, over the past 20 years, so that we have much better understanding of how long-term partnership can or perhaps, in some cases, cannot help us.

It is an honour to take part in the debate. I welcome the Minister's presence, because I know how seriously he takes his portfolio, and I look forward to hearing his reply.

2.28 pm

**Dr Lisa Cameron** (East Kilbride, Strathaven and Lesmahagow) (SNP): I am delighted to serve under your chairmanship, Mr Stringer, and it is an absolute privilege to follow the hon. Member for Stafford (Jeremy Lefroy). I also congratulate the hon. Member for Liverpool, West Derby (Stephen Twigg), the excellent Chair of the International Development Committee, on introducing this extremely important debate, as well as colleagues from the Committee and from the all-party parliamentary group on the United Nations global goals for sustainable development—I am a member of both.

The sustainable development goals are universal and therefore must be applied both at home and internationally. I do not intend to reiterate much of the information that has already been relayed so well by colleagues today, so I will focus briefly on some issues that have been highlighted in my work on the International Development Committee. A pertinent one on which I will spend more time is data collection and the importance of doing that from a variety of sources.

It is imperative that we collect both governmental data and other data, because we need to ensure objective measurement. We must be able to evidence the implementation of the sustainable development goals

and the indicators that we have set. As the International Development Committee has heard in evidence, there are a great many ways to collect informative data. In the many countries where such data have never been collected, we first need a baseline to show exactly where we are now, but we also need data that give us an understanding of the progress towards implementation.

For example, governmental data on child marriage, if they exist at all, may be linked to the legality of child marriage in a particular country. I am led to believe that in countries where child marriage is illegal but still exists, such marriages often are not conducted in registered settings; they may be cultural ceremonies and are therefore unlikely to be recorded. People know that such marriages are happening, but they are excluded from the data. We must therefore collect accurate data, and governmental data by themselves may not be accurate. Household survey data might be required, as might data collected using alternative technologies, such as mobile phone surveys or imaging. That would ensure that the data were accurate, particularly that which came from marginalised people or women, who may feel too vulnerable to provide accurate data to governmental agencies.

Another example is sexual violence, where stigma exists for people who come forward. How will we collect accurate and objective data that do not underestimate that issue, country-by-country? We know that such data are difficult to come by in the UK, as sexual violence, domestic violence and childhood sexual abuse are vastly under-reported. Will the Minister comment on the support that DFID provides for data collection—in particular the use of technology and collection from multiple sources? What methods do we use to verify statistics rather than simply accepting them at face value?

I turn to another particularly important part of the implementation of the SDGs: the “leave no one behind” agenda. I have been fortunate to visit several developing countries with the International Development Committee, and I must say that I have visited few projects that reach out to and undertake interventions for people with disabilities or mental health problems. Many such groups continue to be left behind and marginalised. Do we have data on their numbers? Such data may vary across countries, but what are we doing to ensure that those people are not continually left behind? Do we think we are doing enough? We are simply not reaching out enough and noticing that those people exist. Ensuring that we identify those who are left behind should be integral to DFID's programmes.

I was pleased to hear from the Minister yesterday in an informal meeting that the Department may look at support programmes for marginalised groups such as the disabled. Will it also examine key mental health issues to ensure that we address people's holistic needs—particularly those of refugees and refugee children? It was a privilege to welcome the Tree of Life project to Parliament last month. It presented its work on trauma among refugee children. It takes a reconstructive rather than deconstructive approach to trauma work and is keen to build children's resilience, which is important in building both people's lives and peaceful and just societies around the world, particularly where conflict has left its mark.

As we have heard, we must also look at policy in the United Kingdom to ensure that the most vulnerable people, including those with disabilities, are not left behind.

I am particularly concerned by the cuts to employment and support allowance, which helps people to be independent and enables them to get into work. The disability employment gap in this country is shocking. This morning, I met the National Autistic Society, which indicated that that gap is even higher among people with autism. Will the Minister confirm who is responsible for ensuring that the goals are applied in the UK and that Government policy is underpinned by those aims?

We know that the sustainable development goals will be in each departmental plan, but who will evaluate those plans and who will have key responsibility? We heard recently from the Civil Society Partnership Review, which is linked with the work of the Independent Commission for Aid Impact and the International Development Committee, that non-governmental organisations are disappointed that the sustainable development goals and climate change do not feature highly in those plans. I, too, am disappointed, particularly if they are to underpin our strategy and goals.

I have been particularly struck by the programmes that I have visited that leverage several goals at once; this has already been described to a degree by the hon. Member for Stafford, who has great experience in this area. One area that has already been referred to is sanitation. Refuse recycling in particular addresses health, disease transfer, climate justice and jobs—four agendas in one. I have been absolutely dismayed to see the potential in developing countries for disease transfer via the litter and waste that is often strewn across streets where children play. I am heartened by the potential of waste recycling projects and their ability to address multiple goals, including sustainable development goals and climate change objectives. Are the Minister and DFID addressing those issues in a co-ordinated way and looking at projects that underpin many goals at once? Secondary education for girls is also extremely important. It not only targets education issues but helps reduce incidence of child marriage, overcome cultural stereotypes and promote equality, since it means that families place just as much value on girls as boys. We should prioritise secondary education.

Will the Minister address: data collection; leaving no one behind, particularly those with mental health and disabilities; implementation across the UK; and policy cohesion? The United Kingdom has actively advocated a transparent, participatory and accountable follow-up and review process. We therefore expect commitment to full domestic implementation of the sustainable development goals. We need an outline for how each of the 169 targets will translate into UK policy and practice, cross-Whitehall mechanisms for delivering and monitoring the goals, and a strong focus on policy coherence and the means of implementation.

The sustainable development goals are such a welcome step forward. They are universal. It is a worthwhile aim indeed to ensure that we implement them at home and internationally so the most vulnerable people in our world are no longer left behind.

2.38 pm

**Wendy Morton** (Aldridge-Brownhills) (Con): It is a pleasure to serve under your chairmanship, Mr Stringer. I thank the Chair of the International Development Committee, the hon. Member for Liverpool, West Derby

(Stephen Twigg), for securing this debate. It is always a pleasure to serve with so many other members of that Committee from all parties.

As has been said, the UK's implementation of the SDGs has been a large part of the Committee's work in the past 12 months. It has perhaps been one of our biggest inquiries, and the subject will remain very much on our radar. As the hon. Gentleman said, I co-chair the all-party parliamentary group on the SDGs, although we now refer to them as the "global goals", which is a slightly shorter term. Although the International Development Committee has the role of scrutinising DFID's work, our APPG takes an active interest in the goals and how they are working. We have been able to invite interesting speakers to our meetings and bring together Members from both Chambers. We have covered many aspects, from health to youth engagement and the role of the business sector in leveraging the business community to help on the economic development angle of the global goals. I like to think that we raise and debate issues across the broad base of the goals, and I pay tribute to Lord McConnell for his work on the APPG.

Members of the IDC are fortunate to be able to visit and look at many examples of DFID's work. I know that other colleagues in the Chamber have seen more examples than I have through having served on the Committee for much longer. That really is a useful source to get a deeper understanding of the work of the Department that we scrutinise, such as: economic development in Nigeria, creating livelihoods and encouraging enterprise, about which my hon. Friend the Member for Stafford (Jeremy Lefroy) spoke passionately; schools in Nigeria, looking at the role of education—as has been said, we are undertaking an inquiry into DFID's work in education—and healthcare projects and hospitals. That highlights not just the depth of DFID's work but the breadth of the global goals and their far-extending reach.

In September I was fortunate to visit Sierra Leone with my hon. Friend the Member for Stafford and our party's social action project. When we were there, we saw some of the work of non-governmental organisations, including some of the smaller ones, and other organisations there in the recovery phase post-Ebola. Again we saw the breadth of work of the international community and why the broad goals are so important.

In the last 40 years, extreme poverty has halved. Since 2000, deaths from malaria have decreased by 60%, saving more than 6 million lives, and UK investment in immunisation saves the lives of children across the world. Therefore, the work DFID does through UK aid does make a difference, and the UK leads the way in working with women and girls, which is at the heart of SDG 5, tackling female genital mutilation and preventing sexual violence against women. The inclusion of goal 5 among the 17 goals was an important step forward. In the Syrian refugee crisis and the Ebola crisis, international development has helped some of the world's poorest, but it is not just our moral duty to do it; it is in our national interests, strengthening long-term security, protecting our prosperity and tackling migration.

As the hon. Member for Liverpool, West Derby has explained, the sustainable goals are a global commitment and an ambitious agenda to end poverty and achieve sustainable development and prosperity. The UK took a leading role in developing the goals, which were adopted in September last year, the culmination of

[Wendy Morton]

three years of negotiation. We should not lose sight of the fact that there are 17 goals underpinned by 169 targets, a major shift from the millennium development goals but building on them.

The other shift covers domestic policy. Therefore, in reading the letter from the Secretary of State, I note and welcome that she, together with the Minister for the Cabinet Office, have agreed that Departments will report progress towards the goals through their single departmental plans. As a Committee we have focused on and called for that for some time.

I also welcome DFID's acceptance of our recommendation that, following the multilateral aid review, it should lay out exactly how its engagement with multilaterals will help it support the achievement of the SDGs as well as look at civil society and funding some of the smaller NGOs. It is fair to say that that theme has come out this afternoon, and it is something that we as a Committee have raised on numerous occasions. It is therefore welcome news that Ministers will look at that. As a Committee we recognise the work and value of civil society and why it is so important that it has the space to do the work it does, recognising that it can often reach some of the harder-to-reach groups that others cannot. For example, goal 16 focuses on peace—such areas are very hard to reach.

We should be proud of the UK's contribution to international development and the work of DFID and its staff, many of whom work in challenging environments. As the hon. Gentleman explained, as our Chair, the Committee's work on the SDGs will continue. It is important that we maintain an SDG thread running through all the work that we do while continuing to ensure that taxpayers' money is well spent and used effectively. We must ensure that work continues on implementing the SDGs and embedding them not just internationally but domestically.

We are just past the end of year one of 15. We have made a start, but there are still many years to go. I look forward—assuming I am still on the Select Committee—to working with DFID and playing a part in ensuring that we deliver those goals.

2.45 pm

**Mary Creagh** (Wakefield) (Lab): It is a pleasure to serve under your chairmanship, Mr Stringer, and to follow such excellent speeches from the hon. Members for Aldridge-Brownhills (Wendy Morton), for Congleton (Fiona Bruce) and for Stafford (Jeremy Lefroy) and from my hon. Friend the Member for Poplar and Limehouse (Jim Fitzpatrick). I find myself in violent agreement with everyone but particularly with the hon. Member for East Kilbride, Strathaven and Lesmahagow (Dr Cameron) about her remarks on cycling. As a keen cyclist, I shall don my helmet and dash up to Euston later to conduct a witness session with young people in Birmingham.

I was keen to take the Environmental Audit Committee out of London. We are going to the midlands to listen to what young people have to say about their futures and their involvement in delivering this incredibly ambitious agenda. I therefore give my apologies to you, Mr Stringer, because I will have to leave at 3.15 pm—I thought we were to finish at three o'clock.

I congratulate my hon. Friend the Member for Liverpool, West Derby (Stephen Twigg) on the International Development Committee's report. I will pick up a couple of the issues it found about the worrying lack of engagement from Departments across Government and how we will achieve the goals domestically and internationally.

I am reminded of when I was out campaigning for the Labour party, when I had just become an MP, to make poverty history. I was in Wakefield city centre giving out leaflets and said, "We're trying to make poverty history," and this woman looked at me and said, "Well, what are we doing to make poverty history at home?" Actually, probably all of us have been confronted with that question, and finally as MPs across parties and as Governments of whatever colour we have an answer. It is imperative that we get it right. As I was Labour's shadow Secretary of State for International Development until 2015, this cause is very close to my heart.

The Environmental Audit Committee launched its inquiry on 25 July. We want to build on the International Development Committee's inquiry and measure, monitor and—importantly—communicate the Government's performance and progress towards achieving these goals. I will share a few initial observations on the principles of applying everywhere and to everyone and ensuring that no one is left behind. That is imperative, and that means that we must implement the goals domestically. The second principle is that we must focus on the poorest and most marginalised groups in society. That presents significant challenges that the Government, NGOs, the Office for National Statistics and we as politicians will have to tackle. I was in our Committee yesterday and I was in Berlin on Tuesday talking about the global goals. If we ask a bunch of 20-something people who work for NGOs—this is interesting—we hear, as a witness said yesterday, "We've got to look at all these goals, and we looked at water quality and access to water and thought: in the UK we don't have a problem with that" and yet we received evidence a couple of weeks before that nine UK water companies are in water stress. That might be 15 water companies by 2020 and all of them by 2030. The definitions of what we measure are in some way defined by the people we ask. If we put the question to NGOs in this country—which do not normally campaign on water and are not involved in its delivery—they will give a different answer to the people who are actually involved in that delivery.

On data collection, disaggregating the data is really important. A headline goal or target could be on nutrition, but we are not generally malnourished in this country; some might even think we are a bit too well nourished—I am certainly feeling that way at the moment; that is why I am on the bike again. We have got to look underneath malnutrition and at this country's problem with obesity, particularly among children. A significant percentage of children are obese by the age of five, which has increased by the age of 11. That is a massive problem.

There is also a hidden problem of malnutrition among our frail, elderly population. It is hidden because we do not go into care homes and say, "Did you have your breakfast today?", or, if the old person's stomach has shrunk, "Did you have a light lunch at 11 o'clock and then something to eat at 1 o'clock?" We are able to consume and absorb less food as we get older, but we are not really changing our habits. We still expect three

meals a day, but old people might need five or seven meals a day. Are we adapting our services? These goals profoundly challenge us to think about the problems and the difficulties we will have in collecting that data.

The Office for National Statistics says that about 70% of the targets are covered, but it will need to use data partners, such as NGOs, businesses and local government, to make sure the data are of good quality, and it will have to build trust in the information. We hope to inform the ONS's consultation. It will be published on 29 November, which will be a critical moment in our country's implementation. We need to engage the public on the goals.

We also heard from businesses yesterday. At the meeting I attended in Berlin, where there were environmental charities that are used to fighting businesses that want to build dams, chop down trees and exploit mineral deposits, it was very interesting that there was a strong reaction against me when I said, "No one is really talking about the role of business in this." I thought to myself that business has probably lifted more people out of poverty than the combined global aid budgets and everything that charities have done, so it is a question of how we get business to address market failure. If people are hungry or in poverty, that is a market failure. How do we work with businesses to address that? Businesses want well-paid people who are able to purchase their goods and services, whatever they may be. We heard from PricewaterhouseCoopers, which is developing an interesting data mechanism that can be applied globally. We heard about the insurance company, Aviva, which is on the frontline of flooding and climate change issues, and also from Hermes Investment Management.

We also have things to learn from other countries. Wales has a commissioner for future generations. At first, the Welsh Government were going to introduce a sustainable development Act, before realising that no one knows what sustainable development is—it is too abstract, too distant, too out there—so they talked about solidarity with future generations. They had a great programme of implementation and consultation that gave everybody in Wales ownership and understanding of what that Act means.

When we have our data partners and data parameters, we will need some poets to translate it into normal language. Obviously, that is part of our job as politicians—to translate very technical, difficult issues. However, we need to cascade that down. One of my concerns is that a lot of international NGOs came to our inquiry but we did not hear much from UK charities. That is a big problem, and we have a real job to do with the National Council for Voluntary Organisations to get that message out and get those charities to map every activity against the baseline targets.

We will also have to translate those goals into what we do as politicians. How is what we do in the House and every day that we spend as MPs going to end poverty or violence? Every Bill that we pass should be run past that mechanism if we are going to have meaningful action. We have looked at innovations from other countries. For example, Colombia has put its peace process at the heart of everything it is doing, while Finland has developed an online tool so that everyone can put in what they are doing to contribute to the goals and bring them to life. I am afraid that we have not yet seen the same level of

enthusiasm from the Government. I will read the Minister's response very closely in *Hansard*. I hope we will see a new level of enthusiasm on this.

Dr Graham Long, who is a senior lecturer at Newcastle University, set out some areas of concern in the UK: 40% of homes fail to meet the decent homes standard; 40,000 people die prematurely due to air pollution every year; the Trussell Trust gave out half a million emergency food parcels in the first half of the year, including to more than 180,000 children; we throw away more than 7 million tonnes of food and drink every year; as I said, nine companies are under water stress; since 2013, the suicide rate has increased to 12 deaths per 100,000 people, which is its highest rate since 2004. On energy efficiency, the phasing out of fossil fuels and non-communicable disease mortality, we have done an awful lot as a country, but we have an awful lot to do.

We need to work with local government, the NHS, schools—I was pleased to see some young people in their school uniforms in the Gallery who had come to listen to the debate—colleges, universities, large and small businesses, local and national charities and trade unions, which realise that there are no jobs on a dead planet. Those organisations will help to transform the goals into action on the ground and to build a community of likeminded people. As I said, I am off to Birmingham this afternoon.

However, we need leadership from the Government. The voluntary sector is waiting for the Government to show leadership; it is a sort of chicken and egg thing: if the Government do not lead, nobody knows about it and the charities feel like they are talking into a vacuum. We heard during our inquiry that the Government's contribution to the goals is confined to the 2015 Conservative manifesto, but that was published before the goals were agreed and only lasts until 2020.

Perhaps we need to look at fixing this into law, as we did with climate change, and having something that sets the goals on a five-yearly basis—although not to coincide with general elections—and that are agreed by an independent committee and with an independent monitor that is able to look at those things in the round. The area on which I think the International Development Committee report was most damning was the "deep concern" at the lack of a strategic approach, the "deep incoherence across government policy"

and the potential for progress made in one area to be undermined by its lack in another. We will look at that in a granular way. This is a 15-year agenda, and the goals are non-binding and voluntary, so we really need to see robust accountability mechanisms in place; we cannot rely only on the Environmental Audit Committee or the International Development Committee, which have very limited resources.

[MIKE GAPES *in the Chair*]

I conclude, Mr Gapes, by saying that ours is the generation that can end extreme poverty, hunger and violence, reduce inequality and tackle climate change. I know that my Committee, and the other Committees of the House, will work over the course of this Parliament to ensure that we live up to our commitments and achieve those global goals. Our constituents, our children and our grandchildren are relying on us to do that. We must not let them down.

2.58 pm

**Pauline Latham** (Mid Derbyshire) (Con): It is a pleasure to serve under your chairmanship, Mr Gapes. Unfortunately, you have missed most of the debate. It has been incredibly interesting, and I am delighted to follow so many hon. Members, from all sides of the House, who have spoken very eloquently about the sustainable development goals. They have not been in existence for that long, but we are making some progress.

I am particularly interested to follow the hon. Member for Wakefield (Mary Creagh), who said, “There are no jobs on a dead planet”, and that the unions understand that. That is actually something I will touch on in my speech. We know that we need better health and education and a reduction in the disaffection of young people with politics, particularly, and with the world. We also know that we need more peace and fewer conflicts in the world. Many of those things affect countries in Africa.

I want to concentrate on jobs, which relates to goal 8. That goal is for

“sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all”.

I will focus my remarks on African countries. Without jobs and economic growth, we cannot have any of the other things in the sustainable development goals. We cannot have better health or better education unless somebody pays for it. Jobs and livelihoods are incredibly important. They help families to educate their children and to have better health.

I have been privileged to travel to many African countries, and they are all delightful. They have very varied landscapes and types of countryside out there. The only thing they have that I hate is mosquitoes and malaria; that is the only downside I can see to African countries. It is a unique continent, but without tourism, which is what I want to talk about, most of its countries would have very few jobs for people to earn a living and to help their children and grandchildren. We do not want to continue giving handouts. People do not want handouts; they want a proper job, so that they can contribute to society, pay their taxes and help others by doing so. They want a livelihood that engages them and that they can enjoy.

Tourism is one such livelihood. It encompasses all sorts of jobs, from rangers out in the field to people working in the hospitality industry. Without tourism, Africa would struggle to survive. It is something many people in this country take advantage of; many of us have been on holiday to African countries and recognise that it is a most beautiful continent, with a fantastic climate. As I say, the only downside is malaria.

There is a tremendous diversity in African countries that tourism can take advantage of, but that diversity is at threat. If that threat is not tackled by the world, diversity will decline, if not disappear, in many countries. Elephants, rhinos, gorillas, wild dogs and even lions, to name just a few, are at risk of extinction from poachers, who earn so much by killing those majestic and beautiful animals.

The other problem that animals face, aside from the poachers, is their shrinking natural habitat, which I believe this country can help to protect. We heard from my hon. Friend the Member for Stafford (Jeremy Lefroy) about the planting in Nepal that helps with climate

change. That can also help to provide a habitat for some of these wonderful animals. DFID, alongside the Foreign and Commonwealth Office, needs to push our Government, through the Department for Environment, Food and Rural Affairs, to ban the trading of ivory worldwide.

Parts of elephant families are being killed, which is tragic. Since the Conservative party came into power, in the coalition Government before and now on our own, 120,000 elephants have been killed in Africa alone, reducing the population to just over 300,000. The problem is that the speed at which they are being killed is escalating, so my grandchildren and great-grandchildren may never see elephants.

**Mary Creagh:** The hon. Lady is making an interesting and valuable point. Does she agree that we need to do a lot more to ban the domestic trade in ivory in this country and the loophole that allows ivory allegedly produced before 1948 to be freely sold and traded? People can go to any antique shop down on the King’s Road and pick up some ivory. Until we take the cachet and the glamour out of ivory, including antique ivory, in our own country, we cannot lecture people around the world on this, because they can come back and say, “Well, I can get this on the King’s Road.”

**Pauline Latham:** There is a market and people are making money from it; the hon. Lady is right. I am campaigning to stop the trade in ivory not only worldwide but here, because we are nowhere near there yet, and we should be. We should be leading the world in blocking the ivory trade, and I know the Minister is interested in this issue.

Elephants live in large herds. They are very social animals. When an elephant is killed, the others grieve. We have seen it on David Attenborough’s programmes. If several animals in a herd are killed, poachers will generally go for the largest, because they have the biggest tusks, which poachers make so much money from. That means elephant families are losing role models for the younger elephants to follow.

We talk about dysfunctional families in this country; that is what we are seeing with wild elephants in Africa. Those elephants are losing the role models and the family structure that we have lost quite badly here. The non-mature males have no role models to follow, so they become delinquent and dangerous to the population. I know of one wildlife photographer who was trampled and savaged—he survived, but only just—by an elephant that was not behaving naturally. We are not only decimating these beautiful animals but changing the structure of their lives.

**Dr Cameron:** Does the hon. Lady agree that alongside ivory trading, trophy hunting is an issue that we should be addressing? Cecil the lion was killed just a year ago. That problem is widespread and is contributing to the loss of a great many species over time.

**Pauline Latham:** I agree, but I do not think it is as bad as poaching. People make so much money from ivory poaching that they can afford to hire helicopters to fly in a poacher who shoots an elephant or rhino, saws the tusks off with a chainsaw, gets them into the helicopter and flies off before any ranger can get near them. They are very efficient, and the trade is worth millions, but

they are not the people who should be targeted. We should target the people who are commissioning this and buying the tusks. I agree with the hon. Lady that there are multiple problems.

Rhinos now need 24/7 security. I was in Kenya in the summer, and the two rhinos there had two guards walking around with them 24/7. That is changing the rhinos' nature, because they are becoming too habituated to humans and know them too well. The habitat of gorillas is constantly reducing and they are losing the ancient rainforests that they need. Without those habitats, we lose potential tourism for many countries. Wild dogs are down to an absolute minimum. The habitats need protection, and the animals need protection.

The ivory trade needs to be stopped, without further ado. We should not consult on it next year; we should stop it next year. We should have stopped it before. We are not leading the world in this. We now face the prospect of destroying jobs and possibilities for people in Africa, because without those livelihoods, which I believe we can and should facilitate, people will be left behind. We will fail on the sustainable development goals. We will not have better education or health, and those people will genuinely be left behind. I urge the Minister to push the Foreign Office and DEFRA to stop the ivory trade, and stop it now.

3.8 pm

**Patrick Grady** (Glasgow North) (SNP): It is a pleasure to serve under your chairmanship, Mr Gapes. I congratulate the Chair of the International Development Committee, the hon. Member for Liverpool, West Derby (Stephen Twigg), on securing this opportunity to discuss an extremely substantial and important report.

The hon. Member for Wakefield (Mary Creagh) has had to leave for another appointment. I had to give my apologies this afternoon, as I was unable to attend an appointment at the Malawi high commission, where the Social Work Malawi programme is being launched by the Children and Families International Foundation. The programme aims to bring social work skills and expertise to that country through training, resources and skills sharing. It is a very exciting initiative, which will no doubt contribute to the achievement of the sustainable development goals.

I am delighted to be back here in Westminster Hall talking about this subject because the first debate that I secured as a new Member in June 2015 was on the negotiation and implementation of the sustainable development goals. The hon. Member for Liverpool, West Derby spoke in that debate; I think he was pitching for the chairmanship at that point—clearly a successful pitch. We were also joined by the former Member for Sleaford and North Hykeham. I think it is fair to pay tribute to him. Although we would not necessarily agree on everything, given the different parties that we represented, he spoke powerfully and with considerable experience on matters of international development in his time as a Member of the House.

Since the start of this parliamentary Session, the sustainable development goals have been an issue on the agenda of Members who have continually pressed the Government to make more progress. The target date of 2030 is not a moving target; it is not getting any further away. Every day, every second is precious and the Government need to continue to play the leading

role that they played in drafting the sustainable development goals in starting to take forward implementation. The goals are not going away now that they have been agreed. I pay tribute to the work of the all-party group and the hon. Member for Aldridge-Brownhills (Wendy Morton) and Lord McConnell for their role in providing ongoing scrutiny.

The new Administration have sometimes been accused of having an aversion to their predecessors' policies and legacies, but I hope that is not true when it comes to the sustainable development goals.

In summing up for the Scottish National party, I want to look at why the sustainable development goals are important. Themes have arisen from the debate. I want to comment on key points and recommendations from the report, and I have specific questions for the Government, many of which have been touched on by other hon. Members today.

The sustainable development goals are important, as we have heard from various Members. They build on the really important success of the millennium development goals, and the lessons of the millennium development goals, and they start with a very different mandate. They were not cooked up in a basement negotiating room of the United Nations General Assembly building. There was a global consultation and a participative drafting process, which gives them a significant mandate. The universality aspect is also hugely important. The goals apply equally everywhere. We must work to meet them at home as well as abroad, as almost every Member has said. The hon. Member for Wakefield drove that point home when she spoke about her experience on the Environmental Audit Committee. They also apply to all groups everywhere. They are not met until they are met in every geographic place and for every demographic indicator. That is the whole point of leaving no one behind. That is particularly true of older people and of women, as has been mentioned.

Most importantly, the goals are integrated with the climate change agenda. Climate change threatens to undo the progress made under the millennium development goals framework, so we cannot tackle poverty and instability without also tackling climate change. That relates also to the biodiversity points made with great eloquence by the hon. Member for Mid Derbyshire (Pauline Latham).

The framework provides an accountability mechanism. This Government and Governments around the world, whether they like it or not and whether the party of government changes or not, are committed to achieving the goals. I was interested in the proposal by the hon. Member for Stafford (Jeremy Lefroy) for a 360° appraisal mechanism whereby countries could make recommendations and monitor the progress of their peers. It would be very interesting to take that forward. We have had several international examples—the national consultation in Germany, the responsible departments in the Norwegian Government and a programme for future generations in Wales. The Scottish Government have been thoroughly committed to taking forward the sustainable development goals agenda. Even before negotiations had concluded, the First Minister said that she wanted Scotland to play its part in achieving the goals. Work is under way to align the sustainable development goals with the Scottish Government's national performance framework domestically and also to underpin their international development policy.

[Patrick Grady]

The report is a detailed piece of work. It is incredibly comprehensive, and I am happy to endorse pretty much everything it contains. It is important for the Minister to note that it was agreed on a cross-party basis. We have heard from all parties, and I congratulate the Chair on bringing colleagues together to make really useful policy and practical recommendations. The key message is that poverty reduction must be at the heart of development policy; the sustainable development goals provide a ready-made, consensus-based framework to deliver those.

The report touches on various important points. I did not hear much from Members, about tax justice and the importance of domestic resource mobilisation, although they are important. If we ever get to the point where we are able to start reducing aid spending, as some Government Back Benchers—not represented here today—seem desperate to do, it will be because developing countries are able to raise their own funds for poverty reduction work, but that will not happen without an end to tax dodging, which must be stopped. That could be started, as the report recommends, by introducing beneficial ownership registers in UK overseas territories.

There is a role for the private sector to play, as everyone has recognised. In the coming days we will be considering the Commonwealth Development Corporation Bill, which will provide interesting opportunities to explore these issues in more detail. What comes out of the report is that poverty, not profit, must be at the heart of development assistance and development investment.

**Dr Cameron:** Does my hon. Friend agree that the examination of UK tax treaties is also extremely important to ensure that they promote sustainable development across countries?

**Patrick Grady:** Absolutely. Tax treaties were touched on briefly. I think I heard double taxation talked about in the Chamber earlier today, and our hon. Friend the Member for Kirkcaldy and Cowdenbeath (Roger Mullin) will be seeking to build on his predecessor's reputation with his private Member's Bill, the Double Taxation Treaties (Developing Countries) Bill, in a couple of weeks' time.

The report goes on to talk about domestic responsibility. There has been a development today, and I was grateful to my hon. Friend the Member for East Kilbride, Strathaven and Lesmahagow (Dr Cameron) for slipping me a copy of a letter that has been delivered into the hands of the Chair at short notice. I echo the questions that still remain and the disappointment that the sustainable development goals have not so far featured in the single departmental plans. There is a need for clearer and more co-ordinated policy. It would be useful to get some clarity about when the multilateral and bilateral aid reviews are going to be published and whether the Government's rejection of the recommendations for a fresh White Paper and a consolidating Act is valid for the lifetime of this Parliament. Will they review that as we continue to make progress?

The point about Select Committees was particularly well made. I am a member of the Procedure Committee, and I think I would have a hard time persuading the hon. Member for Broxbourne (Mr Walker) to do very

much in monitoring progress towards the sustainable development goals. The procedures that allow Select Committee reports to be discussed here in Westminster Hall and in the main Chamber can perhaps play a role in taking forward scrutiny of the sustainable development goals.

Will the Government continue to engage? I hope that they have not ruled out for the lifetime of this Parliament some of the more practical recommendations that have been made. We look forward to the publication of the aid reviews, and we hope that they contain more detail or at least a reference to the sustainable development goals. I have read the civil society partnership review document, and I was surprised to find that it did not contain the words "sustainable development goals" at any point, as I think the hon. Member for Congleton (Fiona Bruce) mentioned.

The point about data and monitoring is very important. The Overseas Development Institute's briefing pointed out that Governments need to know where people live and what they need, so I hope that the Government will continue, as my hon. Friend the Member for East Kilbride, Strathaven and Lesmahagow asked, to use capacity building programmes to help countries generate timely and disaggregated data.

It is important that the commitment on gender equality and minority groups continues. The National Committee for UN Women is calling on the Government to commit to the Step It Up for Gender Equality initiative, and I have tabled written questions about that. Can the Minister tell us about the willingness of the UK Government to engage with that initiative?

The hon. Member for Congleton also spoke about religious intolerance. In this very Chamber, earlier today, Aid to the Church in Need issued a report on religious persecution around the world; and yesterday we marked red Wednesday, when a number of landmarks, including Westminster Hall, were lit in red to highlight the persecution of religious communities.

Other hon. Members went into detail on various matters. The hon. Member for Poplar and Limehouse (Jim Fitzpatrick) talked about Fire Aid, whose conference Glasgow was proud to host earlier this year. Both the hon. Gentleman and the hon. Member for Stafford mentioned the small grants programme, which, incidentally, the Scottish Government runs very successfully; perhaps the UK Government can learn some lessons from the programme.

On Tuesday the House will consider the Commonwealth Development Corporation Bill in more detail, and I hope that the Government will be prepared to engage constructively with any proposals to strengthen it or to make more explicit CDC's responsibility to work for poverty reduction and the sustainable development goals.

I hope that the debate and the report will serve as something of a wake-up call for the Government. Despite what may be read in some of the gutter and right wing press, there is consensus across the country about the importance of aid and the need to tackle poverty. We of course welcome the continuing commitment to spending 0.7% of GNI on aid, but there is no point in doing it by going down a completely different track from the rest of the world, or not living up to the existing sustainable development goals framework and ambitions. We hear a lot about how aid should align with the national interest. Surely meeting the SDGs is itself in the national

interest. The emphasis on the national interest implies somehow that previously aid did not work in the national interest, or that we have a deeper interest in aid's effectiveness beyond what the SDGs are intended to achieve. In that case my question would be what is its purpose? What better or more noble purpose could there be than the eradication of poverty and disease, and the building of peace and equality for all? That is not just in the national interest. It is in the interest of everyone who lives on our shared planet. I hope that collectively we can continue with that attitude.

3.22 pm

**Kate Osamor** (Edmonton) (Lab/Co-op): This is an honour for me, Mr Gapes; I think it is the first time I have spoken in Westminster Hall under your chairmanship. I congratulate my hon. Friend the Member for Liverpool, West Derby (Stephen Twigg) on securing this important debate, and I commend the International Development Committee, which he chairs, on the excellent report that we are debating today.

I also thank all the hon. Members who have contributed to the debate, including the hon. Member for East Kilbride, Strathaven and Lesmahagow (Dr Cameron), who spoke about the importance of the use of data, and how that will help with the work that is needed. The hon. Member for Stafford (Jeremy Lefroy) spoke about his five-lever challenge for DFID, and I look forward to the implementation of his work; I am sure that, as we speak, part of it is already being implemented. It is important to use the information the hon. Gentleman has provided to monitor the sustainable development goals.

I thank my hon. Friend the Member for Poplar and Limehouse (Jim Fitzpatrick) for the work that he does voluntarily for Fire Aid. I encourage anyone to read more about the work that it does, domestically and internationally. I also thank the hon. Member for Congleton (Fiona Bruce), who is not in her place, for her work on peace building and on highlighting the problems of religious intolerance around the world; and the hon. Member for Aldridge-Brownhills (Wendy Morton) on her work as co-chair of the all-party group on the United Nations global goals for sustainable development.

I want the House today to think about the day after the Chancellor's autumn statement, the future of DFID's ring-fenced budget, and

"our promise to the world's poorest"—[*Official Report*, 23 November 2016; Vol. 617, c. 906.]

which could be broken at the next spending review. The work of the International Development Committee and the timing of the debate are now more important than ever to the insistence that the UK must remain a world leader in our commitment to spend 0.7% of GNI on overseas aid.

At the heart of the Committee's report is that basic question: is Britain still a world leader on development? Under a Labour Government Britain created a dedicated Department for International Development; helped to negotiate the millennium development goals; trebled the amount that we spent on overseas aid; and put us on the path to 0.7%. In the process, it helped to lift 3 million people out of poverty, get 40 million more children into school and provide millions more people with access to life-saving medicines and vaccines. It is a record of which not just the Labour party but the whole of

Britain can be proud. The question today is how that record is being maintained by the present Government in relation to the design and negotiation of the sustainable development goals.

As the Committee says in its report:

"If implemented by governments with appropriate ambition and focus, the SDGs could have a transformative impact on the wellbeing of people all over the world."

I could not agree more. With the Trump Administration on the horizon and troubling elections ahead in France and Germany, such leadership may be needed urgently. So I am disappointed that the Secretary of State has not adopted all the Committee's recommendations: she has rejected proposals to provide a coherent administrative and legal structure to co-ordinate implementation of the SDGs across Government; and, despite the Committee's recommendation that DFID must actively and explicitly apply a test to every investment it makes or supports, to ensure they will contribute to achieving the SDGs, taxpayers' money is increasingly being used to fund investments such as the oil exploration project in Malawi exposed this week, which have nothing to do with tackling poverty or climate change but are entirely focused on boosting British companies' commercial interests at the expense of the environment.

It was frankly shameful that yesterday the Government threatened to make up for their own fiscal failure by cutting the aid budget, and to attempt to balance the books on the backs of the world's poorest. If they follow through on that threat it is not just their commitment to the SDGs that will lie in tatters; any pretence of world leadership on the issues will be at risk. I hope that the Government will therefore reconsider their position, withdraw that threat today, and ensure that Britain can remain proud of the role we play in the world in tackling poverty.

3.27 pm

**The Parliamentary Under-Secretary of State for International Development (James Wharton)**: It is a pleasure to serve under your chairmanship, Mr Gapes. I normally try where I can to speak without the assistance of notes, but we have had such a wide range of valuable contributions from extraordinarily well informed hon. Members that I have taken the time to note down, to the best of my ability, some of the comments; I shall respond in as much detail as I can.

I congratulate the International Development Committee Chair, the hon. Member for Liverpool, West Derby (Stephen Twigg), on his opening remarks and on his part in securing the debate. He gave an effective summary of why sustainable development goals matter, and why the UK, having played a key leading role in developing those important global targets and the structure that will guide development across the world over a 15-year period, must maintain its leading role in driving the agenda forward. Indeed, my hon. Friend the Member for Stafford (Jeremy Lefroy) mentioned the former Prime Minister, David Cameron—I, too, commend him for personally pioneering the UK's work in the international development space and for being the person who brought in the measure enshrining 0.7% of GNI UK aid budget in law.

The Chair of the Select Committee asked a number of questions that I want to address directly, including on which Department has the lead responsibility for

[James Wharton]

ensuring that the sustainable development goals are delivered across Government in the UK. It is DFID, working alongside the Cabinet Office. As the hon. Gentleman has been informed by the Secretary of State in the letter that he received today, that is done through the single departmental plan process, to ensure that every Department recognises that it needs, in the way it manages its affairs and plans its progress throughout this Parliament and beyond, not just to be mindful of but to deliver on the sustainable development goals and contribute towards that delivery. That will be monitored by the Cabinet Office, with the responsibility falling to DFID.

**Kate Green** (Stretford and Urmston) (Lab): I am sorry that I was not able to be here for all of the debate, but I am pleased to have heard what I have. May I ask the Minister, in relation to his last remark, to what degree the Department will also encourage other Departments to learn from other countries' measures to implement the goals? This is not a one-way trade of the UK giving and bestowing aid and advice to developing economies. My experience is that we also have much to learn from both developed and developing economies in the way they apply the goals.

**James Wharton:** The hon. Lady is of course absolutely right. It is a partnership process, particularly in the international aid space. We deliver long-term and lasting improvements by working together with those countries, with the actors in them, with the civil society organisations and with the people who are affected by and, we hope, benefit from the work that we do. We need to ensure that the improvements last for the long term, and it is through those partnerships that we learn both lessons that can be applied here and lessons that can be applied to other countries in which we seek to drive forward development and this agenda. That of course needs to be part of the process for this Government, as it would need to be for any other. We need continually to learn and review the process by which we deliver on our goals and targets. That will be the case and is, through the departmental plans and the process that I have described.

The Chair of the Select Committee asked about Agenda 2030. I do not want to be drawn into speculating too much on things that have yet to be published, but I will say that the views that he expressed about what he expects to see in due course were heard loud and clear here. They will of course be recorded in *Hansard* and, I am sure, reviewed, one way or the other, as time passes and things are made known, and made public.

**Stephen Twigg:** In the letter from the Secretary of State, she says, as I quoted earlier, that they are currently working on the

“report setting out the UK approach to Agenda 2030. I look forward to sharing this with you once it has been finalised.”

Can the Minister give any sense of timescale? Are we talking this side of Christmas, or is this likely to be in 2017?

**James Wharton:** The hon. Gentleman tempts me to talk about something on which I do not want to comment, given the risk of misleading the House, because it is

information that is not immediately available to me at this time, so I will resist the temptation on this occasion, but I will ensure that the importance that he attaches to it is passed on and is properly understood by the Department.

The hon. Gentleman sent a clear message to other Select Committee Chairs about their role in ensuring, as other Departments take on responsibility for delivery of the sustainable development goals in their plans, that the Select Committees that shadow them and hold them to account focus on this agenda. I wish the hon. Gentleman every success in persuading his fellow Select Committee Chairs to undertake that responsibility. It is a noble suggestion to make and will be a valuable part of the process going forward. I would offer what support I might be able to, but as a lowly Minister, my ability to influence the Chairs of Select Committees is sadly, although perhaps appropriately, limited.

My hon. Friend the Member for Congleton (Fiona Bruce), who is no longer in her place, spoke about the need for clarity and accountability and particularly about religious tolerance—an issue on which she has a very strong track record and in which she has a longstanding interest. She was absolutely right to say that DFID should and, indeed, must work with the Foreign and Commonwealth Office to pursue these issues, which are not just of UK national interest but in the interest of long-term stability and development. That message has been heard, but it was already understood. I am determined and, indeed, the new ministerial team are determined to use every lever at our disposal to drive positive change. That includes the access that DFID sometimes gets, but that other Departments may not get, to the actors in states, and Ministers in Governments in states, where we want to influence behaviour. It is important that we use every tool in our armoury, and the point made by my hon. Friend the Member for Congleton is well received and well heard.

The hon. Member for Poplar and Limehouse (Jim Fitzpatrick) spoke about Fire Aid, which indeed received core funding from DFID. I was delighted to hear acknowledged the range of good work that it does and the impact that that can have. He also touched on the broader challenge of small charities—the organisations that often do great work, but that seek a smaller sum rather than a large amount. It is true that that presents something of a challenge for an organisation such as DFID, which deals with a large budget and which has rigorous requirements on accountability and due diligence. However, I am personally determined—I know that this view is shared by the other Ministers in the new ministerial team—to see what we can do to open up the opportunities for funding to organisations like those that he described, such as Fire Aid and the many more that do not want large sums of money but can do a great deal of good with relatively small amounts.

I absolutely recognise that although we work in this space and have done in the past, that has not always been as easy as it should be. I recognise the challenges in doing it. That is a discussion that I had in an informal meeting with the International Development Committee, in which I said that I would take the issue away and look at it—and, indeed, I am doing so. We must be able to do better and, indeed, we should endeavour and strive to do so. The point that the hon. Gentleman made is well received and very much agreed with.

My hon. Friend the Member for Stafford gave a most persuasive and comprehensive overview of what needs to be done in the international development space—the levers and tools that we can use and, perhaps most importantly, the things of which we must be conscious if we are to ensure that development is effective and lasts for the long term. I thought that his comments, particularly on the peer review of progress, were imaginative, perhaps requiring a level of courage from Ministers that I am not yet persuaded to display on this occasion, but none the less I can see the value of the proposal. Transparency is a good thing. Understanding the effect of the money that we spend, understanding the difference that it makes and learning the lessons from the way we do things, so that we can always improve the outcomes that we deliver, is incredibly important. Having transparency, having peer review and having those who understand the environment in which we are trying to work—and what we are trying to deliver—look at the actions that we are taking, feed back their comments on them and make observations on the impact that they have can only be to the good, so I am very sympathetic to my hon. Friend's proposal. Although I am not able to make an immediate commitment to such steps, I recognise the broad thrust of the direction of travel that he is promoting, and it is one with which I agree.

My hon. Friend also said, very importantly—this is something that we must not forget but sometimes the debate that surrounds international development in our media appears to neglect it—that we need to take a broader and longer view. We need to ensure that what we do is sustainable, that we have transitional arrangements in place for projects that we support, and that the long-term impact is good and not just what might be shorter term deliverables or measurables, which all too often can tick boxes but not actually deliver on our goals.

The hon. Member for East Kilbride, Strathaven and Lesmahagow (Dr Cameron) spoke about data, and I entirely agree with her comments. In my limited time—three or four months—as a Minister in the Department, I have been impressed by the way in which the DFID in the UK leads on the use of data in many respects—to predict disasters that might happen, to identify areas that might be hit by drought, to identify changes in human behaviour and to spot anomalies that might mean that we are missing a small group in a community and not supporting it in the way that we would wish.

The hon. Lady was also right to observe that accuracy is essential. Increasingly, we live in a world of big data; we live in a world where so much of what we do is recorded, algorithms are applied and incredible things are discovered. That can be a real driver for effective delivery, which is what we are about. I am proud to say that this Government and this country are committed to our 0.7% GNI spend. It is none the less incumbent on us to ensure that every pound and penny that is spent delivers the maximum benefit to the people whom it is supposed to help. That is vital, and data have a key role to play in that, particularly when we are talking about using data and the patterns in data to identify some of those marginalised groups about which the hon. Lady spoke so eloquently. I thank her for her contribution and I agree entirely with her observations. We will continue to strive to be a world leader in that space.

My hon. Friend the Member for Aldridge-Brownhills (Wendy Morton), who has a longstanding interest in this area of policy and whom I commend for her work as co-chair of the all-party parliamentary group on the United Nations global goals for sustainable development, made a very persuasive contribution, including comments about the value of civil society and the work that it does in many of the countries in which we operate and in which we want to deliver and drive change.

It is incredibly important to empower people to control their own lives—whether that is in the political space or whether we mean individual rights, women's rights, minority rights, girls' rights, people who want education or representation, or to stand up for the things that affect them and the communities in which they live—if we are going to embed the long-term change that my hon. Friend the Member for Stafford spoke about. If we want long-term, sustainable development in many of the countries in which we work, a key part of that has to be strengthening civil society. I therefore absolutely agree with the comments made by my hon. Friend the Member for Aldridge-Brownhills and commend her for them.

The hon. Member for Wakefield (Mary Creagh), who is no longer in her place, agreed with a number of the comments that other hon. Members made, including the need for good data, and she applied much of that learning to make observations about the situation domestically. She spoke about the requirement for the sustainable development goals to apply here in the UK as much as anywhere else and the need to work with organisations such as the Office for National Statistics to ensure that we are able effectively to deliver the policies that will drive the change that we want to put into effect. I commend her for those comments.

My hon. Friend the Member for Mid Derbyshire (Pauline Latham) spoke most persuasively about the illegal wildlife trade, tourism and the need for development. I could not agree more with her. One thing we need to do—those who care about the contribution this country and its people make to international development for some of the poorest people in the world—is to broaden the narrative and explanation of the difference that the money we spend makes. Too often, too many people think—because of what is presented to them by some of the more nefarious parts of our media—that international aid development is either feeding people and doing basic humanitarian aid or getting lost in Government systems and being stolen.

We do—and are able to do—a wide range of things that people care about, but the message about them is not always communicated. The money that we spend is key to tackling immigration flows and the push factors on immigration. It is key to security and to tackling terrorism. It is key to developing markets that we can access and with which we can trade. It is also key to ensuring that we give the best possible chance of long-term survival to some of the endangered species about which my hon. Friend spoke.

Were we not to do what we are doing—and if we do not go on to do more, which is still a danger—our children, grandchildren and future generations may be able to read about these species but they will not be able to enjoy going to see them in the way that we do. There is a strong development narrative for tackling the illegal wildlife trade, because of its corrosive and damaging

[James Wharton]

influence on the judicial systems and economies in the countries involved, and because of the damage that is done when a gamekeeper is shot by a poacher—a person loses their life and a family goes without a breadwinner.

The opportunities for tourism and economic development, when measured against the negative impact of doing nothing, make a compelling case for more to be done in this space. I have had many discussions with my hon. Friend on this topic, about which she is passionate, and I am pleased to confirm that I had a meeting only this week with a range of charities—eight or 10—working in this area. We want to see what we can do to get them to start thinking about working with DFID and applying for funding streams that may be appropriate for the development aspect of their work, so that we can support further engagement and activity in this space.

The hon. Member for Glasgow North (Patrick Grady) summed up well a range of the comments that hon. Members made. He made the undeniably true point that poverty reduction must be at the heart of development policy. Much of what we do is about improving lives, whether that means access to water or education, a humanitarian response, growing economies or tackling the illegal wildlife trade. At the heart of many of the ills of the world is poverty. We have an opportunity through what we do to play a role in tackling that. I therefore agree with the hon. Gentleman and commend him for his comments.

The hon. Gentleman asked specifically about the multilateral and bilateral aid reviews and when they may become available. As I understand it, my Secretary of State said only the other day that it would be around the end of this month. That is therefore as specific as I would dare to be in the current environment, but I can assure the hon. Gentleman with some certainty that he will not have to wait too much longer for those documents to be published. I know that there is much interest in seeing their content.

Finally, I thank the shadow Secretary of State, the hon. Member for Edmonton (Kate Osamor), with whom it has been a pleasure to work for the short time during which we have faced one another across the Floor of the House. Only recently, we had the opportunity to meet in Malawi, when our trips there coincided. We had a very constructive and productive discussion.

I would not claim to be a parliamentarian of lengthy and great experience—I like to think I am still young and new—but I have seen many Departments and many debates. I have engaged in those debates and have had the privilege of being a Minister in another Department. However, I have never seen a space of debate in which there is so little party politics and in which people can gather because they are like-minded and focused on getting the best outcomes for some of the poorest in the world. Collectively, we want to ensure that we do the best job that we can in using British taxpayers' money well, to change the world for the better, to secure long-term development, and to improve and save the lives of countless people who would otherwise be left without the support to which they should rightfully feel a certain sense of entitlement.

In the short time that I have served opposite the shadow Secretary of State, I have enjoyed our discussions

and dialogue. I welcome the nature of our debate today, with contributions from Members across the Chamber. I absolutely expect that I and other Ministers in the Department will be held to account for the decisions that we make and will be challenged on the things that we do—indeed, that is the role of Parliament and its Select Committees. I hope, however, we will continue to do all that in a spirit of broad co-operation to secure the goals and outcomes that we all want to see delivered, because this matter is too important to be drawn into what occasionally might be characterised as the party politically driven debate style that can take place between hon. Members.

This is an area of policy to which we are privileged to have the opportunity to make a contribution and one which, almost uniquely, draws hon. Members together, regardless of their political differences, in pursuit of a good thing, a shared goal and an outcome that we wish to deliver. I am pleased to be given the opportunity to play my small part and I have been pleased to respond to the debate today. I congratulate hon. Members on their contributions to it, and I thank the shadow Secretary of State for her ongoing challenge and co-operation as we try to make the world a better place.

3.47 pm

**Stephen Twigg:** I welcome you to the Chair, Mr Gapes, and thank you for your role in chairing the latter part of the debate. I echo what the Minister, the shadow Minister and the Scottish National party spokesperson said: we have had an excellent debate this afternoon. We have demonstrated the significance of the sustainable development goals to policy both internationally and domestically. We are getting some answers to some questions that we raised in our report, and that is welcome, but there is a long way still to go to ensure that we as a country regain—to use that word again—the momentum to move forward globally and domestically.

I intervened on the Minister specifically on the point that the Secretary of State raised in her letter to me today. We very much look forward to the report that will set out the UK Government's approach. I very much hope that we will see many of the things that the Minister has said in response today, and that we have heard from him and his colleagues in recent weeks and months, reflected in other statements from the Government, so that the sustainable development goals and the focus on the priority of poverty reduction remain absolutely at the heart of Government policies. As has been said, the aid reviews are an early opportunity for the Government to demonstrate that once again.

On behalf of the International Development Committee, I thank all those who participated in the debate. I welcome the opportunity for Parliament to demonstrate its commitment to these important goals.

*Question put and agreed to.*

*Resolved,*

That this House has considered the First Report of the International Development Committee, UK implementation of the Sustainable Development Goals, HC 103, and the Government response, HC 673.

3.48 pm

*Sitting adjourned.*

# Written Statements

*Thursday 24 November 2016*

## **BUSINESS, ENERGY AND INDUSTRIAL STRATEGY**

### **Competitiveness Council**

**The Minister for Universities, Science, Research and Innovation (Joseph Johnson):** The Competitiveness Council is taking place in Brussels on 28-29 November. Baroness Neville-Rolfe will be representing the UK on 28 November (internal market and industry). I am expecting to represent the UK on 29 November (research and innovation).

Britain will in due course be leaving the EU. While we remain a member of the EU we will continue to participate in Competitiveness Council discussions and vote on legislative proposals, in line with our rights and obligations as a member state.

The Slovak presidency has yet to finalise the agenda for the Council. However we expect the following items to be discussed:

#### *Day One*

The Commission will be seeking a general approach on a proposed regulation to address geo-blocking and other forms of nationality-based discrimination. The UK will support the Commission's initiative to end unjustified discrimination against consumers. There will also be a first reading of legislation on the approval and market surveillance of motor vehicles and trailers, enforcement of consumer protection laws, and three legislative proposals on copyright in the digital single market.

There will be a discussion on skills as part of the regular competitiveness 'check-up' which will be followed by an exchange of views; a stock-take on the single market strategy; and an exchange of views on the unitary patent and Unified Patent Court (UPC).

We expect a number of items to be presented to the Council for information including a notice from the Commission on the legal protection of biotechnological inventions; the SME Envoy's report; and a report from the Slovak presidency on the outcome of the conference 'Collaborative Economy' held in Brussels on 15 November.

The Hungarian delegation will present information on the competitiveness aspects of the European pillar of social rights. The German delegation has asked to present information on the significance of industrial policy in the Commission's 2017 work programme.

Finally, the Maltese presidency will present information on its work programme.

#### *Day Two*

The Commission will present the space strategy for Europe. The strategy is a good fit to UK priorities for growing the space sector and the UK will be supportive.

The UK will support the draft Council conclusions on early stage researchers, which recognise the importance to Europe's future global competitiveness of nurturing the next generation of researchers and scientists.

The final substantive agenda item is the Commission's report on the implementation of the strategy for international co-operation in research and innovation. The UK has been actively engaged in promoting the important role of scientific diplomacy in this context and is encouraged to see this agenda progressing.

AOB items will include: presentations on open science; the quantum technologies flagship; information from the presidency on the high level conference on European bio-economy held in Bratislava on 17 October; and information from the Portuguese delegation on the development of a European infrastructure to promote north-south co-operation.

The day will conclude with information from the Maltese delegation on the work programme of the incoming presidency.

[HCWS280]

## **HOME DEPARTMENT**

### **Justice and Home Affairs Council**

**The Secretary of State for the Home Department (Amber Rudd):** I attended the Justice and Home Affairs Council on 17 and 18 November in Brussels.

On the evening of 17 November, the presidency hosted a meeting for Ministers, focused on migration. The main focus of discussion was the future of the common European asylum system and "effective solidarity", which included discussions on moving away from relocation being considered the only way for member states to demonstrate solidarity. Ministers agreed to take forward further work on developing solidarity, although this is not relevant to the UK as the Government have already decided not to opt in to the new Dublin IV regulation, and on upstream engagement with third countries. I reiterated that the UK does not take part in the EU's relocation and resettlement schemes.

The Council on 18 November began with the presidency inviting the Commission to set out its new proposal on a European travel and information authorisation system (ETIAS). The Commission indicated that the proposal aims to provide for greater security and border management by increasing the amount of information on non-visa nationals entering the Schengen area. Negotiations on the proposals will be taken forward by the relevant official-level Council working groups. As the UK is not in Schengen, we will not participate in this measure.

The Council continued with a focus on IT and data-sharing measures related to border management. All member states agreed to continue implementation of the Dutch data-sharing road map agreed at the June JHA Council. The Commission set out its future priorities for work in this area, including: better training; improving data quality; and upgrading existing systems. The Commission also indicated that it would be bringing forward two legislative proposals, one in December and one in June 2017, to upgrade the second generation Schengen information system (SIS II). The Commission's priorities for upgrading SIS II include finger or palm-print alerts, facial recognition, counterfeit documents and effective Europol and European Border and Coast Guard

access. I reiterated the need for progress on systematic sharing of criminal information, building on the excellent work in the joint UK-Latvia-Netherlands serious offending by mobile European criminals (SOMEC) report on mobile criminality, and improving data quality.

Ministers then discussed the fight against terrorism, taking note of progress in implementing existing EU Council conclusions on this issue, and ongoing activities to prevent and disrupt terrorist activity in the EU, particularly around travel for terrorist purposes.

The Commission set out a number of principles that support EU efforts to fight terrorism. These included the need for secure borders, information exchange between member states, and implementation of the passenger name record (PNR), counter-terrorism and firearm directives. I stressed the UK's role as leader in PNR implementation within the EU and our willingness to share lessons learnt with partners. I also reminded member states of the importance of aviation security and the need to build on the momentum of UN resolution 2309 with the adoption of a European strategy.

In relation to the EU internet forum, Ministers discussed how to increase collaboration between industry and member states to prevent radicalisation by means of the internet, ahead of a ministerial meeting of the forum in December.

In a break in the plenary session Ministers discussed how to ensure effective co-operation between the non-EU counter-terrorism group (CTG) and Europol.

[HCWS281]

## INTERNATIONAL DEVELOPMENT

### Foreign Affairs Council for Development

**The Parliamentary Under-Secretary of State for International Development (James Wharton):** On the morning of 28 November, I will attend the Foreign Affairs Council for Development in Brussels. The meeting will be chaired by the High Representative of the European Union for Foreign Affairs and Security Policy, Federica Mogherini. The UK is a global leader in international development and this is demonstrated by our commitment to meeting the UN aid target of 0.7% of gross national income. I look forward to using this opportunity to push the EU to do more to deliver the ambitious development agenda set out in the global goals.

The UK is leaving the EU. While we remain a member we will continue to play a full role in line with our rights and obligations and represent the interests of the people of the United Kingdom.

### *European consensus on development*

European Commissioner for International Co-operation and Development, Neven Mimica, will present the European Commission proposal on a new European consensus on development. The consensus is the comprehensive EU policy framework for development assistance and is being updated to be aligned with the main themes of agenda 2030 and the global goals. I will highlight the UK's broad support for a comprehensive and integrated approach to development and push for better coherence across development and humanitarian assistance.

### *Post-Cotonou*

Commissioner Mimica will present the European Commission's impact assessment and policy document on the future framework for EU co-operation with the African, Pacific and Caribbean countries; an initial exchange of views from member states will follow. This is an initial discussion on revising the Cotonou agreement treaty that will expire in 2020. I will use this discussion to encourage the EU and member states to consider a differentiated approach towards partner countries at different levels of development.

### *Migration and development*

High Representative/Vice-President Mogherini will present an update on the state of play on the proposed external investment plan. Ministers will also discuss follow-up to the Valletta summit as part of the EU's migration agenda and planned events, including the EU emergency trust fund for Africa steering committee. The UK continues to work with European partners on migration, including assessing ways to better address protracted crises and co-ordinating approaches to other drivers of unmanaged flows.

### *Energy and development*

Maroš Šefcovic, Vice-President of the European Commission with responsibility for the energy union, will join for a substantive discussion on energy and sustainable development. This will build on agreed Council conclusions on the same topic and look to focus on progress made through the EU-Africa energy partnership in the context of the 2030 agenda for sustainable development.

### *Other agenda items*

Ministers will adopt Council conclusions on mainstreaming digital solutions and technologies in EU development policy, the Court of Auditors report on humanitarian aid to the great lakes region, energy and development, and the EU common position for the second high-level meeting of the global partnership for effective development co-operation.

[HCWS279]



# ORAL ANSWERS

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