

Monday
27 February 2017

Volume 622
No. 115



HOUSE OF COMMONS
OFFICIAL REPORT

PARLIAMENTARY
DEBATES

(HANSARD)

Monday 27 February 2017

HER MAJESTY'S GOVERNMENT

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OFFICIAL REPORT

IN THE SECOND SESSION OF THE FIFTY-SIXTH PARLIAMENT OF THE
UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND
[WHICH OPENED 18 MAY 2015]

SIXTY-SIXTH YEAR OF THE REIGN OF
HER MAJESTY QUEEN ELIZABETH II

SIXTH SERIES

VOLUME 622

TWELFTH VOLUME OF SESSION 2016-2017

House of Commons

Monday 27 February 2017

The House met at half-past Two o'clock

PRAYERS

[MR SPEAKER *in the Chair*]

BUSINESS BEFORE QUESTIONS

DEATH OF A MEMBER (FATHER OF THE HOUSE)

Mr Speaker: It is with great sadness that I have to report to the House the death of the right hon. Sir Gerald Kaufman, Labour Member of Parliament for Manchester Gorton. He will be sorely missed by his relatives, by his friends, by his constituents and by his parliamentary colleagues, not to mention very large numbers of people across this country and around the world.

Colleagues, before Gerald entered Parliament, and after leaving Leeds Grammar School and Oxford University, Gerald worked as assistant general secretary of the Fabian Society and subsequently as a journalist on the *Daily Mirror* and for the *New Statesman*. Thereafter, he was parliamentary press liaison officer for the Labour party, working closely with Harold Wilson.

He entered this House, as colleagues will know, in June 1970, as the Member of Parliament for Manchester, Ardwick, which constituency he represented until 1983. Thereafter, and following boundary changes, he represented Manchester Gorton from 1983 without interruption. He was, as we know, the Father of the House. He served in this place diligently, with principle and utter dedication, for well over 46 years.

Under Harold Wilson and Jim Callaghan, Gerald served as a Minister with responsibility for the environment and subsequently with responsibility for industry. In opposition, he was a long-serving and distinguished member of Labour's shadow Cabinet, serving as shadow Secretary of State for the Environment, as shadow Home Secretary and, indeed, as shadow Foreign Secretary. Many people will know that he was a prolific writer and the author of several books, not least, and perhaps most memorably, a book entitled "How to be a Minister".

After he ceased to serve on the Front Bench, Gerald chaired, initially, the Select Committee on National Heritage for, if memory serves, a full Parliament, and then, when the Committee took its new form—the Culture, Media and Sport Committee—Gerald chaired that Committee for two whole Parliaments.

Since 2010, Gerald has been the longest serving Labour Member of Parliament, and since 2015 he has, of course, been Father of the House. In more recent years, I have been privileged to be supported by Gerald on the Speaker's Committee on the Electoral Commission, of which he was, if I can put it this way, a highly distinguished ornament.

Gerald was, of course, a passionate, eloquent, relentless, indefatigable campaigner for social justice at home and abroad. I will not pretend that he was always the easiest of colleagues. If you were lauded or praised by Gerald, you doubtless took delight in the experience; if you were attacked or denounced by Sir Gerald, you could be in no doubt on the matter. But there was that fidelity to principle, that commitment to causes and that insistence on doing his duty by his constituents, by his party and by his country.

Gerald will be mourned very widely indeed, and in expressing, I hope on behalf of the House, our condolences to his relatives and friends, I should perhaps just take this opportunity to say to the House that colleagues will have a chance to pay tribute to Sir Gerald later this week.

Oral Answers to Questions

COMMUNITIES AND LOCAL GOVERNMENT

The Secretary of State was asked—

Rough Sleeping

1. **Paula Sherriff** (Dewsbury) (Lab): What the trend in the number of homeless people sleeping rough was between 2010 and 2015. [908914]

The Secretary of State for Communities and Local Government (Sajid Javid): If I may, I would like to join you, Mr Speaker, in paying tribute to the late Member for Manchester Gorton. I was always grateful to the right hon. Gentleman for showing us that it is possible for the children of immigrants to treasure their roots while still embracing their Britishness and the active role they can play in public life. I am sure I speak for the whole House when I say he will be deeply missed, and my sympathies go to his family and friends.

One person sleeping on the streets is one too many. All too often, support is provided at crisis point. That is why we are supporting 84 projects through our £50 million homelessness prevention programme—an end-to-end approach to tackling homelessness and rough sleeping.

Paula Sherriff: May I, too, Mr Speaker, associate myself with your comments regarding the late Father of the House? It is a sad day and a sad loss, and we shall all miss him dearly.

Official figures confirm that rough sleeping has more than doubled since 2010, after falling by more than three quarters under Labour. Why does the Secretary of State think that homelessness fell under Labour but has risen so dramatically under the Tories?

Sajid Javid: The hon. Lady touches on the record of the previous Labour Government. It would be fair to point out that the level of statutory homelessness acceptances was higher in every year of the previous Labour Government, bar one, than it is today. That shows that homelessness, whether rough sleeping or other forms, is a chronic long-term issue that has been challenging for successive Governments. If we can all work together on this and take a more cross-party approach, that can help. The support from Members across this House for the Homeless Reduction Bill introduced by my hon. Friend the Member for Harrow East (Bob Blackman) is a great example of how we can all work together.

Richard Fuller (Bedford) (Con): Despite the great efforts of voluntary groups such as the King's Arms project and the Salvation Army in Bedford, Bedford borough is a hotspot for people sleeping rough. What will the Secretary of State do to ensure that the measures that are coming forward in the areas where people are particularly at risk of rough sleeping are having the impact intended?

Sajid Javid: I know that my hon. Friend cares deeply about this issue, which he has raised with me in the past. I reassure him that the Government do take the issue of rough sleeping very seriously. I can point to the recent announcement of the £20 million rough sleeping fund, and also the work we are doing on social impact bonds to find new, creative methods that can also help.

Ian Austin (Dudley North) (Lab): Will the Secretary of State take the short trip up the M5 from Bromsgrove to the Black country, where he can visit the YMCA's brilliant Open Door project, which finds stable family homes for homeless young people in the area, and achieves phenomenal results, getting the majority into college, into work, and even into university? Will he come and look at that and consider whether he can fund a similar scheme nationwide, because it really does achieve remarkable results?

Sajid Javid: I join the hon. Gentleman in commending the work of the YMCA in this field, particularly its Open Door project—I would like to learn more about that. It is just these kinds of projects that we want to see more of and provide support for. Our £50 million homelessness prevention fund, which is already supporting over 80 projects, can help in that.

Mr David Burrowes (Enfield, Southgate) (Con): Would not the good efforts of my right hon. Friend's Department be assisted by a cross-Government strategy on homelessness that would deal with some of the underlying issues such as addictions, in encouraging the Department of Health to support more addiction services, and encouraging the Chancellor to increase the price of super-strength ciders in the forthcoming Budget?

Sajid Javid: I am pleased that my hon. Friend talks again about a cross-party approach to this very important issue. He highlights the need to look at the causes of homelessness. I think that when any Member of the House comes across anyone who is homeless, they will see that their needs are often complex—it can be to do with addiction, for example, or mental health issues. We would all do well to take those issues more seriously.

Dame Rosie Winterton (Doncaster Central) (Lab): Does the Secretary of State agree that one of the reasons that people end up homeless and sleeping on the streets is the action taken by private landlords, very often in houses in multiple occupation? Will he look at what more could be done to regulate the private rented sector to prevent conditions arising that drive people on to the streets?

Sajid Javid: The right hon. Lady makes a good point. I do not think that that is the primary cause of homelessness, and nor is she suggesting that, but it is worth looking at it. I hope she will welcome our decision to extend licensing to smaller HMOs, because that can help with the situation.

Margaret Ferrier (Rutherglen and Hamilton West) (SNP): While there remains much to do, the Scottish Government have pushed ahead with measures to help those who need it most, including the Scottish welfare fund, which has issued grants totalling £116 million since the scheme was established, groundbreaking homelessness

legislation and regulation of private landlords and rents. What similar measures have the UK Government taken?

Sajid Javid: Some similar measures have been taken in England. For example, on the issue of providing enough funding, the last spending review set aside £550 million to tackle homelessness, and I have mentioned the homelessness prevention programme. There is also £100 million for a new programme to deliver at least 2,000 low-cost accommodation places, which I think will also help.

House Building

2. **Stephen Hammond** (Wimbledon) (Con): What steps he is taking to build and develop more homes. [908915]

9. **Richard Graham** (Gloucester) (Con): What steps he is taking to build and develop more homes. [908926]

The Secretary of State for Communities and Local Government (Sajid Javid): The Government are committed to building the homes that our country needs. Measures in the recent White Paper will ensure that more homes are planned for where they are needed most and that homes are built more quickly once they have planning permission, and they will diversify the housing market to make sure that it works for everyone.

Stephen Hammond: What actions is the Department taking to ensure that unused public sector land in London is released more quickly for housing development?

Sajid Javid: My hon. Friend is right to raise the issue of the broken housing market in London. I know that he takes the issue seriously and has done much to help in his own area. My hon. Friend the Minister for Housing and Planning, who co-chairs the London Land Commission, is working on identifying new opportunities to release public land for housing. My hon. Friend the Member for Wimbledon (Stephen Hammond) may also be interested to know that the last autumn statement allocated £3.15 billion to affordable homes in London. The Government have done their very important bit; I now expect the Mayor of London to step up and do his.

Richard Graham: Gloucester City Council and Gloucester City Homes have put together a strong bid, with my support, to the estates regeneration programme, which will transform the old estates and wards of Matson and Podsmead in my constituency. Will my right hon. Friend agree to meet us briefly to hear our case, and when does he think decisions will be made on the bids?

Sajid Javid: My hon. Friend is a strong advocate of regeneration for Matson and Podsmead; he has talked to me about the issue a number of times and I am pleased that he has raised it again. My Department has received a number of bids for regeneration funding across England. We will make funding announcements shortly, but I would be more than happy to meet him and a delegation to discuss the issue further.

Mr Barry Sheerman (Huddersfield) (Lab/Co-op): Will the Secretary of State come to Huddersfield to see how many private sector new homes have been built?

Unfortunately they are nearly all for students. Is it not about time that elderly people up and down our country had the right kinds of buildings and homes? Why can more councils not be liberated to build those homes?

Sajid Javid: One thing that might have helped is if Labour-run Kirklees Council had thought about all the different types of people from different backgrounds who live in the local area when it put together its local plan. The hon. Gentleman may be happy to learn that our White Paper sets out further requirements for all local authorities to make sure that they look carefully at the needs of their area, including those of older people.

Alison Thewliss (Glasgow Central) (SNP): May I extend the condolences of the Scottish National party to the family, friends and colleagues of Gerald Kaufman? He made a considerable impact—more than many others ever get to do—during his career, and we will miss his dignity and experience and his contributions to the House.

The right to buy is not just the right to buy, but the right to buy at a discount of up to £100,000. Anne Baxendale of Shelter has said that the

“extension of Right to Buy would jeopardise any potential profit needed for future housebuilding”.

Will the Secretary of State explain why he wants to make it more difficult for people to access truly affordable housing, as built by local government housing companies?

Sajid Javid: The Government believe that the right-to-buy policy, including in relation to council housing and its extension to housing association homes, is very important. We will continue to back it, and where a tenant does exercise that right we expect that home to be replaced.

Huw Merriman (Bexhill and Battle) (Con): Neighbourhood plans have incentivised parish and town councils to build and deliver more houses by giving them 25% of the community infrastructure levy. Given that the levy is subject to review, is there a plan to continue providing that proportion for local parishes and towns?

Sajid Javid: I fully agree with my hon. Friend about the importance of neighbourhood plans in getting more ownership of local plans at the local or parish level. That is why the measures we are taking in the Neighbourhood Planning Bill to do just that are very welcome. When it comes to the share of the levy, it is very important to maintain that principle.

Thangam Debbonaire (Bristol West) (Lab): Will the Secretary of State consider bringing forward legislation in this House to end the practice of land banking? My constituents are fed up with seeing developers sitting on properties or places without any sign of their building the new homes that we so badly need.

Sajid Javid: In the year to September 2016, 277,000 planning permissions were granted in England, which is a record high since 2007. I share some of the hon. Lady's frustration. We want those planning permissions

to be turned into homes—people cannot live in a planning permission—and that is why our housing White Paper has a number of measures to deal with just this issue.

Mr Philip Hollobone (Kettering) (Con): Prefabricated dwellings are now built to extremely high standards of both quality and durability. Will the Secretary of State be kind enough to accept an invitation to visit Prestige Park & Leisure Homes in Kettering, which is a pre-eminent manufacturer of high-quality park homes, to see how this sort of dwelling might help him to address the housing problems in this country?

Sajid Javid: I very much agree with the point made by my hon. Friend. We want to see more innovation and creativity in house building in this country, and factory-built, modular, custom-built or prefabricated homes—call them what you will—have an important role to play. I have seen examples of factories in England, such as those in Bedford and Leeds, and I would be very happy to visit one in Kettering too.

John Healey (Wentworth and Dearne) (Lab): Mr Speaker, from the Labour Front Bench, may I fully endorse the full tribute that you have paid to our dear friend and colleague Gerald Kaufman? Certainly those of us who knew him best will miss him most.

After seven years of Conservative failure on housing, we were told by the Secretary of State that his White Paper would be “a bold, radical plan”, yet when he launched it, he said that his top priority was

“a proper conversation about housing need”.—[*Official Report*, 7 February 2017; Vol. 621, c. 230.]

After new figures showed that new house building actually fell last year, the White Paper was meant to be a plan to fix the housing crisis, so let me ask the Secretary of State a simple question: how many more new homes will be built by the end of this Parliament as a result of the White Paper?

Sajid Javid: Time and again, the right hon. Gentleman gets up at the Dispatch Box and talks about the failure to build homes when the evidence is very different. He never refers to his own track record: we saw housing starts fall to their lowest peacetime level since the 1920s. The right hon. Gentleman asked me about the White Paper and its reception, so let me share with him some responses to the White Paper. The National Housing Federation called it a

“positive step in the right direction”.

The Royal Town Planning Institute said that it welcomed the measures, which it had “long campaigned for”. Another one—perhaps he can guess where this came from—is that

“yesterday’s housing white paper points us in a better direction... the proposals... show some promising signs for Londoners.”

Where did that come from? The Mayor of London.

John Healey: All those organisations will be interested in the question that the Secretary of State cannot and will not answer, which is how many extra new homes will be built as a result of what he calls his new measures in the White Paper? In truth, the White Paper was a white flag on housing, especially on help for first-time homebuyers. Home ownership rose by 1 million under Labour; it has fallen under Tory Ministers since 2010,

and it is in freefall for young first-time buyers. Given this, why is Help to Buy helping 20,000 people who are not even first-time buyers, and why is Help to Buy helping over 3,000 people who earn more than £100,000 a year? Will he use the Budget next week to target this taxpayers’ help better and do more for first-time buyers on ordinary incomes?

Sajid Javid: The right hon. Gentleman will know that we have taken a number of actions since July to boost home building in this country—not just the action outlined in the White Paper, but the £1.7 billion accelerated construction programme, the £3 billion home building fund, the £2.3 billion for the housing infrastructure fund and £1.4 billion extra for affordable homes. The right hon. Gentleman raises the issue of home ownership. As a former housing Minister, he should know that home ownership rates under Labour fell from a peak of 71% to 64%. I have another quote—from him—about the decline in home ownership which, word for word, is that

“I’m not sure that’s such a bad thing”.

Midlands Engine

3. **David Mackintosh (Northampton South) (Con):** What steps he is taking to support the midlands engine. [908916]

The Secretary of State for Communities and Local Government (Sajid Javid): In the past few weeks, the Government have reaffirmed our commitment to the midlands engine, announcing two new midlands enterprise zones—one in Brierley Hill in Dudley, and the other in Leicester and Loughborough. The first ever midlands engine trade summit will take place in Birmingham on 9 March.

David Mackintosh: Will my right hon. Friend outline how the midlands engine will help Northampton?

Sajid Javid: As a midlands MP, I am pleased to see a strong and successful midlands engine, as well as the economic benefits it will bring throughout the region. In Northampton, small businesses will be eligible for the £250 million midlands engine investment fund, which will open shortly. In addition, Northampton will benefit from more than £5 billion of investment in midlands transport infrastructure.

Rob Marris (Wolverhampton South West) (Lab): London gets shedloads of money for public transport and Manchester has far more miles of tram network than the urban west midlands. As a west midlands MP, what discussions has the Secretary of State had with the Secretary of State for Transport on extending the tram network massively in the urban west midlands?

Sajid Javid: As a local MP, the hon. Gentleman will know about some of the work that is going on, especially around Birmingham, to extend the tram network, which could make a big difference. He will also know about our recent announcement of £392 million of local growth funding for the region. There will be more detail shortly, but a large part of that will go to transport projects.

Green Belt: Bury

5. **Mr David Nuttall** (Bury North) (Con): What steps is he taking to protect the green belt in Bury. [908918]

The Minister for Housing and Planning (Gavin Barwell): Our recent housing White Paper underlines the Government's continuing commitment to the green belt. Local councils should remove land only in exceptional circumstances, and the White Paper clarifies what that means: when they can demonstrate that they have fully examined all other reasonable options for meeting housing need.

Mr Nuttall: When a plan proposes large-scale development on the green belt, as in the case of the Greater Manchester spatial framework, will my hon. Friend assure me that he will carefully assess how realistic the various projections and assumptions are for things such as population growth and household size?

Gavin Barwell: I assure my hon. Friend that the approach that is taken will be robustly tested by a planning inspector in public, and that he will be able to give evidence. My hon. Friend is right that before councils think about releasing green-belt land, they should consider brownfield land, surplus Government land, density and how their neighbours can help to meet housing need.

Kate Green (Stretford and Urmston) (Lab): Plans to build on the green belt in Bury are part of the Greater Manchester spatial strategy, which also affects Flixton in my constituency. Does the Minister agree that Greater Manchester councils should look at using brownfield and other sites in preference to green belt, as he says, and perhaps at increasing density when possible?

Gavin Barwell: I very much agree with hon. Lady. The White Paper sets out clearly what "exceptional circumstances" means. It is a phrase in the national planning policy framework that has not been defined previously. This is about looking at brownfield land, surplus public sector land, density and what neighbouring areas can do before precious green-belt land is released.

Smaller Builders

6. **Mark Pawsey** (Rugby) (Con): What steps his Department is taking to support smaller builders. [908920]

The Minister for Housing and Planning (Gavin Barwell): Small builders tell us that the two key constraints that they face are access to land and finance. Our home building fund includes £1 billion of short-term loan funding for small builders, and our recent White Paper will ensure that councils make small sites available.

Mark Pawsey: I thank the Minister for that answer, because the time it takes to get a site through the planning process is often a challenge for small builders, who are less able to bear the risk involved and the funding required. Will he continue with the reforms he is making to the planning system to ensure that local planning authorities can deal speedily with small sites?

Gavin Barwell: My hon. Friend is right to raise the challenges that small builders face. We plan to boost the capacity of planning authorities by allowing them to increase planning fees. With regard to the designation regime, the Government will take action when councils are not taking sufficient decisions within a certain timescale. I also draw the House's attention to the new permission in principle regime, which is a way for small builders to find out the planning certainty for a site without their having to do the full preparation work.

Mr David Hanson (Delyn) (Lab): My local authority of Flintshire, which is just over the border from England, is building 500 new council homes, which are being constructed by small builders. Is not this approach, which is putting people into housing and creating jobs in the private building sector, a good way forward?

Gavin Barwell: The White Paper is very clear on this point—we absolutely want councils to get back into the business of building homes. There is a huge need for more housing and the more people who are involved in the building of homes the happier the Government will be.

Construction Industry

7. **Robert Courts** (Witney) (Con): What plans he has to encourage new methods of building in the construction industry. [908922]

The Minister for Housing and Planning (Gavin Barwell): Our recent housing White Paper sets out measures to increase the use of modern methods of construction in housebuilding. The key is to provide a pipeline of work to encourage suppliers to invest in new plant. We will do that through our accelerated construction and home building fund, and through the growing build-to-rent and custom build markets.

Robert Courts: Does the Minister not agree that custom built homes, which can often be built more quickly and cheaply, and often to a higher standard than other types of housing, have a real part to play in solving housing supply issues?

Gavin Barwell: My hon. Friend is absolutely right. Not only can homes be built more quickly and with a better environmental performance, which means that they are cheaper for people to live in when they move there but, in terms of the real skills challenge we face if we are going to build many more homes, that is a way of getting new people involved in the building of homes.

Kerry McCarthy (Bristol East) (Lab): I recently had the pleasure of meeting one of the partners of Waugh Thistleton, the architects behind a new housing development at Dalston Lane in Hackney, which uses more timber than any other project in the world. Is cross-laminated timber on the Department's radar, and what are the Government doing to help to support architects who are exploring this very sustainable material?

Gavin Barwell: It is absolutely on our agenda. The term "modern methods of construction" covers a wide range of different techniques. The key policy area is our home building fund, which provides £1 billion of loan

funding for people who are innovating. Too many homes are still built in exactly the same way as they were 100 years ago. We are determined to change that, and I am very happy to hear about the example provided by the hon. Lady.

13. [908932] **Henry Smith** (Crawley) (Con): A number of constituents have recently contacted me to express their concern about the quality of new-build homes that are under construction. What encouragement can the Department give to builders to ensure that these homes are robust for many years in the future?

Gavin Barwell: My hon. Friend is right to say that it is not good enough just to get new homes built. They need to be built well and to stand the test of time. Building inspectors check to ensure that building regulation requirements are met, but we are also considering the recommendations in the report of the all-party group on excellence in the built environment.

Dr Roberta Blackman-Woods (City of Durham) (Lab): At the weekend, we learned that Bovis Homes is to pay £7 million in compensation for poorly built new homes. Will the Minister tell the House what he will do to improve the quality of new homes, including those built by new methods of construction, and to ensure they are built in well-planned communities with appropriate infrastructure? Unfortunately, while the housing White Paper had warm words, it lacked any substance whatsoever on quality and place-making issues.

Gavin Barwell: Despite what the hon. Lady says, there has been a very warm reaction to the housing White Paper from right across the housing sector. I have spent the past week travelling around the country and holding meetings with housing professionals, including, interestingly, Labour councillors, who are very keen to get behind the Government's agenda to build the homes that Governments of both colours, over 30 or 40 years, have failed to build.

Mr Stewart Jackson (Peterborough) (Con): For reasons best known to themselves, about two years ago Reading Borough Council and West Berkshire Council challenged the Government's policy of assisting brownfield development via vacant building credit. Will the Minister update us on whether the Government are still committed to vacant building credit to release more residential homes on brownfield land?

Gavin Barwell: We are certainly absolutely committed to trying to get a greater proportion of the homes we need built on brownfield land. The White Paper sets out a huge range of different things that we will do to achieve that, but I will happily write to my hon. Friend about the details of the issue he raises.

Chris Philp (Croydon South) (Con): I welcome the Minister's commitment to new construction methods, but will he confirm to the House that the Government's commitment to starter homes, which are designed to encourage home ownership, remains undiminished?

Gavin Barwell: Absolutely. Starter homes are an important part of the way in which the Government are going to try to help people to get into home ownership.

There are a number of different schemes—*[Interruption.]* We are not proceeding with a statutory obligation because that reflects the view expressed to us by large numbers of people. Starter homes go alongside shared ownership and the Help to Buy scheme. None of these schemes existed when the right hon. Member for Wentworth and Dearne (John Healey) was housing Minister and did nothing to reverse to the decline in home ownership.

Devolution: England

8. **Tracy Brabin** (Batley and Spen) (Lab): What steps his Department is taking to ensure that the effects of devolution deals are felt across England. [908924]

The Parliamentary Under-Secretary of State for Communities and Local Government (Andrew Percy): Our devolution deals will support economic growth across the country by devolving powers and, more importantly, funding from this place so that they can be determined by local people. By May this year, 33% of England's population will have gone to the polls to elect their directly elected Mayors.

Tracy Brabin: As the Minister no doubt knows, two years ago West Yorkshire council agreed a devolution deal for the Leeds city region. Why has there been no progress? What plans does he have to give West Yorkshire the devolution deal it wants, and why the delay?

Andrew Percy: We have made good on the city deals we negotiated with the Leeds city region. The problem on broader Yorkshire devolution, given that this is a bottom-up approach, is that there has not been agreement across Yorkshire about what form it should take. Some of the hon. Lady's colleagues have not helped in recent weeks by proposing solutions on a boundary of a nature not within the legal framework.

Michael Fabricant (Lichfield) (Con): Does my hon. Friend not agree that—to paraphrase President Kennedy—it is not so much what the Government can do to assist devolution deals, but what devolution deals can do for themselves through strong leadership following the election of effective Mayors?

Andrew Percy: Absolutely. For an example of the sort of leadership we will require in these mayoralities, my hon. Friend need look no further than the west midlands, where Andy Street is a fantastic candidate who I am sure will be a strong mayor and champion for the west midlands.

Mr Clive Betts (Sheffield South East) (Lab): I thank the Minister for his continued efforts to keep the Sheffield city region devolution deal moving forward. I understand that the mayoral election will be postponed until next year but that it might be possible in the meantime for local authorities to access the £30 million on offer if they agree to appoint an interim mayor. Will he confirm that that is the case? If so, what criteria will he want to see in place for it to happen?

Andrew Percy: I thank the hon. Gentleman for his unwavering support for the South Yorkshire and Sheffield city region deal. It is a good deal that will deliver funding and powers to South Yorkshire to help to drive

forward its economy. We can look at interim mayors if necessary. I assure him that the Government are absolutely committed to the deal and will try to bring it forward as quickly as possible, but with the agreement of the four local authorities in the Sheffield city region.

Northern Powerhouse

10. **Andrew Stephenson** (Pendle) (Con): What steps his Department is taking to support the northern powerhouse. [908927]

The Parliamentary Under-Secretary of State for Communities and Local Government (Andrew Percy): In recent weeks and months, we have of course introduced the first northern powerhouse strategy and, more importantly, put £556 million behind it through the local growth funding allocations, with the north receiving the largest proportion from the broader £1.8 billion fund.

Andrew Stephenson: I thank the Minister for his recent visit to Pendle and the Government for the £4 million investment that will create more than 1,100 new full-time jobs on the Lomeshaye industrial estate. We have seen strong growth in small and medium-sized enterprises across the north of England in recent years, but what more can we do to help them to grow?

Andrew Percy: It was a delight to visit the Lomeshaye industrial estate on a wet Lancashire day—is there any other kind?—only the other week, and I thank my hon. Friend for his support for that. On his specific interest in small and medium-sized businesses, just last week I joined other funding partners in launching a £400 million investment fund for northern powerhouse businesses. This will provide loans to businesses of between £25,000 and £2 million, and support our wonderful small and medium-sized businesses across the north.

Rachael Maskell (York Central) (Lab/Co-op): Small businesses form an important part of York's economy as part of the northern powerhouse, but businesses are struggling with the new deal on business rates. Overseas landlords are pushing up rents, and that is then pushing up rateable values. What discussions has the Minister had with the Treasury so that in next week's Budget we will see a fair deal on business rates?

Andrew Percy: I was in York just last Friday to speak to Make It York and celebrate our funding for the York Central enterprise zones. As the hon. Lady will be aware, business rates bills across the north will be falling, but as the Chancellor and my right hon. Friend the Secretary of State have made absolutely clear, we are committed to supporting further those businesses that are hardest impacted by rises. Across the north more generally, however, we will see falls in business rates.

Martin Vickers (Cleethorpes) (Con): As the Minister knows, the Humber local enterprise partnership was recently allocated £27 million under the growth fund. The two local authorities that serve the Cleethorpes constituency are also members of the Lincolnshire LEP. Will he enlighten us on when their settlement is due?

Andrew Percy: My hon. Friend is absolutely right that we recently allocated £27 million to the Humber in the growth deal. It is important to remember that, on a per-head basis, that is more than has been received in large parts of the south of England. We will announce in the coming weeks the Greater Lincolnshire LEP allocations that also cover North and North East Lincolnshire as part of the £392 million package for the midlands.

Business Rates Revaluation: Dover

11. **Charlie Elphicke** (Dover) (Con): If he will assess the accuracy of the business rates revaluation for Dover district; and if he will make a statement. [908928]

The Secretary of State for Communities and Local Government (Sajid Javid): Business rates are based on valuations carried out independently of Ministers by the Valuation Office Agency. My hon. Friend may be reassured to know that the change in average business rates in Dover is largely a consequence of the significant increase in the rateable value of the English side of the channel tunnel.

Charlie Elphicke: I thank my right hon. Friend for that very helpful answer. Can he confirm that leaving aside the channel tunnel, which has done very well in recent years and has gone up an awful lot in value, business rates across the Dover district as a whole are down 8%? Will he also look at the case of small businesses and transitional relief as they leave business rate relief?

Sajid Javid: I can tell my hon. Friend that as a result of the recent revaluation, the English side of the channel tunnel has seen its rateable value more than double to £35 million, which accounts for roughly a third of the local ratings list. If this were excluded, average rateable values in my hon. Friend's local authority would fall in line with those in the rest of Kent.

Meg Hillier (Hackney South and Shoreditch) (Lab/Co-op) *rose*—

Mr Speaker: With exclusive reference to Dover, given that the Dover road does not go through Hackney.

Meg Hillier: It is not just the Dover district that is having these problems but businesses up and down the country, particularly in London and the south-east. I met small businesses in Hackney—not that far from Dover—on Friday. The reality surely is that the system is bust and that small businesses with a small turnover are being hit with huge and unsustainable bills, so what is the Secretary of State going to do to make life better for businesses in Dover, Hackney and around the country?

Sajid Javid: I think the hon. Lady deserves an answer to that, Mr Speaker. First, transitional relief is in place—it is worth some £3.6 billion—to help businesses across the board, including smaller businesses. Secondly, the extension of small business rate relief will mean that 600,000 companies will pay zero in business rates from April this year. I am sure that the hon. Lady would join me in welcoming that.

Local Housing Provision

12. **Sir Henry Bellingham** (North West Norfolk) (Con): What plans he has to introduce an alternative method of estimating the number of homes a local area may need. [908930]

The Secretary of State for Communities and Local Government (Sajid Javid): As we set out in the recent housing White Paper, we will consult on options for introducing a standardised approach to assessing housing requirements. We will do this at the earliest opportunity, and the outcome will be reflected in changes to the national planning policy framework.

Sir Henry Bellingham: Can my right hon. Friend confirm that now that the Borough Council of King's Lynn and West Norfolk has an excellent local plan in place, it will not be overruled on appeal, so long as that plan is followed? Can he also confirm that the White Paper means that inspectors will now apply uniform criteria when calculating five-year land supply?

Sajid Javid: It would be inappropriate for me to comment on any particular plan that is in front of the inspectors, but we do want local authorities to put in place up-to-date robust plans, and we want to incentivise them to do so. Once adopted, we want plans to be respected and adhered to. My hon. Friend will know that having that five-year supply in place enables local authorities to protect their areas against unwanted development.

Melanie Onn (Great Grimsby) (Lab): The North East Lincolnshire local plan includes an estimated 13,340 additional homes that need to be built up to 2032—an average of 702 homes a year. The number of homes classified as affordable that are being built in England has fallen to its lowest level for 24 years. Last year in North East Lincolnshire only 150 of those homes were completed, compared with 220 back in 2010—a fall of a third. Can the Secretary of State please explain why after seven years under this Government, affordable housebuilding is at its lowest—

Mr Speaker: Order.

Sajid Javid: We have put record amounts of investment into affordable homes, and we have listened to housing associations and asked them to clarify what will help them to deliver across the country, including in Lincolnshire. One thing they have asked for is more flexibility in the types of affordable homes that can be delivered, and we have provided just that.

Mrs Theresa Villiers (Chipping Barnet) (Con): Is it not vital that key decisions on housing targets in a local area are made by councils elected by local people?

Sajid Javid: I agree with my right hon. Friend. When it comes to planning in this country, it is a very important principle that the key decisions around allocating land for development and making decisions on planning permissions should be led by local areas.

Ruth Cadbury (Brentford and Isleworth) (Lab): Every area needs housing that is affordable to those on low incomes, but the building of social housing for rent is at a record low. In 2009-10, when my right hon. Friend the

Member for Wentworth and Dearne (John Healey) was housing Minister, there were 40,000 new starts, but last year there were fewer than 1,000. Why is there next to nothing in the White Paper that will increase the amount of social rented housing, and why will the Minister not let councils borrow in order to build an adequate amount?

Sajid Javid: The Labour Government has form in this regard. The number of units available for social rent declined by 410,000 during their 13 years in office. Under this Government we have seen record levels of investment, including the £3.15 billion that was allocated to London alone in the last autumn statement.

Business Rates Revaluation: Pubs

14. **Gill Furniss** (Sheffield, Brightside and Hillsborough) (Lab): What assessment his Department has made of the potential effect of the recent business rate revaluation on the viability of pubs. [908933]

The Parliamentary Under-Secretary of State for Communities and Local Government (Andrew Percy): Rateable values are, of course, set independently of Ministers. The approach to the valuation of pubs has been agreed with all five bodies representing the pub sector, including the British Beer & Pub Association and the Association of Licensed Multiple Retailers.

Gill Furniss: Twenty-nine pubs are closing every week, and the industry estimates that it will need to increase prices by 30p per pint to deal with the £421 million rates increase after the revaluation. All small businesses—many of them in my constituency—are in the firing line. Given the public outcry from local businesses, local authorities and even his own Back Benchers, does the Minister agree with Labour that there should be a full review of the operation of business rates?

Andrew Percy: Pubs and pub-restaurants in Yorkshire and the Humber will see a 4% cut in their rates overall, and many will also benefit from the doubling of small business rate relief. However, as I said in response to an earlier question, the Secretary of State and the Chancellor are continuing to look closely at what further support can be made available to those most affected by rises.

Richard Benyon (Newbury) (Con): Pubs appear to be the net losers from the revaluation in my constituency. The Government have done an awful lot to protect pubs in recent years. Is this not another example of the need to get a grip on the Valuation Office Agency? It seems to be defying what the Government are trying to do by carrying out rate revaluations which are driving important companies that we value out of business.

Andrew Percy: As I said a moment ago, the guide for agreeing valuations—I have it in my hand—was agreed with all five groups representing pubs. The picture will vary across the country, with many pubs seeing a reduction in their rates. As I have said, however, we remain committed to trying to help further those on whom the impact has been heaviest.

Needs-based Funding Formula

15. **James Heappey** (Wells) (Con): What plans he has to revise the needs-based funding formula for local government finance. [908934]

The Secretary of State for Communities and Local Government (Sajid Javid): As it is nearly a decade since the current needs assessment formula was looked at thoroughly, we are currently undertaking a fair funding review to consider how to introduce a more up-to-date, more transparent and fairer formula.

James Heappey: I warmly welcome the review that the Secretary of State has announced. I share his enthusiasm for it, and that of councils in Somerset. What will be its likely structure, and what is the minimum time that it may take to complete?

Sajid Javid: As my hon. Friend will know, I was in Somerset only last week, helping to launch the excellent election manifesto for that great county, and fair funding was one of the issues that came up. Our plan is that the new formula will determine the baseline funding allocations as we implement the 100% business rates retention programme planned for 2019-20.

Sir Edward Garnier (Harborough) (Con): My right hon. Friend will know that one of the local authorities in my constituency, Oadby and Wigston Borough Council, is in dire financial straits. It has run itself incompetently, with the result that, with a revenue budget of £7 million or £8 million a year, it now plans to have an annual deficit of about £1.5 million. That is small in the great scheme of things, but in local terms it is hugely important. I know that my right hon. Friend and the Under-Secretary of State for Communities and Local Government, my hon. Friend the Member for Nuneaton (Mr Jones), have been looking into the matter, but will my right hon. Friend take a special interest in the council's management to ensure that council taxpayers are not being mistreated?

Sajid Javid: I share the concerns of my right hon. and learned Friend. He has written to me and talked to me and my hon. Friend the Minister with responsibility for local government about this, and I can assure him that we are both taking a special interest in this.

Rough Sleeping

16. **Will Quince** (Colchester) (Con): What recent steps his Department has taken to help rough sleepers and homeless people. [908935]

17. **Sir Simon Burns** (Chelmsford) (Con): What recent steps his Department has taken to help rough sleepers and homeless people. [908936]

The Minister for Housing and Planning (Gavin Barwell): We are investing nearly £250,000 in Colchester and Tendring to identify those at risk of rough sleeping and support them into accommodation. I thank my hon. Friend the Member for Colchester (Will Quince) for the role he played in the Homelessness Reduction Bill and join in his tribute to my hon. Friend the Member for Harrow East (Bob Blackman).

Will Quince: I thank the Minister for that response. May I pay tribute to the work of my hon. Friend the Member for Harrow East (Bob Blackman), whose Homelessness Reduction Bill will play such a large part in tackling homelessness? As the Minister said, from having sat on that Bill Committee and seen cross-party working in action, does he agree with me that it is by taking party politics out of this issue and working on a cross-party basis that we will tackle homelessness?

Gavin Barwell: My hon. Friend is right, and the Secretary of State said exactly that earlier in our questions. There is a real need not just to invest more money in this crucial area, but also to change the law, to ensure both that we have a full safety net and that we intervene earlier to prevent people from becoming homeless, rather than just at the point of crisis.

Sir Simon Burns: Does my hon. Friend agree that the work that Chelmsford City Council is doing to tackle the totally unacceptable problem of rough sleeping in Chelmsford is both innovative and positive?

Gavin Barwell: I absolutely agree with my right hon. Friend. I thank him for his personal commitment to this issue and say to him that the work that Chelmsford is doing is being supported by nearly £1 million from the £50 million that the Secretary of State referred to.

Ms Karen Buck (Westminster North) (Lab): If the Department for Work and Pensions cuts housing support, that immediately adds to homelessness pressures for the Department for Communities and Local Government. Does the Minister think that the DWP should go ahead with cuts to housing benefit for 18 to 21-year-olds in a month's time, and if not, is he making representations to his colleagues in other Departments to stop it?

Gavin Barwell: This Government have increased discretionary housing payment to £870 million across this Parliament; that is a 55% increase, and thus far 60% of—[*Interruption.*] The hon. Lady says it is nowhere near enough; 60% of local councils have not taken up their full allocation.

Local Growth

18. **Mr Alan Mak** (Havant) (Con): What steps he is taking to support local growth. [908937]

The Parliamentary Under-Secretary of State for Communities and Local Government (Andrew Percy): We are supporting local growth through the £1.8 billion local growth fund, £31 million of which was recently announced for my hon. Friend's local enterprise partnership in the Solent.

Mr Mak: I thank the Minister for his answer. Solent LEP has played a key role in delivering the Havant business support fund and the Dunsbury Park business park. Will the Minister continue to support LEPs so that Members of this House, councils and businesses continue to reform to work together to drive economic growth?

Andrew Percy: Absolutely, and I congratulate my hon. Friend on his work in securing the funding for the Havant business support fund. LEPs are playing an

important role across the country; they are helping to drive economic growth, and they continue to have our support.

Topical Questions

T2. [908939] **Mims Davies** (Eastleigh) (Con): If he will make a statement on his departmental responsibilities.

The Secretary of State for Communities and Local Government (Sajid Javid): In the past month the Local Government Finance Bill has passed its Report stage and the Neighbourhood Planning Bill has almost completed its passage through the Lords. Our housing White Paper has been published and my hon. Friend the Minister for Housing and Planning has been touring the country sharing its bold vision, and I am continuing to meet councillors and council leaders from across the political spectrum to see how we can work together to shape the future of local government.

Mims Davies: Councils are rightly using their powers more broadly and competitively. May I ask the Secretary of State and his Department to keep looking at the issues in my constituency, where Eastleigh Borough Council is using commercial sensitivity, public works loans and exempt business to hide behind a deficit, or debt, of £240 million by 2020 and buying unneeded former banks to become libraries? Can the Minister confirm that these details will not be kept from those who voted the council into office?

Sajid Javid: I am glad that my hon. Friend is shining a light on these issues, which are of concern. She will know that transparency is the foundation of local accountability. We have made councils publish data—for example, on spending, procurement and contracts—online and any councillor who hides information from the electorate should be wary of the power of the ballot box.

Mr Gareth Thomas (Harrow West) (Lab/Co-op): With 1 million-plus adults in England with unmet care needs and the head of the NHS warning of the impact the social care crisis is having, does the Secretary of State now agree with, among others, the Chair of the Health Committee today that the Government can no longer ignore the funding crisis in adult social care?

Sajid Javid: What I agree with is that we must constantly look at what more we can do to support the most vulnerable and those who rely on adult social care. That is why I am sure the hon. Gentleman will welcome the £3.5 billion that was allocated at the last spending review and the announcement that I made a few months ago of an additional almost £900 million for the adult care sector across England.

Mr Thomas: No one will be surprised by the lack of urgency in the Secretary of State's response, not least No. 10, so let me ask him another question. The Local Government Association estimates that, taking into account social care, there will be a funding gap of almost £6 billion for critical local services for the people of England by 2020. What is the Secretary of State going to do about that funding gap?

Sajid Javid: The £3.5 billion that was allocated in the last spending review was more than the Local Government Association set out at that time. Despite that, we have acted, as demand has grown, with the announcement of the additional £900 million. As I have made clear a number of times at the Dispatch Box, this is not all about money; it is also about reform and especially about promoting more integration between the work done by local authorities and the health sector.

T3. [908940] **Tom Pursglove** (Corby) (Con): With significant housing growth taking place, what steps are Ministers taking to ensure that, when developers run into financial difficulties, the necessary infrastructure is provided and the developments are completed?

The Minister for Housing and Planning (Gavin Barwell): The White Paper sets out a number of measures that we are taking to deal with that situation. First, we have the £2.3 billion infrastructure fund that the Chancellor announced in the autumn statement. Secondly, as I mentioned to the hon. Member for Bristol West (Thangam Debbonaire), we are giving local authorities real power to intervene to ensure that schemes get built out. We cannot just plan for the right number of homes; we need to ensure that they also get built.

Alison Thewliss (Glasgow Central) (SNP): Waste collection and processing is currently regulated and underpinned by the EU waste framework directive and the Environmental Protection Act 1990. Local government takes on a great deal of responsibility for waste management and has invested significant sums in bins, fleets, staffing and processing centres to meet those obligations. What certainty can the Secretary of State give to local government on this and on future waste investment plans?

Sajid Javid: I should like to assure the hon. Lady that we take this issue very seriously. It is a national issue. I have discussed it a number of times with my colleagues, and we want to see how we can take further action. I would be more than happy to write to her about this.

T6. [908943] **Gordon Henderson** (Sittingbourne and Sheppey) (Con): Some local authorities have tendering processes so complex that they appear to have been designed to deter small companies from bidding. For instance, I know of local authorities in Kent that require bidders to complete a wide-ranging pre-qualification form not just once but before every tender is submitted. That is okay for large companies that have dedicated contracts departments, but it is burdensome and onerous for small and medium-sized enterprises. What is my right hon. Friend doing to encourage local authorities to make it easier for small companies to bid for work from them?

Sajid Javid: I can share with my hon. Friend the fact that this issue was identified back in 2010 when there was a change of Government. The Cabinet Office has already done a significant amount of work to make it easier for small firms to win procurement competitions, but there is more that could be done. I hope that it will encourage my hon. Friend to learn that, as we go through the process of leaving the EU, we will be taking a clear look at many of the EU rules that can cause those challenges.

T4. [908941] **Martyn Day** (Linlithgow and East Falkirk) (SNP): The Secretary of State will know the importance to Scotland of EU structural funds, in the form of £1.3 billion of investment that is vital for many of our local communities. The ability to administer those funds is a key component of city deals. Does he agree that the uncertainty about the future of those funds after leaving the EU will have a negative impact on the vital long-term planning that is needed, and that it risks damaging those deals?

The Parliamentary Under-Secretary of State for Communities and Local Government (Andrew Percy):

No, I do not agree with that. We have been absolutely clear in our commitment to maintain EU structural funds up until 2020. That commitment could not have been clearer. I remind the hon. Gentleman that this is British taxpayers' money anyway, at the end of the day.

Mr Peter Bone (Wellingborough) (Con): Councils in my area require a definition of housing supply. They do not really worry about the methodology; they just want to know what it is. Could we have some clarification on that? Also, could the Secretary of State tell me whether he thinks the Liberal Democrats are wholly supporting the Government, because no Liberal Democrat has been in the Chamber until three minutes ago?

Mr Speaker: Ministers have no responsibility for the whereabouts of Liberal Democrat Members—or those of any other party, for that matter. However, the hon. Gentleman has made his point in his own way, with force and alacrity.

Gavin Barwell: Thank you, Mr Speaker. All I can say is, "Thank goodness for that!"

On housing supply, we are measuring the total size of the housing stock, and local authorities are being asked to plan for not only the necessary number of homes but, as was clear in the discussion we had earlier, the right mix of homes for the changing demography of their area.

Mr Jim Cunningham (Coventry South) (Lab): Why is the Minister abolishing the requirement for Parliament to approve the local government finance settlement through the Local Government Finance Bill? Is it because the Government have inflicted so much damage to local government services through cuts that they want to hide that and not be accountable to Parliament?

Sajid Javid: The hon. Gentleman is referring to some of the measures in the Local Government Finance Bill. When we move to 100% business rates retention, all local councils will be fully funded, so there will be no legal requirement for an annual settlement because no money will be forthcoming directly from central Government.

Kevin Hollinrake (Thirsk and Malton) (Con): Some London authorities have an average of 40% more spending power than somewhere like North Yorkshire despite often having younger, wealthier populations. As part of the fair funding review, does the Minister agree that future allocations should be based on the cost drivers of need and the cost of delivering services?

Sajid Javid: I agree with my hon. Friend, who spoke eloquently on this issue in the local government financial settlement debate last week. He highlights the need to look again at the outdated formulae, which are not transparent, and to ensure that funding is allocated on a needs basis.

Helen Hayes (Dulwich and West Norwood) (Lab): The chief executive of Centrepoint recently said that the Government's plan to axe housing benefit for 18 to 21-year-olds

"could cost the taxpayer more money than it saves".

In the light of cross-party support for the Homelessness Reduction Bill, will the Minister scrap that damaging policy and focus instead on delivering the genuinely affordable homes that our young people need?

Gavin Barwell: I can certainly commit to the last part of what the hon. Lady asked for. In London, the Government are providing £3.15 billion of funding to the Mayor, who has been generous enough to say that that is the best ever settlement for affordable housing in London. On the other matter, we need to ensure that private landlords still have the confidence to let to younger people and we are considering that issue.

Simon Hoare (North Dorset) (Con): As important as the funding formula debate is, does my right hon. Friend agree that the way in which councils organise themselves is also important to ensure the maximum bang for the taxpayers' buck? Against that backdrop, I hope that my right hon. Friend will give Dorset's innovative proposals the thumbs-up, because they are the best way—indeed the only way—of securing services for local people.

Sajid Javid: My hon. Friend highlights that we have rightly encouraged councils to be creative and innovative as they deal with challenges, and some have come forward with proposals to reorganise. It would be inappropriate for me to comment on any particular one at this stage, but we will consider those proposals carefully and seriously.

Justin Madders (Ellesmere Port and Neston) (Lab): The Leasehold Advisory Service should play an important role in providing advice to leaseholders. However, the current chair Roger Southam has extensive previous business interests with freeholders and has even boasted of maximising ground rent opportunities for them. Can Ministers not see how that looks? In order to regain leaseholders' confidence, will Ministers agree to an urgent review into the suitability of Mr Southam to continue as chair?

Gavin Barwell: I am well aware of the hon. Gentleman's passion for this issue; he spoke powerfully in a debate on this matter a few weeks ago. I recently announced that funding for LEASE will continue to come purely from the Government so that no one can be in any doubt that its job is to stand up for the interests of leaseholders.

Nigel Adams (Selby and Ainsty) (Con): Local authorities come in for a bit of stick in this Chamber from time to time, but the Secretary of State will be fully aware of the

tremendous work that North Yorkshire County Council did in Tadcaster over the past year. Will he take this opportunity to thank North Yorkshire and David Bowe in particular, who did so much great work in ensuring the restoration of the bridge? Will he also thank the local enterprise partnership for its help?

Sajid Javid: I was pleased to join my hon. Friend and many of his great constituents at the reopening of Tadcaster bridge. It was lovely to see so many young people celebrating that moment. I am more than happy to join him in congratulating the county council and the local enterprise partnership on their work. I also congratulate my hon. Friend on all his work to help bring that bridge back to life.

T9. [908946] **Dan Jarvis** (Barnsley Central) (Lab): What assessment has been made of the effect of cuts to the early intervention grant on the ability of local authorities to fund Sure Start children's centres?

Sajid Javid: We always want to make sure—we saw this in the debate on the local government finance settlement—that local authorities are funded adequately to deal with the challenges they face. If Labour Members are so concerned about local government finance, it is interesting that only four Back-Bench Labour Members bothered to turn up and speak in last week's debate.

Mark Pawsey (Rugby) (Con) *rose*—

Mr Speaker: The hon. Gentleman has a very small second bite of the cherry.

Mark Pawsey: Does the Secretary of State agree that, by virtue of their closeness to residents, district councils continue to be the most effective tier of local government and have a strong future?

Sajid Javid: I agree with my hon. Friend that district councils are hugely important to local democracy. Alongside other councillors, district councillors are the bedrock of local government, and they have the full support of this Government.

Fiona Mactaggart (Slough) (Lab): Last week I met Lakeside Energy from Waste, a company that is enabling local authorities in my area to reduce the amount of waste going to landfill. As the Secretary of State knows, the plant is due to be knocked down as a result of the creation of the third runway at Heathrow, yet Lakeside Energy from Waste is anxious because there is no reference to the plant's future in the national policy statement. Will he or one of his colleagues meet me and Lakeside Energy from Waste to discuss how we can ensure that this important plant is re-provided?

Sajid Javid: This may well be an issue for the Department for Transport, but I would be more than happy if the right hon. Lady wrote to ask me to take a look.

Mary Glendon (North Tyneside) (Lab): Can the Minister say what plans he has to introduce a new homes ombudsman?

Gavin Barwell: I said in response to an earlier question that the Government are currently looking at the report from the all-party parliamentary group for excellence in the built environment. The Government are determined to build the homes that this country needs, but the homes must be built to a sufficient quality, too.

Gavin Robinson (Belfast East) (DUP): I will be brief. I have elicited three positive responses about the possibility of a Belfast city deal. Instead of a fourth positive response, can we have a meeting?

Sajid Javid: I would be more than happy to meet the hon. Gentleman, and I will make sure that a meeting is arranged. I am keen to see what my Department can do to work across and help all regions of the United Kingdom including, of course, Northern Ireland.

NEW MEMBER

The following Member made and subscribed the Affirmation required by law:

Gareth Craig Snell, for Stoke-on-Trent Central.

NHS Shared Business Services

Jonathan Ashworth (Leicester South) (Lab) (*Urgent Question*): To ask the Secretary of State for Health to make a statement on the loss of confidential NHS correspondence by NHS Shared Business Services.

The Secretary of State for Health (Mr Jeremy Hunt): On 24 March 2016, I was informed of a serious incident involving a large backlog of unprocessed NHS patient correspondence by the company contracted to deliver it to general practitioners' surgeries, NHS Shared Business Services—SBS. The backlog arose from the primary care services GP mail redirection service that SBS was contracted to run between 2011 and 2016. However, in three areas of England—the east midlands, north-east London and the south-west of England—this did not happen, affecting 708,000 items of correspondence. None of the documents was lost and all were kept in secure storage, but my immediate concern was that patient safety might have been compromised by the delay in forwarding correspondence, so a rapid process was started to identify whether anyone had been put at risk. The Department of Health and NHS England immediately established an incident team led by Jill Matthews, who heads the NHS England primary care support services team.

All the documentation has now been sent on to the relevant GP surgery, where it is possible to do so, following an initial clinical assessment of where any patient risk might lie. Some 200,000 pieces were temporary residence forms, and a further 500,000 pieces were assessed as low risk. A first triage identified a further 2,500 items that had potential risk of harm and needed further investigation, but follow-up by local GPs has already identified nearly 2,000 of those as having “no patient harm”. The remainder are still being assessed, but so far no patient harm has been identified.

As well as patient safety, transparency for both the public and this House has been my priority. I was advised by officials not to make the issue public last March until an assessment of the risks to patient safety had been completed and all relevant GP surgeries informed. I accepted that advice, for the very simple reason that publicising the issue could have meant GP surgeries being inundated with inquiries from worried patients, which would have prevented them from doing the most important work—namely, investigating the named patients who were potentially at risk.

For the same reasons, and in good faith, a proactive statement about what had happened was again not recommended by my Department in July. However, on balance I decided it was important for the House to know what had happened before we broke for recess, so I did not follow that advice and placed a written statement before the House on 21 July. Since then, the Public Accounts Committee has been kept regularly informed, most recently being updated by my permanent secretary only last Friday. The Information Commissioner was updated in August, and the National Audit Office is currently reviewing the response. I committed in July 2016 to keeping the House updated once the investigations were complete and more was known, and will continue to do so.

Jonathan Ashworth: Let us be under no illusions: this is a catastrophic breach of data protection. More than half a million pieces of patient data—including blood

[Jonathan Ashworth]

test results, cancer screening results, biopsy results, and even correspondence relating to cases of child protection—were all undelivered, languishing in a warehouse, on the Secretary of State’s watch. It is an absolute scandal.

Time and again this Health Secretary promises us transparency; today, he stands accused of a cover-up. The Department of Health knew about this in March 2016, so why did it take this self-proclaimed champion of transparency until the last day before the House rose last summer to issue a 138-word statement to Parliament? That statement said that just “some correspondence” had not reached the intended recipients. When the Secretary of State made that statement, was he aware that it amounted to more than 700,000 letters? If so, why did he not inform Parliament? If he did not know, does that not call into question his competence?

What guarantees can the Secretary of State give us that no more warehouses of letters are yet to be discovered? Was the private contractor involved paid for the delivery of the letters? If so, what steps are being taken to recover the money? How many patients were harmed because their GP did not receive information about their ongoing treatment? Do patients remain at risk? The Secretary of State talks about NHS England’s ongoing investigation into 2,500 items; when are we likely to know the outcome?

We understand that Capita now has the contract to deliver these services. What scrutiny is the Secretary of State putting Capita under so that it does not happen again? Is it not better that, rather than this relentless pursuit of privatisation, we bring services back in-house?

Two months into 2017 and the Health Secretary lurches from one crisis to another: hospitals overcrowded and waiting lists out of control. He cannot deliver the investment that our NHS needs; he cannot deliver a social care solution; he cannot deliver patient safety; and now he cannot even deliver the post. He has overseen a shambles that puts patient safety at risk. Patients deserve answers and they deserve an apology.

Mr Hunt: The hon. Gentleman is reasonable and sensible, but sadly those commendable sides to his character have not been on display this afternoon, not least because I answered a number of his questions before he read out his pre-prepared script. He said that there had been a catastrophic breach of data protection. Let me remind him that no patient data were lost and all patient data were kept in secure settings. I know that it is a great temptation to go on about the privatisation agenda, but may I gently tell him that, since SBS lost this account, this particular work has been taken in-house? It is being done not by Capita, but by the NHS—so much for the Government’s “relentless pursuit” of the private sector.

More seriously, the hon. Gentleman is quoted in this morning’s edition of *The Guardian* as saying:

“Patient safety will have been put seriously at risk.”

As he knows, patient safety is always our primary concern, but if he had listened to my response he would have heard that, as things stand, there is no evidence so far that patients’ safety has been put at risk. [Interruption.] Well, we have been through more than 700,000 documents, and so far, we can find no such evidence. We are now

doing a second check, with GPs, on 2,500 documents—so a second clinical opinion is being sought—nearly 2,000 of which we believe will not show any evidence, and we are now going through the remaining ones.

Let me say that it was indeed totally incompetent of SBS to allow this incident to happen, and we take full responsibility as a Government, because we were responsible at the time. None the less, the measure of the competence of a Government is not when suppliers make mistakes—I gently remind the hon. Gentleman that that did happen a few times when Labour was running the NHS—but what we do to sort out the problem. We immediately set up a national incident team. Every single piece of correspondence has been assessed, and around 80% of the higher risk cases have been assessed by a second clinician.

The hon. Gentleman then went on to suggest that the Government have been trying to hide the matter. If he had listened to what I said, he would have heard that I did not follow the advice that I got from my officials, which was not to publicise the matter. I actually decided that the House needed to know about it. It was only a week after I was reappointed to this job last summer that I not only laid a written ministerial statement, but referred to the matter in my Department’s annual report and accounts. He said this morning that I played down the severity of what happened, but what did that annual report say? It said that a “serious incident was identified”, and it talked about

“a large backlog of unprocessed correspondence relating to patients.” It could not have been clearer.

This Government have always cared about patient safety. We have listened to the advice of people—as the hon. Gentleman would have done had he been in office—who said that if we had gone public right away, GP surgeries could have been prevented from doing what we needed them to do, which is making detailed assessments of a small number of at-risk cases. That was why we paused, but as soon as we judged that it was possible to do so, we informed this House and the public and we stayed absolutely true to our commitment both to patient safety and to transparency.

Dr Sarah Wollaston (Totnes) (Con): This is undoubtedly a very serious incident, but I welcome the detailed and thorough steps that the Secretary of State has taken to protect patient safety. However, he will know that there are ongoing problems with the transfer of patient records. GPs and hospitals spend endless hours chasing up results, investigations and letters on a daily basis. Is it not time that patients were given direct control of their own records, and will the Secretary of State provide an update on that to the House?

Mr Hunt: I thank my hon. Friend for her sensible contribution. She is right that, although the process of sending on these particular documents has been taken in-house, other parts of the contract were taken on by a company called Capita—[Interruption.] The hon. Member for Leicester South (Jonathan Ashworth) cannot stop, can he? Let me repeat that the work in question has been taken in-house. The other work, which is being done by Capita, has had some teething problems, of which we are very aware. We know it has been causing problems for GPs. The Under-Secretary of State for Health, my hon. Friend the Member for Oxford West

and Abingdon (Nicola Blackwood) has been meeting Capita and people relating to that contract on a fortnightly basis to try to identify the problems.

My hon. Friend the Member for Totnes (Dr Wollaston) is right that the aim in the long run is to give people control of their records. I am proud that, under this Government, we have become the first country in the world to give every patient access to their own records online. From September, people will be able to do that without having to go to their GP's surgery.

Dr Philippa Whitford (Central Ayrshire) (SNP): I am sure that everyone across the House is glad that these 750,000 incidents have not, so far, resulted in patients suffering. Frankly, that is luck, rather than plan, for which we should all be grateful. This is yet another situation similar to that of Concentrix and others we have seen. When we are outsourcing and taking on these companies, what is the basis of the contract and what is the governance? The Secretary of State mentioned the other incidents of transferring data when a patient moves to another GP's surgery, and that has also been an issue. When will data in England become more digital so that things are not sent by post? We have not used that method for several years in Scotland, and it is holding back the entire primary care and hospital system here. When will the Secretary of State's vision for that come about?

Mr Hunt: The hon. Lady is always very good at telling the House things that Scotland does better than the NHS in England; there are, indeed, some. She is a little bit coy about things that Scotland does less well than the NHS in England. If we put aside those issues, I think we can both agree that the sooner the NHS across the whole UK goes electronic, the better. That has been a big priority for this Government, and we have made big progress. More than two thirds of hospital A&E departments can now access a summary of people's GP records, and we are going further every month.

Mr David Nuttall (Bury North) (Con): As the affected patients could have moved anywhere in the country, will my right hon. Friend assure me or let me know, either today or by writing to me, whether any of my constituents in Bury North have been affected?

Mr Hunt: I do not have the information about Bury North patients immediately to hand, but I am happy to write to my hon. Friend to tell him whether we think any of his constituents have been affected.

Mr Ben Bradshaw (Exeter) (Lab): I raised my concerns about the contracting out of the patient record service to SBS back in 2011, and I was told by the Secretary of State's predecessor that this was about saving money. Will he tell us how much money has been saved, given all the problems, and how many of the 708,000 patients affected are in the south-west?

Mr Hunt: The south-west was one of the regions affected, as I mentioned in my statement. I am happy to write to the right hon. Gentleman to tell him exactly how many patients I think were affected in the south-west. I gently say to him that the use of the private sector was championed when his Government were in office and when he was a Health Minister. I know that this is not

very fashionable in his party at the moment, but on this side of the House, we think that if we want the NHS to be the safest and best in the world, we should be open—

Mr Bradshaw: How much have you saved?

Mr Speaker: Order. The right hon. Member for Exeter (Mr Bradshaw) is shouting noisily from a sedentary position. I cannot imagine that that is an offence that I would have committed when I sat on the Opposition Benches. I just do not think it would have happened. I do not know what has happened to standards.

Mr Bradshaw: The Secretary of State is not answering the question.

Mr Speaker: Objection to the manner and content of a ministerial response is not a novel phenomenon in the House of Commons.

Victoria Atkins (Louth and Horncastle) (Con): There have been cries of privatisation from the Opposition. Is not the truth that in 2007, Her Majesty's Revenue and Customs lost the entire collection of child benefit records, affecting 25 million people? Is not the point that all data holders, whether in the private or public sector, must hold our private information securely?

Mr Hunt: That is absolutely the point. What people will be wondering is, when we were faced with this issue, which was indeed serious, did we react as quickly as we could to keep patients safe? I believe the answer is yes. Did that happen under the last Labour Government? I will leave the House to draw its own conclusions.

Sarah Olney (Richmond Park) (LD): The Secretary of State just stated with great authority that no patient data were lost. I would be interested to know how he can be so certain, given that all these data were missing for a long time without anybody noticing. What controls are in place now that were not in place then that mean he can make that statement with such confidence?

Mr Hunt: I welcome the hon. Lady to the House. I do not know whether she has done a Health question with me before, but let me say to her that we are assured that the data were not lost: they were kept in a secure setting, which means they were safe, they were not breached and they were not accessed by anyone else. What should have happened, but did not, was passing on the data to the right GP surgery, and that is why we have taken all the steps we have to try to make sure patients are kept safe.

Sir Oliver Letwin (West Dorset) (Con): My right hon. Friend may recall times when we found ourselves in opposition and hoped we had a huge success on our hands, and the image that springs to mind at present is of foxes and shooting them. Does he agree that the Department he so expertly guides now needs to focus its attention on using electronic data for all our citizens and patients, rather than dealing with spurious Opposition problems?

Mr Hunt: As ever, my right hon. Friend is thinking extremely intelligently about the problems we really face. The hon. Member for Richmond Park (Sarah

[Mr Hunt]

Olney) asked about the security of the data files, but the security of electronic files is the issue we are going to have to think about much more seriously as we give everyone access to their electronic records, and because of the known issues around hacking. This is an issue we are taking very seriously and doing more work on.

Stephen Twigg (Liverpool, West Derby) (Lab/Co-op): I wrote to the Secretary of State on this subject on behalf of the Jubilee medical centre in Croxteth, in my constituency, on 13 January. I have not yet had a reply from him, but perhaps he could respond today to the point I raised about staff safety. We have had the issue of patient safety, but what about the potential danger to staff from these records not being available about patients?

Mr Hunt: I would like to reflect on the hon. Gentleman's question in a bit more detail rather than giving an instant answer, because, to date, no one has brought to my notice particular issues about staff safety, but that is always something we take extremely seriously. We are aware of the extra administrative pressure on staff caused by needing to go through records where there is a higher risk of harm to patients—indeed, we have given GP surgeries extra resources to cover that additional time—but I will look into the issue the hon. Gentleman raises.

Jeremy Lefroy (Stafford) (Con): Since at least 2015, it has been a statutory requirement to use a unique and consistent identifier on health and social care records. Given that that would, as the hon. Member for Central Ayrshire (Dr Whitford) said, help with putting data electronically on health and social care systems, will the Secretary of State update the House on the issue?

Mr Hunt: I am very happy to do so. Clearly, when we are all able to access our health records electronically, there are potentially huge benefits for patients. In particular, people with long-term conditions who use the NHS a lot would be able to take more control of what happens and also to spot mistakes, which sometimes happen in medical records—that is one of the big findings from the US, where people have had more widespread access to electronic records for longer. The issue is the security with which people access those records online, and we are looking very closely at the systems used by banks, for example. Those are pretty robust, but we are looking at whether we can have systems that are even more robust, because it is very important that patients have confidence that only they and those they give permission to can access those records.

Chris Leslie (Nottingham East) (Lab/Co-op): Can the Secretary of State tell us a little more about which areas in the east midlands have been particularly affected? Given the opaque and byzantine structures of the NHS, can he specifically tell the House which member of his ministerial team had the job of keeping watch on NHS Shared Business Services?

Mr Hunt: The Minister responsible is the Under-Secretary, my hon. Friend the Member for Oxford West and Abingdon. This case happened before she was in post, so I took personal responsibility given it was such

an important issue. I will write to the hon. Gentleman with more details about how the east midlands has been affected.

Dr Andrew Murrison (South West Wiltshire) (Con): Does the Secretary of State agree that it is vital that we move towards a fully paperless national health service, but that it will be very difficult to do so as long as national health service trusts cannot talk to each other electronically? Radiological images, for example, are often not available when consultants see patients, who therefore have to have the test again, which is contrary to all the precepts of good practice in the Ionising Radiations Regulations 1999.

Mr Hunt: My hon. Friend is absolutely right. This is a very big part of our transformation plans for the NHS. Where the NHS does well internationally is in out-of-hospital records; our GP records are among the best of any country's. GPs have done a fantastic job over the past 15 years in keeping all their records electronically, and they provide a lifetime snapshot of a patient's history. Where we are less good is in our hospital records, where one can still find paper records in widespread use. That is not just very, very expensive but—he is quite right—unsafe at times.

Liz McInnes (Heywood and Middleton) (Lab): I used to work in a pathology lab, and it absolutely pains me to think of those results generated by the hard work of pathology staff languishing in a warehouse somewhere, unseen by anybody. If GPs do not get lab results, they will ring the laboratory and ask for them, so has the Secretary of State made any estimate of the time wasted in phone calls from GP surgeries to pathology labs?

Mr Hunt: I am sure that, regrettably, because of what happened extra work was created for GPs. However, because of GPs' commitment to their patients, it appears that in the vast majority of cases patient harm was avoided. When results do not come through that a GP is expecting, the GP chases them to make sure that the right thing is done for patients—but of course, as the hon. Lady rightly says, at the cost of extra work.

James Cleverly (Braintree) (Con): Does my right hon. Friend agree that had the then Labour Government not made such a catastrophe of implementing the NHS computer system, such records would have been digitised many years ago and problems with storage of paper records would not have impacted on the patients who are currently suffering?

Mr Hunt: My hon. Friend speaks wisely. Many members of the public will be faintly amused to hear Labour Members say how important it is that we move to electronic health records. The NHS IT project was an absolute catastrophe, costing billions of pounds. The intention was right but the delivery was wrong, and that is what we are trying to sort out.

Mike Gapes (Ilford South) (Lab/Co-op): I understand that large numbers of patients in north-east London were affected by this failure of the service. How many of my constituents were affected, how many of them were cancer patients, and how many would have been subjected therefore to an inordinate delay in receiving referrals for

treatment? Can the Secretary of State give that itemised breakdown to all Members of Parliament who will have constituents affected by this?

Mr Hunt: I am very happy to write to hon. Members in the areas affected with any extra information that we are able to provide. However, I reassure the hon. Gentleman that to date we have not been able to identify any patient in any part of the country who has come to harm as a result of what happened.

Mr Stewart Jackson (Peterborough) (Con): It is a shame that the synthetic outrage from Labour Members was not apparent when they were calling for a public inquiry into deaths in Mid Staffordshire, or, officially, the worst ever IT white elephant disaster, with £12 billion of costs uncovered by the Public Accounts Committee in 2013. Has not my right hon. Friend observed the appropriate parliamentary accountability protocols? He not only employed clinical expertise but came to the House in July, his officials updated the PAC in September, and he came here again today? There is no cover-up.

Mr Hunt: I am grateful to my hon. Friend. As he rightly points out, this was a judgment call, because going public at a very early stage about what happened risked overwhelming GP surgeries, with GPs being unable to investigate the most serious cases as quickly as possible. That is why I received very sensible advice to hold back, but I did decide that the House needed to know before the summer break, which is why I made the effort.

Margaret Greenwood (Wirral West) (Lab): A number of GP practices in Wirral West have made clear to me their concerns about Capita's handling of confidential patient records. There have been cases of patient records being delayed when they move to another practice, and in some instances confidential records have not arrived at all. As my hon. Friend the Member for Liverpool, West Derby (Stephen Twigg) has said, there is also concern that, if a patient is a risk to a doctor because of a mental health issue, that has not been flagged up to medical staff. That is a very serious risk to put staff under. Does the Secretary of State share the view of the chair of the British Medical Association's GP committee, who said that this is

"an example of what happens when the NHS tries to cut costs by inviting private companies to do work which they don't do properly"?

Mr Hunt: The hon. Lady makes very important points about the need for the rapid transfer of records when people move GP surgeries. I gently point out to her—I am sure she was asked to ask her question—that the reality is that, because of the failures of this contract, we have taken this work in-house. It is not about the Government pressing on with privatisation irresponsibly, or whatever it is that she is trying to say. This work is now being done in-house.

Mr Peter Bone (Wellingborough) (Con): We have an excellent Secretary of State and the Government seem to have taken the appropriate action. My only concern is what he said about his Department's officials recommending that this House not be informed. Under Gordon Brown and Tony Blair, I remember that we would get 80-odd written statements on the last day of

term. May I gently suggest to the Secretary of State that it would have been better if the written statement had been made earlier in the week so that Members could have considered whether an urgent question was appropriate?

Mr Hunt: In ordinary circumstances, my hon. Friend's point would be completely fair and reasonable. He may remember that certain other things were happening at that time last year and, as I have said, it had been only a week since I had been reappointed to my post, so there were a number of other issues. However, my priority was to make sure that we did not go away for the summer without the House being informed of the situation.

Tracy Brabin (Batley and Spen) (Lab): The Secretary of State says that he has paid people—I assume that they are GPs—to clear the backlog. How much have you paid the GPs, and do you intend to recoup that money to the NHS?

Mr Speaker: I have made no such payment and I have no plans to recoup anything, but the Secretary of State might have.

Mr Hunt: I regret to say that the £2.2 million has not gone to you, Mr Speaker, but it has been paid to GPs for the extra administrative work that needs to be done. That is fair payment for the extra time that they are taking. It is, indeed, a cost to the taxpayer, but it was the right thing to do.

Tracy Brabin: How much?

Mr Hunt: For the second time, it was £2.2 million.

Tom Pursglove (Corby) (Con): Will the Secretary of State reassure the House that appropriate staffing resources have been made available throughout to deal with the backlogs, not just nationally but in the east midlands?

Mr Hunt: We have always been concerned to make sure that, because of the extra administrative work involved in going through more than 700,000 records, other patients using the NHS do not find that their care is delayed. We made extra resources available for GP practices so that they could do that without interrupting the ordinary work that they have to do for their patients.

Mr Barry Sheerman (Huddersfield) (Lab/Co-op): Surely the Secretary of State agrees that if everything were going swimmingly in the NHS, if we were investing in it like our European neighbours and if people were confident that their A&E departments and trusts were safe and that the whole health service was not in trouble, with privatisation biting into it, this issue could be put in perspective. But the NHS, under his watch, is in chaos. That is why we are so worried about this issue.

Mr Hunt: Let me gently remind the hon. Gentleman that, because of the decisions this Government have taken, we are actually now investing more than the European average in the NHS, which would have been much more difficult to do if we had followed his party's spending plans. He tries to characterise our approach as one of suggesting that the NHS does not have problems. We think the NHS has some very big problems—it is

[Mr Hunt]

working very hard to tackle them—but we are providing more doctors, more nurses, more funding and more operations than ever before in its history.

Mr Philip Hollobone (Kettering) (Con): May I commend the Secretary of State for his response to the situation once he was told about it and welcome his pledge to provide constituency-wide data to the House? However, my constituents in Kettering will be amazed that, for five years, no one spotted that 700,000 records had gone missing. How was that discovered, and why in the three areas did such a large amount of data in effect disappear from public view?

Mr Hunt: I wish I could give my hon. Friend the answer to that question. I think it is completely extraordinary that for such a long period it was not noticed that the data had gone missing. It was discovered towards the end of the SPS contract. There are lessons for the NHS—this relates very closely to what other hon. Members have said—about the dangers of over-reliance on paper rather than electronic systems, with which it is much easier to keep track of what is happening. [Interruption.] Let me say to the hon. Member for Leicester South (Jonathan Ashworth), who continues to make comments from a sedentary position, that when it comes to making the NHS electronic, people will compare his Government's records and ours and will say which is better.

Paula Sherriff (Dewsbury) (Lab): I am sure all Members will be able to identify with people with anxiety caused by waiting for test results or diagnoses—I certainly can—so does the Secretary of State concur that it is scant consolation to those 700,000-odd people to be told that their letters were not lost, but are residing in a warehouse somewhere?

Mr Hunt: It is a completely unacceptable lapse of efficiency, and this supplier is no longer performing that job for the NHS. Of course it causes many people frustration when the information they are waiting for does not reach their GP's surgery. However, the most important thing, as the hon. Lady and I would agree, is the safety of patients. That is why our biggest priority has been not the administrative inconvenience, frustrating though it is, but making sure we understand whether any patients have actually been put at risk.

Henry Smith (Crawley) (Con): This morning, I was very pleased to tour the new clinical assessment unit that was opened last month at Crawley hospital. That was made possible partly because the hospital used to store paper records in that space, but has now moved to electronic records. May I commend the Secretary of State for increasing the drive to using electronic rather than paper records, and urge him to redouble his efforts?

Mr Hunt: I am very happy to follow my hon. Friend's advice in that respect. I think we all know that although the proper use of electronic records creates huge opportunities, we have to carry the public with us and make sure they are confident that the data will be held securely. That is why we have introduced the new post of a National Data Guardian, Dame Fiona Caldicott, who is the patients' watchdog in this area.

Margaret Ferrier (Rutherglen and Hamilton West) (SNP): NHS Shared Business Services Ltd exists for one reason only, which is to deliver £1 billion in savings by 2020. The results of this Government's ideological obsession with savings and austerity have surely now been laid bare for all to see, and we are quite lucky that this did not, quite literally, kill anyone. Will the Secretary of State agree to meet the Chancellor urgently to discuss increased funding for a health service that is being starved of the resources it needs to run effectively?

Mr Hunt: The result of our "ideological obsession" with savings and austerity is that we have increased spending on the NHS twice as fast in England as the hon. Lady's party has in Scotland.

Wendy Morton (Aldridge-Brownhills) (Con): As the Secretary of State is aware, patient safety is paramount. For the benefit of my constituents, will he confirm that patient safety was throughout the process and remains his primary concern?

Mr Hunt: My hon. Friend is absolutely right—that has been our primary concern. It needs to be our primary concern as we examine the lessons that need to be learned in both the setting and the monitoring of contracts with the private sector, which were clearly deficient in this case.

Louise Haigh (Sheffield, Heeley) (Lab): The Secretary of State was responsible for the entirety of the contract, yet has come to the House to respond to the urgent question and told us that he does not know how the situation came to light to NHS England, and that he has no answers. Mr Speaker, do you think he should have been better prepared today? What assurances can he give us that he now has controls in place to monitor any future contracts?

Mr Hunt: The hon. Lady should have listened to the facts when I told her. When this came to light, more than 700,000 records were checked: 2,500 of the higher-risk ones are being checked by two clinicians—80% of them have already been checked. A huge amount of work has been done to clear up the situation. I completely agree with her that it was unacceptable that it happened in the first place, but I gently say to her that we are not the first Government to be let down by suppliers.

Kate Green (Stretford and Urmston) (Lab): A few moments ago, the Secretary of State alluded to teething problems with the Capita contract. I must tell him that GP practices in my constituency told me only a couple of weeks ago that those problems not only continue but are worsening. How much longer will the Secretary of State give Capita to perform under the contract it has with the Department of Health? If it cannot perform, how quickly can we expect the Secretary of State to decide to take that work back in-house?

Mr Hunt: If Capita does not perform what it is contracted to do, we will take all necessary measures, including ending the contract. The hon. Lady is right that there have been a number of problems with that contract in its early days. We believe that the situation on the ground is beginning to improve, but a lot of progress still needs to be made.

Points of Order

4.17 pm

Philip Davies: On a point of order, Mr Speaker. Last Friday, after the debates on private Members' Bills, the hon. Member for Redcar (Anna Turley), to whom I have given notice of this point of order, left the Chamber and briefed on social media and the media at large that my speech on the Istanbul convention—the Preventing and Combating Violence against Women and Domestic Violence (Ratification of Convention) Bill, which was first on the Order Paper—stopped her Bill, the Animal Cruelty (Sentencing) Bill, from being debated, and that I had in effect blocked it, despite my telling her that I supported her Bill. That led to my office receiving widespread, unjustified and terrible abuse, to which my staff should not be subjected.

The hon. Lady's Bill was the eighth to be considered on Friday. You have a better memory of parliamentary proceedings, Mr Speaker, and perhaps you could tell us the last time the eighth Bill on Friday was reached for debate. I have asked the House of Commons Library to find out. In the time the Library has had so far, it has gone back 12 years and found not one example of when the eighth Bill for debate was reached. Clearly, we would still not have reached the eighth Bill had I not spoken at all. By that logic, the hon. Member for Banff and Buchan (Dr Whiteford) should be blamed for blocking the Animal Cruelty (Sentencing) Bill by choosing to debate her Bill on Report, which would be ludicrous. *[Interruption.]*

Mr Speaker: Order. The hon. Gentleman must come to a point of order for me, but equally he must be heard, and will be.

Philip Davies: The Animal Cruelty (Sentencing) Bill could still have been nodded through at the end of the day. It was clearly blocked by somebody, but not by me—I was not even in the Chamber at that time. Could you confirm, Mr Speaker, that no reasonable analysis of proceedings could lead anyone to think that my speech on the first Bill prevented a debate on the eighth Bill from taking place; that I cannot have blocked the Bill because I was not in the Chamber when somebody else objected to it when it could have been nodded through; and that I am a rather straightforward kind of person who, if I say I support a Bill I support it—I support the Animal Cruelty (Sentencing) Bill—and if I say I oppose a Bill I oppose it? Finally, can you make it clear that it is irresponsible for Members to give the public a false picture of our proceedings, and that it is dangerous to do so because it encourages vile abuse of our staff, which is not justified and can have dangerous consequences?

Mr Speaker: I am very grateful to the hon. Gentleman for his point of order and for advance notice of it; I thank him for raising the matter with me. Let me confirm the following. First of all, nothing disorderly occurred on Friday. Secondly, although I absolutely understand the disappointment of the hon. Member for Redcar (Anna Turley) at the failure of her Bill to progress, it would in my experience be extremely unusual for the eighth Bill to make progress. Thirdly, I think the record shows that, when moved, the Bill was objected to at the point at which business was interrupted, namely 2.30 pm. I have been informed by the hon. Gentleman,

and I do not dispute it for a moment, that he was not present at that point and therefore could not have objected to it.

Let me conclude by saying this in response to the hon. Gentleman. He has, on a number of occasions, very explicitly blocked Bills, possibly by shouting "Object" and certainly by developing his arguments at a leisurely pace and in detail, which he thinks have required his forensic scrutiny. In other words, he has, by one means or another, blocked many Bills. He did not block this Bill. Simply as a point of fact, because I believe in the intelligibility of our proceedings and people not running away with the wrong idea, he did not block the hon. Lady's Bill.

The last point I would make—I make it to the hon. Gentleman and to other hon. Members—is that I really think it would help if Members in all parts of the House treated each other with courtesy. I do not want to be in the position of having to arbitrate in matters of this kind, but where I have been asked factual questions I have given factual answers. Having heard the hon. Gentleman's point of order and responded very fully to it, I think it only fair to hear from the hon. Lady, if she wishes to speak.

Anna Turley (Redcar) (Lab/Co-op) Thank you, Mr Speaker, for giving me the opportunity to speak. I would also like to thank the hon. Member for Shipley (Philip Davies) for advance sight of his comments.

There is never, ever any excuse for people to abuse Members of Parliament and the hon. Gentleman's staff certainly should not have had to wade through such messages. Feelings around animal cruelty run very high. People are very passionate about it, but there is never any excuse for abuse.

I would like to make a point of clarification. First, I was very clear, in what I put out to the media, that it was the Tory Whips who ultimately blocked the Bill. Secondly, this is my first private Member's Bill, and I had had positive conversations with colleagues on the Government Benches who were very encouraging of it and were, even up until that day, discussing the possibility of it going through. It is a matter of record that the hon. Gentleman spoke for over 90 minutes on the first Bill. Everyone in this House needs to be aware of the consequences of their actions on Bills further down the Order Paper, whether they agree with them or not.

Mr Speaker: I note what the hon. Lady says. I do not think I should adjudicate on that, because the hon. Gentleman was perfectly in order in speaking as he did, but she has made her point and some people will agree with her.

With reference to what she said about the Whips having objected, I must admit that at that point I was not here. I was here to see the success of the Preventing and Combating Violence Against Women and Domestic Violence (Ratification of Convention) Bill. Thereafter I had to go to my own constituency, so I was not present. The hon. Lady tells me that the Whips objected. Well, Whips do tend to do these things. It is quite commonplace. It is what they think of as one of their functions from time to time, among other miscellaneous functions—sometimes subterranean functions, but we had better not dwell on that. *[Interruption.]* I certainly would not make such a disobliging remark about Whips. I always

[Mr Speaker]

had a relationship with my Whips characterised by trust and understanding: I did not trust them and they did not understand me.

Stephen Timms (East Ham) (Lab): On a point of order, Mr Speaker. In a written statement last Thursday, which was published without notice, Ministers announced restrictions on eligibility for the personal independence payment. Over the weekend, a Minister referring to those restrictions made comments which belittled the needs of people with mental health problems. Have you, Mr Speaker, had any notice of a request from a Minister to come to the House to explain to us the changes to PIP entitlement? If there has not been any such request, can you advise us on how we can ensure that Ministers answer questions on what they are doing and why, given the great importance of these matters, which I know you understand as well as any other Member of the House?

Mr Speaker: I am grateful to the right hon. Gentleman for putting me in the picture. I understand that there was a written statement on this matter last Thursday. It may be that that does not satisfy his palate or that of other Members, but that is where matters stand at present. I must not lead the witness, but he is an experienced and assiduous Member of the House, and if he is dissatisfied and wishes to use a parliamentary vehicle to shine further light on this matter, he must deploy his wits and sagacity to ensure that he has that opportunity. I get the impression he feels that insufficient attention has been paid to the matter. I am not aware of insulting or disobliging remarks having been made, but I am sorry if they have. I cannot adjudicate because I am not familiar with those points, but I hope that he will pursue the matter further, if he wishes to do so, through the use of the Table Office and such mechanisms as are provided for in the Standing Orders of the House.

Mr Stewart Jackson (Peterborough) (Con): Further to that point of order, Mr Speaker. Given that my hon. Friend the Member for Mid Norfolk (George Freeman) is not present to elucidate his views and that the right hon. Member for East Ham (Stephen Timms) has potentially inadvertently impugned them, by convention should he not have given my hon. Friend notice before impugning or misquoting him in anyway?

Mr Speaker: As I have just been advised, and as I would have been inclined in any case to say, in this case the answer is no, because there has been no imputation of dishonour against a particular individual. The requirement to notify applies where a personal attack is intended to be directed. Where there is a more generalised complaint, no such prior notification is required. That would have been my view, but in any case, thanks to a speedy swivelling around by the Clerk of the House, I am fortified in my conviction by his advice, which is based on his 40 years' experience in this place. Nevertheless, I thank the hon. Gentleman for raising his legitimate concern.

Hywel Williams (Arfon) (PC): On a point of order, Mr Speaker. My constituent Shiromini Satkunarajah is due to be expelled from the UK tomorrow and sent to Sri Lanka, from where she and her family, who are Tamils, fled here from the war when she was just 12 years old. In three months, Shiromini could complete here degree in electrical engineering at Bangor University and would be expected to get a first. Her head of school describes her as "exceptionally able and diligent". There is a worldwide shortage of graduates in her subject. Despite following the immigration regulations meticulously, she was called to Caernarfon police station last week, arrested, detained in a cell for three days and then transferred to Yarl's Wood. I have contacted the Immigration Minister repeatedly to ask him to exercise discretion in her case, which has widespread support among the public—30,000 people signed a petition this weekend alone—and from Members of the House, but so far he has not replied. She is due to leave tomorrow. What advice can you give me, Mr Speaker, so that I, as a Back Bencher, can hold the Government to account on this scandalous case, and do so in good time?

Mr Speaker: I thank the hon. Gentleman for notice of his point of order. He has spoken with his customary eloquence in support of his constituent. He will understand that this is not a point of order for the Chair, but his remarks on this serious and pressing matter will have been heard—and noted, I hope—on the Treasury Bench. My advice is that he seek today to contact the Immigration Minister—from memory, the hon. Member for Scarborough and Whitby (Mr Goodwill)—personally.

Estimates Day

2ND ALLOTTED DAY

DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS

Future Flood Prevention

[Relevant Documents: Second Report of the Environment, Food and Rural Affairs Committee, Future flood prevention, HC 115, the Government response, HC 926, and the further Government response, HC 1032. Second Report of the Environmental Audit Committee, Flooding: Cooperation across Government, HC 183, and the Government response, HC 645.]

Motion made, and Question proposed.

That, for the year ending with 31 March 2017, for expenditure by the Department for Environment, Food and Rural Affairs:

- (1) further resources, not exceeding £420,838,000 be authorised for use for current purposes as set out in HC 946,
- (2) further resources, not exceeding £61,363,000 be authorised for use for capital purposes as so set out, and
- (3) a further sum, not exceeding £100,109,000 be granted to Her Majesty to be issued by the Treasury out of the Consolidated Fund and applied for expenditure on the use of resources authorised by Parliament.—(*Graham Stuart.*)

4.29 pm

Neil Parish (Tiverton and Honiton) (Con): It is a great pleasure to open today's estimates debate on the future of flood prevention. Flooding is one of those issues that is rarely considered until it actually happens. When the weather is dry, we talk about drought, and as soon as it starts to rain we have to deal with floods. In the round, we have to deal with both. Because of that, it can be tempting for the Government sometimes to disregard flood defences and resilience measures when the weather is much drier and budgets are under pressure. I believe, and the Select Committee believes, that this would be a grave error.

Effective flood defences, both hard and soft, are a vital part of this country's infrastructure. With the UK's experience over the years of more severe storms as climate change continues, flooding is likely only to get worse. We have recently seen the high tide that came down the eastern side of the country. Fortunately, this did not cause massive flooding, but it might well do in the future. I was flooded back in the '80s and particularly 1981, when we lost a lot of sheep after huge tidal floods in the west of the country. When the barriers are overcome, we must have the right infrastructure in place.

In November 2016, the Select Committee on the Environment, Food and Rural Affairs published its "Future flood prevention" report. We found that flood prevention work in the UK is fragmented, can be inefficient and sometimes ineffective, and has let people down. The winter of 2015-16 broke rainfall records, and storms Desmond, Eva and Frank disrupted communities across northern parts of the UK, particularly Cumbria and York. Storm Desmond alone cost the UK more than £5 billion, but the impact is not just economic. It is very much about individual businesses, individual residents and all those hugely affected by flooding—and sometimes about the amount of time it can take to get people back into their homes or to get their businesses up and running again. Many communities live in fear that a disaster is just one downpour away.

There is no doubt that we are now encountering long periods of dry weather, followed by a huge amount of rain—200 or 300 mm in just 20 or 30 hours. Believe it or not, I do not blame the Minister or the Government for that amount of rainfall coming down so quickly, but we do need to be aware that it can happen and we need to be ready to try to mitigate some of the worst of the disaster that happens when we get these very high levels of rainfall occurring over a very short period.

I personally understand the concerns of many parts of the country that experience being under water for perhaps many months. We need to reflect only on what has happened in the past. I am sure that my hon. Friend the Member for Taunton Deane (Rebecca Pow) will talk later about what happened in Somerset, when a huge amount of water fell and remained for up to three months, devastating not only property, but the land. A huge amount of debris was created, and the vegetation and much of the wildlife was lost. This was a disaster not only from a residential and farming point of view, but from a conservation point of view.

While frontline staff and rescue service workers worked tirelessly to support those affected, our system for managing flood risk can and does fail on occasions. That is why I want to talk about the importance of the recommendations that our Select Committee made in our "Future flood prevention" report. I shall touch briefly on the Government's response and on what action DEFRA has taken to date. I shall conclude by outlining what the Committee believes the Government must do to improve the situation further.

What, then, were our recommendations? We recommended to the Government how to reduce the flood risk to 5 million people and we looked into the "one in 100 years" flood and how to deal with risk. One problem is that, if we are not careful, people living in an area with a "one in 100 years" risk which is flooded are inclined to think that they will be safe from floods for another 99 years. Of course, that is not the case. An area with a high flood risk will continue to have that risk until better defences are created or resilience measures are introduced, and it will probably always be a pretty high-risk area.

Rebecca Pow (Taunton Deane) (Con): My hon. Friend is bringing back a great many memories of those terrible floods. Does he agree that communication is very important? One of the points made in the Select Committee report was that perhaps we should stop using the "one in 100 years" terminology. We should adopt a way of warning people about how serious floods are that does not involve years, because the current terminology is misleading.

Neil Parish: My hon. Friend is absolutely right. The evidence that the Committee took, and what we heard from people who came to talk to us, suggested that it is very helpful when communities are able to get together and warn each other about exactly what is happening. The Environment Agency and others can give the warnings, and the agency, the fire brigade and local authority staff are there to help, but the flooded communities themselves have built up a resilience that will help them in the future.

Andrew Stephenson (Pendle) (Con): Will my hon. Friend join me in paying tribute to flood wardens? Early, in my constituency, was badly affected by flooding,

[Andrew Stephenson]

and is now waiting for three different schemes to be introduced by the Environment Agency this year. Flood warnings, local flood plans, floodgates, and all the work that those volunteers do is extremely important to the response when flood waters start to rise.

Neil Parish: My hon. Friend is right. Local authorities, the Environment Agency and the drainage boards can do a great deal, but when local people come together, they know exactly what is happening on the ground, and flood wardens can react very quickly.

In Axminster, a shopping trolley went into a culvert and became full of wood. The whole place flooded, including three or four bungalows. If someone local had been there to hoick—I am not sure whether that is a word in the English language—the trolley out of the culvert, the flood would have been stopped. Such actions also ensure that resources go further. We are learning all the time.

One of the Committee's most important recommendations was for a more holistic approach. It sounds obvious, but we need to work with nature rather than against it. If we slow the flow of the water by using natural remedies such as planting more trees, restoring wetlands and improving soil management, we are likely to see more and better flood prevention. We must allow water to flood fields naturally sometimes if they are on a natural flood plain rather than in an urban area. That would be a much cheaper and more cost-effective way of preventing floods.

Kerry McCarthy (Bristol East) (Lab): Does the hon. Gentleman agree that as we think about how we ought to spend our farming subsidies in the wake of Brexit, we should look to them to address the issue that he has mentioned? They could perhaps enable farmers to allow their fields to be flooded sometimes as a form of natural flood defence.

Neil Parish: I think the hon. Lady must have X-ray sight, because the next paragraph of my notes refers to how we deal with farming and farmers. Now that we need not follow the common agricultural policy exactly, we have an opportunity to introduce a cost-effective measure to allow farmers to store water when they are able to do so. If they have to store it for a short period and it is on grassland, it will probably have very little effect on their crops and profitability, but if it has to be stored on arable land for a long period, they will require more compensation. We need to consider that in some detail, and I believe that we shall have an opportunity to do so.

Dr Andrew Murrison (South West Wiltshire) (Con): I am listening with great interest to my hon. Friend's speech. Is he familiar with the practice undertaken by some local authorities of diverting floodwater from roads on to farmers' fields without permission, thus washing away topsoil of the sort that I think he is about to touch on, and also potentially introducing pollutants into sensitive sites?

Neil Parish: My hon. Friend makes an important point. If we are going to allow water to go out on to land in order to save a town or a village from flooding, the landowner first needs to know about it and, secondly,

needs to be able to manage it properly, and it has to be done by agreement. Sometimes, naturally, these things are done in exceptional circumstances, but, once done, there needs to be a plan if that needs to be done again in the future. Agricultural land can be very useful for storing water, but we must remember that it is also used for growing crops and keeping stock, and therefore we have to be sure that the farmer can farm that land, as well as manage it for water. That is why we need to deal with this by agreement.

Mr Nigel Evans (Ribble Valley) (Con): As my hon. Friend knows, we had severe flooding in the Ribble valley and throughout Lancashire in 2015. He mentions agricultural land: on Friday, along with the Woodland Trust and the Ribble Rivers Trust, I planted some trees along one of the river banks. Does my hon. Friend agree that we need to look again at the number of trees being planted, and the usefulness of planting trees in stopping soil erosion and, indeed, holding a lot of the water that otherwise would go to the ground?

Neil Parish: My hon. Friend makes a good point, because it is not just about planting the trees; it is also about where we plant them. If we plant them along the edges of the fields or the banks of the streams and rivers, we can hold back the water and hold back the soil. Very often, the soil and debris being washed from the field is also contributing to the flood. So this is not just about the number of trees; it is about making sure we are smart in where we plant them. The way we plant them is important, too. We visited the north of England, and when the old Forestry Commission was planting trees it turned the soil up and put it up into a furrow and planted the trees on the top of it. The only trouble is that there are then two gullies either side of it, which then allow the water to run down very quickly if the trees are planted on a slope. Therefore, over the years there are many things we can do, but my hon. Friend makes a very good point that this is about planting trees, holding that soil back and holding the water back long enough for the major flood to go through, and that was what much of the work was done on.

Rebecca Pow: My hon. Friend is talking about soil, and I cannot let the moment pass without intervening to stress that soil is a very important part of our ecosystem. Does my hon. Friend agree that we lose it in floodwater at our peril, because it is the lifeblood that we use to grow our crops?

Neil Parish: My hon. Friend will also be very aware that many fields only have so much topsoil on them, and it is the topsoil that is fertile and that we grow our crop in. Therefore, if farmers lose much of their topsoil to the streams and rivers, they have lost a lot of the very fertile soil in their fields. I think most farmers, when presented with a plan that can save their topsoil and the way they manage their fields, can see a big advantage in this, but we have to work with the farming community, rather than, as perhaps has sometimes been the case, just imposing our will upon them. If we can persuade them that there are many good reasons for managing soils in a slightly different way, we can perhaps get a lot further with that. We can sometimes use carrots, and not necessarily sticks. I am sure our Minister has many carrots to offer today, and we will be interested to hear about that when she sums up the debate.

We also need to take a closer look at development in built-up areas affected by flood risk. Naturally, we have laws that we hope will restrict most building on floodplains—sometimes it is breached, but on the whole it is not. When an area is flooded, very little of the water has actually landed on the flooded area. It usually comes from higher up. Rather than stopping building in flood-risk areas, we need to think when building developments of several hundred or 1,000 houses about capturing the run-off water from everywhere on those estates, including the roads. It could be captured in ponds or in reservoirs or tanks underneath some of the homes. Building in resilience measures to ensure that the water from a development could be held would make the situation better rather than worse. We can build developments, but we do not always give enough consideration to what is going to happen further downstream.

Mr Nigel Evans: A lot of house building is going on in Whalley in my constituency, and one of the conditions was that tanks should be put in before the houses were built. Sadly, the houses seem to be being built and occupied before the tanks have been put in. Does my hon. Friend agree that developers need to take planning conditions seriously and abide by the rules and regulations set down by the local authorities, because of the misery that flooding can cause if they do not get these things right?

Neil Parish: My hon. Friend makes another good point. Planning conditions can be flouted, and they are sometimes not properly enforced. It is sometimes claimed that resilience measures cannot be put in place because of the economic situation, but we must ensure that houses are not built unless those measures are taken. I am sure that the Department for Environment, Food and Rural Affairs Minister present will pass on that point to her colleagues in the Department for Communities and Local Government, because this is a planning matter. If we are going to plan for the developments that we need, we must plan them properly. I do not think that any of us are against development, but we must have the right kind of development and hold the water back. Indeed, if we could make a feature of those measures, we might also create some leisure facilities as well. That would be a planning gain.

The recommendations in our report also include the need for a new governance model to deal with flooding. As part of our inquiry, the EFRA Committee visited the Netherlands to learn how that low-lying country manages flooding. We learned that 25% of the land there is below sea level, and that half of its 17 million population live in flood-prone areas, so they know a lot about flooding. The threat of flooding led to local government and water management being administered hand in hand from as early as the 13th century. As the threat of flooding in the UK grows, we need to borrow some ideas from the Dutch and to mirror their focus on dealing with floods locally and nationally. The fens in this country were drained by Dutch engineers, as was the part of Somerset where I still have my farm. They know exactly how to deal with water, because if they did not deal with it, they would not have a country. It is as simple as that.

Rob Marris (Wolverhampton South West) (Lab): Does the hon. Gentleman share my disappointment that many of the things in this very useful report from the EFRA

Committee were being discussed in this House a dozen years ago and have still not been implemented? An example is the recommendation about “building back better” that appears in paragraph 60 of the report. I discussed that matter with the Association of British Insurers in, from memory, 2006, but we have made almost no progress on it. Since then, the Labour Government and the coalition Government have cut spending on flood defences.

Neil Parish: The hon. Gentleman makes a good point. We have tried to ensure that the report is not party political. Under the last Labour Government, the spending on flooding went down in dry times and up in wet times. The same thing happened under the coalition. We can argue about the figures, but they very much follow that same pattern. The report recommends learning from what has happened and putting in the proper resilience measures.

As I said, the report discussed the Dutch system. The idea would be to set up a regional flood and coastal board and then involve local authorities and local drainage boards, where they exist, and then landowners and businesses in order to have a broad catchment basis. As such, the Government should completely overhaul flood risk management, to include a new English rivers and coastal authority that is accountable for the delivery of flood protection. The Netherlands has a flood commissioner who is answerable to the Dutch Parliament and at a local level, which provides real focus. We may not need a full management system like that of the Dutch, but we can learn many things from it, such as how to alter the system through the Environment Agency and others to make it more answerable to Parliament, local authorities, drainage boards and landowners. I am convinced that, until we get a system that works from the top down and from the bottom up, we will not make the best use of our resources, because they will always be pressed. The commissioner would be able to hold those carrying out flood prevention work to account for their performance, because we have to get the best value for money.

Kate Hoey (Vauxhall) (Lab): The report states that firefighters provide a vital “first-line service” to flooded areas. Does the hon. Gentleman agree that the Government should go further towards making that a statutory duty? That has been asked for throughout the past 12 years, as my hon. Friend the Member for Wolverhampton South West (Rob Marris) said. Why can we not do this? Scotland has done it, Northern Ireland has done it, and I think Wales is about to do it. Surely it must happen.

Neil Parish: The hon. Lady makes a good point. I think the hon. Member for Poplar and Limehouse (Jim Fitzpatrick), who is behind her, will be making some good points about the fire service. The Committee took evidence from the fire services, and their work on flooding and the time they put in are not always recognised. The Environment Agency has large pumps that can move huge volumes of water over short distances, but the fire services can pump out people’s properties and deal with things on the ground. That is not recognised enough within the system, and there is work to be done on that. It will be interesting to hear the Minister’s reply to that point. By overhauling the way we manage the whole system, we can go a long way to minimising the devastating toll of flooding on local areas and local people.

[Neil Parish]

Unfortunately, the Government's response, which was published last month, was a little disappointing. It was not up to standard and addressed our key recommendations in only a cursory manner. We then asked for more information from Ministers in time for this debate, and my hon. Friend the Minister wrote to the Committee on 16 February. We welcome her commitment to record and report, from 2018-19 onwards, on how many schemes include natural flood management. That will be important, because we must ensure that more such management is carried out. We welcome that step, but we also welcome the commitment to refresh the national flood and coastal erosion management strategy for England, which we hope will reflect many of our inquiry's findings.

The report recommended some actions and, to be fair to the Government, DEFRA has made progress on some of those issues, including on catchment scale approaches and embedding natural flood management more firmly in flood management plans. Local partnerships have also made progress on co-ordinating action in some river basins. I think the Government agree with the Select Committee that not all flood areas fit neatly into local authority boundaries and that we need to introduce catchment areas to hold the water. We will need to speed up the water in some areas to get it out to sea, and in other areas we will need to slow the water down by introducing leaky dams to hold the water. Some areas will need to be dredged or desilted—whatever language we want to use—to get the water flowing more quickly.

Tom Tugendhat (Tonbridge and Malling) (Con): My hon. Friend is making an impassioned speech. Does he recognise the work of the Environment Agency along the Medway river and its excellent work, as he rightly says, on bringing together stakeholders from across the area so that we have a theme of continuous progress, rather than the bittiness where one area is fixed only to flood an area further downstream?

Neil Parish: I welcome the Environment Agency's work on the Medway, where the water can move quite quickly. If we are not careful, the water will move too quickly and flood areas further downstream. Such work is essential.

Throughout the inquiry we saw that one size does not fit all. Some areas need the water to be slowed down, and other areas need it to be speeded up. We have to deal with it catchment area by catchment area. Of course it is fascinating that, before too long, we will probably move into more of a drought situation and will be talking about how to use our rivers to move water around so that we have enough water. For my first two years in this House, between 2010 and 2012, the Select Committee talked about nothing but drought. It was only when it started raining in 2012 and did not stop for two years that we talked about floods.

On funding for flood risk management, the Government have committed to a six-year programme with a capital budget of £2.5 billion. Although welcoming that increased funding, our report noted that it is unlikely to deliver sufficient protection in future decades. We stated that, by the end of 2017, the Government must publish their 25-year ambition for flood risk reduction and the cost of securing that reduction against different climate change

scenarios. Disappointingly, the Government rejected that recommendation. The public need to know how their communities will be affected in coming years, and plans need to be put in place to ensure that they will be protected against flood risk. Flood risk comes not only from freshwater that falls in the form of rain but from coastal flooding, too.

We initially recommended that catchment scale measures be adopted on a much wider scale, and DEFRA is doing more to promote such approaches by, for example, trialling natural flood management measures—such as installing leaky dams, planting trees and improving soil management—alongside other measures. We welcome that, as well as the additional £15 million of funding in the autumn statement.

However, we need more detail on how much of the £2.5 billion capital programme for flood risk management will use natural flood management. The Minister's commitment to include that indicator in reporting from 2018-19 is therefore welcome, but we would welcome more information on how she plans to ensure that every catchment area uses natural flood management to the maximum extent appropriate to its river basin. We saw that the Netherlands has re-meandered some rivers and is storing more water in the rivers, as well as on farmland.

I look forward to Members' contributions to the debate, and I look forward to the Minister's summing-up.

Several hon. Members *rose*—

Madam Deputy Speaker (Natascha Engel): Order. Before I call Mary Creagh to speak, I should say that twice the number of Members wish to speak in the next debate as in this one, so I suggest an informal six-minute limit for speeches by Back Benchers. We will see how we get on with that, but there really are twice as many Members who wish to speak in the next debate, so without a limit their speeches will be squeezed by an even shorter time limit.

4.59 pm

Mary Creagh (Wakefield) (Lab): I rise to speak on behalf of the Environmental Audit Committee, which has published a report on flooding. We found a lack of long-term strategic planning for flood risk and that the Government had not been doing enough to ensure the resilience of nationally significant infrastructure. Crucially, there has been a stop-start approach to flood defence funding and a lack of support for local councils. Our report called on the Government to take a proactive approach to funding and to make companies that operate key digital, energy and transport infrastructure report on their preparedness levels for flooding and their resilience targets. We called for more support for councils to prepare plans to deal with the risk of flooding, and for the Government to publish a 25-year plan for flooding alongside the long-awaited and much delayed 25-year plan for the environment, for which, yes, we are indeed still waiting.

Before I discuss the detail of our report, I wish to say a few words about climate change. Flooding is the greatest risk our country faces from climate change. As hon. Members have said, the risks are already significant and will increase as a result of climate change. Even if global temperature rises are kept below 2°, the UK

faces a rising threat from surface water as a result of the intense rain patterns, from coastal erosion and tidal surges, and from fluvial flooding. It is important to stress that cities such as Hull face all three of those threats—some areas are much more vulnerable than others.

Sea-level rise forecasts vary from 50 cm to 100 cm by the end of the century. That will make tidal surges bigger. We saw how exposed is our North sea coast on the east of England in January's storm surge, when the coastal town of Jaywick in Essex, which suffered so grievously in the 1950s, had to be evacuated by the Army. It is good to see a faster response time from the Government in such fast-moving, life-and-death situations, but we need to be able to scale that up if the North sea surge happens simultaneously along the whole eastern coast.

Various predictions, including the forecasts in the Government's national flood resilience review, say that monthly winter rainfall could be 20% to 30% higher over the next 10 years, so as well as planning for the next 80 years, for our children's lifetimes, we need to be thinking about the next 10 years. There are risks to all nations and all sectors of the economy. In its latest risk assessment, the Committee on Climate Change said:

“Current levels of adaptation are projected to be insufficient to avoid flood and coastal erosion risks”.

We are not yet doing what we need to do to match the scale of the risk.

Rob Marris: I hope my hon. Friend shares my disappointment at the slow rate of progress. The adaptation measures in the Climate Change Act 2008 are the direct result of a private Member's Bill I introduced around 10 years ago. As she points out, we have made almost no progress.

Mary Creagh: There has been some progress, but we need to move much further and faster as the scale and nature of the risk becomes more apparent and as the science develops. My concern is that Government policy is not changing fast enough to meet the changes in the scientific forecasts.

Kerry McCarthy: Does my hon. Friend share my concern that it was found that when the floods hit Cumbria and other areas at Christmas 2015 the Government were not using the most up-to-date modelling? Surely the most important thing is that we try, to the very best of our ability, to predict what is going to come next.

Mary Creagh: My hon. Friend is absolutely right. She has joined me on the Environmental Audit Committee, and her expertise on this subject has been invaluable.

The Committee on Climate Change warns that increased flood risk affects property values and business revenues, and, in extreme cases, threatens the viability of some communities. A much worse scenario is set out in the climate change risk assessment: if global temperatures rise by 4° above pre-industrial levels, the number of UK households predicted to be at significant risk of flooding will double from 860,000 today to 1.9 million in 2050. Those are very stark and very concerning figures.

I know from my own constituency the misery that flooding can bring. In the 2007 floods, 1,000 homes in Wakefield were flooded. As my hon. Friend the Member for Wolverhampton South West (Rob Marris) said, successive Government have cut funding over the years,

and 2007 was one such year—it was Labour that cut the funding that year. Our flood defence programme was cut, and I lobbied very hard to get that money reinstated. We got £15 million for flood defences to protect our cities. Thanks to those defences, which were completed in 2012, Wakefield managed to escape the worst of the 2015 storms. That was really, really important.

Nationally, the Government have taken a rollercoaster approach to funding. During the previous Parliament, flood funding was initially cut by 27%. The money was then reinstated after the 2013-14 floods. Mark Worsfield's review of flood defences, which was published by my Committee, showed that those Government cuts had resulted in a decline in the condition of critical flood defences. It showed that the proportion of key flood defence assets that met the Environment Agency's required condition fell from 99% in 2011-12 to 94% in 2013-14. Therefore, in three years we had a pretty large decline in the condition of mission critical flood defence assets, which posed an unacceptable risk for communities—I am talking about those communities that think that they have their flood defences in place and that they can sleep easy in their beds at night when it is raining. The more flood defences that the Government build, the more they need to increase the maintenance budgets. We cannot keep spending more on capital and then cut the revenue budget.

The failure of the Foss Barrier in York shows what happens when critical flood assets fail. It was built on the cheap in the 1980s. It was not built to the correct height and it had just two mechanisms. Once one of those mechanisms failed, the water overtopped its banks and reached the electrical switch rooms. Local flood engineers were left with no choice but to raise the barrier with very little notice, which led to hundreds of homes being flooded. I know that my hon. Friend the Member for York Central (Rachael Maskell) will have a great deal to say on that.

The Government are talking about spending more on flood defences. One mechanism they are using is the so-called partnership funding. My Committee looked into the sources of that funding and found that 85% of it was coming from public sector bodies. Therefore, the Government are cutting funds centrally, and then putting pressure on hard-pressed local councils, which have seen their budgets fall by 30% over the past seven years, to boost their flood defence assets. When they say, “Do you fancy stumping up for some flood defence assets for your town or city?” those councils are left with no choice but to say yes. Just 15% of the money is coming from the private sector. Of course, it is not a level playing field, because any private sector company that gives the Government money for partnership funding gets tax relief on that so-called donation.

At the start of each spending review, the Government announce how much they will spend. In 2015, they allocated £2.5 billion for flood defences, but after storms Desmond, Eva and Frank, the Government announced, in Budget 2016, that the funding was not adequate and that they were going to invest an extra £700 million. Once again, we have this stop-start approach—cut when it is dry and spend when it is raining. The hon. Member for Penrith and The Border (Rory Stewart), who was then a Minister in the Department for Environment, Food and Rural Affairs, said that the extra money would be spent according to a “political calculation”.

The Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Dr Thérèse Coffey): Let me point out that we have increased our budget, not cut it.

Mary Creagh: The coalition Government in 2010—I know that the hon. Lady was not a Minister then—cut the flood defence budget by 27%. Of course, the way in which the Minister is raising the money—the extra £700 million that was announced in the Budget in March 2016—came from a stealth tax: an increase in insurance premium tax. That raises £200 million a year and goes on every insurance policy in the country, so car drivers and people who own pets are paying for flood defences. We can argue about whether that is the most transparent way of raising money for flood infrastructure.

I will talk about the Committee's report and the criticisms that we have made, particularly about infrastructure resilience. Storm Angus caused landslips and ballast washaways on railway lines in Devon, Cornwall, the north-east and Scotland before Christmas, bringing travel disruption—as storms always do—as we saw last week with Storm Doris. Last winter's floods, particularly those in Leeds, which the Committee visited, showed that key energy, digital and transport infrastructures are not well protected. Let us not forget the bridge being washed away in Tadcaster. The replacement bridge has only just reopened, over a year after those floods. Roads and railways going down have a huge impact on the economics of an area.

The Government's national flood resilience review, published last summer, found that 500 sites with nationally significant infrastructure are vulnerable to flooding. During the winter floods of 2015-16, nine electricity sub-stations, and 110 water pumping stations or sewage works in Yorkshire were affected by flooding. Keeping the water supply going and the sewage under control is vital. My Committee recommended that the Government mandate energy and water companies to meet a one-in-200-year flood resilience target for risk. I am afraid that the Government's response was hugely disappointing, simply saying, "We don't think that's the best way of doing it", but not saying what the best way is. I am interested to hear that. Our strategy cannot just be tumbleweed—listening for the wind and hoping that it is not coming our way.

Minimum standards for energy, transport infrastructure and digital telecommunications companies are vital. Let us not forget that the railway lines were flooded out of Leeds. The police Airwave response radios went down, so West Yorkshire police were unable to work out where to send their blue light emergency response vehicles in the middle of a civil emergency. That is simply not good enough. If that had happened not on Boxing day, but on a normal working day a couple of days later, tens of thousands of people would have been stranded in Leeds city centre with nowhere to spend the night. There would have been a much bigger civil emergency response.

The Government's long awaited national flood resilience review was published in September. It was good to hear about some of the things that are happening, such as the mobile flood defences. However, the Committee thinks that flood defences are essentially a sticking plaster solution: they are good as far as they go, but fail one third of the times they are used, so they work only twice in every three times. The review said nothing

about the risk from heavy rainfall overwhelming sewers. No one likes to talk about sewage, although some people might think that a lot of it goes on in this place, Madam Deputy Speaker, but clearly not in this debate and under your excellent chairmanship.

The Government need a comprehensive long-term strategy properly to deal with some of the granular issues around flood risk, none more important than the way in which local authorities have to deal with flood planning and prevention. Some 30% of local authorities in September 2016 simply did not have a complete plan for flood risk, and a quarter of lead local flood authorities did not have a strategy. How are the public and Members of this place meant to scrutinise whether the plans and responses are adequate if they simply do not exist?

The Environment Agency provides advice to local councils about where new housing developments should be built in order to minimise flood risk, and the Committee heard that such advice is usually followed. However, almost 10,000 homes were built in high flood-risk areas in 2013-14. The extent to which the Environment Agency's advice on where or whether to build homes is systematically monitored, reported or followed up through the planning system is simply not known. There is nothing wrong with building new homes in flood-risk areas, as long as those areas are adequately protected—Southwark and this place are at risk of flooding, and people are obviously still building new homes in London because there is a thing called the Thames barrier—but the situation is not being systematically monitored. We would therefore like to see much more help going from DEFRA and the DCLG to enable councils to adopt local flood plans and then actually follow them up.

In the wake of the winter storms in 2015-16, the then Prime Minister appointed two Ministers as flood envoys to co-ordinate the response to flooding in two areas: the hon. Members for Penrith and The Border (Rory Stewart) in Cumbria and for Scarborough and Whitby (Mr Goodwill) in Yorkshire. A question was raised about whether those posts transferred under the new Government and the new Prime Minister. I wrote to the Secretary of State for Environment, Food and Rural Affairs in July. She responded in September, saying she was thinking about it. Finally, on 7 January, we got a reply saying, "Actually, they are still in post." It should not take six months for the Secretary of State to reply to a Committee Chair of this House to let us know whether, in the event of a flood, those two Ministers are still co-ordinating the response. What would have happened if flooding had taken place in Jaywick? That is simply not acceptable.

Finally, on insurance, last winter's devastating floods cost over £1.3 billion in insured losses and about £5 billion across the whole economy. As I said, my Committee visited Leeds, and we had particular access to insurance. We had people coming across from Calderdale, where 70% to 80% of businesses were affected by the flooding—they have been affected almost annually by fluvial flooding and surface flooding. The floods cost small and medium-sized enterprises an estimated £47 million, with indirect costs totalling £170 million.

The floods in Leeds were the worst since 1866. Leeds University, which has done some research into this issue, told my Committee that 60% of local businesses have been unable to obtain a quotation for insurance since last winter's floods. We heard of one business

whose excess had risen from £1,000 to £250,000 after the floods. We heard of another business whose buildings insurance premium rose 60%, to £10,000, and whose excess increased 40%, to £10,000, but it would get the insurance only if it stumped up £400,000 to build new flood defences. The Committee on Climate Change says that the economic viability of some areas is being threatened, and the way insurance companies are failing to rise to meet this risk and failing to stand with communities is putting whole parts of our country at risk of becoming economically unviable.

Richard Arkless (Dumfries and Galloway) (SNP): Has the hon. Lady taken a cursory glance at the other report we are discussing, which asserts that there is no market failure when it comes to providing affordable insurance for businesses at risk of flooding? If these excesses are not market failure, I wonder what is.

Mary Creagh: The hon. Gentleman is absolutely right: there is market failure in these areas. Businesses are encouraged to shop around, and there are some excellent community Flood Save schemes, where people try to get together to use market power to purchase insurance collectively, and one of those schemes is now up and running in Calderdale, but it should not have to come to that. We want to see insurance companies standing alongside communities. The insurance companies lobbied long and hard to mitigate their risk from climate change, and the Government set up the Flood Re scheme—another insurance tax on contents premiums and buildings premiums, with every homeowner in the country stumping up for the access risk so that the insurers do not have to pay it and can transfer it to the Government. Insurers need to cut businesses some slack and rise to meet some of these challenges.

Mr Evans: A few businesses in my area have been hit. One of them is relatively small, but it has been hit a couple of times by flooding, so the insurance premium is now running way into the thousands. The premises is also a mixed hereditament, which makes things more complicated, because people live where the business is. Surely, if Flood Re kicks in to help domestic premises, it should kick in for businesses as well. If there is a market failure, which I believe there is, and if it is suitable to have that sort of pooling of risk for houses, it should be the same for businesses.

Mary Creagh: It is important that we do not end up with every taxpayer subsidising the private sector. The Government need to look again at the use of different, innovative mechanisms that do not place yet another burden on the already hard-pressed householder or car driver who has seen their insurance premiums go up as a result of mitigating and pooling some of this risk.

Failing to fund flood defences adequately is playing Russian roulette with people's homes and with people's businesses. I have talked about my Committee's concerns about rollercoaster funding instead of steady-state funding; vague targets; vulnerable transport, energy and digital infrastructure, where again the Government simply lack the political will to work with companies across Government to get them to have flood-resilient assets; and local councils left to just get on with it by themselves. The storms may have receded for the moment, but the clean-up in some areas of Yorkshire, and in other areas

across the country, is still going on. The lessons that we draw from this debate and these two Committee reports will shape our winters and our summers for decades to come.

5.21 pm

Rebecca Harris (Castle Point) (Con): The financing of flood defences is of absolutely paramount importance to my constituents, as my borough has been hit by flooding on a number of occasions, most notoriously the devastating North sea flood of 1953, which breached the old Canvey Island sea wall defences and caused the loss of life of 58 residents and the evacuation of the entire remaining population. To avert a similar catastrophe, the island is now protected by a concrete wall that runs along its entire 28 km to protect the population of 40,000 from tidal surges. This wall is still judged to be good for a one-in-1,000-years event. I note that the residents of Canvey Island were not encouraged to evacuate because of a threatened tidal surge when those of Jaywick were. The wall is judged to be sound right up until the end of this century provided that there is regular monitoring and maintenance. The concern of my residents is to ensure that the money is always there to make sure that we are upgrading the maintenance.

Notwithstanding how good the sea walls are, Canvey Island and other parts of my borough, including South Benfleet and Hadleigh, still remain subject to a serious risk of surface water flooding, as occurred dramatically in the summer of 2013 and again in 2014, when homes right across the borough were flooded, including 1,000 homes on the island alone. Despite the great sea defences, this is a serious problem for an island that remains 1 metre below sea level at high tide and is entirely flat. It presents a particular problem for effective surface water drainage. There was an absolute outcry in 2014 at the second significant flooding event in less than 11 months. That led to calls for an investigation into whether this could be dismissed as a mere act of God or whether much more serious defects in the water management system were at fault, and what measures were needed to be put in place to assure residents that it would not occur again. I was extremely grateful to the then Cabinet Office Ministers and Secretary of State for Environment, Food and Rural Affairs, who agreed to an investigation by the Government chief scientist, Sir Mark Walport, to establish the facts and make recommendations for the various agencies locally. His report found that the coincidence of extreme rainfall, problems with the performance of the drainage system, a power cut, and pumps overheating and tripping out were all foreseeable, although unusual, and many could be avoided in future. Sir Mark made a number of recommendations, the majority of which, I am pleased to say, have already been acted on.

Since those last floods, an extraordinary amount of work has taken place right across Castle Point, with considerable amounts of money spent on improvements and mitigation measures. The Environment Agency has invested large sums in improvements to its eight sluices and 13 pumping stations. In this financial year alone, it has invested over £500,000, including £89,000 on the Benfleet and East Haven barriers, which are key to protecting South Benfleet as well as the island. Webcams have been installed to monitor pumps and ditches. Some £620,000 has been spent on refurbishing 28 floodgates, and the remaining six will be completed by the end of this year.

[Rebecca Harris]

The county council and Anglian Water have worked hard to map the drainage network underground and to make thousands of repairs and remove blockages in the system, as well as identifying the most serious faults. Anglian Water has invested millions since 2014 and has also been highly proactive in a public awareness campaign locally to raise the critical importance of maintaining free-flowing water courses. The county council is undertaking a huge rolling programme of property-level protection, with grants of up to £5,000 for homes affected by flooding previously.

The improved partnership working of Essex County Council, Anglian Water, the Environment Agency and the Essex fire and rescue service, as recommended by the chief scientist, is exemplary and has even resulted in a national award. Although the investigation focused on the island, improvements in multi-agency co-operation have had real benefits for the entire borough and it is now an exemplar for the rest of the UK.

The partnership has concluded a comprehensive urban drainage study of the problems underground and to model any future problems, to help make sure that this does not happen to my borough again. Proposals include the creation of additional storage ditches on roadsides and open areas, green roofs, water butts, porous paving and increased pipe sizes. It will shortly submit bids for some of those projects to the South East local enterprise partnership and central Government.

Previously, DEFRA Ministers have supported our bids. I hope that the Government will continue that support, acknowledge the economic importance of those bids and stress, not only to my LEP but to others, the importance of flood alleviation schemes in ensuring that communities remain economically viable. It is absolutely essential for the continued economic regeneration of my borough that it is recognised as protected from non-tidal surface water, as well as from tidal flood risk, especially given the increased likelihood of future events.

My borough is grateful for the introduction of the Flood Re scheme, which means that residents are not priced out of insuring their homes. It is not, however, available to businesses in my area. I hope that more work can be done in that regard, because a lot of them suffer great hardship. Nor does the scheme apply to new builds. I urge the Government to do more to ensure that there is better defence of our floodplains from developers and to press planning departments to incorporate more surface water mitigation for developments. Perhaps they could even reverse developers' current right to connect surface water to the sewerage system, as it does not incentivise them to consider sustainable drainage systems.

I am conscious that time is short, so I will end by encouraging the Minister to visit Castle Point, if she can find the time in her diary, to see the incredible work that has been done in Benfleet and on Canvey Island, and to meet local agencies to discuss what more is needed and how we can further help the borough.

5.26 pm

Angela Smith (Penistone and Stocksbridge) (Lab): My interest in the issue of flooding started in 2007, when south Yorkshire was badly flooded. Of course, those events led to the Pitt review, which recommended better and more co-ordinated planning, improved resilience

and more strategic planning decisions by local authorities with regard to water and its potential impacts. However, weaknesses have materialised in the delivery of the Pitt review and, on top of that, the flooding challenges remain.

Peak river flows could be more than twice their current levels in some English regions by 2070, and some 5 million people in England alone are at risk of flooding. The national flood resilience review established, through Met Office modelling, that it is plausible that over the next 10 years we could experience rainfall that is between 20% and 30% higher than usual. It was always likely, therefore, that the Select Committee on Environment, Food and Rural Affairs, of which I am a member, would return to this all-important topic. That decision was accelerated by the 2015-16 floods, which impacted so badly on Cumbria, Yorkshire and Somerset. The need to look again at the issue became imperative, especially in the context of the Government's own flood resilience review.

I want to focus on one particular aspect of the Committee's recommendations, namely the strategic approach that this country needs to take to flood risk management, with a special focus on the need for catchment-scale planning.

I was a member of the delegation that visited Holland, which was critical to framing the Committee's recommendations. Our report focused heavily on that fact-finding visit, and every member was impressed by the rigorous approach taken by the Dutch to risk management. The Dutch system is clear and accountable—locally, regionally and nationally—and I am mightily disappointed that the Government were so quick to dismiss our recommendations, especially given the evidence we received that too much of what we do in England remains badly disjointed.

The Dutch model is particularly impressive in placing water at the heart of the country's approach not just to water supply, but to strategic, spatial and economic planning. In other words, in Holland water—its management, its uses and its maintenance as an essential environmental resource—is seen as a No. 1 priority in the country, and so it should be in the UK. A start would be to have more of a catchment-scale approach to planning for flood risk management. That would involve integrating the widest possible range of both hard and soft engineering measures, including natural flood management.

Evidence presented to the Committee underlined that point. Some witnesses considered that the Environment Agency relied too much on constructing defences at the point of flood impacts on town centres, and did not give adequate consideration to preventing flood waters from building up at source and along the river path. The Government's own advisory bodies, the adaptation sub-committee of the Committee on Climate Change and Natural England, told the Committee that downstream flood prevention and resilience measures must be accompanied by action upstream.

All the evidence is that the Government are not taking sufficiently seriously the need to consider larger, catchment-scale investment. For instance, their flood resilience review encourages bids for its core cities pilot, which refers principally to "financing flood resilience in urban areas, harnessing private investment to design new defences while delivering economic development and regeneration for the local area." There is absolutely no mention whatsoever of the need for a catchment-scale response.

In that context, Sheffield is developing its own scheme. Although it is worthy in some respects, it nevertheless fails to provide a robust mix of hard and soft measures. For instance, it provides no evidence of how it will make its water storage proposals work, and it provides no evidence that landowners will co-operate with it. References to natural flood management measures, such as tree planting and catchment restoration at source, are perfunctory. More than anything else, there is nothing in the scheme that would cover Barnsley, Doncaster or Rotherham, so it is not a catchment-scale scheme. If we do not stop or slow the flow in Barnsley, what is the point of putting in place measures in Sheffield, because all we will do is push the water further downstream to Doncaster? The Don is the spine of the South Yorkshire water network and it would be ideal for a catchment-level response.

I will conclude by making the point that I do not blame Sheffield for the approach it has taken. It has been encouraged to take such an approach by the Government, who seem more interested in leveraging in private finance for the purpose of delivering traditional, narrowly focused flood risk management schemes and in finding other pots of money than in taking the holistic view emerging from all the evidence presented to us on the Select Committee. I call on the Government to think again, and to support our recommendation on the need for large catchment-scale schemes that would go with the grain of all the emerging evidence.

I would have liked to talk about other aspects of the Environment, Food and Rural Affairs Committee report, such as resilience and the role of sustainable urban drainage systems in managing flood risk, but time is very limited. I look forward to the Minister's response, and I hope that she and the Government will think again about the need to consider proper catchment-scale responses to this issue and the need for a more integrated approach to flood management in this country.

5.33 pm

Rebecca Pow (Taunton Deane) (Con): I took part in the Environment, Food and Rural Affairs Committee flood prevention inquiry and was involved with the Environmental Audit Committee's flooding report. I very much welcome the recent focus on what is a very serious area, as we know only too well in Taunton Deane, where we have experienced such serious flooding in recent years.

The Government have been somewhat under attack, but I must start by saying that they have committed an incredible £2.5 billion to flood relief work, and I applaud the excellent schemes under way or in place that we have heard about. Indeed, this represents a real-terms increase in capital investment, which is up from £1.7 billion during the last Parliament and from £1.5 billion between 2005 and 2010.

I want to raise some of the issues addressed in the inquiries, but I begin with Somerset. We are used to winter flooding on the Somerset levels—it is natural—but not to the degree witnessed in those severe weather conditions in 2012, December 2013 and January 2014. The whole area effectively turned into an inland sea. It is my home area and I witnessed that at first hand. An incredible 11,500 hectares of land were under 65 million cubic meters of water, largely owing to the build-up of silt in the rivers and drainage channels, which was not effectively dealt with over the many years since the channels were engineered in the 1960s.

The knock-on effects were enormous. Utter disruption and despair was caused to people in their daily lives. The economic impact assessment estimated that the floods cost the local economy £147 million and that 50% of businesses were affected.

I welcome the Government's reaction, and we are looking ahead optimistically to never having to suffer such serious consequences again in Somerset. They committed £20 million to flood defences to protect properties—£4.2 million was focused only on the Somerset levels and moors. Every £1 spent on flood defences gives a benefit of between £4 and £9, so it is definitely money well spent.

The Government oversaw the establishment of the Somerset Rivers Authority. It was set up to work with many organisations and still exists, and will go on to run and manage the area. It is funded through a precept on council tax bills—initially, the Government committed £1.9 million to start it up. I welcome the Government's continuing work with the SRA on its long-term funding arrangements. I urge them to find time to give the SRA a statutory basis. It is such a good model that I believe it could be copied elsewhere. It will do both dredging and the wider catchment work about which so many hon. Members have spoken. It involves a range of organisations, which I must praise, including the farming and wildlife advisory group, and the Royal Bath and West Society, which has raised money to help to advise farmers on their forward planning. It is essential that we enable the SRA to continue to operate.

Many hon. Members have referred to the wider catchment approach. I held one of my popular environment forums in Taunton Deane. We were delighted and honoured to have my hon. Friend the Member for Tiverton and Honiton (Neil Parish) to speak to a cross-party gathering, when we discussed a holistic approach to flooding, which went down exceptionally well. Minister, there is an awful lot of positive feeling about engaging that approach much more widely, with leaky dams, more tree planting and better soil management, which has been referred to. There is a raft of traditional and modern environmental techniques, working with science to slow the flow of water into the rivers and reduce flooding. It will not work everywhere, but it will help—it can be part and parcel of everything else.

With Brexit heading our way, we have a marvellous opportunity to have a new think about land management. I was heartened to read in the response to the Environment, Food and Rural Affairs Committee second report on flood prevention that the Government are thinking of a catchment-based approach in DEFRA's 25-year environment plan. That is a good direction to work in.

We need to consider how much public good is achieved from flood protection work. I urge the Minister to do some early work to calculate how we can value work so that farmers know how much it will cost them if they store water on their land for the short or long term, what it will achieve, what the forgone effect is of not growing crops but storing water, and how much we should pay them. I declare a slight interest in that I come from a farming background and family. Farmers are cautious folk. They do not want to flood their land if there is not a good reason to do so, or no good results or consequences. If we can prove that there will be good results, I am sure they would do it.

I urge the Minister to look at running a large-scale catchment project, another recommendation from the Select Committee's inquiry, to gather evidence on a

[Rebecca Pow]

wider scale. There are many very good small-scale projects—we have heard many examples today—but we do not have a large-scale project that is able to demonstrate what really works, why it works and what we should do. I therefore urge the Minister to consider running such a project.

Another issue raised in the Select Committee report is whether it is possible to engage water companies more in this approach to handling flooding. After all, they deal with our water day in, day out. I note with interest that the recently published “Natural Capital Committee’s fourth state of natural capital report” recommends natural capital catchment-based approaches by encouraging Ofwat in particular to get involved. This is definitely an idea that has come into the public domain.

I want to touch on housing. We are seeing a huge and necessary increase in house building to address the housing shortage, but let us ensure that those houses are not exacerbating the flooding problems. Sustainable drainage systems and green infrastructure such as ponds can contribute to protecting communities from flooding. It is welcome that the Government recognise that and I urge other Departments to work them into their plans, too. Water has no boundaries, so we need to look at all aspects of its impact on our lives.

Finally, I may have sounded rather biased towards Somerset, but much accumulated knowledge on flooding has now been gathered, including a comprehensive real-time system devised by the Met Office for feeding in rainfall data and river levels. Will the Minister consider applying this model elsewhere?

The Government are committed to tackling flooding. I know that because of all the money they have already committed to it. However, there is so much more that we could do. Brexit offers an opportunity to look again at how we manage our land, and how we could have a whole new and effective approach to flooding to benefit us all.

Several hon. Members *rose*—

Madam Deputy Speaker (Natascha Engel): Order. May I just remind hon. Members that the guidance on time limits for speeches is six minutes, not nine minutes? It just bites into the next debate.

5.42 pm

Simon Danczuk (Rochdale) (Ind): It is a real pleasure to follow the hon. Member for Taunton Deane (Rebecca Pow). I found what she had to say to be genuinely fascinating.

The impact of the 2015 Boxing day floods are still being felt in Rochdale and Littleborough, after water devastated over 500 homes. For many in my constituency, the recovery is still ongoing. Local businesses were also hit very hard. Their operations were severely disrupted, with many losing stock and trade. I worry that the fear of future floods and the cost of insurance will force some of those businesses to close or relocate.

I am grateful for the assistance given by the Department for Environment, Food and Rural Affairs so far. In particular, the flood resilience community pathfinder has provided support for the most vulnerable throughout

this stressful time. I hope that efforts to increase resilience in these communities will continue. Likewise, I commend efforts by Rochdale Council to address the problems caused by heavy rainfall in November 2016. Fortunately, far fewer people were affected than in the previous year’s floods. Nevertheless, Rochdale Council, under the direction of council leader Richard Farnell, was quick to provide emergency funds to residents and undertake a program of extensive gully clearing.

I welcome efforts to alleviate the suffering of those affected and to quickly resolve emergencies, but it is clear that real protection from flooding must be delivered. This means preventing flooding in the first place. In Rochdale, we all know the main threat to our community remains the River Roch and its tributaries. I am pleased that Rochdale Council and the regional flood and coastal committee are committed to managing and reducing flood risks caused by the river. They both want to see a successful flood alleviation project delivered as soon as possible, and have worked closely with the Environment Agency to put together a plan for the borough. They have already committed £7 million of their own money towards the project, which will protect at least 800 homes and 400 businesses. In addition, the council has already finished opening up the river in the town centre and completed a flood storage scheme in Calderbrook, yet it needs more support from central Government. Funding from Whitehall would allow us to build more badly needed storage sites.

I appreciate the Government’s commitment to investing in flood defences across the country, and I am grateful for the support given by DEFRA to projects in Rochdale so far. I have raised this issue with the Minister previously, and I am grateful for her response, but I am somewhat dismayed that rather than offering financial support, she asked me to find further partnership funding. Rochdale Council has worked extensively with the Environment Agency to maximise partnership funding, and I am sure that such efforts will continue, but I believe that such an urgent scheme as the one in Rochdale should be eligible for more central Government funding.

We also need some momentum. An early decision on committing funding for this scheme is essential. Such programmes are complicated and have a long lead-in time. For it to progress further, we need a decision from the Government on future investment. I hope that DEFRA and the Treasury will bear this in mind and ensure that Rochdale is given the priority it deserves. Last year, many in Rochdale had anticipated extra funding to tackle flooding in the town in the Chancellor’s autumn statement but were left disappointed. I hope the Minister will act now to ensure that the fears of residents and local businesses are no longer prolonged.

5.46 pm

Victoria Atkins (Louth and Horncastle) (Con): I start by thanking the Government for listing this estimates day debate so conveniently—it follows on from the monumental event of my second flood forum in Sandilands on Friday evening. I hope to be able to help the House with the conclusions drawn from that important event.

The reason I hold flood forums in my constituency is that it provides a chance to bring experts together so that local residents can raise issues with them and so that together we can find solutions. Flooding is a real risk in my constituency, both along the magnificent

Lincolnshire coastline and further inland in the beautiful Lincolnshire wolds. Sadly, that threat was demonstrated only too keenly on Friday 13 January, when a state of civil emergency was declared along the Lincolnshire coastline, weather forecasts having suggested that a tidal surge could overtop the already substantial sea defences and put many tens of thousands of lives at risk.

As soon as the state of civil emergency was declared, more than 30 local and national organisations pulled together to ensure that residents were kept as safe as possible. I am extremely grateful to the Minister here today and the Armed Forces Minister for putting together a plan to bring more than 200 soldiers from Catterick to Louth and the surrounding area. They knocked on more than 1,000 doors in 72 hours to ensure that the most vulnerable people were offered the option of evacuation if they wanted it. I had better also mention the Burma and Quebec Company of 2nd Battalion the Yorkshire Regiment, because they have been very good on Facebook.

We also had an incredible response from our emergency services. Fire officers, police officers, the ambulance teams, as well as volunteers, including from LIVES and the Red Cross, all played a vital role in our response. Emergency rescue centres were set up in a matter of hours. I had the pleasure of visiting the one at the Meridian centre in Louth to see for myself the comfort that vulnerable residents were receiving there. I also had the privilege of visiting the gold command centre in Lincoln, led capably by Chief Superintendent Shaun West, on that Friday night to see all the teams working together as they happily reached the decision locally and nationally that the weather had turned and the risk had been averted. I place on the record my thanks to everyone involved in that huge effort. I am proud that Lincolnshire showed the rest of the country how to respond calmly and professionally to such threats when they arise. It is better to be safe than sorry in those circumstances.

Today, however, we are talking about future flood prevention. I am grateful to the Government because for the last five years to 2015, more than £50 million has been provided through grant in aid to protect more than 23,000 households from flooding along the coast. I am delighted that this scheme is continuing under the current Government with a £39 million programme of grant-in-aid capital to extend protection to a further 14,500 households.

When it comes to flood prevention on the coast, the future is an interesting one. We discussed in the flood forum on Friday night the possibility of building groynes into the coastline, which can provide in turn marinas and interesting environments for tourists to enjoy the wonders of the Lincolnshire coastline even more. Both smaller investment schemes and the full flood protection scheme are important. For example, £1 million is being spent on replacing the Saltfleet pumping station and £385,000 is being used to refurbish Theddlethorpe pumping station. All these measures play their own vital role in making sure that my constituency remains resilient to whatever threat the sea throws at us.

What of inland flooding? Not many people know that Lincolnshire has hills. Indeed, the Lincolnshire wolds have some beautiful hills. Sadly, though, with that beauty comes some rainfall, and the market towns

and villages in the wolds have to deal with fluvial flooding from time to time. That is why the new flood alleviation schemes in Louth and in Horncastle are overwhelmingly welcomed by the local communities. This is particularly important as developers seek to build yet more houses between the wolds and the coast. I know that my hon. Friend the Member for Taunton Deane (Rebecca Pow) is concentrating on this issue, too.

I add my own to the voices of colleagues who have urged the Minister to encourage insurance businesses in considering insurance policy protections not just to look at households, but to extend those protections to businesses. This is critical to small businesses in my constituency, including pubs and restaurants that rely on the beautiful architecture of their market towns to entice people to visit them. We need this insurance to protect businesses as much as to protect homes.

I am extremely grateful for having had the opportunity to share the delights of my constituency and the thoughts of constituents from the second flood forum in Louth and Horncastle. I look forward to holding many more of those forums. I am going to develop a rolling programme of them over the years, so that my constituents can come to me with problems—and if we cannot sort them out, I will write to the Minister in the hope that she can do so. I express the wish that everyone in my constituency and everyone living in flood risk areas will stay safe and dry for the rest of this year.

5.52 pm

Jim Fitzpatrick (Poplar and Limehouse) (Lab): I am grateful for the opportunity to contribute, and I am pleased to follow the hon. Member for Louth and Horncastle (Victoria Atkins). I do not want to speak to the whole report or the Government's response. I shall focus rather on our Select Committee's recommendation 15 on the statutory duty for the fire and rescue service. This recommendation is consistent with our other recommendations 16 to 21, which all raise concerns about governance, command and control, structures and relationships. The evidence the Committee heard led us to the conclusion we reached. Sadly, however, the Government disagree.

Under recommendation 15:

“We recommend that the Government places a statutory duty on the Fire and Rescue Service in England and Wales to provide an emergency response to flood events and commits the necessary additional funding and staff resources to support delivery of this responsibility”—

a point to which I shall return later. The Government's response states:

“Fire and Rescue Services in England already have the discretionary powers they need...A Statutory Duty would potentially reduce flexibility with a one size fits all approach, and there are clear advantages to a permissive regime”.

That sounds like civil service and ministerial double-speak or euphemism if I ever heard it.

I am grateful to Pat Strickland in the House of Commons Library for its briefing, “Should Fire and Rescue Services have a Statutory Duty to deal with flooding?” It outlines that the 2008 Pitt review into the 2007 floods said that there should be fully funded national capability for flood rescue

“underpinned as necessary by a statutory duty”.

[*Jim Fitzpatrick*]

In a written answer in December 2015, the then Minister with responsibility for policing and fire said that the good response of the fire services to flooding in that year suggested that there was “no need for review”. The Labour Government had arrived at the same conclusion in 2008, but we have seen more and more serious flood events since then, so the situation is changing.

The briefing paper details the law as it stands:

“The *Fire and Rescue Services Act 2004* does not place a statutory duty...to respond to floods, although there is a power to do so...the Act sets out the statutory ‘core functions’ of FRA...to provide for...fire safety...fire-fighting...rescuing people and protecting people from harm in the event of road traffic accidents”—

or road traffic collisions in 21st-century jargon. The law in Scotland is different. There has been a statutory duty since 2013, and the Pitt review took a similar view to the one that now exists in Scotland:

“The Review believes that clarifying and communicating the role of each of these bodies would improve the response to flooding. However, we are concerned that the systems, structures and protocols developed to support national coordination of multi-agency flood rescue assets remain ad-hoc. We believe that the Fire and Rescue Service should take on a leading role in this area, based on fully funded capability. This will be most effective if supported by a statutory duty.”

That is essentially the core of recommendations 15 to 21 and, as I say, nothing much has changed.

The Library briefing goes on to examine the history of the proposal and the debates in the House. I would like to focus on the history of the fire and rescue service’s statutory duties. Colleagues might expect that the fire service has always had a duty to attend fires, but it was partly the fire that destroyed most of this Palace of Westminster in 1834 that led to the creation of the London Fire Brigade, which celebrated its 150th anniversary last year. Most colleagues would also probably expect that the fire and rescue service has a duty to prevent fires, and I suspect most would consider the role of the fire service in dealing with road traffic collisions to be a statutory duty. That is not the case. On fire, the statutory duty was created only in 1938. On fire safety, it was the *Fire Services Act 1947* that created it. As for road accidents and road crashes, it was the *Fire and Rescue Services Act 2004* that created the statutory duty.

When the Government say that the fire and rescue service will deal with floods because it has, it does and it will, that was also the case for fires, fire prevention and road traffic collisions until the prevailing wisdom decided that an expectation was not enough and the Government had to do more than just expect. There not only has to be a legal requirement for a duty; it has to be resourced and paid for, and the Government need to legislate for that outcome.

The Select Committee report makes the case for changes in structures. Part of our recommendations for better preparedness, better governance and stronger resilience is to confer a duty on the fire service to boost all those elements. The Government clearly do not want to proceed in that direction at present.

Rob Marris: Does my hon. Friend share my suspicion that the Government’s refusal to create a statutory duty for the fire and rescue service in this regard is driven principally by their desire not to commit resources to this area of endeavour?

Jim Fitzpatrick: My hon. Friend perfectly anticipates my next point. I was about to quote a statistic to demonstrate that the Government do not want to proceed in this direction—because staff reductions in fire and rescue services since 2010 have been significant, with nearly 7,000 jobs having been lost. By my estimate, that amounts to 20% of the British fire service disappearing since 2010. Those numbers are very worrying.

Furthermore, the transfer of responsibilities of the fire and rescue service to more and more police and crime commissioners, and budget pressures on both the police and the fire services suggest that there is real fear of further reductions. The fire and rescue service needs to be able to maintain the staff and equipment necessary to continue to play a prominent role in dealing with floods, preparing for them and mitigating them. To achieve that, they need recognition in law. The Select Committee believes that that needs to be done. It is an issue that is not going to go away. I suspect that at some point—perhaps not now—the Government will get the message.

5.59 pm

Rachael Maskell (York Central) (Lab/Co-op): Some 453 residential properties and 174 commercial properties in York were flooded following Storm Eva, yet we know that in extreme flooding that could rise to as many as 7,200 properties. The city is therefore saying, “What is going to happen next?”

Just last month, York’s own flood inquiry produced a report containing about 90 ambitious recommendations, but no framework to govern their implementation. We need to look back on what has happened after each flood. Resources dry up, and then we do not seem to move much further forward. As we have just heard from my hon. Friend the Member for Poplar and Limehouse (*Jim Fitzpatrick*), services should operate between floods, dealing not just with the issue of flooding itself but with issues of flood literacy, prevention and resilience. The fire and rescue authority would be well placed to address such issues. In that context, I was disappointed by the Government’s response to the excellent reports from the Environment, Food and Rural Affairs and Environmental Audit Committees.

The Bellwin scheme provides an immediate response, but it does not take account of the need for resilience measures to be taken during the dry seasons. I should like to hear from the Minister how the scheme could be used more proactively to provide incentives for such measures, and how the Government will work with Flood Re and the insurance industry to ensure that resilience is built into properties when the sun is shining, rather than waiting for the next floods to occur. I should also like to hear what plans the Minister has to review the Flood Re scheme. It has been in place for nearly a year, but we know that there are a number of problems. Some properties, such as leasehold properties and properties built after 2009, cannot gain access to the insurance,

We continue to call for a proper scheme for businesses, for which there is such a need. We believe that it is possible to create a matrix model for that purpose. What progress has the Minister made in considering the opportunities for such action? I know that the British Insurance Brokers Association has instituted a scheme in the interim, but businesses have still not heard about it. What is the Minister doing to promote it?

In York, emergency improvements are being made to the Foss Barrier, which was mentioned by my hon. Friend the Member for Wakefield (Mary Creagh). A total of £17 million is being spent on an upgrade which should have taken place over the last 30 years. I am grateful to the Minister's predecessor for ensuring that we would be able to shift the water—50 tonnes a second—from the river should the barrier need to be used. However, people in our city are saying that more needs to be done. I am not talking about the £45 million that is being spent on building defences; I am talking about catchment management.

The Environment Agency has told me that we shall have to wait for 2021 and the next comprehensive spending review. The Government response boasts about £15 million being spent, but I must say to the Minister that that is a drop in the ocean—or in the flood water—when it comes to building resilience measures. We need proper investment, now, in mapping out catchment areas and working out what needs to be done for the future in relation to, for instance, the “slow the flow” measures. The Government have shown a lack of ambition in respect of the national tree-planting programme, but they need to think about how agroforestry can play a major role in catchment management.

I am interested in the work being done by the University of York on the management of soil and the moorlands. I urge the Minister to commit herself today to full funding of the second phase of the university's research. Better land management is essential. More water needs to be absorbed upstream rather than running downstream.

I was disturbed to read in the Government's response that all the action that is needed will appear in a 25-year environment plan. It would be great if we could see the plan, but it is already eight months late. Will the Minister tell us when it will be published—or have I misunderstood the title? Perhaps it refers to the 25 years that it will take to write the plan. We really do want to see what it has to say. I hope that next week's Budget will contain measures to ensure that proper investment is made in proper catchment management now, rather than our having to wait until 2021. I trust that the Minister will move that forward.

I want to say something about governance. York was left with no plan for managing the floods, and was badly let down by the lack of action from the city council. There was also poor governance from the Environment Agency when it came to risk management. What governance structures is the Minister introducing to ensure that local authority plans are subject to professional oversight, and are risk-assessed to establish that they are robust and fit for purpose? We cannot expect local authorities to mark their own homework when lives could be put at risk. Planning for resilience is vital, and it should be done in the dry seasons. Authorities should not wait to test the plans until the rain and the floods.

I ask the Minister to tell us what further steps she plans to take now, to ensure that we have a flood-resilient nation.

6.5 pm

Dr Paul Monaghan (Caithness, Sutherland and Easter Ross) (SNP): This debate follows major inquiries into the social, economic and environmental impact of flooding in England which were undertaken by the Environmental Audit and Environment, Food and Rural Affairs

Committees. I participated in the EFRA Committee's inquiry, and I took a close interest in the development of the Committee's conclusions and the preparation of the final comprehensive report, which focused heavily on the future management of flood risk. That report called for the UK Government to strengthen policies to protect communities in England from increasing flood risk.

Last November, when the EFRA Committee published its report, we criticised the UK Government's fragmented, inefficient and ineffective approaches to flood risk management. I should make it clear that the report was not an academic exercise, but the product of a great deal of work and time spent visiting areas of England that had been badly affected by poor and inadequate flood prevention, and also the Netherlands, where we sought out a number of governmental organisations and inspected world-class flood prevention measures to understand how prevention was managed in a country where it is considered absolutely critical.

The evidence that we collected in the Netherlands stood in stark contrast to the evidence collected in England. When visiting communities in England that had been badly affected by storms Desmond, Eva and Frank, we observed a great deal of activity directed towards the purchase of large displacement pumps and the implementation of risk management systems that could only sensibly be described as reactive. There was nothing new, novel, innovative or insightful in any of the activity that I observed in England, and I was left with the impression that communities shared my disappointment and lingering concerns. In England, a predominant view that emerged was that flooding represented a failure to deliver an adequate emergency response at a time of crisis.

In the Netherlands, the situation could not have been more different. Our detailed conversations with the Delta commissioner, the special envoy for international water affairs, and many other internationally renowned experts were insightful, and highlighted many new, novel and innovative methods of proactively managing and controlling the flow of water to eradicate the risk of flooding. The people of the Netherlands would view a flood as a failure of water management governance arrangements.

The contrast is perhaps best explained by the fact that the Netherlands views flood prevention as a social issue that requires a determined and co-ordinated strategic political approach to guarantee effective water management and the protection of life and property. The approach implemented by the UK Government's Environment Agency suggests that flooding is considered to be a largely unpredictable but occasionally inevitable consequence of extraordinary weather conditions that require an effective emergency response.

The EFRA Committee did not focus on the purchase of more or larger displacement pumps, but proposed a new and innovative governance model to recognise flooding as a social problem. Like the Netherlands, we advocated a strategic focus on co-ordinated, efficient action to deliver flood prevention. We recommended that the UK Government establish a new national floods commissioner for England, to be accountable for the delivery of strategic, long-term flood risk reduction outcomes agreed with the Government. The commissioner would deliver the strategy through new regional flood

[Dr Paul Monaghan]

and coastal boards to co-ordinate the regional delivery of national plans, in partnership with local stakeholders. The boards would take on current lead local flood authority and regional flood and coastal committee roles, and a new English rivers and coastal authority would assume the Environment Agency's current role in focusing on the efficient delivery of national flood risk management plans. That governance model would streamline organisational responsibilities, co-ordinate resources and pool expertise to allow each body to deliver their unique role, with funding firmly linked to outcomes, including financial outcomes.

Our recommendations were intended to deliver the following: first, the adoption of catchment measures on a much wider scale, including sustainable drainage systems; secondly, simplified flood risk communications; and, thirdly, improved organisational and resource resilience in all its forms, including spatial planning, building regulations, insurance and emergency response. In addition to shifting the UK Government from a reactive approach directed at flood management towards a more informed and insightful proactive approach focused on flood prevention, the Committee's recommendations were designed to make better use of financial resources and to recognise the negative impact of fluctuating funding.

The UK Government's pattern of spending is as unpredictable as the pattern of flooding. Indeed, funding arguably fluctuates reactively in correlation with unpredictable flood events, with budgets topped up above planned levels. The 2016 Budget, for example, committed an additional £700 million in response to the winter 2014-15 floods. The Environmental Audit Committee criticised this for "political calculation".

The Environment, Food and Rural Affairs Committee's initial report was followed by a very disappointing response from the UK Government. Indeed, the UK Government's response is summed up in one sentence:

"We do not agree that there is a need for substantial change to the existing national and local governance provisions for flood risk management."

When challenged on the inadequacy of this response, the EFRA Committee received a letter from the Under-Secretary of State for Environment, Food and Rural Affairs, the hon. Member for Suffolk Coastal (Dr Coffey), which noted:

"Although we do not agree there is a need for substantial structural change, we are always looking for ways to improve and adapt the way we work to meet current and future needs."

How bizarre—the UK Government want improvement, but just not the improvement recommended by two Select Committees.

By ignoring the considered and detailed reports of two Select Committees, the UK Government are missing opportunities to act on a wide range of recommendations that would improve and adapt the way the Government work to meet current and future demands. The failure to improve and adapt existing reactive models of operation is not only wasting money, it is leaving households, communities and businesses across England at risk of disaster. The Government's response continues to fall far short of the recommendations.

This debate takes place as part of the supply estimates process, a means through which the UK Government technically seek Parliament's authority for spending plans. These are known as "estimates days". In practice, these debates are three days of general debate when the one thing that is not discussed is the actual estimates, and generally there is no vote. In fact, this House has largely abandoned all opportunities for direct control of public expenditure by means of debate and vote on the estimates presented to the House.

This is particularly important to Scottish MPs, because the former Leader of the House repeatedly claimed that the estimates process provides an avenue for Scottish MPs to scrutinise the financial implications of Bills from which the English votes for English laws procedure excludes us. I conclude by noting that the arcane estimates process fails to function as an effective method of scrutinising UK Government expenditure, and that is to the detriment of everyone.

6.13 pm

Richard Arkless (Dumfries and Galloway) (SNP): To follow on from the words of my hon. Friend the Member for Caithness, Sutherland and Easter Ross (Dr Monaghan), I have not seen this produced today, but I have in my hand the estimates book. The estimates for DEFRA, which we are supposed to be debating today, are contained within it. I must admit to feeling somewhat confused by today's proceedings. As if Fridays in this place were not strange enough, today has been a real eye-opener. I have not heard any discussion surrounding the figures estimated for DEFRA, and I have heard no critical analysis of departmental spend within those figures. As my hon. Friend acknowledged to me and made clear, this is the stage at which we as Scottish MPs are supposed critically to analyse the estimates to deal with the consequences of policy and UK legislation, but there appears to be little, if no, discussion. However, I want to discuss a few points from the estimates within the books today, which I assume will be in order.

Madam Deputy Speaker (Natascha Engel): Order. I am afraid that, as I think the hon. Gentleman knows, that is not in order. I ask him to discuss the subject for debate stated on the Order Paper, which has been chosen by the Liaison Committee. This issue arose when the estimates were debated last year. I will be very grateful if the hon. Gentleman moves on to the subject that is on the Order Paper.

Richard Arkless: I was not here the last time the estimates were discussed. Am I not allowed to discuss the figures within the estimates; is that what the Chair is telling me?

Madam Deputy Speaker: Today we are specifically discussing flood prevention, not what is in the book to which the hon. Gentleman referred. We are discussing flood prevention, which was chosen by the Liaison Committee. The point the hon. Gentleman makes was raised last year, and I am sure we can find other avenues to discuss it further, but right now the topic for debate is just flood prevention.

Richard Arkless: Needless to say, we will be taking these points to the appropriate arena, when done.

Patrick Grady (Glasgow North) (SNP): On a point of order, Madam Deputy Speaker. Will you give some clarification? The title of the motion on the Order Paper is, I accept:

“Supplementary Estimate: Department for Environment, Food and Rural Affairs (Subject for debate: Future flood prevention)”

However, the text of the motion states:

“That, for the year ending with 31 March 2017, for expenditure by the Department for Environment, Food and Rural Affairs:

(1) further resources, not exceeding £420,838,000 be authorised for use for current purposes as set out in HC 946”,

which is the document that my hon. Friend the Member for Dumfries and Galloway (Richard Arkless) was speaking to. Is the ruling of the Chair that, in fact, the contents of HC 946 as they relate to DEFRA are not for debate in this estimates debate?

Madam Deputy Speaker: Yes, if the hon. Gentleman looks again at the Order Paper, he will see that the notes below—which are in very small print—state:

“This Estimate is to be considered in so far as it relates to future flood prevention (Resolution of 21 February).”

The Questions necessary to dispose of proceedings on the above Motion will be deferred until 7.00 pm on Tuesday 28 February”. That is the critical element in this regard.

Richard Arkless: Thank you, Madam Deputy Speaker.

In common with many Members, I represent a constituency that is susceptible to flooding and has flooded, quite dramatically, twice over the last three years. I have been interested in many of the points made by hon. Members; it has been a well-informed debate, with lots of excellent, pertinent points made.

The Chair of the Environmental Audit Committee, the hon. Member for Wakefield (Mary Creagh), who is no longer in her place, talked about the stop-start nature of the process of flood management across the rest of the UK and about a lack of strategic planning, which has become apparent in this debate today. She talked about businesses being affected by flooding, and there are some specific issues that I questioned the Minister about before and to which she gave some helpful answers, which I will touch on later in my speech.

I was pleased to hear the hon. Member for Castle Point (Rebecca Harris) support my calls and express some concern about the availability of affordable insurance to small businesses; I will mention that later. We know that the hon. Member for Taunton Deane (Rebecca Pow) has a passion for trees and everything horticultural, and she talked a lot about land management and the contribution that land management techniques can make to reduce the risk of flooding.

One of the major debates in my constituency has been the extent to which land management techniques can significantly mitigate the risk of flooding. When towns in my constituency have flooded, we have found it very difficult to find an expert who could say that felling the trees, tidying the riverbanks or dredging a river would have made a significant difference to the risk of flooding. It appears that the one thing that contributes most to the risk of flooding, which is not really in the public's mind, is the huge amount of rainfall. There is some way to go in the debate about, and public consciousness of, the things that contribute to the risk of flooding and the things that can mitigate it.

I was interested, as always, to hear the comments of the hon. Member for Louth and Horncastle (Victoria Atkins). She rightly talked about bringing people together, and all MPs with constituencies susceptible to flooding will have been impressed by how stakeholders and members of the public came together. It was humbling to see that in action. But I must say that she broke the House of Commons record for plugging her constituency and praising her Front Bench, all within a six-minute speech—that girl will go far.

My hon. Friend the Member for Caithness, Sutherland and Easter Ross made an excellent speech and gave the House an excellent summary of the report. He focused on the contrast between the Committee's experiences in Holland, which adopts a principle of proactivity and strategic management and regards flooding as a social issue, and the strategy in the UK, which seems unpredictable and tends to concentrate on managing consequences in emergencies. That tactic needs to change.

The Select Committee's report is one of the relevant documents listed on the Order Paper—to which this debate is restricted—and there is a section on page 23 on business insurance. In many of the towns in my constituency, there are perhaps 30 to 40 small businesses on either side of the high street, which might on occasions be flooded. When those businesses try to get affordable insurance, they can often get a policy with manageable premiums but the excess is completely unmanageable. It is often £15,000 or more. If that main street were to flood again, none of those businesses would be able to pay the excess.

I am concerned to see the assessment on page 23 of the report, which states:

“Defra does not consider there to be a market failure in provision of appropriate business insurance for those located in flood risk areas.”

The report talks only about the cost and availability of policies; it does not discuss the excesses. Were manageable excesses among the criteria that the Department considered when it made the judgment that there had not been a market failure? I was surprised to read the figures from the Federation of Small Businesses and other organisations that thought that only a small percentage of businesses had these problems. That is not my understanding of what is happening in my constituency. This is a very difficult issue that has the potential to put swathes of our high streets out of business. I accept the argument that participants in the Flood Re scheme should not be made to pay for businesses, but some other kind of scheme needs to be made available. There is a clear market failure here and it needs to be dealt with.

The approach in Scotland is not perfect, but it seems to be more advanced than in the rest of the UK. We have a statutory basis for our flood management plan. We passed the Flood Risk Management (Scotland) Act in 2009, which compelled all 32 authorities across Scotland to come up with flood management plans. They have all done so: 42 flood defences are in the pipeline and 80% of the money has been committed by the Scottish Government. Four of those schemes are in my constituency, and I look forward to the conclusion of the process in 2022, when all those flood defences will be built and we will be looking at the next round of strategic planning in Scotland.

6.22 pm

Sue Hayman (Workington) (Lab): This has been a really interesting debate. It was admirably opened by the hon. Member for Tiverton and Honiton (Neil Parish), the Chair of the Environment, Food and Rural Affairs Committee, who gave the House some really interesting information from his Committee's report. He was followed by my hon. Friend the Member for Wakefield (Mary Creagh), the Chair of the Environmental Audit Committee, who talked about the huge impact that climate change is having on our communities. My hon. Friend the Member for Penistone and Stocksbridge (Angela Smith) spoke knowledgeably about the importance of catchment planning and about the Dutch model. My hon. Friend the Member for Poplar and Limehouse (Jim Fitzpatrick) used his experience of working with the fire and rescue services to show why a statutory duty is needed to deal with flooding. My hon. Friend the Member for York Central (Rachael Maskell) shared her considerable experience on this issue and stressed the importance of funding the research being carried out at universities such as York.

Making communities truly flood resilient is one of our greatest challenges. Flooding varies greatly. The flooding in Somerset was not the same as the floods on the east coast, which in turn were very different from the flooding in Cumbria. The House will be aware of the devastating effect that Storm Desmond had on my community last winter, as well as the previous significant flooding that we suffered. Flooding is not just about water. In Cumbria, it roars down the fells, carrying everything in its path. Drains back up and overflow, and huge amounts of rocks, gravel and trees race along in the water. Floods are incredibly destructive. We have had roads and bridges completely destroyed.

So what should we do? As has been discussed today, we need to look at the whole river catchment. We need to invest in sustainable drainage systems. And I believe that we need to stop talking about flood prevention. We cannot prevent flooding, but we can manage it and make our communities properly resilient. People are nervous and frightened, and it is time we took seriously the effect of flooding on mental health. Every time it rains heavily—in Cumbria that is not exactly rare—people are scared that the flooding will happen again. The University of Cumbria is carrying out a survey into mental wellbeing. This is an important piece of work on understanding better the effect of flooding and repeated flooding on our communities.

We also need to look at how we improve emergency planning right across the country. Flooded communities always pull together in an extraordinary way in a crisis, but they feel that there has been insufficient progress due to a lack of leadership, both locally and nationally. We have local flood action groups with a wealth of knowledge and experience, but they feel that they are being kept out of the loop when it comes to decision making and information sharing. That is deeply frustrating for smaller communities, who feel that they are not important because of their small populations. Why should areas such as Barepot and Hall Park View in my constituency be left out because they have only a few homes?

There have been calls in the Committee's report for a national flood authority, and perhaps that is what is needed, but, if so, local communities must have a clear route into it. Can the Minister assure me that local

flood action groups and communities, including local farmers, will be properly consulted and listened to when we develop the truly holistic approach to flood management that we need? After the floods in Cumbria, the Environment Agency told me that the flood defences that were installed after the 2009 floods did what they had been designed to do. Indeed they did, but they were insufficient for the scale of the floods in 2015. This was also the case in other areas, such as York. They made a big difference in some areas and to some families, but that was little comfort to the many people made homeless at Christmas time.

The Government have promised more funding for defences, but the costs for Cumbria alone are estimated to be £500 million, and the solutions we need are about much more than building higher and higher walls. The water has to go somewhere, and if we are not careful we will build flood defences that protect one area but damage another.

We also have to look at planning. There has simply been too much building on flood plains over the years. The Government say that this is no longer a problem as the law was changed in 2009 to prevent building on flood plains, but I have visited two separate areas where houses that had never flooded before were flooded after a new housing development had been built close by. We have to consider the potential impact of all proposed developments on other properties. Maybe the solution is a revised flood impact planning regulation.

Gravel also causes huge damage to infrastructure, farmland and river banks. Parishes and landowners used to keep watercourses clear of silt and debris. This regular management has stopped, however, and local farmers and residents tell me that that has raised the height of the rivers and that bridges have huge deposits of gravel around them. Bridges can be extreme pinch points and end up acting as dams as they become clogged with debris, which backs up the water again. There are also huge deposits of gravel on the farmland next to the rivers. One farmer I know had a bill for £35,000 to clean up his land after the 2009 floods, and he was faced with exactly the same bill in 2015. How will the Minister ensure that proper river management takes place? Is she prepared to look at an incentive scheme to pay farmers to allow the storage of flood water on farmland to reduce flood risk?

Household insurance has been mentioned a lot in the debate. Often it is offered either with huge excesses or not at all. Flood Re is welcome, but is in its infancy and does not work for everyone. I welcomed the new British Insurance Brokers Association schemes to cover businesses. They are something I had been pressing for in Parliament and with Ministers, but they too are in their infancy and need to be closely monitored. Business flood claims tend to be for loss of trade, which can be significant, and the consequences for small businesses, which might not be able to get insurance again after previous flooding, can be catastrophic. We need to get to grips with this, or bankruptcies will increase and businesses will close.

After the 2015 flooding, the then Prime Minister, David Cameron, said that money was no object. The Government must honour that, and provide the resources needed to tackle flooding and the resilience that communities are so desperate for. Since the floods, we have been promised additional capital expenditure but unfortunately little in the way of spades in the ground.

We do not have time to waste. Flooding is not going away. We need a comprehensive plan in place for every community at risk of flooding, covering the entire floodplain and the drainage basin. There is no one-size-fits-all solution; decision makers must talk to the people on the ground. Local communities have so much experience—farmers often have land knowledge that dates back generations—and it would be criminal not to use the expertise that is at our disposal. If the Government do not act immediately, we face the severe risk of communities, such as those in my constituency, becoming ghost towns.

Finally, will the Minister assure me that the necessary funds and resources will be made available, and quickly, to every community at risk? Will she also consider supporting the many excellent recommendations in the Environment, Food and Rural Affairs Committee's report?

6.30 pm

The Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Dr Thérèse Coffey): I congratulate my hon. Friend the Member for Tiverton and Honiton (Neil Parish) on opening the debate and thank the many hon. Members who have contributed, often using direct constituency experience or a broader view from their role on the Environment, Food and Rural Affairs Committee. I welcome the elevation of the hon. Member for Workington (Sue Hayman) to her new position as shadow Secretary of State; it is a pleasure to debate such matters with her. It was also a pleasure to be in her constituency during the recent recess when I visited the toy shop on the high street of one of her principal towns.

Flood and coastal risk management is a high priority for this Government. Compelling evidence suggests that climate change may lead to increases in heavy rainfall and increased risks from fluvial and surface water flooding by the mid-century. Both present significant risks, so we are putting in place robust, long-term national strategies to protect the nation. I am very aware of the impact that flooding can have on a community. In the worst cases, flooding can lead to loss of life, and even moderate flooding can cause significant damage to property and disruption to transport, communications infrastructure, businesses, schools and hospitals. I have certainly supported my constituents in Suffolk following flooding in recent years, and I am fully committed to reducing the impacts of flooding and coastal erosion. To that end, I thank Councillor Andy Smith, who is responsible for coastal management in my area and is chair of the coastal special interest group around the country through the Local Government Association. Together with the Environment Agency and councils, that sort of experience is leading to good local decisions.

John Redwood (Wokingham) (Con): House building in areas such as mine will add to the flooding problem. Will the Minister press the Environment Agency to ensure not only that it demands that enough provision is made for new houses, but that some retrofitting is done? Previous new developments have led to far too much surface water.

Dr Coffey: I recently met my right hon. Friend to discuss that matter. I also met several other people who have not spoken in today's debate to discuss the challenges

of flooding in their areas, including the hon. Member for West Lancashire (Rosie Cooper), who now wants to intervene.

Rosie Cooper (West Lancashire) (Lab): Will the Minister look at the major builders, such as Redrow? They connect new homes into the system knowing that they should include one-way valves and so on, but they do not. That causes the system to flood, leading to water bill payers paying the cost. Developers should be paying the bill, not putting new homes at risk.

Dr Coffey: The hon. Lady speaks with passion on this matter because it has affected properties in her constituency. I stress to her and to my right hon. Friend the Member for Wokingham (John Redwood) that the Environment Agency does work with local councils. The guidance for new developments in the national planning policy framework is clear. Not only has the Environment Agency's advice been accepted in 98% of applications, but there is a clear duty to consider the risk to existing housing stock. I am aware of the specific situation to which the hon. Member for West Lancashire (Rosie Cooper) refers, and I have passed it on to the Department for Communities and Local Government so that it can consider how to make things clear both in planning permission and in planning enforcement.

Angela Smith: I am pleased to hear about those representations to the DCLG. Will the Minister also make representations about making the use of sustainable drainage systems mandatory in new developments?

Dr Coffey: Councils are expected to do that for developments of 10 homes or more, and I hope that the hon. Lady will see progress in her local area. She referred to the situation in Sheffield earlier, and I can assure her that that was not what I heard when I met businesses and people to talk about the potential future scheme in Sheffield. However, one outcome of the national flood resilience review is that we want Sheffield to be a pioneer in how we bring in private investment.

Angela Smith rose—

Dr Coffey: I will not give way because I need to make progress and to discuss other important matters to which other hon. Members referred.

Returning to funding and the estimates, this Government continue to play a key role in improving the protection of those at risk of flood. The historic £2.5 billion over six years to better protect more than 300,000 properties from flooding and coastal erosion is an important increase. A key change is that, instead of the annual budget and the hand-to-mouth existence whereby the Environment Agency was not sure whether a project would be finished, a long-term approach to spending allows the Environment Agency to do the appropriate planning and get on with work instead of guessing how long something will take. We have also increased maintenance spending in real terms over this Parliament to over £1 billion.

The hon. Member for Wakefield (Mary Creagh) referred to partnership funding. I want to point out that it used to be that a scheme would either get all the funding or nothing. There was no way for a wider range of schemes to be covered. I recognise what she said about the extent

[*Dr Thérèse Coffey*]

of other public sector sources of money, but it matters that LEPs can and have made bids in order to increase economic development and are able to partner that funding. I listened carefully to what the hon. Member for Rochdale (Simon Danczuk) said and I will follow up on the issue he raised.

I welcome the support for the use of natural flood risk management and the catchment-based approach that we are developing to prevent floods or to mitigate them where they do occur. I am pleased that my hon. Friend the Member for Tiverton and Honiton welcomed the fact that we are introducing a new reporting measure on natural flood management in future spending years from 2018-19. We have allocated a further £15 million specifically for natural flood management schemes. I have not yet seen the candidates for those schemes, but the Environment Agency is working them up and I am aware of the Environment, Food and Rural Affairs Committee's recommendation of one catchment scale to test out the principles. That approach is already being used in some flood prevention schemes, but it is right to have appropriate criteria for measuring.

On planning for future resilience, the hon. Member for Wakefield referred to the Environmental Audit Committee's report and the House should be aware that we are now better prepared to deal with such issues. I am glad that my hon. Friend the Member for Tiverton and Honiton said that I am unable to change the weather—I am certainly not divine in that regard—but we are working hard to ensure that the lessons of previous floods feed into the national flood resilience review. I have chaired weekly meetings, which have only just finished, to get progress updates on what is happening with the different infrastructure providers. We have also re-established the inter-ministerial group on flooding, which meets quarterly for a broader response to flood prevention.

We have allowed the Environment Agency to invest in mobile flood defences. It now has 25 miles of temporary defences and half a million sandbags located across seven key areas, and it can deploy them flexibly around the country. The Army has also been made available. Troops were deployed in Lincolnshire and Norfolk at the request of the local resilience forums, but Suffolk and Essex decided that they did not need the help of the armed forces in the recent coastal surge. Overall, the country will be better protected and services for our communities will be more resilient to flooding. Over the next year, we intend to focus on surface water, which is a significant source of flooding, particularly in cities and urban areas. Again, that will involve collaboration between the Environment Agency, lead local flood authorities, the water sector, and other stakeholders with an interest in managing the risk.

On working together, we all recognise that flooding affects many aspects of our lives. We carefully considered the report's recommendations on structures, but we do not agree that there is a need for substantial change—that does not mean to say that there are no ways to make it work even better. The local flood risk management action plan, which the Government published on 24 January, is a good example, and it aims to promote best practice and enable all lead local flood authorities to carry out their responsibilities as effectively and

efficiently as possible. Eight councils have not started their plan, and I have written to them indicating that, if some action is not undertaken by the end of March, we will use our powers to get the plans going for them.

We should recognise that the current system means that, since 2005—stretching back into the last Labour Government—more than 500,000 properties are better defended today. I want to get it across that, right now, structural change would get in the way of delivering the flood prevention, resilience and other measures that will be undertaken over the next few years. Again, I am not convinced that just changing the name of who does what will improve the way that different bodies work together.

On the fire services, to which the hon. Member for Poplar and Limehouse (Jim Fitzpatrick) referred, I can reaffirm that the Government have no plans for a statutory duty to deal with flooding. Fire services already respond to flooding as part of their general duties under the Fire and Rescue Services Act 2004 and the Civil Contingencies Act 2004 and in response to the risks set out in their integrated risk management plans. I pay tribute to those fire authorities that moved around the country following the recent coastal surge. It was well done, and in particular I saw the firefighters from Hampshire who came up to help Suffolk and Norfolk. That shows that the system is working well.

Jim Fitzpatrick: I recognise that the Government do not intend to move on this matter this instant, but does the Minister accept the statistic I quoted that the number of firefighters in the UK has reduced by 7,000 in the past seven years alone? There is no statutory duty, so responding to flooding is not a role that the fire service legally has to carry out. Will she keep that under close review and talk to her colleagues in the Home Office about making sure that numbers do not fall any or much further? Otherwise the fire services will not have the wherewithal to do the job that we all expect them to do.

Dr Coffey: I am cognisant of the fact that, certainly in my own area, there are fewer firefighters than there were some years ago. I do not have a single full-time firefighter in my constituency of 300 square miles, and this is an opportunity to pay tribute to the retained firefighters who help their communities. I assure the hon. Gentleman that there have been conversations with the DCLG and, now, the Home Office.

I have covered the point that we expect sustainable drainage in new developments. On governance, I flag up the role of the regional flood and coastal board, and a lot of that work is covered by the regional flood and coastal committees, which comprise a number of different stakeholders.

Several hon. Members raised the issue of insurance. The Flood Re scheme has been a good success, but I recognise what Members said about businesses, which is why we have worked hard to get the British Insurance Brokers Association to bring a product to market. I encourage all hon. Members to make businesses aware of that fact. If people feel that, having been offered a quotation for a specialist policy, they are still struggling, I would like to be made aware of it. I want to look at that in detail, but I am not able to promise today that we will have another Flood Re for businesses because the

basis of Flood Re is that it is time-limited. It is a principle of general taxation that we share resources across the country and, to some extent, that is what has been extended with the Flood Re scheme, through which every insurance policy carries a premium to help with flooding.

I recently visited Mytholmroyd in the Calder valley, and some businesses there are moving. Admittedly they are moving about 200 yards, but they are moving and appropriate defences are being established.

Kevin Hollinrake (Thirsk and Malton) (Con): The Minister asked for examples. Topcliffe Mill in my constituency is a development of 12 apartments that currently has an insurance premium of more than £30,000 because of flooding. Although I can understand that commercial schemes are seen to be a market opportunity for commercial insurance companies, in many cases they are not. Topcliffe Mill is a case in point. I would be delighted if she looked at that particular case.

Dr Coffey: The point about leasehold properties is that they tend to be owned by the freehold or management company, which is why they come under the commercial area. If my hon. Friend wants to write to me with more details, I will look into it.

Of course I will be delighted to meet my hon. Friend the Member for Castle Point (Rebecca Harris)—I have met many other Members. It is good of the hon. Member for Louth and Horncastle (Victoria Atkins) to point out the role of emergency services in her area. I hope that I have answered some of the queries raised by the hon. Member for York Central (Rachael Maskell) about businesses. I might not have answered them to her satisfaction, but I point out that Flood Re did not apply to businesses after 2009 because that was when all the rules came in to discourage building on floodplains, and we should not reward them with flood insurance as a consequence of doing that.

In answer to the hon. Member for Dumfries and Galloway (Richard Arkless), we have a statutory basis for the flood management plan in this country, too.

Rachael Maskell: Will the Minister give way?

Dr Coffey: I will not.

I am sure that the hon. Gentleman is aware that the Procedure Committee is undertaking an inquiry into the estimates procedure.

Finally, the hon. Member for Workington will be aware that the Cumbria flood action plan was supported by many local communities. I have met, for example, the Keswick flood action group three times since becoming the responsible Minister, and I have to admit that, at times, I have encouraged a little less conversation and a little more action from the Environment Agency. It is important that we get on with some of these schemes, recognising that we are not going to please everybody with every single design. All I know is that people will be better protected than they were this time last year, and that that will continue right across the country.

I commend the estimates in the name of DEFRA to be supported in the votes tomorrow night.

6.48 pm

Neil Parish: I welcome the fact that the Minister has asked the Environment Agency to talk less and do more, which would be great. In fairness, I pay tribute to the work of the agency and its staff during the floods. Our report states that we need action from top to bottom.

I also thank the hon. Member for Wakefield (Mary Creagh) for the contribution of the Environmental Audit Committee, and I thank the members of the Environmental Audit Committee, the members of the Environment, Food and Rural Affairs Committee and all other Members who have spoken today. It is important that we get flood protection right, because when it rains homes and businesses flood. We have to ensure that every £1 spent centrally and locally is spent well. Local drainage boards, local authorities and local landowners can do a great deal more to alleviate floods, and farmers can do more to hold water.

I look forward to all of us working together in this House to deliver better flood protection.

Question deferred until tomorrow at Seven o'clock (Standing Order No. 54).

DEPARTMENT OF HEALTH

Health and Social Care

[Relevant Documents: First Report of the Health Committee, Impact of the Spending Review on health and social care, HC 139, and the Government response, Cm 9385. Evidence taken before the Health Committee on 11 and 18 October 2016, Department of Health and NHS finances, HC 693. Letter from the Health Committee to the Chancellor of the Exchequer, dated 26 October 2016, concerning NHS finances, and the Chancellor's reply, dated 8 November 2016. Letter from the Chairs of the Health Committee, Communities and Local Government Committee and Committee of Public Accounts to the Prime Minister, dated 6 January 2017, concerning health and social care, and the Prime Minister's reply, dated 11 January 2017. Third Report of the Health Committee, Winter pressure in accident and emergency departments, HC 277. Second Report of the Committee of Public Accounts, Personal budgets in social care, HC 74, and the Government response, Cm 9351. Tenth Report of the Committee of Public Accounts, NHS specialised services, HC 387, and the Government response, Cm 9351. Twelfth Report of the Committee of Public Accounts, Discharging older people from acute hospitals, HC 76, and the Government response, Cm 9351. Sixteenth Report of the Committee of Public Accounts, Improving access to mental health services, HC 80, and the Government response, Cm 9389. Twenty-fifth Report of the Committee of Public Accounts, Uniting Care partnership contract, HC 633, and the Government response, Cm 9413. Fifth Report of the Public Administration and Constitutional Affairs Committee, Follow-up to PHSO report on unsafe discharge from hospital, HC 97, and the Government response, HC 1016.]

Motion made, and Question proposed,

That, for the year ending with 31 March 2017, for expenditure by the Department of Health:

(1) further resources, not exceeding £8,716,216,000 be authorised for use for current purposes as set out in HC 946,

(2) the resources authorised for use for capital purposes be reduced by £1,193,967,000 as so set out, and

(3) the sum authorised for issue out of the Consolidated Fund be reduced by £1,038,424,000.—(Chris Heaton-Harris.)

6.48 pm

Dr Sarah Wollaston (Totnes) (Con): Today's debate on the supplementary estimates and the financial position of health and social care matters, first and foremost, because of the impact of that financial position on patient care. I start by paying tribute to our health and care staff across the country and, at this particular time, by noting and thanking those who have come from across the European Union to work in this country.

The current financial position is of great concern. As a result of the wider economic downturn, we are now in the seventh year of the longest financial squeeze in the history of the NHS. Although the Department of Health's budget has been protected in relation to many others, we cannot escape the fact that over the previous Parliament the average annual increase in its budget was 1.1%, which is far lower than the increase in demand and, of course, far lower than the historical increase of 3.8% since the late 1970s. All that is in the context of an extremely challenging position for social care. Between 2009-10 and 2014-15, there was a 10% real-terms reduction in social care spending by local authorities.

All that has taken place in the face of an extraordinary increase in demand, because of not only a rising population but our changing demographics. To put that into context, over the decade to 2015 there was a 31% increase in the number of people living to 85 and beyond, and we estimate that over the next 20 years we will see a 60% increase in the number of individuals who rely on social care. Over the years there has been an abject failure of Governments to plan for that, although it was entirely predictable. We absolutely cannot just keep ducking the question. We need not only to address the immediate financial problems that face health and social care, but to come together as a House to address the problems for the future.

Bill Wiggin (North Herefordshire) (Con): It occurs to me that this is not a uniquely British problem; it is in fact a global one. I have been trying to find out where in the world social care is best delivered and whether we can learn anything from those countries.

Dr Wollaston: My hon. Friend makes an important point. We are all looking forward to the publication of the House of Lords report on future sustainability, because of course we have much to learn from other systems. I pay tribute to the Public Accounts Committee, which today published its report on the financial sustainability of the NHS. We have also seen the final position of trusts at the end of the previous quarter, so we now know that 135 providers ended that quarter in deficit. We are on course for a financial deficit across trusts of between £750 million and £850 million at the end of the financial year.

Caroline Lucas (Brighton, Pavilion) (Green): The seriousness of what we are talking about is demonstrated by how, as the hon. Lady will know, over the past five decades there was a downward trend, with falling death rates, yet new research shows that that trend has reversed since 2011, and that approximately 30,000 more people died in 2015 than in 2014. With such deaths occurring in the context of a massive disinvestment in health and social care, does she agree that the financial cuts are likely to have been implicated in that unprecedented rise in death rates?

Dr Wollaston: I have seen the study to which the hon. Lady refers, and I think the Department of Health needs to look at it very carefully.

Mr Jim Cunningham (Coventry South) (Lab): We should look at it in general terms. For example, a local authority cannot deal with bed-blocking because it does not have the resources to provide social workers. The NHS as a whole in Coventry and Warwickshire has to find cuts of £250 billion, which is a tremendous amount of money. If we are not careful, we will create an insoluble problem.

Dr Wollaston: I thank the hon. Gentleman for making that point, although I think we should use the term "delayed discharges" rather than "bed-blocking", because the latter can make older people who are in that position feel as if somehow they might be to blame. Nevertheless, I take his point.

The estimates memorandum seeks a transfer from the capital departmental expenditure limit of £1.2 billion to prop up revenue. It also seeks a £23 million transfer from Her Majesty's Treasury reserve, a £58.5 million

transfer from other Government Departments, and a £6 million transfer to capital from other Departments. Again, we see an unsustainable position, as pointed out by the Comptroller and Auditor General.

Dr Andrew Murrison (South West Wiltshire) (Con): I am following closely my hon. Friend's remarks, which are, as ever, wise. Does she share my concern that if we are to transfer money from capital to revenue, the sustainability and transformation plans, most of which imply a certain level of capital investment in order to save revenue in the long term, will not be possible?

Dr Wollaston: I absolutely agree with my hon. Friend and will discuss that later.

The point about the raids on capital budgets over the years—this is the third year in which we have seen transfers from capital to revenue budgets—is that we are talking about the money required to keep facilities up-to-date, and for essential repairs and the roll-out of new technologies. Putting off such repairs and investments means they cost more down the line, so it is a false economy. It is simply an unsustainable ongoing mechanism. The Department of Health has indicated that it would like to see an end to the practice by 2020, but both the Public Accounts Committee and the Health Committee have called for it to be stopped immediately because we feel it is, as I say, a false economy. As my hon. Friend the Member for South West Wiltshire (Dr Murrison) pointed out, it is about raids not only on capital budgets, but on the sustainability and transformation fund. It is increasingly becoming all about propping up the sustainability part rather than putting in place the essential transformation.

Mary Creagh (Wakefield) (Lab): The hon. Lady is making some excellent points. The sustainability and transformation plan for West Yorkshire will take around £1.1 billion out of our health system over the next four years—£700 million from the NHS and £400 million from social care services—as a result of which centres such as the King Street out-of-hours health centre are set to close, putting even more pressure on over-pressed A&E departments like the one at Pinderfields, my local hospital. Does the hon. Lady agree that, by forcing even more pressure on A&E departments, such plans give the words “sustainability and transformation” a bad name?

Dr Wollaston: I absolutely agree with the hon. Lady. It is undermining public confidence in sustainability and transformation plans. I shall discuss that in more detail later.

The financial position is starting to create a perfect storm of delayed discharges, rising waiting times in A&E, and rising so-called trolley waits for patients waiting to be transferred to the wards, which has quite serious implications for their safety. There are unsustainable levels of bed occupancy, and increasingly we are hearing stories of not only routine but urgent surgery being cancelled. Worryingly, there have been two cases in which urgent neurological procedures did not take place, resulting in the deaths of two patients. That is extremely serious.

John Redwood (Wokingham) (Con): Does my hon. Friend agree that when we look at the formulae for the distribution of money via councils, we cannot look only at deprivation, which tends to be highly weighted? It is

an important issue, but in more affluent areas such as mine we have an even bigger problem with people living a very long time; although that is good news, there is far more demand for services because they live for so much longer.

Dr Wollaston: My right hon. Friend makes an extremely important point: it is about not only the overall budget but the distribution. I think we would all agree, on both sides of the House, that deprivation must be properly weighted, but he is absolutely right that age and the resulting need for services is one of the key drivers of need. That is probably not adequately reflected in the way resources are currently distributed.

There is undoubted evidence of the impact of the financial position on patient care. Unfortunately, this whirl of hospitals having to cancel routine procedures has a further impact on their ability to meet their financial targets, because of the reduction in their income. I hope Ministers will not simply consider this as a short-term issue; more importantly, they must look at how we can fund these things sustainably in future. They must not look at health and social care in their separate siloes but see them as a single system and genuinely look at how we are going to take things forward.

If we do not address this problem, we need to be honest with our constituents about the consequences. People talk about a collapse in the NHS. I do not believe that that will happen, but what we will see is a continuing deterioration in performance, with a real impact on the quality of care, which will put lives at risk. The safety, which is essential to our patients and which the Department of Health has prioritised, is increasingly in danger of slipping.

A number of Members have commented on sustainability and transformation plans. In principle, they are extremely important as a way not only of acting as a road map for the Five Year Forward View, but of enabling us to return to a much more logical way of planning for integrated health and care. Hopefully, they will enable us to get away from endless contracting rounds in the NHS and move towards genuine planning. I am afraid that what has undermined them has been inadequate local consultation, inadequate working with local authorities, and, crucially, inadequate funding. If we do not have the funding to put in place the transformation of services, we will see these plans fail. Increasingly, those plans are being seen as a vehicle for cuts—

Helen Goodman (Bishop Auckland) (Lab): They are.

Dr Wollaston: I say to the hon. Lady that, genuinely, these plans offer us an opportunity to produce a transformative process, but they are being undermined by a number of critical points, and we should address them.

Anne Marie Morris (Newton Abbot) (Con): Does my hon. Friend agree that one of the key pieces missing from the STP plans is the bit that enables that double running, so that we can move from the existing system to the new system? There is no money anywhere for any transition and double running.

Dr Wollaston: I absolutely agree with my hon. Friend and neighbour. As she will know, in our area, we are seeing not only the closure of four much-loved community hospitals, but, on top of those 44 beds lost from community

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hospitals, the local trust wanting to cut 32 acute beds, at a time when its bed occupancy is already running between 92% to 94%. Unless we have that double running and the communities can genuinely see the change, those plans will be seriously undermined. Too often, the NHS plans for hoped-for demand, rather than actual demand.

Victoria Prentis (Banbury) (Con): I thank my hon. Friend for listening to me on a number of occasions when I have been worried about the situation in Horton general hospital. She has been kind enough to talk me through some options. One of the difficulties with the consultation process is that lay people—of whom I am one—are not given sufficient evidence to enable them fully to engage with the system and to have trust in the trusts that are seeking to engage them.

Dr Wollaston: My hon. Friend is absolutely right. It is important that the evidence is available not just to us, but to the local communities. There should also be a sense that consultations are a genuine process. As I have said, it is about the co-design of new services. Time and again, we have reports from the NHS that demonstrate that co-producing new services results in a much better service in the long run, so I thank her for her point.

We are talking about the cuts not only to the trusts, but to the clinical commissioning groups. What we are seeing now is that CCGs are being asked to hold back £800 million of their budgets to offset deficits in trusts. Again, this is about patient care that is being cut back. Alongside that, we have seen cuts to Public Health England and to Health Education England. The idea that we have an NHS that is on a sustainable footing is, I am afraid, simply not the case. I ask Ministers to be realistic about the current position, and I ask our Chancellor, in his forthcoming Budget, to address this matter by urgently giving a lifeline to social care, because that will benefit not just social care, but the NHS. In addition to announcing that lifeline, which I hope he can do by bringing forward the better care fund with new money rather than a transfer from the NHS, I hope that he will promise a genuine review of sustainable future funding covering both health and social care. I call on Members from across the House to agree that, rather than our having the usual confrontational debates, we should see this as a generational challenge that will face whichever party is in power over the coming years. We should all work together, for the benefit of our constituents, to produce a sustainable future for the NHS and social care.

Madam Deputy Speaker (Mrs Eleanor Laing): I call the Chair of the Public Accounts Committee, Meg Hillier.

7.4 pm

Meg Hillier (Hackney South and Shoreditch) (Lab/Co-op): May I pay tribute to the Chair of the Health Committee for her sterling work in this area and to the Chair of the Communities and Local Government Committee? Our three Committees are united in the view that we need to bring the agenda of how we fund health and social care to the front and centre of this House and this Government. It is important that we work together on that. It is quite unusual for three Select Committees to co-ordinate in such an effective way—at least we hope it is effective. Ultimately, the proof will be whether this view will bite with Government.

We are clear that integration of health and social care is vital. In fact, we rushed to the Chamber from Committee Room 6 where we were debating the first phase of the better care fund, which had been used as a way of taking health money to prop up the social care budget. Amazingly, the head of NHS England and the Department of Health, who were appearing in front of us, denied that there was any failure in the better care fund. They said that there were not really any targets; it was all about taking money from one pot to pay for another. If that does not underline the challenges that exist in the many initiatives that are coming forward and the lack of sustainability for long-term funding, I do not know what does. I echo the comments of the Chair of the Health Committee that we need a long-term generational shift in how we are going to deal with this matter. We cannot just keep lurching from crisis to crisis and funding situation to funding situation.

My Committee looks very closely at accounts for many Members of this House. It may not be the most enjoyable bedtime reading, but we lap up the accounts of different Government Departments. We were disappointed that the Secretary of State laid the NHS accounts on the last day of the parliamentary term in July. When we opened them, we realised why: those NHS accounts were within target only by a smoke and mirrors approach and a series of short-term, one-off measures to ensure that they balanced.

I remind the Under-Secretary of State for Health, the hon. Member for Warrington South (David Mowat), that last year the Public Accounts Committee, of which he is a former member and therefore is doubly thoughtful on this subject, gave the Department a yellow card warning that, if in 2016-17, these similar one-off measures and a similar approach to the Budget were carried forward, we would be giving it a red card. The Comptroller and Auditor General, Sir Amyas Morse, issued an unprecedented warning in those accounts, which had been audited by the National Audit Office, and laid out his serious concerns. As he told us, he walked down Whitehall to talk to the permanent secretary at the Department of Health to make it clear that he was concerned about those one-off measures.

To help the House, I will lay out how it was that, by some miracle, the Department managed to balance its books last year. First, £2.14 billion was set aside for sustainability and transformation funding, £1.8 billion of which was used to cover hospital trust deficits. The Department of Health did not notify the Treasury of the additional £417 million of national insurance receipts that it had received. It said that it was just a one-off reporting error. I am heartened to see that, in the current estimates, such a practice does not recur.

There was also a one-off super dividend of £100 million for the Department from the Medicines and Healthcare Products Regulatory Agency. That large cash balance was put into its capital departmental expenditure limit budget, which helped it to reach a final balance. Critically, it seems that this is becoming a long-term strategy for NHS budgeting—I hope the Minister will take this seriously and respond. As the Chair of the Health Committee has highlighted, we are seeing a trend of capital funding being pushed into revenue to keep the system going. That is not sustainable. Last year, in 2015-16, the Department of Health transferred £950 million of capital to revenue. The supplementary estimate that

we are debating tonight shows that the Department will transfer some £1.2 billion of capital to revenue funding this year—so £250 million more than last year.

Bill Wiggin: I am particularly interested in the private finance initiative element of the capital funding, because certainly, for all the years that I have been a Member of Parliament, the PFI burden on Hereford hospital has always held it back. Has the hon. Lady's Committee had a chance to look at that?

Meg Hillier: We have not looked at that directly, but we know that the biggest revenue cost for hospitals is staffing, which is followed, for some hospitals, by servicing a PFI deal. Early analysis suggests—I would not want the House to lay too much on this, because it comes from conversations I have had with auditors—that the challenge is that the cost of refinancing those PFI deals can swamp the potential savings. Perhaps Ministers could look into that further. A lot of technical work has been done to attempt it. The British Medical Association tells me that spreading the payback period over a longer time would reduce the day-to-day resource costs for hospitals, so that might be a way forward. However, I speak from work I have done outside the Committee Room, rather than strictly through the work of the Public Accounts Committee and the National Audit Office.

The supplementary estimate this year is worrying. The trend is going in the wrong direction for taking money out of the capital spend. As the hon. Member for North Herefordshire (Bill Wiggin) highlighted, a lot of the transformation in the NHS will require the reconfiguration of buildings and estate. Those sorts of capital expenditures are important to save money in the long term, so the estimate really is very short-sighted.

If we look at how NHS trusts are managing with their deficits, again we see a worrying trend. At the beginning of this financial year—2016-17—NHS Improvement committed to ensuring that the provider sector deficit did not exceed £580 million at the end of the year, which is now in a month's time. However, NHS Improvement forecast a deficit of £644 million in quarter one. Its forecast declined further to a deficit of £873 million in quarter three. That pledge did not amount to very much, and it is moving very much in the wrong direction. NHS trusts have been overspending by approximately £300 million a quarter throughout this financial year. If that trend continues into the final quarter of the year, the overspend will be close to £1.2 billion. I have laid out the reality very starkly by picking out uncertain elements in the Department of Health's consolidated accounts.

We hear a lot of discussion about how much money the Government are putting into the NHS. The Committee had an unedifying experience at a hearing on 11 January, in which the head of NHS England came before us on the very day that anonymous briefings in the national press from sources at No. 10 criticised him and NHS England. He defended his position in the Committee but, frankly, patients do not want anonymous briefings from people to save face when the Committee is actually looking at saving lives and treating patients. They do not want to see a ding-dong about the money. They need to know that the people running our health service, and the Government overseeing and channelling taxpayers' money into it, are committed to long-term patient care and tackling future long-term challenges.

Let us be clear that protecting the NHS England budget is not the same as protecting the health budget. As the hon. Member for Totnes mentioned, Public Health England and Health Education England are being squeezed, and social care budgets—although not a direct national health cost—went down by 10% in the last Parliament. There are some clever measures by Ministers, saying, "Put up your council tax precept and it'll all be fine." That is still taxpayers' money being found from somewhere to go some way towards solving the problem, but it will not solve it in the long term. Unless we tackle social care and health together, we will have an unsustainable future. There is too much robbing Paul to pay Paul—shifting money from one bit of the budget to another in a clever way that is not transparent to most people out there because it is buried in big numbers.

Seema Malhotra (Feltham and Heston) (Lab/Co-op): My hon. Friend is making a thoughtful and evidence-rich speech, as always. One issue that is not often talked about, but that appeared in the media again today, is the rise in physical attacks on NHS staff. The budget of NHS Protect, which deals with a lot of security issues, is also being cut. That is part of creating the perfect storm, with evidence that a lot of perpetrators of such attacks are those with mental health issues. Unless we have the resources for an environment in which we keep NHS staff safe, the issue could get worse.

Meg Hillier: My hon. Friend makes her point well. It is important to protect staff. I echo the comments of the Chair of the Health Committee that staff cost more than anything else in the NHS and provide the direct patient care that is so important to its long-term sustainability. I will touch on workforce planning in a moment.

Mr Jim Cunningham: There is another dimension, which is that some people with mental health problems turn up at A&E units because there is no other place for them to go and they cannot get any other accommodation. The views and voices of the carers who look after these people are very often not listened to. I get many complaints about that.

Meg Hillier: That is one reason that we need to be really clear that we are looking at a long-term integrated health and social care system. Social services support should be there for people—whether they are a frail older person, someone with a particular disability and need, or someone with a mental health challenge—when they need it to prevent them from going to A&E in the first place.

Rachael Maskell (York Central) (Lab/Co-op): Will my hon. Friend give way?

Meg Hillier: I will, but I will then make some progress.

Rachael Maskell: I thank my hon. Friend for her excellent speech. I am disturbed when I hear that the Government are putting more money into mental health, yet I have just received the figures on Vale of York CCG mental health funding, which will be cut in the next financial year. The budget is dropping from £46 million to £45 million next year in a city that has real challenges

[*Rachael Maskell*]

around mental health, which shows that services are not catching up with what the Government insist is trickling down into the system.

Meg Hillier: My hon. Friend puts a face on the real challenge faced by many trusts and commissioners: they are having to make choices about where to spend the money. Despite the pledges about parity of esteem, there is a squeeze on mental health funding nationally.

The reality of the overall picture is that growing demand is outstripping the ability of the NHS to supply needs, which is having a direct impact on patients. There are now longer waiting times for GP appointments. I alert colleagues to the Public Accounts Committee's hearing on GP services next week; any thoughts from hon. Members' areas are welcome. People are waiting longer to see specialists, with the 16-week target being breached, and A&E targets are being breached too often. There is a real challenge.

NHS Improvement is a welcome body for trying to encourage best practice, because there is regional variation. It is quite right that any body as large and expensive to taxpayers as the NHS looks to perform as efficiently as possible but, once again, we are seeing NHS Improvement mask what look like cuts. A 4% efficiency savings target is once again being imposed. It was imposed in the previous Parliament by the then Chancellor, the right hon. Member for Tatton (Mr Osborne), and was acknowledged by the head of NHS Improvement, Jim Mackey, as particularly challenging. Worryingly, the reality was that everyone in the system knew that the target was too challenging, but there is a real lack of a culture of whistleblowing and calling it out in the NHS. It is difficult for people to speak truth to power, as we see over and over again. The head of NHS Improvement again acknowledged to our Committee recently, as mentioned in our report, which was published today, that the 4% efficiency savings required as part of the transformation programme are "challenging."

Our report also describes a worrying correlation between the financial performance of trusts and their Care Quality Commission ratings, stating:

"Trusts that achieved lower quality ratings had poorer average financial performance, and the 14 trusts rated 'inadequate' together had a net deficit equal to 10.4% of their total income in 2015-16." That is a real issue.

I will touch on workforce planning before beginning to draw my comments to a close. We hear a lot about the cost of locums. Very often in the national debate, I worry that we fixate on smaller issues when we really need to look at the bigger picture. We often hear about the very high rates per hour or per day paid to individual locums. That certainly is a problem—paying someone several thousand pounds a day or a shift seems ludicrous—but the key issue is the sheer volume of locums needed.

Each year, the trust structures are set to meet the budget sent down to them from the Department of Health—our tax money, but not enough of it. From the beginning, they are just not set up well enough to meet demand. Trusts have to buy in locums to meet the needs of their populations, but that is not sustainable in the long term. There were challenges, with a reduction in the number of nursing places in the last Parliament, which is coming through now. We have recently seen the

loss of the nursing bursary, which we hope does not mean a reduction in the number of nurses in the future. However, many women, particularly lone parents, in my constituency welcome the opportunity to better themselves and contribute to our NHS by taking that on. I hope the Minister will give us an update on the numbers of people going into nursing training now and, crucially, on whether the people taking those training places will stay and work in our NHS, especially given Brexit and immigration issues.

Mrs Anne-Marie Trevelyan (Berwick-upon-Tweed) (Con): My local foundation trust, Northumbria NHS Trust, has taken to training its own cohort of nurses so that local people who want to join the nursing profession will be able to do so knowing that they will be able to work in that local trust, which has a great reputation and which is leading the way on the financial and medical changes we need to see.

Meg Hillier: I agree with the hon. Lady. My own hospital does the same, taking on healthcare assistants and bringing them up through the system. The challenge is: how many people will be put off without that bursary payment? We need a clear answer from the Minister about what analysis was done of the impact on the workforce of that change. The amount of money involved is relatively small compared with the challenges and problems of not being able to provide a health service if we do not have enough nurses.

Helen Goodman: False economy.

Meg Hillier: It may well be, as my hon. Friend says, a false economy.

Dr Philippa Whitford (Central Ayrshire) (SNP): The early figures that have come out from NHS England suggest a 23% drop in applications. Obviously, that is a significant change.

Meg Hillier: The key thing, of course, is how that figure comes through the pipeline and how we fill the gap. While the Minister is on his feet at the end of the debate, it would be helpful if he said what analysis the Department of Health has done of the impact of Brexit and any changes it may herald for our NHS workforce, because a high percentage of them are from Europe. We are hearing the right sounds from the Government, but we have not yet had any action on securing the future of those European citizens currently resident in the UK. If the Minister is able to give us any comfort on that, it would be very welcome.

I am heartened that so many Members are in the Chamber to discuss this important issue. I should mention that the Public Accounts Committee has also been working with the Procedure Committee to try to ensure that the House can discuss the financial details of estimates rather than just the general principles, although I have obviously strayed into those, too. Hopefully, we can base these debates on the figures we have spent so much time looking at in the Public Accounts Committee. It is unedifying for the public to hear anonymous briefings and public argument; that does not wash with them. We need to be on top of this issue so that we hold the Government's feet to the fire and make sure that, every step of the way, they know we are watching the budget. We will not let you get away, Minister, with raiding the capital budget to fund the accounts this year.

Oliver Colvile (Plymouth, Sutton and Devonport) (Con): The hon. Lady is making a very interesting speech. One thing we should make much greater use of is pharmacies, especially to try to take some of the pressure off GPs. We should also ask GPs to go into pharmacies and to be located in them.

Meg Hillier: The hon. Gentleman makes a good point, and I visited one of my local pharmacies only a few weeks ago and saw at first hand the work it does to help ease the pressure on GPs, where people are waiting a long time for appointments, and on A&E. The Minister has taken a keen interest in pharmacies, but there is nevertheless a cut to their base budget. While we are on that point, it is interesting to note that that base amount allowed them to have the certainty to employ a member of staff to conduct appointments directly with patients. If they rely just on the revenue income they get from selling products, they cannot be sure that they can maintain that salary every year. That solid base of funding was important in a constituency such as mine, where, for all sorts of reasons—culture, language and convenience—people often find their local pharmacy more readily than they do their GP practice, and they find it very useful. The Minister therefore has questions to answer on that point as well.

A cross-party group of us recently met the Prime Minister, and I was heartened that she at least acknowledged the need to look at the long-term issues around health and social care. She has made a pledge that her adviser at No. 10 Downing Street will meet a cross-party group of MPs to discuss this issue further. I hope that heralds a change of attitude in the Government that will see no more anonymous briefing and silly bickering, but a strong, concerted effort to make sure that we future-proof our NHS for us and our children and that it is the beacon to the world that we all believe it is.

Several hon. Members *rose*—

Madam Deputy Speaker (Mrs Eleanor Laing): Order. It will be obvious to the House that a great many people wish to speak this evening. Of course, we have plenty of time, but it is limited. If hon. Members take a self-denying ordinance and speak for no more than nine minutes, everyone who has indicated that they would like to speak will have an opportunity to do so. I hope not to have to apply a formal time limit, because nine minutes is actually a very long time: if you cannot say it in nine minutes, you have to go away and practise. I know that no practice is needed by Anne Marie Morris.

7.25 pm

Anne Marie Morris (Newton Abbot) (Con): Let us be clear: estimates are a serious business; they must be realistic. Every year, Parliament votes on how much can be spent. If excess is needed, Departments have to go back to the House, so getting estimates right is mission-critical.

The challenge I have with these estimates is that I have little faith that the assumptions they are based on are realistic. As my hon. Friend the Member for Totnes (Dr Wollaston) said, there is an assumption that demand will go down. As the population increases, and as immigration increases, that seems a very unrealistic view to take. The Government need to look long and hard at the assumptions they have made, because I for one am not convinced that they have got them right.

We also need to look at what these estimates assume in terms of the negatives. They assume we can keep on course if we reduce public health spending. If we start reducing that spending, which prevents the need for NHS intervention—the most expensive form of intervention—will we really save money? It seems to me that we will not. The other assumption made in these estimates is that central administration will be cut. We should bear in mind the complexity of what is going on at the moment, with 44 STPs coming on board, as we all hope they will, and I agree with my hon. Friend that they are a good concept, although I have some real concerns about delivery. Overall, I am concerned that these estimates are not based on realistic assumptions, and Ministers will need to seriously address that.

As the hon. Member for Hackney South and Shoreditch (Meg Hillier), who leads the Public Accounts Committee, and my hon. Friend have said, the estimates must take into account what we need for health and social care. If we cut spending on social care, or do not adequately fund it, we will increase spending in the NHS.

However, underpinning all of that is the need to have measurements in place across the whole system, as my hon. Friend indicated, so that we know what the full scope of the demand is. We must measure the results achieved by the resource we put in and the outcomes for the population as a whole. We all talk about measures around A&E and the NHS. We all talk about waiting times, and the targets that are set are all around waiting times. However, nobody is looking at what impact that has on primary care—on our GPs—or on social care. If an estimate is to be right, therefore, we need to look at the whole system of measurement.

Jo Churchill (Bury St Edmunds) (Con): My hon. Friend is making powerful points. At my local district general hospital, West Suffolk, winter preparedness plans included a 5% uplift in demand—this is exactly the point she is making—but there was a 20% increase. I have exactly the same thing in social care, where my social care providers tell me people are older and more poorly. We have increased demand across the piece for that reason.

Anne Marie Morris: I thank my hon. Friend for that helpful example. She is absolutely right.

If we look at the whole measurement system—this was acknowledged in one of our Public Accounts Committee sessions by the Department of Health—we see that there is limited measurement, and that there probably should be more. When I challenged the individual concerned on whether the Government would be looking at that, he stood from one foot to the other and could not give us much of an answer. These estimates have to be based on proper measurement of need, on what is operationally put into practice, and on the outcome for patients, but that simply is not the case.

We need to look at the differences between the NHS and social care as regards how the money is allocated. In the NHS, we have some ring-fencing, while in social care we do not, but because the two are inextricably linked, unless we look at the way in which each of those pots is managed, never mind how much is in them, we give rise to problems for the future. Social care is not ring-fenced. I am sure we are all grateful for the additional moneys that have been provided, but frankly they do

[Anne Marie Morris]

not go far enough. The first chunk of money might cover the living wage, and the ability of local authorities to increase the precept by 3% is welcome, but as the Chair of the Public Accounts Committee said, that is taxpayers' money.

Dr Murrison: My hon. Friend is making a very good speech. Does she share my concern about the 3% precept, as shifting the cost of health and social care away from general taxation on to a property-based tax has obvious problems—not least, that it will disadvantage communities that are less well off?

Anne Marie Morris: My hon. Friend makes a fair point. I have one of those constituencies where communities are not very well off. Many of the facilities that are there to provide social care are failing because we do not have the more affluent individuals who can ensure that some of our care homes, particularly nursing care homes, are alive and well. I am now down to just three for a very large constituency, and that is completely inadequate.

Tim Loughton (East Worthing and Shoreham) (Con): My hon. Friend and I both have constituencies with a large proportion of elderly people. Indeed, Worthing has the highest proportion of over-85s in the whole country. This is a double whammy, because people who are over 85 tend to require a great deal more healthcare, stay in hospital for longer, and have multiple problems in hospital that cost more—we are looking after them well and need to look after them better—and the social care side when they do come out of hospital, too often delayed, is costly as well. Those are the growing pressures that the estimates appear not to take proper account of.

Anne Marie Morris: My hon. Friend makes an extremely good point. He is right that the cost of ageing is not adequately taken into account. The way the Government measure health outcomes is predicated on the number of births and looking at the lifespan of the population. Because people live longer in areas like my constituency in Devon, it is assumed that we therefore have better health outcomes, but that does not allow for the fact that we have a low number of live births. Many people move into our lovely area when they are much older, and so the level of improvement is small. There are some basic, fundamental flaws in the way the Government—not just this Government; it has gone on for years—estimate the need in an area. As my hon. Friend rightly says, one of the biggest challenges is age.

Integration is expected somehow to be the solution to all our problems, but there is no transition funding to allow for double running, and there are, as far as I am aware, not many pooled budgets. As we have heard, these plans make certain assumptions about the recruitment of individuals, but we cannot recruit at the level we need now, never mind what we will need for the future. There is also a lack of training in the specialisms that we are going to need. Specifically in some of our more rural areas—we have talked about the ageing population—we need more specialist generalists. That is agreed by most of the royal colleges, but it is not being put into practice. So many issues will impact on the effectiveness of integration that I doubt that it is really going to be a way forward in reducing costs. I am concerned that the integration model, while very welcome, has not been

fully thought through. The barrier to its being successful is that there will be unbudgeted costs. There is no evidence for the assumption that demand will decrease, and so no evidence that integration will deliver savings. It therefore seems to me that these estimates cannot really be sound. Real cost estimates are needed.

We have failed to address the element of social care that is paid for privately. I refer here to the Dilnot report and the Care Act 2014. We are talking about how the Government's money—the taxpayer's money—is to be shared out between the two systems, but we should never forget that social care is means-tested as opposed to the NHS, which is free at the point of delivery. If we do not try to ensure that the necessary savings are made by individuals taking responsibility, with or without the Government stepping in, we will find that the demand on the NHS is simply too great for the system to succeed and for these estimates to be valid.

7.36 pm

Mr Clive Betts (Sheffield South East) (Lab): The Communities and Local Government Committee is currently undertaking an inquiry into the funding of social care. We have not produced our reports yet, so anything I say should be taken not as the Committee's considered view but as some of my own reflections on the evidence we have heard so far. I hope it will not be too long before we can provide a report for Members to look at on the immediate issues of social care, and then, in due course, we will go on to look at the longer-term issues as well. We have taken evidence from a variety of different organisations, including councils, care providers, directors of social care, the Nuffield Trust, and the King's Fund. Carers and care providers, as individuals, have related their personal experiences to the Committee.

As a constituency MP, it is not terribly surprising to have heard what I have heard today. Unfortunately, as an MP, like everyone else here, I am sure, I see only the tip of the iceberg of problems. Cases about the nature, and number, of social care failings have undoubtedly been increasing in my surgery, my postbag and my emails in the past two or three years. Some of the cases are quite horrific. A council that has to cut its budget on social care does so by going out to the private sector, or agencies, and substituting their services for the service that the council used to provide through directly employed staff. The way in which those services are delivered—often the simple failure of people to turn up and provide the care when it is promised—causes real and increasing problems that I am certainly seeing as a constituency MP.

This is not surprising. The Chair of the Health Committee referred to the fact that we have had a 7% cut in real terms in spending on social care since 2010. Local authorities' grants from central Government have been reduced by 37%. Councils have tried to prioritise social care—the evidence for that is absolutely clear—but they have not been able to protect it completely from the cuts. That is the reality. On top of that, not only has the money been going down but the number of elderly people requiring care is going up. We heard evidence that although the Care Act was great legislation in principle, all was not delivered in practice. The extra measures are welcome in trying to reward staff properly for the excellent work that many of them do in social care, but the increase in the minimum wage places additional costs on the system.

Amyas Morse, who wrote a very good article and made a good speech the other day about the relationship between health and social care, said that for a long time local authorities had been very successful in doing more for less, but have now got to the point of doing less for less, which is impacting on the people who received the services.

We should not blame local councils for failing to provide a certain standard of service. Simon Stevens told the Communities and Local Government Committee that even if every council did as well as the best, there would still be problems in the system. I challenged the Under-Secretary of State for Health, the hon. Member for Warrington South (David Mowat), to say whether there was a crisis in social care. He did not want to use the word “crisis”, but he did say that the system was “under stress”. Although we cannot agree about the word “crisis”, I think we can at least agree that the stress is obvious for all to see. An estimated 1.2 million people do not receive the care they need. That figure is 40% higher than it was in 2010.

We took evidence from people who were not getting the same amount of care as they had received in the past and others whose needs were increasing but whose care was not. We talked to care providers who were handing contracts back or pulling out of the service altogether, and to local authorities that are sacking care providers because the contracts were not being delivered properly. We also heard that people who pay for their care in care homes are subsidising local authorities because they cannot afford to keep increasing their fees. There is a cross-subsidy in the system, which does not seem fair to many people. At the same time, the turnover rate for care staff is 27%, so they do not have long-term experience and are not being trained regularly over time to deliver care. Those are all problems that we learned about from the compelling evidence that our inquiry received. The Committee will reflect on its conclusion, and I am sure that eventually we will, as always, come to an unanimous view in our report.

In the short term, of course the Government have done things, including the introduction of the council tax precept. I welcome the fact that, by and large, local authorities have taken that up, because the situation is so serious. There are problems, of course, with the fact that the council tax precept raises much more money for some local authorities than for others, and the better care fund, which is meant to stabilise the situation and help authorities that raise less, is back-end loaded. The new homes bonus cut and the additional grant are welcome for social care, but that causes real problems for some small district councils that are not social care providers and suddenly find that their budget position is fundamentally altered.

In his article, Amyas Morse described how the Government simply were not thinking through what would happen in the long term. They moved money—it is often a lack of money—around between social care and health without giving any real thought to the end result. Government officials, and sometimes Ministers, took decisions without any real understanding of what happened to the money at the end of the line, when local authorities faced with very difficult choices had to make decisions about the cuts that were being passed on to them. Those are just some of the issues on which we will reflect in our report.

Clearly, the link between health and social care is very important. We ought to join them up better and it will be interesting to see what comes out of the Manchester example, given that both services have been devolved. There is a clear link between the two, and not just with regard to delayed discharging; there is now virtually no money in the system for preventive social care. The only social care funding available is that for people with the highest need. If people do not get it in the early stages, that means that they are more likely to end up in hospital and cost the whole system much more. That is another thing that we learned.

I was pleased to sign, along with the Chairs of the Health Committee and of the Public Accounts Committee, the letter to the Prime Minister saying that we need longer-term arrangements. It is right, however, that the Government should respond to the here and now, because that is important. To put it bluntly, if we do not deal with the here and now, some people will not be around to see the long-term arrangements being put in place.

When the Communities and Local Government Committee went to Germany, we learned that it solved this problem 20 years ago. Those involved sat down on a cross-party basis and agreed a long-term solution. It might not be the right solution for this country—it is based on social insurance, because that is what the German health system, as well as its pensions system, is based on—but that is what they decided to do. It is interesting that it has stood the test of time for 20 years. They have recently decided, with cross-party agreement, to increase social insurance and there has been virtually no public opposition, because the system is seen to be reasonable and fair. The German system is not purely funded by the taxpayer—there are private contributions as well—but it is an example. For heaven's sake, let us sit down on a cross-party basis, as the Chair of the Health Committee has said, and work out a solution that stands the test of time, whichever Government comes to power in the future.

Dr Murrison: There is much in the hon. Gentleman's speech with which I agree. Does he agree that the fundamental issue is that countries such as Germany, France and Holland, to which people here would reasonably compare this country, spend a great deal more money through either the Bismarckian system that he describes or others—this country's system is based on Beveridge—and that somehow or another we are going to have to close that gap, as it is highly likely that the difference in mortality, morbidity and outcomes generally in this country compared with those aforementioned countries is causally related to the amount of money that we put into healthcare?

Mr Betts: We heard quite a lot of evidence that, as a percentage of our national income, we do not spend as much as several others on health and social care combined. The Communities and Local Government Committee will reflect on that. Of course, it is not simply a question of asking for more public funding; I would not come to that conclusion, although I might personally believe it. There is, however, an issue with where we get the private funding from, because nobody has argued to us so far that the whole of social care can be publicly funded. There will be private contributions, so how do we raise that private money? Should it come from individuals who simply need care at that point in time, or should we

[Mr Betts]

ask people to pay more into an insurance system? How do we put in more money from the public sector? Indeed, can we rely on local authority funding alone, particularly if it comes largely from business rates, which will not grow at the same rate as the number of people who want social care?

Kevin Hollinrake (Thirsk and Malton) (Con) *rose*—

Dr Murrison *rose*—

Mr Betts: I give way to my Select Committee colleague, the hon. Member for Thirsk and Malton (Kevin Hollinrake).

Kevin Hollinrake: It was a pleasure to join the hon. Gentleman and other members of the Select Committee on that visit. Does he agree that the German example is all the more pertinent given that its system was also funded by local authorities prior to the change to social insurance in 1995? It discovered 20 years ago that that system was not fit for purpose and moved to a new system that, as he says, has cross-party support and is a long-term, sustainable solution.

Mr Betts: I just want us to have a process that gets us to a similar position. Even if local authorities remain part of the funding solution, we cannot assume that the increase in business rates and council tax will keep pace with the level of demand.

I know that you have encouraged us to keep to a time limit, Madam Deputy Speaker.

Madam Deputy Speaker (Mrs Eleanor Laing): Order. I ought to say that, as the hon. Gentleman is the Chairman of a Select Committee, I do not apply the time limit as strictly to him.

Mr Betts: I have gone two minutes over time, so I had better not stray too far. Of course, health and social care need to work closely together. It is going to be very interesting to see how Manchester develops. It is not, however, a panacea; it is not going to solve all the problems.

I agree with the Chair of the Health Committee: the sustainability and transformation plans are an interesting way forward, but unfortunately they are seen as a way of making cuts. They will need some pump-priming to make them effective. They have not been done properly, with full co-operation, in every local authority area. If they are done properly and consider how we can better plan and pull together health and social care for the future, I think they will make an important contribution. Ultimately, however, we have to acknowledge that the process is going to take time and that it will need up-front funding to make it work.

We also have to acknowledge that there are big differences between health and social care. There are not many differences in culture, but the funding arrangements are different. Health is provided free at the point of use, whereas social care is not and probably will not after any changes are made. There is also a fundamental difference between the two on accountability: social care is accountable to directly elected local councillors,

whereas health is ultimately accountable to the Secretary of State. If Members want to see the problems that creates, they should read the evidence that the former Health Minister, the right hon. Member for North East Bedfordshire (Alistair Burt), gave to the Communities and Local Government Committee about his understanding of accountability in the Manchester system. It shows that the Government have not worked it out in such a way that they could flick a switch tomorrow and get it all operating smoothly. We have a lot of work to do. The Select Committee will consider all the evidence we have received and will produce reports on a range of issues.

7.49 pm

Andrew Selous (South West Bedfordshire) (Con): It is a pleasure to follow the Chair of the Communities and Local Government Committee, the hon. Member for Sheffield South East (Mr Betts).

Notwithstanding the issues that have already been brought to the House's attention, it is worth putting on the record the increase in the money—the extra £10 billion by 2020—that the Government are committing, with the 11,400 more doctors and 11,200 more nurses in the system, as well as the near eradication of mixed-sex wards and the huge reduction in hospital infections. I also note that health spending in England is nearly 1% higher than the OECD average.

Dr Murrison: I am sorry to intervene on my hon. Friend so early in his speech. Does he agree with me that the OECD average is probably a specious comparator? It covers countries—such as Mexico and Turkey, and former eastern bloc countries—whose health economies, laudable though they may be, are not ones with which most people in this country would wish ours to be compared.

Andrew Selous: My hon. Friend makes a fair point. I will outline some areas in which I think more spending is necessary.

I want to start by focusing on an individual case—it is not from my constituency—which highlights many of the issues that have been raised so far. It concerns a 98-year-old lady who was admitted to a hospital in one of our major cities on 22 January. Unfortunately, she died in that hospital on 31 January. It was made clear to the hospital on 25 January that the nursing home she had come from—she had been in its residential part—had nursing facilities, and it would have been able to take her back and deal with the deterioration in her health. Despite that, no action was taken to remove her back to the nursing home, which resulted in an extra six days' stay in hospital.

The relatives who drew this true case to my attention asked me to raise two points. First, they thought it was not really good enough that the hospital concerned did not have a good knowledge of the fact that in addition to the residential facilities, the nursing home had facilities that would have been able to care for the elderly lady and thus free up a hospital bed. Secondly, they were disappointed that because her period in hospital spanned a weekend, they were told by several of the nursing staff that no doctor was available to make a decision about moving her back to the nursing floor of the home she had come from and where she had always wanted to end her days. That story illustrates some of the issues—I

know Health Ministers are aware of them—of making sure that there is knowledge of what residential and nursing facilities are available in the community for elderly or frail people who go into hospital, and of making sure that there is weekend cover so that appropriate decisions can be taken and beds are not unnecessarily taken up in hospitals.

A couple of weeks ago, I sat down with a number of social care providers covering both residential and domiciliary care in Bedfordshire, and I asked them what they thought they needed to attract enough people into care provision. As the Chair of the Select Committee has just told us, there is a 27% turnover rate, and I learned that the providers cannot always attract people of the calibre they would like. For domiciliary care, I was told very clearly that the ability to offer a salary—perhaps of £16,000 to £18,000 a year—rather than paying people on an hourly basis when they provide care, would go a very long way to attracting the right sort of people into this profession.

That domiciliary care provider, which is one of the better ones in my area, pays 30p a mile for travel costs. All of us, as Members of Parliament, get paid 45p a mile when we travel in our constituencies. Frankly, I find it an affront that there is a division between rates for travel within the public sector. Social care staff do an incredibly important job and, frankly, it is not right that they are lucky to be offered 30p a mile, when Members of Parliament get 45p a mile. I am not just asking local authorities to put up what they pay to such a level straightaway. We must be realistic, and I fully recognise that that would come with a price tag that would have to be provided through taxation. However, having a salary of £16,000 to £18,000 a year, rather than hourly rates of pay that do not include travel time, and having travel properly paid for—it is currently paid for at a very miserly rate compared with what other people in the public sector get—would go a long way.

One of the issues that has not been highlighted so far in the estimates is the revaluation of the NHS litigation costs. There has been an increase of some £8 billion, which is a fairly large figure. It is worth focusing on that because litigation costs mean a couple of things. First, they mean that patients have not got the right quality of care first time around, and secondly, they mean that money is going out the door of the NHS, often to lawyers, that could be better used doing the job correctly the first time.

In that regard, I make no apologies for again drawing the House's attention to the Getting it Right First Time initiative, which seeks to embed quality in clinical care across the NHS. I often find that we do not focus sufficiently on that in this House. Variability in the rates of infection and of the revision surgery that is required are significant across the NHS. If we could raise the quality of clinical care to the level of the best across the NHS, we could get the amount for litigation down substantially.

I was pleased to join a meeting that the Chair of the Public Accounts Committee, the hon. Member for Hackney South and Shoreditch (Meg Hillier), held a couple of weeks ago on the "Manifesto for a healthy and health-creating society". It was led by Lord Crisp, the former permanent secretary of the Department of Health, with colleagues in the House of Lords and others. Although that may seem a long-term approach to the acute problems

we face today—the Chair of the Communities and Local Government Committee is right to say that we need action now to get the preventive issues right, because not everyone will be around in the longer term—it is incredibly important, none the less, that we take a lot of the ideas in the report seriously to try to reduce the strains on the NHS and to create a healthier population in the years to come.

There are already some very good examples of such ideas. The St Paul's Way transformation project in Poplar in the east end is doing sterling work. The Well North initiative, which is supported by Public Health England, is focusing on 10 cities in the north of England that have poor health outcomes and bad levels of health inequality. It is all about creating what it calls vibrant and well-connected communities to deal with issues such as debt, jobs, training, missed educational opportunities, poor housing and loneliness. Our late lamented colleague Jo Cox focused on the issue of loneliness, and many of us in the House are determined to carry on her work in that important area. Such long-term preventive work to increase the resilience and health of society is absolutely fundamental to all the issues we are talking about tonight.

On the sustainability and transformation plans, I have spent time with both GPs and hospital staff during the past couple of weeks, and I observed that clinicians in hospitals often point to the work that they thought should have been done but had not been done by GPs, while GPs pointed out that they do quite a lot of work that in the past they would have expected hospitals to undertake. As we move forward with the sustainability and transformation plans, there would be some merit in making sure that those in time turn into accountable care organisations, so that we get a proper join-up between the different parts of the system and such finger pointing between different parts of the health system becomes a thing of the past.

Finally and briefly on the issue of beds, I totally understand the Government's correct focus on shifting more care to the community, but we have 8,000 fewer beds than we had five years ago, while the occupancy rate has increased from 84% to 87%. At times, operating theatres stand idle because of delayed discharges for care. I should like Ministers to reflect on that.

7.59 pm

Rosie Cooper (West Lancashire) (Lab): The Department of Health explanatory memorandum on the supplementary estimates sadly has the feel of rearranging the deckchairs on the Titanic. The estimates and the reports highlight the extensive range of issues facing the NHS. My involvement in health issues in West Lancashire, from individual constituents' cases to the commissioning of multimillion pound contracts, tells me that my constituency is a microcosm of the questions to which the multitude of bodies within the NHS need to find answers. My constituents can wait up to a week for a telephone conversation with a GP to assess whether they need an appointment—they then have a further wait for the appointment—so is it any wonder that people turn to A&E and minor injuries units?

Clinical experience at the top is laudable and to be welcomed, but there is a shortage of GPs and lost capacity because of the time GPs spend on clinical commissioning group governing bodies. In West Lancashire, CCGs have handed community health and urgent care

[Rosie Cooper]

services contracts to private providers, potentially threatening the future of Southport and Ormskirk Hospital NHS Trust by removing services and essential financial turnover. The chair of the CCG is a local GP who spends three days a week on CCG business. Five further GPs have executive lead responsibilities. Apart from the loss of capacity, there are the financial considerations of GP remuneration for their work on the governing body. One GP earns more than £100,000 a year for that three-day week, while the chief accounting officer is also on approximately £100,000.

There is a fundamental lack of direct accountability of CCGs, which I understand are the responsibility of NHS England. GPs hand out contracts to private providers in the face of significant and substantial local opposition in West Lancashire, and there is no mechanism for meaningful accountability for how those GPs spend taxpayers' money. My constituents did not get to vote on who represents them on a CCG, and they have no means by which to replace them if they do not believe the GPs act in their best interests.

The question arises whether NHS England and NHS Improvement have enough resources to deal with the increasingly complex contracts and structures they are supposed to supervise within the NHS. Threats to the smaller acute trusts come both from local GPs and from the sustainability and transformation process, the name of which is increasingly a misnomer. The plans were quietly generated by small groups of people without the involvement of most of those who need those services or their public representatives both locally and nationally. Some of us miss strategic health authorities. I would be interested to hear from Ministers whether the STP process will provide capital resources to enable hospital trusts to develop transformational change projects.

Increasingly, NHS Improvement and NHS England cannot agree on the current state of NHS finances. NHS Improvement's forecast for this financial year has worsened in each financial quarter. Currently in quarter three, it forecasts a deficit of £873 million, while NHS England appears confident that the final deficit figure will be no more than £580 million. I took a deeper look at the figures for quarter three. A huge question appears when we look at the sustainability and transformation fund moneys the Government have given to trusts. Admittedly, trusts retain the allocated funding only if they achieve certain financial targets at the end of the financial year. If they do not achieve those targets, the extra funding disappears like snow in July. The system deficit could therefore be much greater.

The Department of Health's funding of the NHS has a consequential impact on services, but we are also witnessing savage cuts to local authority budgets. As the provider of social care, Lancashire County Council is perilously close to being bankrupt in the next five years based on current funding projections. We talk about health and social care as if they are absolutely intertwined, yet the Government allow the competitive existence between the two services to continue. As both systems seek to survive financially, each body makes decisions to seek to minimise their expenditure. The social care system is unable to get people out of hospital, while hospitals seek urgently to discharge medically fit patients. I have a great fear that, as each day passes, the struggle

for survival owing to the ever-tightening financial strictures imposed by the Government, and their lack of solutions, means that patients are getting lost. Organisational form and financial considerations mean that patients are a distant third on the priority list.

I do not know whether creating chaos and turmoil within the system is part of a longer-term strategy to lead us to a new healthcare system of private providers and health insurance—the Secretary of State will have to answer that one. What I see from the estimates provided for the transfer of moneys between budgets is that we are just tinkering at the edges of a system that needs to be properly financed. We cannot just shove a few pennies into the left hand while taking pounds from the right. Our NHS and our constituents deserve so much better.

8.6 pm

Kevin Hollinrake (Thirsk and Malton) (Con): It is a pleasure to follow the hon. Member for West Lancashire (Rosie Cooper), who made some interesting points, particularly about fundamental reform of services, which I will address later in my remarks.

Members on both sides of the House have alluded to the fact that this debate is set against the background of hugely increasing demand and, in many ways, decreasing supply, particularly in adult social care, to which I will restrict my comments. I was interested to take part in the Communities and Local Government Committee inquiry, to which the Chair, the hon. Member for Sheffield South East (Mr Betts), referred. On increasing demand, there was a 33% increase in the past 10 years in the population who are aged 80 and over. There is a projected 100% increase in that population over the next 20 years, and a 50% increase in 65s and over in the same period. Interestingly enough, there will be only a 4% increase in the population who are below the age of 65 over the next 20 years. That is an interesting dynamic when we think about who will provide the care that will be needed for all the people who are getting older.

An area of adult social care we can sometimes forget—it has not been mentioned—is care for those with learning disabilities. That population is increasing rapidly and will increase again over the next 20 years, which means more profound challenges for our health and adult social care services.

On the backdrop of the decreasing supply of provision, everybody has to take part in ensuring that the books balance. We are reducing the deficit from £156 billion a year in 2010 to around £68 billion this year, which is no mean feat. We must understand that there is no bottomless pit, and that we have to make difficult decisions on allocating our spending.

Local authorities have borne the brunt of the 37% reduction in overall spending—it is a 25% reduction after council tax increases. Adult social care accounts for around 33% of local authority discretionary spend. It is therefore inevitable that that will be a focus when local authority managers try to balance the books. There are other competing pressures, such as the national living wage, which soaks up a lot of the extra money allocated to adult social care. It is not just about local authorities: providers are also under huge pressure. Some 59% of care homes are below the profitability threshold. Homes are closing and some providers are returning their contracts to local authorities.

There are other elements relating to the provision of what we would call a well-functioning health and social care service. Other reductions include a 28% reduction in the number of community nurses, who provide the key services that stop people going into the health and social care system. In my constituency, simple things like sitting services, local dementia clubs or something called Kurt's Club in my hometown of Easingwold have either closed or had services reduced in recent weeks and months. Again, that puts more pressure on the system.

Delayed discharges also have an impact on the NHS. Hon. Members who spoke earlier know far more about this than I do, but when Simon Stevens gave evidence to our Committee he estimated that the NHS spends up to an extra £1 billion due to delayed discharges. There is an impact on the whole system.

The Government have responded with £2 billion more since 2010, with the adult social care precept, the better care fund and the adult social care grant adding between £3.5 billion and £4 billion by 2020. There is no doubt, however, that all the evidence we have heard from a number of different sources—the King's Fund and the like—points to an investment shortfall of between £1 billion and £2 billion.

Alex Chalk (Cheltenham) (Con): On the shortfall, does my hon. Friend agree that the time has come to bite the bullet and increase social care funding? Does he agree that doing so in the short term would provide the financial headroom to enable trusts like mine in Gloucestershire to achieve the meaningful reconfiguration of services through the STPs that will reflect the changing health priorities and demographics? It is a sprat to catch a mackerel.

Kevin Hollinrake: My hon. Friend makes a very strong point. I do feel that we need more money now. I am sure the question of whether more money might be available is taking up some of the Chancellor's time as he works on his Budget calculations for 8 March. In the short term, we need more money to plug the gap. In the longer term, we need a cross-party conversation on how we solve this problem.

The Select Committee has been an excellent forum through which to explore this issue and many others. As the hon. Member for Sheffield South East (Mr Betts), the Committee Chair, mentioned in his remarks, we went to Germany to examine its system. It was very enlightening. In 1995, Germany moved from one system to another: from a local government-funded system that just did not work—they clearly saw this coming before we did—to a social insurance system. They are more used to that system in Germany, which has similar systems in place for health, pensions, unemployment and accident insurance. It works very well. It is cross-party, seems to be apolitical and takes a salary contribution of about 1.175%. It is a bit like auto-enrolment, but it is compulsory—it is a mandatory scheme. It means that when people need care they have a pot to call on. Needs are independently assessed, so they receive the level of provision that suits them. It can also be used to provide domiciliary care. Money coming back out of the system at the right time can go to help family members look after the person who is ill, so it has a social benefit as well as being a sustainable system that works in the longer term. We should look at that model. It is not the

only one, but I reiterate—I know Members on both sides of the House feel the same way—that we should look at this issue in a cross-party way to ensure long-term sustainability.

Kevin Foster (Torbay) (Con): I am very much enjoying my hon. Friend's speech. Does he agree that the current method of local government funding does not help? There is a ward in my constituency where 9% of the population are aged over 85. Demographics are not properly reflected and the challenges faced by coastal communities in particular, as opposed to some of the more traditional challenges here in London, are not reflected in funding schemes.

Kevin Hollinrake: My hon. Friend makes a very good point. The evidence clearly shows that the current methods of funding adult social care do not correlate with the needs in those areas. We need to take a strategic look at that. The Government are moving toward a different way of funding local authorities by 2020. A key part of business rates retention is the consideration of the allocation of funding. It is critical to put need first and foremost, so that need and the cost of delivering services are the cost drivers. Having a fair and transparent system is fundamental.

On adult social care and learning disabilities, one of the most heartening examples of how to deliver them in a different way, rather than looking at them from a single viewpoint, is the Botton Village "shared lives" concept, where people look after each other—co-workers and people in need of care alike. It is a fantastic and inspirational scheme.

Finally, I will touch on a couple of very small points. We should look at how people are charged for domiciliary care. Financial assessment for domiciliary care is different from that for residential care. I think money could be taken out of the system—it does not make much sense to me that the Government fund one thing one way and another thing another way—or people could contribute, if their houses are taken into account in their domiciliary care assessment.

My final point relates to co-terminosity. There are so many different services provided by so many different agencies working in different geographical boundaries. Co-terminosity works well in Sheffield, where all the agencies work together very effectively. In my area, it is completely different. There is a real mish-mash of different providers and geographical areas, which makes it difficult to provide a joined-up service.

8.16 pm

Steve McCabe (Birmingham, Selly Oak) (Lab): Often, the NHS estimates day debate is a rather perfunctory affair, but this year, five years into the reign of the present Secretary of State, we are entitled to ask what on earth is happening to our NHS and social care system. Can we any longer afford the extraordinary complacency of this Government? As an Opposition MP, I sometimes worry that, either by design or simple neglect, they will finally fulfil our worst fears that the Tory party is destined to destroy the NHS.

Kevin Foster: So much for cross-party dialogue.

Steve McCabe: I don't think I need any lectures on cross-party dialogue from the party of the death tax and the £8 billion financial fib.

[Steve McCabe]

In Birmingham, we have seen £28 million cuts to the social care budget, bringing the service to its knees. Elderly people are being treated like cattle, lying around on trolleys, waiting in corridors and dispatched from hospital in the middle of the night. Everywhere we look, we see our hospitals, GPs and social care services collapsing under the strain.

This Secretary of State is quite happy to flex his muscles when it comes to bullying junior doctors, but it is always someone else's fault when it comes to resources, management and administration of the NHS. There was a time when the deal was simple: in return for the red box and a ministerial salary, Ministers took responsibility—the buck stopped with them. But no more. I have lost track of how many parliamentary answers begin with the words, “The Department does not collect that data centrally,” or “It would not be cost-effective to provide information in that format”. Basically, Ministers do not know, do not want to know and do not want us to know what is really happening. They no longer preside over a genuinely national health service. Whether it is the postcode lottery that characterises the provision of IVF, with clinical commissioning groups ignoring NICE guidelines and making up their own criteria as they go along, or children's dentistry, where there is a growing crisis and a heavy reliance on hospital emergency surgery because of the lack of provision and monitoring of proper dental services for children, all this Government want to do is hide behind and blame others for their shambolic decisions.

The latest disaster is the business rates revaluation, which in Birmingham is estimated to see a rise for University Hospitals Birmingham's Queen Elizabeth hospital from £2.8 million to £6.9 million per year—talk about robbing Peter to pay Paul! And yet Ministers from the Department for Communities and Local Government and the Department of Health have not even met to discuss the problem—although I note that private hospitals get an 80% reduction because they are registered as charities.

In my constituency, we have been fighting a battle to save our Katie Road walk-in centre for several years: we have had stop-go consultations, money wasted, explanations and excuses that vary from month to month, consultations announced and then scrapped, and now we have a sustainability and transformation plan that sadly, as acknowledged, has turned into a secret strategy drawn up by non-elected bureaucrats from which the public and their elected representatives have been largely excluded. It seems that Katie Road is now caught up in this fiasco. With its contract scheduled to finish on the 31st of next month, we still do not know what is happening, although if rumours are true, even more money that ought to be spent on healthcare in Birmingham is about to be siphoned off to rescue bankrupt neighbours.

Only the other week, I discovered that the contract for South Maypole GP services was to be cancelled. It is apparently no longer cost-effective—not cost effective to provide GP services to the sick and elderly! Only under this Secretary of State could the NHS have come to this.

Kevin Hollinrake: In my remarks, I talked about a cross-party conversation. I could easily have pointed out that between 2011 and 2014 there was an 8.6% real-terms

drop in health spending in Wales, under a Labour Administration, while there was a 4% increase in England, but would it not be better to have a constructive conversation about how we take the NHS and social care off the front pages of the tabloids and to sit down and work out a solution together?

Steve McCabe: It is always desirable to have that conversation when the Tories are in power. When Labour is in power, we talk about death tax campaigns and we hear about £8 billion funding fibs. It is funny how the argument always changes when they are responsible.

As I was saying, the contract for South Maypole GP services is about to be withdrawn. I found that out not when the CCG, which it turns out has been ruminating on this since November, told me, but when I was contacted by anxious constituents who had just found out they had eight weeks to find a new GP. Many of them are elderly people, and some have long-term conditions and rely on regular medication, but they are dismissed as if they do not matter. The loss of their GP service is treated like the closure of a local hairdresser or petrol station. They are told to shop around. Apparently the CCG thinks there are enough GPs in the area—enough at any rate to satisfy their little diagrams and tables on their secret little plans. Reducing demand for acute care is one of the Government's plans to ease pressures in the NHS. Exactly how do we achieve that by closing walk-in centres and GP surgeries? Is that not the fastest route to our already overstretched A&E departments?

It is not just the estimates at issue here, but a proper long-term plan for the NHS and social care. This Secretary of State has failed us. His stewardship is a disaster. Rather than accepting more of it, the House should be calling for a motion of censure. The Government and the Secretary of State are presiding over the steady dismantling of the country's greatest peacetime achievement. It is a total disgrace.

8.23 pm

Maggie Throup (Erewash) (Con): I would like to start by paying tribute to the many thousands of health and social care workers who every day support some of the most vulnerable people in our society.

We are talking today about how to balance the books. The NHS “Five Year Forward View” identified that, if the trajectory of healthcare spending continued at the same rate as just a couple of years ago, an extra £30 billion would be needed by 2020. It also stated that over £20 billion could be identified in savings and efficiency measures over that period, which is why the Government have allocated an additional £10 billion to 2020-21. We can quibble about whether it is £8 billion or £10 billion, but it must be recognised that NHS England asked for £8 billion and that the Government are delivering it.

To some extent, what has not happened yet is the other side of the bargain: finding the savings of £22 billion. Perhaps it was never possible. Perhaps the timescale for delivery was too short. Next year we celebrate 70 years of the NHS. So to change how it worked in less than five years was probably too big an ask. That said, in many areas of the NHS, change is happening and savings are being made. But it takes time. I want to give a couple of examples to illustrate where savings can be made. They might involve upfront costs but for long-term savings.

Prior to being elected to this place, I spent a lot of time and energy promoting diagnostic tests that could be carried out at a patient's bedside, in a GP surgery or even in a patient's home—possibly also in community pharmacies. Such testing is used extensively in Scandinavia and other European countries, but we are lagging behind. If we adopted such tests more widely, many savings could be made, but, more importantly, it would better for the patient, which surely should be the key determinant.

One example is the point-of-care test measuring a protein called C-reactive protein. The protein is raised when someone is suffering from a bacterial infection but not if the infection is caused by a virus. Without the test, patients might be prescribed unnecessary antibiotics, which is not good for the patient or the NHS budget, and in some instances, patients might be admitted to hospital unnecessarily. Yet all that is needed is a small device and a drop of blood. I know all this from personal experience: had such a test been readily available for GPs to carry out in surgeries or patients' homes, it would have saved my mother a five-day hospital stay. Not only would that have saved the health service money, but my mother would have been far better off staying in her home at the time of her illness. We cannot continue doing as we have been and expect different outcomes.

Jason McCartney (Colne Valley) (Con): My hon. Friend talks a lot of sense. Does she agree that the NHS should not make the mistakes of the past by going down the route of more disastrous private finance initiative deals? As she might know, my local CCG is developing a business case to bulldoze Huddersfield royal infirmary, replace it with a small planned care unit and move everything else to Halifax, including A&E, and is coming forward for £285 million. If it does not get that from the main funds, it will go down the PFI route, but the trust is already crippled by the disastrous PFI at Halifax, which cost £64 million to build but will eventually cost £774 million.

Maggie Throup: I thank my hon. Friend for his pertinent comments. I did my training as a biomedical scientist at Halifax general hospital and the royal infirmary in Halifax, so I know the area very well. Yes, we must not go down the route of more disastrous PFI agreements.

Fiona Mactaggart (Slough) (Lab): On the hon. Lady's point about tests that are not being deployed, but which could save money, I have long been concerned that many areas do not issue women at risk of ovarian cancer with the CA 125 test. It is not a definitive test, but it can help identify the cancer early, which can save money. Does she agree that we need leadership from the top of the NHS on such clinical issues to ensure that short-term savings decided by an individual CCG are not putting patients' health at risk?

Maggie Throup: The right hon. Lady makes a very good point, and we could have an entire debate on the topic of prevention and screening.

The spending of the NHS budget affects social care, and the spending of the social care budget affects the NHS. As we have heard from other hon. Members, the two are linked, but are funded in different ways. All too often, these budgets are costed only in silos.

Taking the treatment of stroke patients as another example, there is a new technique available called mechanical thrombectomy. I recently met a young man who was fortunate enough when he had a massive stroke to be near one of the few centres in the UK that carries out that procedure—if a young man in such a situation can be viewed as fortunate at all. As a result of the procedure, the young man can lead a full life rather than being disabled for the rest of his life and possibly dependent on social care, too. However, the procedure cannot yet be rolled out across the country due to the limited funding available to train specialists to carry it out and to fund the procedure itself. What are the lifetime costs, mainly imposed on social care, for those patients who do not get that procedure or other such procedures, irrespective of the personal costs to the individuals?

There are great examples of integrated working between the NHS and social care, but it is far too slow to spread new and best practice. Locally in my constituency, Erewash CCG is a Vanguard site. One of its actions is to carry out what are classed as “ward rounds” in residential and nursing homes. There is already strong evidence to show that that is reducing hospital admissions for elderly people. However, it is not being rolled out quickly enough to other areas.

I do not believe that continually throwing more money at the NHS and social care is the answer. If we want different results, we need to do things differently. That is what the sustainability and transformation plans aim to do. I have read the Derbyshire STP in depth, and while I applaud the aims of the plan, there appears to be very little indication of how it will be implemented. My concerns are around workforce balance, transitional costs to implement the STP, capacity in the community and stakeholder buy-in.

I hope I am wrong with my analysis, because better integration and bold action are what are really needed. It is important for us not to shy away from the hard and difficult decisions that lie ahead.

8.32 pm

Heidi Alexander (Lewisham East) (Lab): It is a real pleasure to follow the hon. Member for Erewash (Maggie Throup), who has made a characteristically well informed and thoughtful speech.

You do not need to be a brain surgeon, Mr Speaker, to have worked out that the NHS and care system are currently under enormous pressure. Anyone who has recently visited a hospital, sought a GP appointment or tried to arrange support for an elderly relative will tell you that the whole system is struggling. Inadequate funding, a workforce crisis and a failure to reshape services quickly enough to meet the needs of our ageing population mean that the men and women who care for our loved ones are simply running to stand still. This winter, we have seen the front pages of national newspapers covered by images of frail, older people stuck on trolleys in hospital corridors and a poorly toddler led on plastic chairs pushed together to create a make-shift bed.

If you happened to watch BBC2 on a Wednesday night in January or February, Mr Speaker, you would have seen the documentary “Hospital”, which showed the reality of people working on the frontline and taking really difficult decisions about patients, beds and operations in a big and busy hospital. It was captivating

[Heidi Alexander]

viewing, which left me, as a politician, feeling sad and frustrated that we are failing to create the conditions in which the NHS can thrive.

Many of the current problems plaguing our health and care system relate to a lack of money. It is not the only problem, but it is the major one. While the NHS budget has inched up in recent years, it has been outstripped by rocketing demand. Next year, NHS funding per head of the population will fall in real terms. Social care budgets have been slashed, meaning that the support available to the elderly and disabled in the community has been reduced. Even with the changes that the Government have made to the better care fund and the social care precept, the Local Government Association still predicts a shortfall of £2.6 billion by the end of this Parliament.

We cannot escape the fact that our population is growing and we are ageing. There are now more retired people in the United Kingdom than there are children in our schools. As the decades pass, medicine advances. We keep more babies alive when they are born with complicated medical conditions; we successfully treat more and more people who have cancer; we perform ever more complex operations which can give people many happy years of life, but which contribute to the fact that as we age, many more of us have underlying frailties and multiple health needs.

This situation has not come about overnight, and it is one that all recent Governments have had to manage, but the present Government are not managing it, and that is the difference. This Government's head has been in the sand. Between 1997 and 2010, the Labour Government increased real-terms spending on the NHS by an annual average of 5.7%. The equivalent figure for the coalition Government was 0.8%, the lowest increase under any Government since world war two. Under the present Government, the figure is 1.75%. The Government may talk a good game on NHS spending, but the truth is that we are in the middle of a decade of austerity, and when we add to that a slash-and-burn approach to local government and the social care services for which it is responsible, it is little wonder we find ourselves in our current predicament.

So what now? As we heard from the Chair of the Select Committee on Health, the hon. Member for Totnes (Dr Wollaston), we must be honest about the scale of the challenge. When it comes to NHS spending, this year is meant to be the year of plenty, the one year in the current Parliament when there is a relatively significant increase in available funds, but those funds have already been used to pay off last year's debts. Money that was meant to be used to repair buildings and buy new equipment is, in effect, being used to pay salaries, and funds that were meant to transform services are being used to deal with the flow of people turning up at A&E. Hospitals are likely to end the year in deficit again, more clinical commissioning groups are overshooting their budgets, and NHS England is struggling to stay within its spending limits for specialised services. So-called efficiency savings really equate to the freezing of staff pay.

People who work in the NHS and social care system need to be honest about their ability to cope. The junior doctors were honest about it last year, and now it is time

for others to do the same. NHS managers need to be honest about the time that it will take to transform services, and about the funding that that transformation requires. Hospital beds cannot be closed if services in the community are not already up and running, and have been proved to reduce the demand for in-patient care.

We need to be honest, but we also need action. The Government must provide direct support for local authorities, with funds for social care, in the Budget. How they pay for that is obviously for them to decide, but they cannot continue to shove partial solutions on to local government and wash their hands of the problem. If they do not address the long-term problems in social care, they will be leaving the NHS to pick up the pieces.

However, even if the Government are persuaded of the case for additional funds, we must think carefully about where the money would best be spent. It is tempting to say that it should simply be reinvested in what has been taken away—that there should be more comprehensive care packages and social care for a wider group of people, and the cuts affecting community health nurses and mental health trusts should be reversed—but I think the position is more complicated than that.

The current short-term fix of taking money from the capital budget to prop up revenue is wrong. New scanners are less likely to need repair than old ones, which means cutting waiting times and improving outcomes. Well designed, well maintained buildings can improve productivity and efficiency. Those who compare the new Guy's cancer centre with the buildings at the Princess Alexandra hospital in Harlow will not believe that the two are in the same country. We should invest in new step-down care facilities for people who are well enough to leave hospital, but for whom care in the home has yet to be arranged.

There is also a massive need to invest in staff and build careers that people aspire to. This will take time as well as money. Perhaps we need to consider new roles in community health services that provide holistic care to older people in the home. Perhaps we need more GPs who are paid to dedicate time to residential homes, spotting problems among the elderly which would otherwise end up in a hospital admission. Perhaps the social care workforce needs a wholesale rethink. I will never forget the conversation I had with a senior A&E nurse who told me that the half-term holidays always result in more older people coming into hospital because the mums who do the part-time, zero-hours jobs in home care were looking after their children instead.

I fundamentally feel that the whole system needs to focus on how we provide care, in the broadest sense, to older people—the one in four people in a hospital bed with dementia, and the three in four people in care homes with dementia. We should focus on the real weekend effect—the one where if we happen to be in hospital on a Friday night, we are unlikely to make it out until Monday lunchtime at the earliest. Why do doctors talk of how it takes three minutes to admit a patient, but three days to discharge them?

I end by saying this: the Government might be absorbed by the complex task of trying to take us out of the European Union, but if they do not do something to address the scale of underfunding in the NHS and care system, the public will not forgive them. We need real answers to the real problems, and we need them quickly.

8.41 pm

Maria Caulfield (Lewes) (Con): It is a pleasure to follow the hon. Member for Lewisham East (Heidi Alexander), although she will not be surprised to learn that while I agree with some of the points she made, I do not agree with all of them.

In the time that I have, I want to cover a few points; I do not want to repeat much of the excellent statements many Members across this House have made, but I do want to go over a few issues.

While I welcome the Government's extra funding, and the £6 billion this year in particular, with the changes in national insurance contributions and pension contributions, the costs of running the NHS are going up all the time, so the extra money is being swallowed up without it necessarily going to frontline staff. I particularly agreed with my hon. Friend the Member for Newton Abbot (Anne Marie Morris) when she said that in an estimates debate we should not just be talking about the money we need to spend, but also need to look at the demand and the type of services that we need to fund. There is no doubt that the demand for NHS services and social care is increasing, so even by providing extra funding we are really just standing still in terms of the services we are providing.

We know there is an increase in numbers across the country. We know, as has been said, that there are new treatments that need to be provided. We know that patients are changing, too; they often have multiple co-morbidity, so whereas in years past they would have been admitted with one illness, treated and gone home, now when they are admitted they have many illnesses that are not so easy to treat, and that is often why discharges are delayed.

From NHS England's own data, we know that there is around a 7% increase in demand for services across the board. There is also a 7% increase in the number of ambulance calls made. There is a 3% increase in the number of A&E visits. We know that the Tuesday after Christmas was the busiest day ever in the history of the NHS, and it takes extra money to be able to deliver that service. We know that there is a 6% increase in diagnostic tests, and consultant-led treatments are up 6%, too. So demand is rising, and although the extra money is welcome, it is not dealing with the level of service that is required.

I want to make a plea, as someone who still works in the health service and sees, and works with, colleagues across the NHS on a regular basis. While the services are under a lot of pressure and there is a lot that we can be concerned about, some amazing work is going on in our NHS, and I welcome NHS England's announcement only last week that it is again going to start to fund second stem cell transplants. We have had debates in this place about how important that is to those patients whose first transplant fails. We also know that there are going to be new drug treatments for kidney disease and for pulmonary hypertension. All those announcements are really welcome, and we must recognise that there is great work being done on the frontline.

I am particularly pleased that the Department of Health has given £1 million to the British Heart Foundation to provide defibrillators up and down the country. That will make a tremendous difference, given that 12 young people a week die from cardiac arrest in this country.

Innovative, ground-breaking work is also being done in cancer care. My old hospital, the Royal Marsden in London, is making strides in cancer research that are not only innovative in Europe but making breakthroughs worldwide. We should never forget that we often lead the field in research at a global level. We should be extremely proud of that.

In response to the Health Committee's report, the Government made a number of recommendations on tackling the problems facing the NHS and social care, and I want to touch on two of them. The first dealt with the need to arrive at a degree of financial discipline in the health service. For years, there have been problems of financial mismanagement. As someone who has worked in the health service, I know how heartbreaking it is to see money being squandered. We have talked about the PFI deals, which have affected many parts of the country, but we must also remember the IT system that cost billions of pounds but never saw the light of day. It was supposed to move us away from paper records to a paperless system. Today, the NHS spends huge amounts of money on the storage of paper notes in offsite facilities. Hospitals have to pay to store those patient records. The agenda for change, which was introduced many years ago, was supposed to reconfigure the staff pay structure and improve patient productivity, but it never really worked. It just rearranged the deckchairs on the ship. It was a huge wasted opportunity that cost the NHS millions of pounds that could have been used to give staff a well-deserved pay rise.

Financial discipline is important. There are two big general hospitals near my constituency. They have the same financial settlement and a similar group of patients to look after. One of them is in special measures and struggling to cope with its discharging, while the other, less than five miles down the coast, is rated as outstanding and is able to provide excellent care. This has to be about more than the amount of money that is given out; it is also about what is done with that money. We need to look at that, and hospitals need to share best practice. It cannot be right that one hospital is able to manage its budget while another one is not. My experience of 20 years working in the NHS is that there are lots of opportunities in this regard. Financial discipline should not be about top-slicing; it should be about using the available money as wisely as possible. If Ministers want suggestions about how to make financial savings, I would recommend that they speak to the healthcare professionals. They often have the answers, and if they were only asked on a more regular basis, they would be able to provide some fantastic solutions.

The other recommendation that the Government want to take forward relates to reducing demand, which is easier said than done. I started by saying that demand was increasing by about 6% a year. For too long, we have focused on hospitals and—I say this with no disrespect to doctors, as my hon. Friend the Member for Totnes (Dr Wollaston) is sitting next to me—we have been much too medically focused in the way we manage our NHS. We have missed the opportunity to look at what other healthcare professionals can offer.

Pharmacists, for example, are highly educated, experienced and qualified individuals, and there is ground-breaking work happening out there in community pharmacies. This can involve simple things such as the scheme in Scotland in which patients have to register

[*Maria Caulfield*]

with a pharmacist as well as a GP. That would make a tremendous difference to patients' lives if we were to introduce it here. Why are pharmacists not contacted on discharge, as GPs are? I was recently talking to a pharmacist who said that around 30% of readmissions are caused by patients not taking their medicine properly. If pharmacists had a list of chronically ill patients whose medicine they were in charge of, we could easily avoid so many readmissions. We heard earlier about nurse practitioners who are doing blood tests to predict bacterial infections and work out who does and does not need antibiotics. We need to upskill those healthcare professionals so that they can take on more roles. Some paramedics in the community are going to people's homes instead of those people going to A&E, for example.

This is an estimates debate about how we use the money, but we need to forecast demand properly, use existing resources better and look at best practice to share the good work that is happening in our NHS.

Several hon. Members *rose*—

Mr Speaker: Order. Four Back-Bench would-be contributors remain, and I am keen to accommodate all of them. It might be helpful if I explain that I would like to call the Front-Bench winding-up speakers, of whom there are three, no later than 9.28 pm and slightly earlier if possible.

8.50 pm

Karin Smyth (Bristol South) (Lab): It is a pleasure to be part of this debate among so many informed Members. Members may not realise that the debate is timely because the Public Accounts Committee, of which I am a member, published today our "Financial sustainability of the NHS" report, upon which I will base many of my comments. At the beginning of the report, we ask for an end to the years of arguing in public about the level of NHS funding and for the Department, NHS England and Downing Street to start working together in the interests of patients instead of bickering about funding levels.

I want to highlight two issues. One is about the work that has been done behind the scenes on the NHS accounts. You are a keen supporter of the work of Select Committees, Mr Speaker, but today's debate was secured with the help of not only the Health Committee, the Public Accounts Committee and the Communities and Local Government Committee, but other contributors alongside Parliament. I thank the National Audit Office for the support that it has given to me and many other hon. Members to help us understand and interrogate this year's accounts, including a meeting in a very quiet Portcullis House in the middle of August—perhaps when other hon. Members were on a beach somewhere. Helping Members to understand the accounts and what they mean for our constituents is an important and oft-neglected part of what the public hear about Parliament.

The NAO's report on the accounts was unprecedented, and it is worth looking at what the Comptroller and Auditor General said about them. Several one-off actions were taken this year to bring the Department within its expenditure limit, some of which were worrying and some of which were just incredibly fortunate. Given the

rigour involved in the accounts, the Department's inability to find the extra £417 million that had been incorrectly given from the national insurance fund was quite extraordinary. There were the £100 million super-dividend from the Medicines and Healthcare Products Regulatory Agency and many central readjustments, and the capital-to-revenue transfers have been discussed. I also draw attention to the guidance that NHS providers were given by Monitor and the NHS Trust Development Authority—I use the word "guidance" carefully. That and the transaction reviews commissioned by the Department, whereby two accountancy firms undertook a review of accountancy policies and how they were adopted, happened so that provider results came out much more favourably than they perhaps would otherwise have done. Again, that demonstrates the incredible lengths that the Department and all its bodies went to this year to bring the accounts barely within the expenditure limit voted for by the House.

From whistleblowing accounts, reports from health and care conferences, the board papers that some of us read, discussions with chief executives, and reports in the specialist media, it is clear that the pressure on individuals within the service is immense, which is not good for anybody. I praise staff in all parts of the health service and the Department's work, including clinical staff and managerial staff, of which I was proud to be a part for many years, but the pressure, particularly on finance directors, to produce the right result and the right answer is deeply worrying due to the effect on safety. Only a few weeks ago we had the intervention of Sir Robert Francis, who, based on his previous work, raised concerns about clinical safety in our health service.

The international comparisons on funding have been mentioned, and they are very clear. We are probably spending the money to be like Mexico, not France or Germany. My constituents expect to be treated in the same way as their European opposites. Whatever the right level of funding is, there must be agreement on that level and, crucially, on what it can provide. Over the past year, the Public Accounts Committee has held 11 or 12 sessions on what the service has promised to deliver for the money available, which takes me to my second point.

We are now in the realm of political choices, which is our responsibility as MPs. The taxpayer, the voter and the patient are not different people; they are one and the same, and they are wise. They understand that we get what we pay for, but they have to be informed. Currently, the scrappy, ill-informed public debate and the unedifying blame game are not informing them but letting them down.

It is clear to me and to many hon. Members that the Government are not inclined to fund the service to the standards that we have become used to, that we expect, that the NHS constitution gives us the right to expect and that our European neighbours have, so the Government need to be honest about the trade-offs and choices. The STP process allows that to happen. I have listened carefully to the debate, and particularly to Conservative Members. They cheer when the Prime Minister and the Secretary of State for Health say that they have increased the money given to the NHS or that the NHS was given what it asked for, but they then make passionate pleas for their own community hospital or for the various services in their area, as is their wont.

The STPs bring into sharp focus the trade-off between finance and quality, and I define quality in terms of patient experience, clinical effectiveness and efficiency. The STPs have given us a clear trade-off between the money and the mandate, and I hope the refresh of NHS funding that we expect from the “Five Year Forward View” in March, as discussed in the Public Accounts Committee, will be clear and that the public will be able to have that information at their fingertips.

Currently, patients do not have the information, and they should. They should know where the best-run and the worst-run hospitals are. I agree with the hon. Member for Lewes (Maria Caulfield) that it is unacceptable that hospitals a few miles apart with virtually the same population are operating completely differently. Patients need to know where the outcomes are best. It is not good enough to hold that information nationally and hide it from patients, or to leave it to well-informed people to interrogate board papers, and so on, to find out the answers.

The way forward is clear: waiting times will continue to increase; we will go back to the long waiting lists of the 1990s; access to GPs and other professionals will continue to decrease; the service will become largely an emergency one; the family, where there is one, will increasingly bear the cost and responsibility of social care; and access will continue to be restricted. The Government now have to be honest not just about the costs but about access. They have to be honest that there is no more money, if there is not going to be any, and they have to be honest about what that means for expectations, particularly with regard to the NHS constitution.

I look forward to the Minister’s response.

8.58 pm

Judith Cummins (Bradford South) (Lab): It is a pleasure to follow my hon. Friend the Member for Bristol South (Karin Smyth). We are here to debate the financial sustainability of the health and adult social care sectors. Although health and adult social care are almost inseparable, I will focus on adult social care for brevity’s sake.

Although the acute care and adult social care sectors face similar unprecedented pressures, adult social care is different in one important way. Unlike the NHS, which has the ear of the Chancellor and the Treasury, adult social care certainly does not. All the evidence in recent months has served only to confirm that. The Chancellor’s decision not to make one extra penny of new money available in his autumn statement was met with almost universal criticism from across the health and local government sectors, and his recent decision to introduce the adult social care precept is damning evidence that a desperately outdated view of funding remains strong in the Treasury.

Adult social care is delivered locally by local authorities, so the Chancellor views its funding as a locally devolved issue. The Government’s decision to pass the blame to local councils and to underfund adult social care is nothing short of moral cowardice. They are deliberately underfunding adult social care in my home city of Bradford.

What is most desperate is the Government’s abandonment of the hundreds of thousands of older and vulnerable people who are reliant on vital adult

social care services, day in, day out. We are talking not about hypotheticals but about the care happening today, right now. Real people are struggling to get by in my constituency of Bradford South. Bradford is a relatively young city; nevertheless, the number of people in Bradford over the age of 65 has grown substantially. Between 2012 and 2015, an extra 4,500 people were living in the district, and the number of people in Bradford with complex physical disabilities has grown by 400.

My local council, Bradford Council, agreed its budget last Thursday. Like many others, it had the task of agreeing swingeing cuts to scores of community services. In recent years, it has reduced its budget by more than £218 million, and a further £82 million in cuts will have to be made by 2020. Adult social care, as the biggest service overseen by Bradford Council, faces the lion’s share of the looming budget cuts. A further £19 million of cuts will fall on the city’s adult social care sector. The Government are washing their hands of any responsibility. By 2020, the revenue support grant, which is the primary source of central Government funding to Bradford Council, will drop to zero—zilch; absolutely nothing.

The Government’s half-baked answer is the adult social care precept. In the next two years, the precept is expected to raise an extra £6.6 million in Bradford, but that extra money is dwarfed by the huge cuts to Bradford Council’s revenue support grant. More to the point, the extra £6.6 million is not even enough to meet the increased cost of adult social care that will flow from the Government’s so-called national living wage. Because of the unprecedented increase in demand, such bruising budget cuts are only the tip of the funding shortfall. It is expected that the cost of supporting increasing numbers of older people, coupled with larger numbers of working-age people living with disabilities, will mean Bradford Council will have to shoulder an extra £1.5 million, each and every year.

Maggie Throup: Will the hon. Lady give way?

Judith Cummins: I am nearly at the end of my remarks, and the hon. Lady has had her turn to speak.

What is beyond doubt is that the Chancellor must act in the upcoming Budget. He faces his greatest test in this Parliament. I hope that he and his Government do not disappoint. Time will tell.

9.2 pm

Helen Goodman (Bishop Auckland) (Lab): I am pleased to follow my hon. Friend the Member for Bradford South (Judith Cummins), who spoke with great feeling about her constituents’ needs, as she always does.

If my constituents were here and saw the estimates, they might be a bit disappointed. A few weeks ago, we had an interesting public meeting. They said to me, “Helen, it’s marvellous: because of Brexit, we’re going to get £350 million extra for the NHS every week, and our A&E department can be reopened.” There seems to be no mention of that in the estimates.

Under our local sustainability and transformation plan, there is a proposal to close the A&E department at Darlington hospital, which would be an unutterable disaster for my constituents. We are continually told that the purpose of the STP is to improve services, but I really wish the local NHS managers would stop pretending.

[Helen Goodman]

They have also told us that by 2020 there is going to be a funding shortfall of £281 million, so nobody believes it is about improving services; everybody believes it is about managing on limited resources.

I appreciate that pressures on the health service are increasing because of the ageing population, but this level of austerity in the health service is unnecessary. The British economy is bigger now than it has ever been; it is 14% bigger than it was in 2010. Other hon. Members have pointed to the disparity between spend in the UK, which is \$3,235 per capita per year, and in Germany, which is \$4,800 per capita per year. In the UK, there are 2.8 hospital beds per 1,000 people, whereas in Germany, the figure is 8.3. It does not need to be like that.

I wish to focus on the needs of rural communities, which we have not spoken about this evening. Were the A&E department in Darlington to close, it would be an extremely serious problem for the people to the west of Darlington, and at the top of Teesdale. People are already travelling 30 miles to get to hospital. The response times of the North East ambulance service are not what they should be. People often wait 20 or 30 minutes for an ambulance to arrive, which means that it could be an hour before they get into the hospital.

One of my local councillors has done an absolutely brilliant piece of analysis, looking at the journey times that would be needed were people to have to go to the James Cook university hospital in Middlesbrough. At the moment, someone living in Bishop Auckland would take 25 minutes to get to hospital. It would go up to 39 minutes. If they live right up in the top of the dale, the journey time is 39 minutes. That would go up to 64 minutes. The STP managers running the review say that they want to treat cardio-vascular and trauma patients in specialist centres where a critical mass of staff can maintain their skills. That sounds reasonable enough, but my constituent Judy Sutherland asked them, "What proportion of emergency journeys are not cardio-vascular or trauma cases?" The answer was 94%. So, for acute asthma, adrenal crisis, anaphylactic shock, appendicitis, diabetic coma, meningitis and renal failure—the list goes on—there would be no benefit to being in a specialist centre.

The extra mortality from the longer travel time goes up quite dramatically. In Bishop Auckland, it goes up by 2.4%, Barnard Castle by 3%, and in Middleton in Teesdale by 3.2%. That is why the pretence that this is about improving the quality of healthcare is not believed by my constituents. They are tired of being told that services should be nearer to home when, in fact, they are being pushed further and further away. There is a question mark over the Richardson community hospital in Barnard Castle. The A&E and the maternity services have been taken out of the hospital at Bishop Auckland. When that was done, we were told that it would be absolutely fine, because people would be able to go to the Darlington A&E, but now that A&E is under threat. People in rural communities are facing this constant process of attrition.

Peter Heaton-Jones (North Devon) (Con): I have similar challenges in my rural constituency of North Devon. The STP is looking at the same issues that the

hon. Lady is raising, and they, too, will lead to long travel distances. As Ministers know, that is something that I have raised with them and brought up in this House on a number of occasions. Does the hon. Lady agree that the challenges that the STP is trying to address have not happened in the past 18 months or the past six years; they have built up over many years and over many different Governments?

Helen Goodman: The proposal to close Darlington A&E has come up only under this Government. It was not proposed under the coalition Government or the previous Labour Government. This Government must take responsibility for what is happening now.

On Saturday, I went to Alston in Cumbria. The people there are also running a campaign to stop their local hospital closing, because they will then have to go to Carlisle, which is 34 miles away. That is a long way, especially in Cumbria, where the weather is absolutely terrible and the road is often blocked. Ministers need to take more account of this big rural issue. People in Alston are also worried that there will be a cynical saving—the hospital in Copeland—and that they will face even bigger cuts. Perhaps the Minister will give us an assurance about that. The interaction between health and social care is well understood. We all know that cuts to social care mean a worse quality of care and less time for individuals.

Maggie Throup: Will the hon. Lady give way?

Helen Goodman: I would rather not because of the speaking limit.

Cuts also mean pressure on the NHS. Durham has faced really big cuts to social care. Between 2011 and 2017, it has had to make £186 million of savings. Child and adult care services comprise 63% of the total budget in the area, and adult social care cuts have been £55 million. The much vaunted precept raises only £4 million, and we have another £40 million of cuts to come. Even taking into account the better care funding, cuts by 2019-20 will come to £170 million. That means that there will be no social care in whole villages in my constituency. We are told that the Chancellor is minded to do something about it. Will he make up the full £4.6 billion that was cut in the last Parliament?

We have discussed the long term, which we do need to think about. The discussion about social insurance is important and significant, but we should also think about which institutions we would be asking people to put their money and their savings into. A lot of private sector organisations are, frankly, ripping people off with fees of £600 and £900 per week, even in my constituency in the north, where costs are not the highest. With fees like that, we do not even see highly trained people with expertise in dementia, but the same workers on minimum wages with low levels of training. We need to look at a stronger mutual approach and cut exploitative private sector contractors out of adult social care.

Mr Speaker: I remind the remaining speaker that the Front Bench wind-ups need to start at 9.28 pm, so speeches need to conclude relatively promptly.

9.12 pm

Patrick Grady (Glasgow North) (SNP): I do not intend to detain the House for desperately long. The debate has been filled with trepidation and anticipation as Members, and perhaps the wider public, wait to see whether the House will actually debate any of the estimates before us. To pay tribute to hon. Members, we have not done too badly. The estimates document, HC 946—all 748 pages of it, at three and a half inches thick—and the Order Paper give us an estimate of £8,716,216,000 for the NHS. That takes up pages 137 to 151 of the document, but the only line that actually includes expenditure for health and social care is for the “Health and Social Care Information Centre (known as NHS Digital)”

on page 151, which has £151 million of resources. That might have made for a considerably shorter debate, if hon. Members had not used their ingenuity to quite the extent they have.

We have debated the 10 detailed reports from the Health Committee and the Public Accounts Committee. I congratulate the Chairs of those Committees on securing time from the Liaison Committee, but even that raises the question of why 10 reports are squeezed into a three-hour debate that is supposed to be about supplying the Government with the resources needed. I congratulate the Committees on securing that time, but perhaps those reports ought to have had more time to themselves.

The NHS is one of the biggest areas of Government spending, second only to pensions. Adequate funding of aspects of the NHS is a constant major feature of political discourse, as it has been today, but there are no means to seek to amend any of this in any meaningful way through the estimates process. All we can do is table amendments that might lower the amount, but the theme of the entire debate seems to have been that the NHS in England needs more money, not less. Of course, any change to the NHS budget in England has some sort of Barnett consequential in Scotland. I wonder whether, at any point today or anywhere in the Supply estimates book, we can find out what those are. I suspect we cannot.

Nevertheless, a number of important points have been made. The Chairs of the Public Accounts Committee and the Health Committees spoke in detail about the different budget lines and departmental spending lines and about the important long-term consequences of the transfers from the capital budget to the revenue budget. The hon. Member for Newton Abbot (Anne Marie Morris) spoke about the need to ring-fence certain lines. The hon. Member for Colne Valley (Jason McCartney), who is no longer in his place, made important points about the disaster that PFI has been in the health service, and that is true north and south of the border.

The hon. Member for Bishop Auckland (Helen Goodman) rightly asked where the £350 million a week for the NHS was. It certainly is not in the Supply documents brought to the House by the Government today. There is, in fact, a systematic underfunding of the NHS in England under this Tory Government, and that has serious implications for the NHS across the UK as a whole. As we have heard from Members on both sides of the House, that environment will only become more challenging as the population ages and demographics continue to change.

The Scottish Government, as I am sure we will hear from my hon. Friend the Member for Central Ayrshire (Dr Whitford) on the Front Bench shortly, are focused on these challenges and on building a health service that meets the demands of the 21st century. They are not just investing in the NHS but reforming it—integrating health and social care, and engaging with communities and the medical workforce, to bring about sustainable and positive NHS reform, as opposed to pressing ahead with the hasty cost-cutting exercises that seem to be the priority of the Tory Government.

However, perhaps it suits the Tory Government to have an NHS that is in the crisis described by Labour Members, because that gives Ministers an excuse to bring in private capital and private management and to outsource services to private providers. That, in turn, would have major consequences for the NHS budget in England and consequential for the devolved budget, which brings us back to the inadequacies of the estimates and Supply process in this House.

The former Leader of the House promised us that these Supply days and estimates days were our chance to scrutinise the Government on things that we were otherwise excluded from during the English votes for English laws processes.

Mr Speaker: Order. May I just very gently say to the hon. Gentleman that he is a distinguished ornament of the Procedure Committee, which has deliberated upon this matter? The question of the character of debates on the estimates has been, at this point, decided by the House, and the hon. Gentleman should not use his opportunity to speak in this debate, which he should guard jealously, to dilate on his disapproval of the process. What he ought to do is to focus on the subject which has been chosen. *[Interruption.]* It is no good him grinning at me like a Cheshire cat—I trust that that means that he is acquiescing in the judgment that has been reached. We always look forward to the mellifluous tones of the hon. Gentleman, but they should focus on the subject that we have chosen and not on that which he would prefer to have been chosen.

Patrick Grady: Indeed, Mr Speaker. I do not intend to detain the House very much further. What I have been trying to demonstrate is how the health and social care budget in England and Wales affects the health and social care budget north of the border and the overall Scottish Parliament budget. We have precisely proved the point that we do not have the appropriate opportunities to scrutinise those things in this debate, so the Government have to live up to their promises, and then we will see whether they are prepared to allow Members of this House a proper say over spending on the NHS and social care or on any of the other budget lines or Departments included in the estimates.

9.18 pm

Dr Philippa Whitford (Central Ayrshire) (SNP): I certainly welcome the fact that, in recent months, since the hearing of the Health Committee, the Secretary of State for Health has stopped using the £10 billion figure and has recognised the £4.5 billion figure, which is much closer to reality. Spending is normally allocated on the basis of health spending, not just NHS England spending. The increase in NHS England spending was at the cost of significant cuts to public health, even though we all recognise the need for prevention, and cuts to

[Dr Philippa Whitford]

Health Education England, despite the attempt to have 1,500 extra doctors every year, extra nurses and 5,000 extra GPs, which is therefore rather a challenge.

As has been said, last year was the good year before we come to the lean years. I am not going to go into details of the pockling that was required to get anywhere close to the required outturn, which was missed by £207 million, as that has been so clearly explained by those on the Public Accounts Committee. That results in what the Auditor General has described as short-termism—people simply working to meet the bottom line instead of lifting their chins up and looking at what the real challenges are.

There are three big challenges. We have talked about the ageing population, we recognise that we have significant workforce challenges, and we all know that money is tight and does not grow on trees. Those three things create a conflict. People are sometimes putting in a short-term patch that will actually cost more money in the end. Providers across England can be recognised for getting their agency costs down, although they are still more than twice what they are in Scotland, but what is lying ahead? How will we meet the challenge of providing the workforce after Brexit—not just the challenge of people leaving, but of how we recruit in future? The turnover at the level of nurse and social care worker is about 25%, and we need a constant stream. A Government Member mentioned the tiny proportion of population below the age of 65—of working age. That is exactly why we needed immigration in the first place. Are we going to end up with more agency workers, or will the Government take action to make sure that we can attract nurses, doctors and social care workers from Europe?

A lot of these problems are blamed on an ageing population. In fact, Scotland's demographics are worse than England's, and going through the hard winter that we have all faced, we did not meet our A&E target either. However, in Scotland the A&E department four-hour achievement level was 92.6%, while in England it was 79.3%—the worst level since records began. That shows that there is a real crisis. This is not meant to be a measure for us to attack each other with. In general, this has been a great debate compared with what some of our debates are like. Rather, it is meant to be a thermometer to take the temperature of the whole system—not just the whole hospital system from A&E to discharge, but from home to GP, to A&E, to hospital, to getting back home again. The problem lies in the significant cuts made outside the Department of Health but within social care. Obviously patients require the support to be able to get back into the community, and preferably even back to their own homes.

Why are we managing, despite our demographics, to keep our nostrils above water when NHS England is not? It is partly because in Scotland we have focused absolutely on integration rather than financial competition. The convoluted system that now exists between CCGs and outsourcing contracts, bidding and tendering is estimated to take £5 billion to £10 billion out of NHS England's budget. That would be enough to cover the deficits—to plug the social care hole—and yet the Department of Health does not even keep data on it, so it is not keeping track of how these administration costs are growing. There is no possibility of a cost-benefit

analysis of bringing in outside providers and causing this fragmentation instead of people being able to work together.

In Scotland, as I have said before, we have gone down the route of integrated joint boards between health and social care, taking money from both sides so that we do not have the argument over whose purse is funding a patient. We have used other innovative approaches such as community pharmacies, which we have debated here previously, and minor ailments units within community pharmacies. As a result, in the past five years attendance at A&E in Scotland has increased by 3.4%, while in England the figure is 11.8%—three times our attendance rate.

The situation with admissions is similar. Our emergency admissions have increased by 4.6%, while those in England have increased by 14%. That is all because the effort is not being made in the community.

There is a lot of talk, all the time, about the five year forward view. Frankly, we are halfway through the five years, so we are left with a two-and-a-half year forward view. That does not look far enough ahead. Scotland did “2020 Vision” back in 2011, and we are now working on 2030, by which time the number of people aged 85 and over will have doubled. That is what we need to think about: how do we design not only our social care services, but out health services around the ageing population?

Our Cabinet Secretary is focused on what keeps people independent. Members may think that that is because I represent the Scottish National party, but I am talking about people being independent and living high-quality lives. What is it about? It is about hip replacements, knee replacements and eye surgery. If someone cannot see or walk and they are stuck in their house and lonely, we are going to have to look after them. Therefore, we have invested in—this is often laughed at here—free prescriptions so that people take medication to control chronic illnesses. We have also invested in giving free personal care to people in their own homes so that they do not land in hospital and get stuck there. That is why last year our delayed discharges went down by 9%, while here they went up by between 25% and 30%.

People also laugh at free bus passes. The hon. Member for South West Bedfordshire (Andrew Selous) mentioned loneliness, an issue that was championed by Jo Cox. It is as big a killer as diabetes. Older people in our community are out and about. They are taking day trips and going shopping, and they love it. They are not stuck in their houses. This is about starting with looking at that population.

STPs are the best change going forward, but at the moment they are being handed a bottom line and told to work back from it. It cannot be budget-centred care; it must be patient-centred care. All of us across the House can recognise that place-based planning for a community will provide the best service to those patients and our constituents. That is what we should be doing. We need to get real about public health and preventing chronic ill health in later life, and that means addressing health in all policies. It is really bad that, day by day, this House considers individual decisions that completely contradict each other. We should always ask of every decision, “Will this make the health and wellbeing of

our citizens better or worse?" If it makes it better, in the end it will save money. That includes poverty—the biggest cause of ill health.

I call on Members to consider the systems and how we do things, but we need to provide the care in the community before we take it from the hospital. Let us also think a little more broadly in some of the other decisions that we make.

9.28 pm

Barbara Keeley (Worsley and Eccles South) (Lab): I thank the Chairs, members and staff of both the Health Committee and the Public Accounts Committee for their work on the reports under discussion. I also thank the two Chairs for their excellent opening speeches.

The Health Committee noted a tight financial situation for health and the fact that deficits were growing and widespread. The King's Fund and the Nuffield Trust reported in November 2016 that there was a net deficit of £2.5 billion for NHS trusts in 2015-16. Furthermore, they said that the 1.3% funding increase for the NHS in 2017-18 would largely be absorbed by deficits. We have heard many useful contributions on the issues with trust deficits. NHS funding increases will be 0% in 2018-19 and 0.3% in 2019-20. Those are seen as "inadequate" and not enough

"to maintain standards of care, meet rising demand from patients and deliver the transformation in services outlined in the NHS five year forward view."

I take the point made by the hon. Member for Central Ayrshire (Dr Whitford) that we are now halfway through the five year forward view, so in fact we have only a two and a half year forward view. If the opinion is now that the view is inadequate, we have got some issues.

On social care, the Health Committee has said that increasing numbers of people with genuine social care needs are no longer receiving the care they need because of a lack of resource, and we have had very many contributions about that. The Chair of the Health Committee, the hon. Member for Totnes (Dr Wollaston), talked about increases in demand for social care. The King's Fund and the Nuffield Trust have said that six years of "unprecedented" budget reductions have led to a 26% fall in the number of people aged over 65 accessing publicly funded social care, which is

"imposing significant human and financial costs on older people, their families and carers and"—

as we know—

"exacerbating pressures on the NHS."

They also estimate that the publicly funded social care system faces the prospect of a £1.9 billion funding gap next year, and one of at least £2.3 billion by 2020.

As we have heard in this debate—it has rightly focused on this—the cuts mean that 400,000 fewer older people now receive publicly funded care packages than in 2010. An Age UK report shows that nearly 1.2 million people do not now receive the care and support they need with essential daily living activities. It is worth breaking that down further: nearly 700,000 older people do not receive enough help for their daily care needs; and 500,000 people receive no help, not even from family and friends. Taking into account tasks such as shopping and taking medication—the hon. Member for Lewes (Maria Caulfield) mentioned the important factor that older people need

to be reminded to take their medication—Age UK says that 1.5 million people are not getting the help they need day to day.

It is shocking that nearly one in eight of the entire older population now lives with some level of unmet need. Of course the impact on the NHS of the crisis in social care funding is important—I will come on to delayed discharges—but the real impact, which we must never forget, is on all those older and vulnerable people living without care. Cuts to social care budgets also hit the 6.5 million unpaid family carers and the 1.4 million people in the care workforce who provide care. The impacts on those groups are often overlooked. The hon. Member for South West Bedfordshire (Andrew Selous) talked about the terms and conditions for the care workforce, and he was right to raise that point, but cuts hit those 1.4 million people as well. There have been dreadful cuts in terms and conditions; providing care is an important job and that should not happen.

The Government responses to the social care funding issues in the Select Committee reports are inadequate. The responses talk about the social care precept and the additional funding in the better care fund, but most of that funding is proving to be a problem because it is back-loaded to 2019-20. The King's Fund has described using the social care precept as an

"inadequate response that just passes the problem to local government".

That is a key factor. There is also the question of whether the precept is adequate or otherwise. The precept raised £382 million in 2016-17, and it will raise £543 million in 2017-18. In both cases, that is less than the cost of the national living wage to be paid by care providers.

Sadly, this Government's inadequate funding of social care was made worse by measures in the local government finance settlement. Having passed the problem of extra funding for social care on to the council tax payer, Ministers went on to make the problem worse by announcing the creation of the £240 million adult social care grant, with funding recycled from the new homes bonus. One third of councils providing social care will be worse off next year as a result of this inept settlement. My own local authority, Salford, will have £2.3 million less in its budgets for social care, and Tower Hamlets Council is set to lose £3.3 million. Where does the Minister think we, with such notice, can find £2.3 million in one local authority budget? Sadly, the answer will be rationing, which is not where we should be.

The Public Accounts Committee has published a report on discharging older people from acute hospitals, but the situation has got worse since the Committee's report was published. In 2016, a record number of hospital bed days was lost as a result of problems with social care. The number of days lost has increased by over 400,000 in the past year. Over a third of those days were lost as a result of social care problems, and we must take into account the fact that the proportion attributable to social care problems has been increasing. Given the funding cuts, we should not of course be surprised by that. My hon. Friend the Member for Hackney South and Shoreditch (Meg Hillier), the Chair of the Public Accounts Committee, said:

"Delayed discharge is damaging the health of patients and that of the public purse."

Unnecessarily long stays in hospital can affect patient morale and mobility, as well as increase their risk of

[Barbara Keeley]

catching hospital-acquired infections. In 2014, Professor John Young said of the mobility effects of long hospital stays:

“A wait of...seven days is associated with a 10 per cent decline in muscle strength”,

which is clearly not desirable.

The funding crisis in social care is a theme in many of the reports we are debating. The Public Accounts Committee report on personal care budgets expresses concerns that

“funding cuts and wage pressures will make it hard”

for local authorities

“to fulfil their Care Act obligations”.

That is serious. The legislation was passed only in 2014, but councils now find it hard to fulfil their obligations. On underfunding, the Local Government Association said in its recent Budget submission:

“Without bolder action the Government will need to re-evaluate its offer to residents and consider whether the set of legal rights and responsibilities contained within the Care Act are appropriate and achievable.”

The Chair of the Communities and Local Government Committee mentioned that.

The Public Accounts Committee report on improving access to mental health services described the ambition to improve services as “laudable”, but, given the current pressures on the NHS budget, it said that it is

“sceptical about whether this is affordable, or achievable”.

The Committee rightly said that achieving parity of esteem between mental and physical health is a task

“for the whole of government”.

I trust that that includes the hon. Member for Mid Norfolk (George Freeman), who heads the No. 10 policy unit, and who said that disability benefits should go to “really disabled people” rather than those

“taking pills at home, who suffer from anxiety”.

I should say that that has been mentioned already today, and that I have informed the hon. Gentleman of my intention to mention it this evening. Comments such as those reinforce stigma about mental health rather than reduce it. They are profoundly disappointing coming from someone who was until recently a Health Minister. They show just how far hon. Members and the Government have to go on parity of esteem.

Underfunding of mental health services by commissioners has dominated many debates in the House. The Government have failed to deal with the problem that funds intended for mental health services have been used by the NHS for other priorities. In their response to the Committee’s report, the Government say they accept all the recommendations and have implemented them, but I question that. The Government response says that the mental health five year forward view dashboard published in October 2016 monitors key performance and outcomes data. In December, the Royal College of Psychiatrists released compiled figures on spending by CCGs on child and adolescent mental health services, which are vital and which we often discuss in debates in the House.

A number of hon. Members have mentioned the scale of variation that came out of the Royal College of Psychiatrists figures, because the range was from £2 per

child per annum to £135 per child per annum, which is a disturbing variation. They have been told only that the CCGs were reporting the data on their spending differently. I say to the Minister that it hardly helps transparency for CCGs to report on their mental health spending differently.

I wrote to the Under-Secretary of State for Health, the hon. Member for Oxford West and Abingdon (Nicola Blackwood). From her response, I understand that further guidance has been issued to CCGs. I would be grateful if, in the Minister’s response, he told the House whether we can expect that the actual spend and planned spend on mental health services reported will be accurate and comparable. Hon. Members have mentioned in the debate their local CCGs decreasing spending on mental health. We hear that that is not the Government’s intention, but we cannot track what is happening if CCGs do not report accurately. We know that one in four young people who need mental health services are being turned away. The Government should therefore do all they can to ensure that young people can get that access. Extra funding prioritising mental health should be spent as intended and not spent on other NHS priorities.

In its report on NHS specialised services, the Public Accounts Committee said:

“Accountability, to both patients and taxpayers, is undermined by the lack of transparency over NHS England’s decision-making”. The Committee recommended that NHS England should “improve the transparency of its decision-making”.

I note that 30 charities from the Specialised Healthcare Alliance wrote to the Prime Minister recently to raise the issue of NHS England restricting and rationing treatment because of underfunding, especially for patients with rare and complex conditions. The charities say that this has taken place without sufficient public scrutiny. Lack of transparency in decision making is a serious issue and I ask the Minister to address it in his response.

There are many issues raised in the Committee reports relating to funding for the NHS and social care. Media reports say that the Chancellor is considering a short-term, ring-fenced cash injection for social care worth hundreds of millions of pounds for councils, but I hope the Minister will convey to the Chancellor that adult social services directors say they need an immediate injection of £1 billion for social care to prevent the weakening and collapse of some parts of the sector. As I have said, the funding gap in social care will be between £1.9 billion to £2.3 billion by 2020. I hope the Government are not going to try a quick fix in the Budget that is too little. The hundreds of thousands of vulnerable people who need social care certainly deserve better.

9.40 pm

The Parliamentary Under-Secretary of State for Health (David Mowat): The hon. Member for Central Ayrshire (Dr Whitford), who speaks for the Scottish National party, described this as a great debate. I agree that it has been a very good debate. Members on both sides of the House have spoken with a great deal of passion and, in general, with a great deal of knowledge. A number of clinicians, as well as three Select Committee Chairs, have spoken. I join the shadow Minister in thanking the Select Committees for the reports we are discussing today. An awful lot of comments have been made by Members and I will do my best to respond to the majority of them.

The Government accept that these are challenging times for both the NHS and social care. My hon. Friend the Member for Totnes (Dr Wollaston), the Health Committee Chair, talked about this at length. The demographics—both the number of people and their age—are uncompromising. I was at a Health Check conference recently and one of the speakers described the process we have been through. We have been very successful at elongating quantity of life. Until now, however, quality of life has not kept up. Increasingly, older people are living with multiple long-term conditions. Having one long-term condition is becoming unusual, whether it is diabetes, chronic obstructive pulmonary disease or heart disease. This is a fact we all have to face. One reason why we are so keen for the STPs to address this issue is that 70% of total expenditure on the NHS is spent on long-term conditions. Frankly, if we were starting with a blank piece of paper, we would not start with the NHS we have now. Instead, it would be organised around those long-term conditions, meaning more work in the community and all that goes with that. I will come on to talk about the STP process and how we are trying to achieve that.

We know, therefore, that there is an issue with demography. I think it was a Public Accounts Committee report that said that, in 1948, 50% of people lived to be over the age of 65. In 2017, only 14% die before they are 65. That is a massive demographic change and we all need to step up to the mark to meet it. We will try to do that. Drugs and treatment are becoming more expensive. They can do a lot more, but we have all heard the discussions around the cancer drugs fund. The third driver is that patients' expectations are, rightly, higher than they were decades ago.

The Government response in the spending review was a front-loaded £10 billion injection into the NHS budget, representing an 8% or 9% increase, depending on how it is counted. I agree with the hon. Member for Hackney South and Shoreditch (Meg Hillier), the Chair of the Public Accounts Committee, that we should not bicker about these amounts. We can argue about whether it is enough, but the facts are that this is a real increase over the course of this Parliament. There is a discussion to be had on whether that real increase is enough—I accept that. What I do not accept is what we have heard about cuts from some of those on the Opposition Benches. There is a valid discussion to be had about whether an 8% or 9% real-terms increase is enough—I gently remind the Opposition that at the last election they said they would not be in a position to fund more than that—but it is not right to talk about it in the context of cuts, as some Opposition Members have done.

Barbara Keeley: We get into this repeatedly. The Opposition have no plans to cut £5 billion from social care or to cut the budgets of local councils. That is the difference between us and the Government. Given that we have talked mainly about social care and cuts to social care, the Minister ought to take that into account.

David Mowat: I will come on to social care. We have covered the NHS, which this Parliament will get a real-terms increase of 8% or 9%. Let us accept that and move on. On social care, a 5% or 6% real-terms increase has already been made available—that is not the Budget; I do not know what is in the Budget. Again, we can argue about whether that is enough, given the demographics, but we cannot argue whether it is true.

I want to spend a little time on the international comparisons, about which we heard some discussion earlier. According to the OECD, in 2014 this country spent 9.9% of its GDP on health. The OECD average is 9%, so that is 1% more, but it is true that the OECD average includes countries such as Mexico with which we would not necessarily wish to compare ourselves. The average for the EU15, which by and large does not include the newer states in the east, is 9.8%. So in 2014 we spent more than the EU average. It is true that we spend less than some of our comparator countries—we spend less than France and Germany—but it is completely wrong to say that there is a massive gap between us and the EU.

Dr Philippa Whitford: I thank the Minister for giving way, but 2014 was three years ago, and are we not heading towards a figure of less than 7%, which will put us 13th out of 15 among the EU15?

David Mowat: No. The 2014 figures are the most recent available—and they do not include the comparatively large settlement on healthcare and the front-loaded money in the spending review.

The Government spend 1.2% of GDP on social care—we spend another 0.6% privately. That is more than countries such as Germany—the Chair of the Communities and Local Government Committee talked about Germany—which spends 1.1%, and more than Canada and Italy. Again, it is less than some countries—Holland, an exemplar country in this respect, spends considerably more; I accept that there are choices to be made—but it is wrong to pretend that we are massively out of kilter with the sorts of countries we would regard ourselves as equivalent to.

Heidi Alexander: Does the Minister accept that if we continue on current spending rates as a proportion of GDP, by the end of this Parliament we will be spending less than countries such as Costa Rica and Iceland? Is that the sort of health service his constituents aspire to?

David Mowat: There are assumptions in that—to do with our GDP growth, their GDP growth and everything else—so it is a difficult question to answer. I would just refer again to the latest OECD figures, for 2014. Those figures are accurate. There is a valid debate to be had about whether they are enough, given the demographics and all the rest of it—that is fair—but it is not fair to imply that there is a massive disparity between us and our EU neighbours.

Barbara Keeley *rose*—

David Mowat: I have given way to the hon. Lady once already, and I need to make some progress.

Patrick Grady: Some Conservative Back Benchers have suggested—not in today's debate but at other times—that some of the 0.7% gross national income aid budget could be used to fund health and social care. Can the Minister confirm that the Government remain committed to that target? By reading out the proportions of GNI spent on health and social care, he has shown how small that budget is in comparison.

David Mowat: The 0.7% budget for overseas aid is not being discussed here today and it is not my ministerial or my Department's responsibility. I am proud that we are one of the few countries in the world that meets that commitment, and many of the other countries among our EU partners that have been mentioned do not make that commitment. However, I shall not be diverted any further down that road today.

We have of course had a difficult winter in the NHS. We know that A&E targets are on about 86% rather than the 95% we expect; and ambulance targets are at 60% rather than the 75% we expect. As we have heard, delayed transfers of care—not “bed blocking”—have probably doubled over the past three years. In response, I make one point that I am always keen to raise in these discussions: we do not talk enough about cancer. There are cancer metrics, and we should be proud of the fact that NHS England, is meeting seven of our eight cancer metrics. The trend is towards meeting them more easily than in the past. We have heard quite a lot this evening about how well they are doing in Scotland. In fairness, to redress the balance that we have heard about in respect of A&E, I make the point that Scotland is doing somewhat worse than we are on those cancer metrics.

Karin Smyth: I regret to say that it has been a disappointing response thus far. We have had a very informed debate, so we do not need to have the figures regurgitated to us as if we have not. Will the Minister address my comment that the money is what it is, but is it sufficient to deal with the programme of care and support in the NHS that has been promised? That has been the subject of the Public Accounts Committee's report for every single month since last January. Is the money enough to do what has been promised?

David Mowat: The money is what we were asked to provide by NHS England's senior management, and we provided it. At that time, the chief executive said that the Government had listened and acted. That is what we did, and that money is now available. That is not the same as saying that we do not accept that the system is under pressure in certain ways. Again, though, we talk about the money that is being spent in France and Germany. In Munich, 15 of the city's 19 hospitals stopped taking people in over this winter. Right across the world—this is the point—there are challenges in national health systems, and we need to work to ensure that money is spent as effectively as possible. We know that £120 billion will be in our health system in 2020. What this Government have to do and what this ministerial team is doing is ensure that every penny is spent as effectively as possible.

We have talked about the five year forward view, and I accept that we are two years into it, but we know that the health system must tilt back towards community health, and the STPs are part of making that happen. We know that we need to get better than we are so far in terms of mental health and parity of esteem.

Mr Betts: I think the STP approach is capable of being a good one. The problem is that when I go to the chief executive of the Sheffield Teaching Hospitals NHS Trust, Sir Andrew Cash, who is respected in government as well, he tells me that the process of transferring resources to the community will not work unless there is

some transitional upfront funding for the whole process. We cannot stop doing what is being done in the hospitals and simply transfer it to the community.

David Mowat: He is right about that. NHS England is evaluating the STPs at the moment and during March and April, and it will decide which STPs are high priority, which will be invested in and which will be taken forward at speed. We heard the phrase “accountable care organisations” used earlier, and it is the Government's intention to ensure that those high-performing STPs that we proceed with—it will not be all of them; frankly, the standards are variable and locally driven—will in time become accountable care organisations.

The shadow Minister asked me to talk about social care, and I will do so. During the present Parliament, accessible funding for social care has risen by 6% in real terms; it fell during the last Parliament. Last year 42% of councils increased their social care budgets in real terms, and in December £900 million was provided in new homes bonus payments.

Barbara Keeley: Will the Minister give way?

David Mowat: No, I will not.

Barbara Keeley *rose*—

Mr Speaker: Order. The Minister is not giving way at the moment.

David Mowat: The Care Act 2014 was introduced by this Government, and it has transformed social care, although we accept that the system is under pressure. The number of delayed transfers of care in Newcastle, St Helens, Bedford and Nottingham is nil. The Chairman of the Public Accounts Committee, the hon. Member for Hackney South and Shoreditch (Meg Hillier), said that she had been told by Simon Stevens that if the top-performing councils—in terms of delayed transfers—were emulated by all the rest, the consequence would be very small. The truth is that there is a 30 times difference between the top 10% of councils and the bottom 10%.

Mr Betts: Will the Minister give way?

David Mowat: No. I have given way to the hon. Gentleman twice already, and I need to finish my speech in two minutes.

We accept that there are challenges and pressures in social care, but we also know that we need to make progress in mental health care, and we are doing so by working towards parity of esteem. By 2020, there will be 5,000 more doctors in general practice and 2,000 more pharmacists. We have talked about the need for more pharmacists. I visited a pharmacist's practice in Perivale on Friday, and I know that we can transform the way in which general practices work. There will be 3,500 mental health therapists as well.

Nearly 3 million people work in healthcare, in the NHS and care sectors. Many of them are remarkable people doing remarkable things, and they deserve our support. It is important for us not to weaponise this entire discussion. It is important for us not to produce election leaflets about dead babies, and all that that means. Our healthcare system and the NHS deserve our

support, and the Government are committed to ensuring that they receive it. I commend the estimate to the House.

9.57 pm

Meg Hillier: I was going to say that this had been a good-natured and thoughtful debate. It is a shame that a Minister who is usually thoughtful has resorted to seemingly blaming NHS England for the present situation. I think it important to be clear about the budgetary position: NHS England asked for a certain amount of money, which the Government have stretched over an extra year. Money that was meant to cover five years has actually covered six, and I think it important to put that on the record.

Members of all parties have made it clear that there are long-term financial challenges to our health system, and that we must have a long-term national debate about how we are to fund a health service that is fit for the 21st century. Last year, a series of one-off extraordinary measures allowed the accounts—just about—to balance, but today Members on both sides of the House have drawn attention to the movement of the departmental expenditure limit from the capital to the resource side of the budget. According to the estimate, the limit is projected to increase to £1.2 billion. An awful lot of money is being taken out of the long-term future of the NHS to pay for day-to-day problems. That is not sustainable, and it is a great shame that the Minister did not address it. I hope that the Government will view it as one symptom of the long-term challenges of funding.

This sticking-plaster will not solve the problem, but I hope that we can move forward on a cross-party basis, despite the Minister's final comments.

Question deferred until tomorrow at Seven o'clock (Standing Order No. 54).

Business without Debate

DELEGATED LEGISLATION

Motion made, and Question put forthwith (Standing Order No. 118(6)),

COMPETITION

That the draft Claims in respect of Loss or Damage arising from Competition Infringements (Competition Act 1998 and Other Enactments (Amendment)) Regulations 2017, which were laid before this House on 20 December 2016, be approved.—(*Andrew Griffiths.*)

Question agreed to.

Motion made, and Question put forthwith (Standing Order No. 118(6)),

HEALTHCARE AND ASSOCIATED PROFESSIONS

That the draft Nursing and Midwifery (Amendment) Order 2017, which was laid before this House on 25 January, be approved.—(*Andrew Griffiths.*)

Question agreed to.

Motion made, and Question put forthwith (Standing Order No. 118(6)),

EQUALITY

That the draft Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which were laid before this House on 18 January, be approved.—(*Andrew Griffiths.*)

Question agreed to.

Motion made, and Question put forthwith (Standing Order No. 118(6)),

LOCAL GOVERNMENT

That the draft Transport Levying Bodies (Amendment) Regulations 2017, which were laid before this House on 24 January, be approved.—(*Andrew Griffiths.*)

Question agreed to.

ICL Boulby Potash Mine

Motion made, and Question proposed, That this House do now adjourn.—(*Andrew Griffiths.*)

10 pm

Tom Blenkinsop (Middlesbrough South and East Cleveland) (Lab): It is appropriate on this day, the 117th birthday of the Labour party, that we debate mining, miners' welfare, health and safety and the issues around the Boulby potash mine in my constituency—a constituency, of course, that has a proud heritage of mining in East Cleveland, primarily around the ironstone mines and villages such as Guisborough, Slapewath, Skelton, Boosbeck, Loftus and Brotton, to name but a few—and the history of men such as Joseph Shepherd, who was the first Cleveland miners association union representative back in the 1870s, and who helped to establish the Labour movement in those mines among the Primitive Methodists in East Cleveland and north Yorkshire, who primarily made up the workforce there. As the Labour party is a party of miners, it is appropriate today that they be talked about on our party's birthday.

I am grateful for the opportunity to debate an issue that matters to me and so many of my constituents. I hope to raise questions about the recent accidents on site, which my constituents still need answers to, and to highlight the challenges facing the mine in the future.

Mining has both a proud past and, I believe, a viable future in East Cleveland. Ironstone mining was, as in other areas of the country, the original foundation of the local economy in East Cleveland. The booming mines of the late 19th and early 20th centuries drew in workers from across the country and led to the struggle for improved wages and conditions that shaped the Labour tradition of which we on these Benches are humble representatives today. However, mines from Charltons to Skinningrove closed throughout the last century due to the quality of the ironstone they were mining and imports coming in that had less sulphur, but mining was not lost and Boulby potash mine in my constituency is still in operation.

Despite this decline, my constituency still currently, and proudly, has the highest number of miners in the UK. The potash mine at Boulby has been an important part of East Cleveland's economy since it was sunk in the 1970s by ICI. Families' destinies have been dependent on mining, and Boulby mine at its height employed over 1,000 people in high-paid and high-skilled jobs—jobs that, unfortunately, are all too rare in the Tees valley.

About 80% of the mine's workforce live within a 12 mile radius of the site. It is not only the people of East Cleveland that the ICL site serves; it also serves this country's farmers. Potash is mainly used in fertilisers, and the Boulby mine supplies over half of the UK's potash. However, the site is not without its problems, and I want to go into the history of the safety concerns, some of which are recent.

The mine's safety record is chequered to say the least. It is a deep mine and is a dangerous place to work. Some places go two miles under the North sea and temperatures can be as high as 50°C. There is huge heavy equipment, with massive vehicles, and in the potash section it is a very different type of mining from the traditional methods of coal mining where seams are

cut out of the coal seam. Potash is a much harder material, especially polyhalite, the new product that Boulby is mining.

In 2007, a worker at the mine, Darren Compton, was killed by a falling rock. In 2012, an employee at the mine suffered broken ribs and a punctured lung after a hose burst and threw him against a skip. Months later, an employee was seriously injured by falling debris. In 2013, the site's mines rescue technician and co-ordinator was fired after failing to ensure that enough employees were trained rescue workers and that safety equipment such as breathing apparatus was working. Worryingly, he claimed at his tribunal that this was "accepted practice" at the site and that he was unaware of the safety requirements he had broken.

In 2014, there was an underground collapse in the mine, but fortunately no one was hurt. In 2015, some 220 redundancies were announced and 140 contractors' posts were abolished. In February 2016, a miner tragically took his own life in the mine. In April, an underground fire at the mine hospitalised seven employees. In June, a popular employee who was well respected by colleagues and managers, John "Richie" Anderson, was killed in a gas blow-out on the site. In August, a further 140 redundancies were announced, with more planned, and a contractor on the site was airlifted to hospital after suffering life-changing burns following an electrocution. In December, a mine tunnel flooded, although thankfully no one was injured.

The mining industry is difficult and dangerous, as the miners at Boulby know only too well. As these examples show, the mine's safety record is not an unblemished one, and the nature of the mine—the second deepest in Europe—makes it a difficult place to work and manage. It will continue to be difficult. Everyone—the workers, their families, ICL and myself—wants the mine to be prosperous and to succeed, but there are actions that must be taken on these safety issues by both ICL and the Government in order for that to happen.

In one particular case, fire broke out underground. I cannot go into detail, because legal action is taking place, but the men involved escaped with their lives only due to their own actions. There was no health and safety process in place. Many of the men had written their wills because they believed that they would not leave that mine. At some point, I would like to go into more detail about that case. I cannot do so now because of the legal action that is pending, but I wanted to put this on the record.

Workers at the mine must ultimately have confidence in the safety procedures that are in place, and they should be able to have a say when they have concerns. ICL must have a closer working relationship with the unions that represent workers at the plant, especially in relation to safety at the site. Giving the unions input into the process will build confidence in procedures and give workers a better opportunity to voice any concerns.

There are also questions that the Government and, in particular, the Health and Safety Executive must do more to answer. How have the recent redundancies affected safety at the mine? I understand that work patterns have been altered and lengthened to compensate for the redundancies, and the Health and Safety Executive accepts that longer shift patterns increase the risk of errors, accidents and injuries. I am also concerned that some of the workers injured in these incidents have

returned to work before they are fully recovered due to the inadequate sick pay they receive while off work, thus potentially increasing the risk of further accidents. Furthermore, the Government need to revisit the funding that they give to the HSE, especially in relation to COMAH—control of major accident hazards—site workplaces. However, even if those steps are taken and safety at the site is improved, more needs to be done to ensure the future of ICL and the good jobs that it provides.

The main threat to the future of the mine is the falling potash price. It has roughly halved since 2012, although prices stabilised and recovered slightly from the end of 2016. ICL has taken action in response to the change in prices, slowing potash extraction and turning to the innovative product polyhalite and other minerals vital to fertilisers. ICL is competing with other producers of potash around Europe and the world. Some, such as Russia and Belarus, are not concerned about fair trade and have sought to undercut the world market. Others, such as China, use their power to force prices down.

As with so many British industries competing in a globalised world, the UK potash industry's future will depend on our post-Brexit trade arrangements. I have said before in this House that although I welcome the Government's commitment to free trade, I am concerned that their desire to remove trade defence measures post-Brexit will leave our industries exposed not to free competition—which all industries understand is a reality of a globalised world—but to unfair dumping and market manipulation. We have seen that the Government are unwilling to stand up to China on steel dumping and that they seem willing for industries to pay the price for any trade deals post-Brexit. I hope that they will consider the miners of East Cleveland and ensure that any new post-Brexit trade deals provide the ICL Boulby potash mine with a level playing field on which to compete.

As well as the supply of potash, polyhalite, and the rock salt used to grit our roads, the mine is important for several cutting-edge research projects via the Boulby Underground Laboratory. The mine is 1200 metres deep, meaning that it is among only a handful of locations that offer the opportunity to conduct ultra-low background and deep underground projects, including experiments relating to dark matter and radioactive substances. As well as contributing to our position as world leaders in science research, that could have applications in the defence and environmental industries. Indeed, given the depth of the mine and its closeness to Hartlepool nuclear power station, the site has potential to be used for a joint American-British defence project on the monitoring of nuclear proliferation and potentially threatening states.

The ICL Boulby potash mine is not just the only remaining part of East Cleveland's proud mining tradition, but a business that provides well-paid jobs to my constituents. However, it has challenges, most obviously and urgently around safety. The loss of John "Richie" Anderson and the hospitalisation of other workers in the mine demand further action by ICL and the Health and Safety Executive to ensure that everything is being done to keep the people of East Cleveland safe. While the fall in the pound has no doubt helped potash exports, Brexit also poses challenges, not least because it has the potential to increase the mine's exposure to

unfair international competition. There are opportunities in linking the mine's future to a sector plan for the agriculture sector as part of an industrial strategy, strengthening protections against unfair trade post-Brexit, and potentially improving market conditions. I hope that the Government will do everything they can to help my constituents, whose communities are so linked to the future of Boulby potash mine.

10.11 pm

The Parliamentary Under-Secretary of State for Business, Energy and Industrial Strategy (Margot James): I congratulate the hon. Member for Middlesbrough South and East Cleveland (Tom Blenkinsop) on securing this debate on such an important matter and on his work, which I read as part of my preparation for this debate, over several years to draw attention to some of the issues that he has raised tonight, notably the worrying health and safety record of the Boulby mine over recent years. I will return to health and safety later on.

The Government recognise the importance of the potash industry to the hon. Gentleman's constituency and to the wider region. It is inextricably woven in the industrial fabric of the north-east but, as he said, the Boulby mine has faced difficult market conditions in recent years. Revenues and profits in the industry have been hit by low global potash prices, mostly as a result of greater competition in the global market, but some of that competition has not been what we would call free and fair. According to analysis by the market experts, IBISWorld, exports currently form more than a quarter of the industry's revenue, so UK miners are exposed to global price volatility. The situation has been exacerbated by over-supply, which is unlikely to go away in the short term.

The job losses at the mine since 2014 have clearly come as a major blow to the employees concerned, their families and the communities in which they live. The rapid response service has delivered a number of redundancy briefing sessions to Boulby employees to help get workers back into employment as quickly as possible. In addition, the National Careers Service delivered support with CV writing, digital job searching, interviewing skills, and one-to-one appointments for rapid response funding applications.

However, with the production of polyhalite emerging as a key product of the UK industry, output from the UK is expected to expand in the next five years. I am pleased that ICL, which operates the Boulby mine, is now planning over the next five years and beyond to expand its output of polyhalite—a naturally occurring and highly sought after form of potash seen as a superior fertiliser. I understand that Boulby and the areas to the south have a near monopoly on this mineral resource, and I hope that that will be a great advantage for the area in the coming years. In fact, polyhalite is expected to overtake potash as the key product of the industry after 2018, and I hope ICL's long-term commitment will result in a brighter long-term future for the mine and its employees.

Tom Blenkinsop: The Minister is correct that the industry is looking at polyhalite overtaking potash as the main product to sell to the market. Polyhalite is an incredibly hard material and is much more difficult than potash to mine. Extra help to market the product

[Tom Blenkinsop]

is therefore needed as the industry adapts to it. Has the Minister taken on board my comments about how polyhalite can be incorporated into the industrial strategy and marketed as an industrial product to the world's agricultural producers?

Margot James: I certainly have taken that point on board. I appreciate that polyhalite is mined only from a layer of rock more than 1,000 metres below the North sea, below the potash seam at the Boulby mine, making it very much more difficult to access. I would welcome the industry's contribution to discussions on how the industrial strategy that we are developing with the north-east in mind could benefit this emerging sector. It is a challenger sector and very much deserving of our attention as we roll out the industrial strategy.

I have quite a lot of information, so I will be selective. I was shocked by what I read about the health and safety concerns. I have spoken to the Health and Safety Executive, and we have a representative among the officials in the Box this evening who has travelled down from Bootle for this debate.

The Government take health and safety at work very seriously and fully support the HSE's efforts to ensure that Great Britain remains one of the safest places to work in the world. There have been six significant incidents at the mine in the last two years—although, as the hon. Gentleman says, there is a longer record of safety concerns—resulting in the fatality he mentioned, three serious injuries and 14 workers being placed in potentially life-threatening situations. The HSE has found inadequate risk assessments, poor procedures and a failure to implement procedures designed to tackle the root causes of the problems.

I take this opportunity to express my heartfelt condolences to the family of Mr John Anderson, who was tragically killed while working at the mine on 17 June 2016, and to the other workers who have been injured or distressed as a result of accidents or incidents at the mine in recent years. All the incidents have been, and some are still being, thoroughly investigated by the HSE's mines inspectors, whom I know the hon. Gentleman has met, and the HSE has called on additional specialist input, such as on human factors, where necessary. I assure the miners that the appropriate action either has been taken or will be taken. Should the HSE's current investigations provide evidence of the management's actions falling short of legally required standards, the HSE will not hesitate to prosecute ICL. Indeed, I believe that the HSE is preparing to launch prosecutions relating to the trapping incidents in April 2015—that is one example.

The HSE and the industry will continue to work together to improve safety performance. The hon. Gentleman mentioned the role of trade unions, which I understand have been very constructive and very dedicated to improving safety standards, and they will be a vital partner in that process.

Tom Blenkinsop: We cannot go into detail on the cases because they need to be taken through the official legal channels before we can speak about them in any way. My main concern is that, due to the pending legal action, the sick pay period ran out for the miners involved in these cases and they felt forced to go back to

work in order to have an income. My worry is that some of those miners may have been in a state of post-traumatic stress, placing other workers in potential jeopardy, but had to go back to work because they are the breadwinner for their family. Will the Government review the legislation to ensure that, pending the legal action, workers in such workplaces can seek sick pay for an elongated period?

Margot James: The hon. Gentleman makes a reasonable request. I cannot give him a direct answer from the Dispatch Box, but I am certainly prepared to take that request back to the Department and ask officials to review the matter. I shall write to inform him of any progress I am able to make on that issue. He describes a bad situation being made worse, potentially putting others at risk; that seems to be something we ought to review.

The health and safety law that covers underground mining was brought up to date by the Mines Regulations 2014. All the previous relevant law, some of it 60 years old and drawing from even earlier requirements, was modernised and replaced without reducing any necessary protections. That was no small task, and would not have happened without the co-operation of the industry and, as I just mentioned, the unions representing Boulby's workers. The law is now more straightforward and, together with the associated guidance, which was also modernised, duty holders should be aware of and understand what is expected of them when it comes to operating a safe mine.

The new law places clear duties on mine operators to ensure that sufficient and effective systems for the management and control of risks are in place and being followed. We now have a single set of regulations to cover the major hazards associated with underground mining, including ground control, shafts, winding equipment and operations, inrushes, and fire and explosion, as well as effective arrangements for escape and rescue if controls fail. Those hazards are far from new, and they are well understood by the underground mining industry. As such, it is unacceptable that some standards have not been applied consistently in the management of the Boulby mine. The Government and the HSE will work together to ensure that duty holders recognise the potential for those hazards causing major harm and that they control the associated risks.

The hon. Gentleman mentioned the underground fire. I understand that improvement notices were served on Cleveland Potash Ltd, after which improvements to underground safe havens and improved communications facilities and water availability have now been put in place.

The HSE has an intervention plan for every underground mine in Great Britain, and each reflects the specific inherent hazards and the mine's previous health and safety performance. The Boulby plans for 2016-17 and 2017-18 reflect the outcomes of the investigations into the recent incidents. HSE inspectors will base their regulatory interventions and their oversight of the mine's health and safety performance on those plans, which I know that the hon. Gentleman has discussed with the HSE.

I have probably said all that I can about the health and safety aspects of running this mine. As I have told the hon. Gentleman, I have talked to the HSE about the issues that he has raised, and also about my concerns

when I read the individual case notes of some of the people who have had terrible injuries and who have been in fear of their lives. It was clear to me from reading those notes that several of the incidents could have been avoided, and certainly could have been reduced in their effect had proper and robust safety procedures been observed and implemented at all times.

I was encouraged by the response that I received from the HSE with regard to new management at the mine as it has a far more robust outlook and is well informed by the HSE, the trade unions and the hon. Gentleman

himself. I think that we can be optimistic that the future of Boulby mine, both economically and, even more importantly, from a safety perspective, will be brighter. We must get everything right for the even more risky accessing of the new mineral source, which has so much to offer his constituents and the mining community that is so important to his part of the world.

Question put and agreed to.

10.25 pm

House adjourned.

Westminster Hall

Monday 27 February 2017

[JAMES GRAY *in the Chair*]

Attacks on NHS Staff

4.30 pm

Oliver Dowden (Hertsmere) (Con): I beg to move,

That this House has considered e-petition 176138 relating to attacks on NHS medical staff.

It is a pleasure to make these introductory remarks under your chairmanship, Mr Gray. The petition highlights the rising problem of attacks on NHS staff, an issue with which I am very familiar from my constituency work. Indeed, local GPs recently raised it with me in my surgery in Radlett. I pay tribute to listeners of London's LBC radio, who backed this petition as part of the Guard our Emergency Medical Services—GEMS—campaign. Their support for the petition helped to push the number of signatures well over 100,000, which the Petitions Committee usually takes as a benchmark for triggering a debate in this place. I also thank the Royal College of Nursing and the many other representative organisations that have contacted me to highlight the scale of the problem. It is clear that the petition has struck a chord with the public and hon. Members.

The raw facts speak for themselves: there were more than 70,000 recorded assaults on NHS staff in England in 2016—an increase from nearly 68,000 in 2015 and 60,000 in 2004. In the NHS trust serving my constituency, there were more than 1,000 recorded assaults last year. A recent RCN members' survey found that 56% of nurses had experienced physical or verbal abuse from patients, and a further 63% had experienced abuse from relatives of patients or members of the public.

Those statistics tell only one side of the story. Since I agreed to lead this debate on behalf of the Petitions Committee, I have been inundated with examples of the scale of the problem. I will cite just a few, which were compiled by 38 Degrees. An NHS staff nurse said that in her

"20 year nursing career I have been spat at, punched, kicked, verbally abused...and even had a cardiac monitor thrown at my head!"

Another said that she works

"in an A&E department as a staff nurse. On a daily basis I see some sort of aggression whether this is physical or verbal towards staff. I can't recall a day that has gone by where we've not had to have security or the Police in the department."

Perhaps more worrying is evidence given to the Petitions Committee by the Royal College of Nursing, which suggests that some female nurses fear that they are seen as "fair game" for sexual assault. I am sure hon. Members find that appalling.

This problem does not just affect NHS staff working in hospitals and GP surgeries. Concerns have been raised about the safety of lone NHS workers—for example, nurses visiting care homes. Such violence against NHS workers is clearly completely unacceptable, and all Members of the House agree that we must not stand for it. This debate is an opportunity to highlight the problem and

send a clear signal from this House that it cannot be tolerated. It is also an opportunity to consider measures to tackle it.

The petition calls for higher legal provision and protection to be extended to NHS staff, making it a specific offence to assault them. As the petition makes clear, that protection is already afforded to police officers under section 89 of the Police Act 1996, and my research indicates that it is also a specific offence to assault prison and immigration officers. It is also an offence to assault doctors, nurses and midwives in Scotland. I raised that point with the Prime Minister at Prime Minister's questions, and I know from both the response I received subsequently from her and the Government's response to the petition that they take this problem seriously.

I understand that the current position is that, first, to ensure that prosecutions are brought forward once a charge has been made, the code for Crown prosecutors makes it clear that a prosecution is more likely if the offence has been committed against someone who was serving the public at the time, which includes NHS workers. Secondly, at the sentencing stage, the fact that an offence was committed against a person working in the public sector is an aggravating factor, which means that it is considered as adding to the seriousness of the offence, thereby meriting a longer sentence within the maximum penalty available. In addition, current sentencing practice indicates that custody is used as a starting point for assaults on public servants.

Mr George Howarth (Knowsley) (Lab): Although what the hon. Gentleman said about aggravating factors, which are set by the Sentencing Council, is important, the argument for having a specific offence rests on the fact that medical staff often deal with people in stressful and sensitive situations, so they deserve a better level of protection equal to that afforded to police officers.

Oliver Dowden: The right hon. Gentleman makes an apposite point, which I was just about to come on to.

I welcome the progress that has been made as a result of the petition. I understand that the Government have committed to updating the protocol on tackling violence in the health system, which will involve the police and the Crown Prosecution Service, and I would be grateful if the Minister could update us on that in his concluding remarks. Like the right hon. Gentleman, I urge the Government to keep an open mind about creating a new specific offence.

Richard Drax (South Dorset) (Con): My hon. Friend is making an excellent speech on a subject that is close to many of our hearts. I pay tribute to all those who work in the NHS and do a wonderful job. I wish to raise an issue that my police and crime commissioner raised with me, which affects all those who work in the emergency services—that of spit guards. The PCC has written to the Home Office to ask it to research this issue further and to hold a public consultation. What is my hon. Friend's view on how we can stop people spitting on people, which is just as much of an assault as thumping someone? Perhaps the Minister will inform us how far down the road we are on that issue.

Oliver Dowden: My hon. Friend is absolutely right, and hopefully this debate will provide the opportunity not just to discuss a specific new criminal offence but to

[*Oliver Dowden*]

look at preventive measures. Certainly, spitting at NHS staff is completely unacceptable, and any measures we can take to prevent it would be most welcome. Like him, I would be grateful to hear the Minister's reflections on that point.

Returning to the argument about why we need a specific offence, I understand the Government's point that existing measures already prioritise prosecuting and sentencing assaults on NHS workers. All assaults are unacceptable, but the fact that we have created specific offences for police, immigration and prison officers, but not one for NHS workers, might amount to a discrepancy. It is important that we send the strongest possible signal from this place that such assaults are unacceptable, and creating a specific offence is one way to do that.

It is important to stress that a new law is not a panacea. This debate provides an opportunity for a wider examination of safety issues surrounding NHS workers. I have a number of issues to raise, and I would be grateful if the Minister addressed them in his remarks. Concerns have been that only about 10% of physical assaults result in criminal sanctions. I would be grateful if the Minister could confirm whether the Government's promised review of the protocol will look at how that low level of prosecution can be addressed. In addition, the consultation that the Petitions Committee held on this debate suggests that there is scope for more effectively training security staff at NHS facilities in how to deal with violent behaviour to ensure that difficult situations do not escalate.

Further work can be done on preventive measures. My hon. Friend the Member for South Dorset (Richard Drax) mentioned spit guards. Other possibilities mentioned to me include the provision of lone-worker alarms for NHS staff visiting care homes on their own and better designed environments that make it harder for violent offences to be committed. There is, however, concern about the future of NHS Protect, so will the Minister provide some clarity on that?

A wider question concerns changing attitudes towards NHS staff. The Petitions Committee received evidence that some people have an entitlement attitude—"We've paid our taxes"—which is sometimes used to justify aggressive behaviour towards NHS staff. That needs to be stamped out. I rarely cite Wales as a good example of NHS practice, but it has had a campaign on zero tolerance of violence against NHS staff, which I believe has worked well. Perhaps that is something else the Minister will consider.

I am conscious that other Members wish to speak in the debate, so I will conclude. I hope that the NHS staff listening to the debate will be reassured by the seriousness with which Parliament treats the issue of violence against NHS workers. I hope that the debate will provide an opportunity to consider what further measures we may take to protect nurses, doctors, paramedics and all other NHS staff, to whom we all owe a tremendous debt of gratitude.

4.41 pm

Liz McInnes (Heywood and Middleton) (Lab): It is a pleasure to serve under your chairmanship, Mr Gray. I am grateful to the hon. Member for Hertsmere (Oliver Dowden) for his introduction to the debate, which is on

an important issue about which I feel very strongly as an ex-employee of the NHS and a former workplace trade union rep in the NHS.

Hospitals, clinics and health centres, by their nature as public buildings, have to be open to everyone. That brings particular security risks to the staff who work in them. Risks are also encountered by community staff who visit people in their homes. Those risks were clearly explained to the Petitions Committee in its meeting with the safety reps from the Royal College of Nursing. Better liaison and sharing of information between the police and the NHS regarding people who present a risk are clearly needed.

Although I appreciate the spirit of the petition and am sure that no one would argue that our NHS staff do not deserve to be protected while going about their work, there is a degree of confusion over what the petition aims to achieve. First, some clarity is required. The petition should cover all NHS staff, not only medical staff. After working in the NHS for many years, I realise that "doctors and nurses" is used as shorthand for all NHS staff, but given that there are about 400 different job roles in the NHS, it must be made clear that our concerns are for all NHS staff. Among many others, the porters, the cleaners, the healthcare assistants, the allied health professionals and the many volunteers are the unsung heroes of our NHS.

Secondly, the Government's response to the petition stated:

"The fact that the victim is providing a service to the public is listed as an aggravating factor in sentencing guidelines".

Therefore, is there a need to toughen up the law? Most people would say that there is in order to send out a clear message that to attack any member of NHS staff is totally unacceptable.

Richard Drax: I am listening to the hon. Lady closely, and she is making an excellent speech. Should the Government consider an automatic prison term, with the period of detention obviously depending on the circumstances of the assault?

Liz McInnes: I will go on to talk about the special circumstances in which NHS staff work, which include working with patients with mental health issues, so I cannot agree with the hon. Gentleman on a blanket prison sentence. One size does not fit all, I am afraid, and I will expand on that later. However, I thank him for his intervention.

Scotland has a law to protect NHS medical staff. According to the House of Commons Library, that law seems to have reduced the incidence of assaults on staff, although the number is still unacceptably high.

Thirdly, many assaults on staff are committed by patients who have mental health issues such as dementia. The accounts given by the RCN safety reps highlight the problems in dealing with those patients, such as whether they are capable of realising the harm that they have caused. That goes some way towards explaining my response to the hon. Member for South Dorset (Richard Drax). There also seems to be a feeling, certainly among the RCN reps, that the police are rather too ready to dismiss cases in which the assailant has mental health problems. That subject deserves further exploration and I hope the Minister will comment on it.

My constituency is served by the Pennine Acute Hospitals NHS Trust, in which the number of cases of physical violence against staff by patients has, unfortunately, gone up from 169 in 2014-15 to 240 cases in 2015-16. The trust had been doing good work on training staff in conflict resolution and had managed to bring the figure down from 251 assaults in 2012-13. Sadly, reported assaults appear to be on the rise again. A spokeswoman for the trust informed me that the most recent rise was due to increased awareness and reporting, but I remain slightly unconvinced of that. I am informed that many staff are still reluctant to report assaults because they do not feel that any action will be taken as a result. The RCN safety reps highlight that the onus on staff to report attacks can act as an obstacle to reporting, so employers should provide more help and support to staff in such situations.

Assaults do not happen only when staff are on duty. There have been many incidents of assaults and muggings of staff at Pennine when they are in hospital car parks. In my days at Pennine, I can clearly remember that a member of staff suffered a serious assault—she was stabbed—when returning to her car after a shift on the Rochdale site. Fortunately, she survived that serious assault. We must make it clear that assaults on NHS staff are unacceptable at all times, not just when they are on duty.

This weekend it was announced that the Government are calling for a complete smoking ban on all English hospital sites. That is very laudable, but who will police it? In my experience of the NHS, a member of staff telling a patient or visitor that they cannot smoke in a particular area is likely to lead to a flurry of verbal abuse. I therefore hope that if the Government are serious about the move, they back it up with funding for trained security staff and do not simply expect already hard-pressed and stressed NHS staff to take on yet more responsibility for enforcement.

Where do we go from here? Without doubt, this is a serious issue and action on it has the support of a great deal of the public, including 161 of my constituents. Undeniably, our NHS staff are under a great deal of pressure at the moment, with long waiting lists, patients waiting on trolleys in corridors and staff having to deal with angry relatives as a result. The Government's handling of the NHS appears to be creating a perfect storm of unrest and discontent among patients and relatives, which is likely to exacerbate tension and ill feeling. The Government must take some responsibility for that.

In summing up, I return to the Government response to the petition. It states:

“A protocol to tackle violence and anti-social behaviour in the NHS by shared actions between the Police, Crown Prosecution Service and NHS Protect was signed in 2011”,

which, importantly, sets out steps

“to improve victim and witness support. This protocol is currently being updated”.

This debate is therefore very timely. It is my hope that what is said in this Chamber today will be taken note of and fed into that update to ensure that our wonderful and dedicated NHS staff are afforded the highest standards of safety while they go about their daily, and nightly, duties to us, the British public.

4.49 pm

Holly Lynch (Halifax) (Lab): May I join colleagues in saying what a pleasure it is to serve under your chairmanship, Mr Gray? I hope that right hon. and

hon. colleagues from across the House are familiar with my “Protect the Protectors” campaign, and I am truly grateful to the many who have lent it their support. As part of that campaign, I have lobbied for protections that would cover all emergency service workers and NHS staff. I will outline what needs to change and how we should go about it.

My campaign started last summer after I spent a Friday evening in August on patrol in my constituency with West Yorkshire police. I joined PC Craig Gallant, who was single crewed and responding to 999 calls. When a routine stop quickly turned nasty, I was so concerned for his safety that I rang 999 myself to stress just how urgently he needed back-up. Thankfully, other officers arrived at the scene shortly afterwards to help manage the situation. Although, amazingly, no injuries were sustained on that occasion, I saw the dangers for myself and understood just how vulnerable all emergency service workers are, especially when they are out on their own.

Since being elected in May 2015, I have spent time shadowing all the frontline services in my constituency to understand the work they do and the pressures they are under, and to inform my work here on their behalf, but I confess that I am also the daughter of a retired police sergeant and a nurse. [HON. MEMBERS: “Hear, hear!”] Thanks very much. Both my parents were subject to abuse in their roles as public servants, so I feel very strongly about this issue. I have done shifts with the emergency services—the police, the fire and rescue service, and paramedics—and spent time with doctors and nurses in A&E. I also spent a Friday night with out-of-hours mental health services and I will spend a day with the local search and rescue team in the next few weeks. May I take this opportunity once again to pay tribute to the work that they all do? Behind their uniforms, they are incredibly brave and dedicated individuals who, regrettably, face risks almost daily that they simply should not have to face.

Our emergency services and NHS staff routinely go above and beyond their duties to keep the public safe, and the law must convey in the strongest possible terms how unacceptable it is for someone to set out deliberately to injure or assault an emergency responder or NHS worker. As we have already heard, NHS Protect figures show that there were 70,555 assaults on NHS staff last year—a significant increase on the year before. A report published just before Christmas by Yorkshire ambulance service revealed that its staff face violence and aggression weekly. There was a 50% increase in reported incidents of verbal and physical attacks on staff, with 606 incidents reported in 2015-16. Richard Bentley, a paramedic in Leeds, told the BBC that he had faced three serious assaults in five years. He had been bitten, head-butted and threatened with a knife.

I sought to do something about that unacceptable violence directed at our most dedicated public servants by drafting a ten-minute rule Bill, which I presented in the Chamber earlier this month. The Crime (Assaults on Emergency Services Staff) Bill would extend protections to all emergency service workers and—crucially in relation to this debate—would cover paramedics, doctors and nurses.

The petition, which was launched on 22 December by LBC presenter Nick Ferrari—I commend Mr Ferrari and LBC for their role in this campaign—calls on the Government to make it

“a specific criminal offence to attack any member of NHS Medical Staff.”

[Holly Lynch]

However, in consultation with several bodies representing all the emergency services workers with whom I have spent time, I agreed that it would make sense to seek to amend existing legislation to make assaulting an emergency service worker or NHS worker an aggravating factor in existing criminal charges, for several reasons.

Alex Chalk (Cheltenham) (Con): The hon. Lady is making a powerful speech. It goes without saying that assaults on NHS staff are appalling, but does she agree that our NHS staff want to know that any changes will make a meaningful difference to their safety and to enforcement? Given that the maximum penalty for assault of a police constable is six months, which is the same as the maximum penalty for common assault, I query whether a change in offence would actually make a difference. The key is enforcement. People want to know that if they are attacked, the police will come around, make arrests and throw the book at the people who did it.

Holly Lynch: I will come on to some of the problems that we identified with the stand-alone assault police charge, which led us to seek to amend existing legislation. The hon. Gentleman makes an interesting point, which I will come on to in more detail.

The petition states that for

“twenty years it has been a specific offence to attack a Police officer conducting their duties”

and refers to section 89 of the Police Act 1996, which deals with assault police charges. However, although that section sets a precedent for making assaulting a particular sector of public servants a stand-alone offence, it was precisely because of that legislation’s shortcomings that we sought to do things differently and more comprehensively.

Assault police charges are summary only, so are triable only in a magistrates court. As the hon. Gentleman rightly says, the maximum custodial sentence for even the most serious assault police charges under section 89—so-called category 1 offences—is 24 weeks, with offenders more likely to receive a fine or community order. Even if someone is given a custodial sentence for a category 1 offence, the sentencing guidelines for section 89 offences propose three questions:

“Has the custody threshold been passed?...if so, is it unavoidable that a custodial sentence be imposed?...if so, can that sentence be suspended?”

To me, none of that reinforces the seriousness of the crime or, more crucially, acts as a deterrent. I have seen examples of repeat offenders who, due to the problems with the assault police charge, have effectively collected suspended sentences. I share that information simply to explain why I have arrived at my proposals, which I believe would make our emergency services and NHS workers safer in their roles.

My Bill would make offences including malicious wounding, grievous or actual bodily harm and common assault aggravated offences when perpetrated against a police constable, firefighter, doctor, paramedic or nurse in the execution of his or her duty or, significantly, against someone assisting such persons in the execution of their duty. It would therefore cover NHS staff more broadly, which my hon. Friend the Member for Heywood

and Middleton (Liz McInnes) mentioned. The Bill would ensure that tougher sentences were available to the judiciary when sentencing someone convicted of assaulting an emergency responder or NHS worker. As I said, the sentences handed down to offenders convicted of such acts must reflect the seriousness of the crime and, more crucially, serve as a tough deterrent to dissuade others from even considering committing such violence towards NHS workers in the first place.

Alex Chalk: The hon. Lady makes a really interesting point, but the maximum penalty for causing grievous bodily harm with intent is life imprisonment in any event, and judges have sufficient sentencing powers to reflect the gravity of the aggravating factor of the attack having been on a public servant. Given that judges already have certain sentencing latitude, how would she change things?

Holly Lynch: I welcome the hon. Gentleman’s intervention. It is perhaps just an issue of clarity and the weight that comes with such uniformed service roles. Perhaps the problem is as simple as someone who is particularly angry and comes into an A&E department and lashes out at an NHS worker, not understanding that deterrent. We must explore how to ensure that that deterrent is understood by people who arrive at A&E departments.

Mr Jim Cunningham (Coventry South) (Lab): I am not a lawyer, but in response to the hon. Member for Cheltenham (Alex Chalk), although it is quite true that someone could get a life sentence, most judges use a scale that depends on the seriousness of the crime. As far as I am concerned, six months is too low to be a deterrent for such crimes, whether they are committed against national health service workers, policemen or public service workers. The sentence should be higher, and judges can be guided on that—the scales can actually be altered.

Holly Lynch: My hon. Friend is right. That is exactly my concern with the assault police charge, which I have explored in detail through my “Protect the Protectors” campaign. The maximum sentence for that charge does not seem to reflect its seriousness. We have to look at all the options available for sentencing.

Dr Philippa Whitford (Central Ayrshire) (SNP): Hon. Members have mentioned that Scotland already has the Emergency Workers (Scotland) Act 2005, under which the maximum sentence for common assault is 12 months and the maximum fine is £10,000. That is about twice the general range in the rest of the UK. In Scotland, serious assaults like some of those that the hon. Lady describes are charged not under that Act but as serious assault, GBH or attempted murder, so the Act is very much for common assault.

Holly Lynch: I thank the hon. Lady for that intervention. Again, in assault police charges we found that people were being sentenced under other crimes, which distorted the collection of information on frequency and prevalence of people committing those acts and brought into question the need to have a stand-alone assault police charge, if it is not effective in that regard. I approached the matter by asking what is the best way to sort out some of those charges, and what can we do? In putting together my Bill, it seemed like this was the best option.

One of the other aspects of my ten-minute rule Bill—it has been touched on already—would require someone who spits at or bites an emergency service or NHS professional to provide a blood sample to determine if that professional is at risk of contracting a communicable disease and would require antiviral treatment. If the Government were to adopt my Bill, it would become an offence to refuse, without reasonable excuse, to undergo such tests, much in the same way as it is to refuse a breathalyser test. That could save someone potentially unnecessary and invasive treatments as well as months of uncertainty and anxiety about whether they have contracted a potentially life-changing disease.

That anyone would assault or spit at an NHS worker is an absolute disgrace. The work that they do, often in the toughest of circumstances, should be met only with gratitude and admiration, never with violence. In seeking to protect them and all emergency service workers and NHS staff, my ten-minute rule Bill aimed to send a strong message. However, while it had cross-party support and proceeded unopposed, I am not naive about the nature of ten-minute rule Bills presented by Opposition Back Benchers; nor am I under any illusions about where we are in the parliamentary calendar. I therefore urge all MPs and campaigners to explore every opportunity to take action and bring about the changes we would like to see.

The spirit of my Bill was to say loud and clear that the public and elected representatives as legislators are on the side of NHS workers, and anyone who deliberately seeks to inflict injury on our medical professionals will feel the full and unavoidable force of the law. I wholeheartedly support any and all means of doing just that.

5.1 pm

Dr Philippa Whitford (Central Ayrshire) (SNP): It is an honour to serve under your chairmanship, Mr Gray. As many people in the Chamber know, I spent 33 years working in the NHS, and I have been on the receiving end, as other Members may have been.

I remember a particular incident in a breast cancer clinic. I was warned by the nurses before I went into the room that the husband was very angry, not at anything I had done but at something on the way that had upset him. That is often the situation. It is not necessarily someone who would normally be violent or worked up. They are frightened for the person they love. That can be in A&E, where they have been sitting for hours and people are going past them, or it can be in the situation I had. What I had was a man about 6 inches from my face with both fists clenched. Because the staff knew about it, they were not seeing anyone else and had their ears at the door. The problem for me was that I could not afford to fall out with this man, because the pale woman sitting in a chair had breast cancer, and I knew I would have to work with the two of them afterwards.

The challenge of de-escalating such situations is enormous. NHS staff can become very good at it, but if they are under time pressure—we have seen that this winter in accident and emergency—it can pour petrol on the flames. Someone is saying, “Excuse me! Excuse me! Can I speak to you? My wife is ill,”—or “my child is ill”—and people are running past all the time. Eventually, a gasket blows. It is not always someone with tattoos of “love” and “hate” or whatever, making it obvious that

they are trouble; it can be someone who is frightened. To de-escalate that requires training, support and back-up. More than anything else, it requires time, so that when we spot that something like that emerging, we can put the time into that person to explain their situation and what will happen next and to look at what they are worried about. If everyone is rushing to someone who is more ill, that situation will spiral out of control.

The hon. Member for Hertsmere (Oliver Dowden) mentioned people who work on their own and providing them with lone-worker devices. I agree with that. However, the hon. Member for Halifax (Holly Lynch) talked about someone responding to 999 calls in an ambulance on their own, which is probably not altogether appropriate. In particular, if we have a patient in the community who has been noted as being violent or aggressive in the past, social care workers and others should not be sent to that person by themselves.

In my health board, we have a service where someone who keeps being violent or aggressive in primary care is removed from that practice. Specialist primary care has been developed to provide care for people who have anger issues or violence issues so that care can be given in a protected way, not—we keep hearing about the seven-day NHS—by a female GP at half-past 7 at night when there is hardly anyone left in the practice. Some of the issues need to be thought about in advance. We need to think about how we set up the system and how we organise things in particular so we do not always end up with a kettle whistling shrilly, which is what we have seen over the past winter.

It is quite difficult to get accurate or comparative data. In England data are gathered through NHS Protect. It sends a bad message that a consultation is starting this Wednesday at the end of its contract—it is due to finish at the end of March—with NHS staff none the wiser as to who will protect them or collect the data. That is a terrible message to send out in the face of such escalating numbers across NHS England. In Scotland we have Datix information, which is the same as we use for any non-standard occurrence in a hospital or medical situation.

Members have mentioned the Emergency Workers (Scotland) Act 2005, which was updated in 2008 to ensure that it extended to all community workers—GPs, mental health workers, social workers, social care workers and people assisting them—and many of the points made by the hon. Member for Halifax about her ten-minute rule Bill are covered by that Scottish Act.

That Act did not of itself bring the numbers down; as in England, they were climbing. The turnaround seems to have been five years ago in 2011-12, and part of that was because we, too, started to have practically a zero-tolerance campaign. People who walked into accident and emergency saw posters that said, “This is not acceptable behaviour and it will not be accepted.” It was easier to do that when we could say, “This was so important that we made a separate piece of legislation to protect all emergency careworkers.” The Act includes coastguards and lifeboat volunteers at the Royal National Lifeboat Institution—they are all covered in Scotland. That is a really important message to send out for a zero-tolerance campaign.

In the past five years our numbers have decreased by 10% and the number of violent offences taken forward by the police and prosecuted has decreased by more

[*Dr Philippa Whitford*]

than a quarter. It does therefore appear to be having an effect, although the numbers are still shockingly high and something that we should not see.

In response to the Government's comment about a new charge being unnecessary because it is covered by the offence of assault, we must remember that people in other businesses, and even in other public services, can bar someone and walk away. A healthcare worker cannot walk away. We have a duty of care no matter how aggressive, no matter how rude and no matter no violent someone is being, particularly if they are ill.

The hon. Member for Heywood and Middleton (Liz McInnes) mentioned that she would not support an automatic custodial sentence because many of these people have mental health issues. However, the NHS Protect data show that even when we exclude people with a medical cause or medical excuse for violence, ambulance staff report half of the assaults on them, but the acute sector—that includes acute wards and A&E—and mental health sector report fewer than 5% of all assaults. Creating an offence can encourage people to report.

Gavin Robinson (Belfast East) (DUP): That is an important point, because part of the prosecutorial decision is whether prosecution would be in the public interest. The Crown Prosecution Service published some useful guidance three years ago about how many cases perpetrated by someone struggling with mental health issues were discontinued, or not advanced, on the basis that to pursue them would be against the public interest; so that criterion already exists. While the 5% figure represents what could be reported, prosecutors often decide not to pursue a matter on the basis I have set out. That does not go against the strong argument for a stand-alone offence.

Dr Whitford: The NHS Protect data clearly separate out the assaults with no medical cause, and then focus on what percentage of those are reported. The number is remarkably low.

The data that we are capturing in Datix, which shows high numbers in Scotland as well as in England, include verbal assaults and racist comments. Sadly, with some of the reaction after the EU referendum last year, we have seen horrific reports of people from the EU who work here—and make up a significant proportion of medical and nursing staff—being racially abused by the people they look after. As every Member of the House has tried to do in debates since the referendum, we must send out the message that that is unacceptable. An Act relating specifically to all types of emergency worker, both in the community and in hospital, would send a strong message and would have an effect. The fact that staff cannot turn away must be taken into account.

Just because a patient has a mental health issue, a learning disability or, particularly, dementia, it is not any less distressing for a member of staff to be punched in the face, have their glasses broken, or be cut or scratched deeply by someone's nails. That comes back to how situations are managed. It should be possible, as soon as any incident occurs—or any perception arises of a patient beginning to develop violent tendencies—for a social care worker not to be sent in alone to deliver

personal care to them; planning for the patient's care should be done in a responsible way by the team, for both the patient and the staff member.

James Gray (in the Chair): Order. We have plenty of time left, and, slightly unusually, I intend to call one further Back Bencher before the winding-up speech by the Opposition spokesman. I call Alex Chalk.

5.12 pm

Alex Chalk (Cheltenham) (Con): It is a great pleasure to serve under your chairmanship, Mr Gray. I congratulate my hon. Friend the Member for Hertsmere (Oliver Dowden) on securing the debate and the hon. Member for Central Ayrshire (Dr Whitford), who made a powerful speech. The starting point, although it is perhaps obvious, bears emphasis. Assaults on NHS staff are appalling and people watching the debate will find it astonishing that they are so prevalent. The hon. Lady seemed to suggest that they are an occupational hazard, and that fact is as serious as it is appalling. Everyone in the House, as well as people beyond this Chamber, will share my consternation.

Another point that is obvious but bears emphasis is that the law must come down hard on people whose conduct is so despicable. However, it is important that the debate should not lead NHS staff, including those in Cheltenham general hospital in my constituency, to feel that what is proposed is mere window dressing. I imagine that they would want what I certainly want on their behalf: concrete action to improve enforcement and, picking up on a point made just now, to create a culture of zero tolerance. There may be any number of offences on the statute book, but without the resources to investigate them and the will to prosecute them, they are of no more than academic interest. We should focus resolutely on creating measures that will make a meaningful difference and inculcate the culture of zero tolerance.

I mention that because, as I said earlier, the offence of assaulting a police constable carries a maximum of six months in prison. That is the same as for common assault. I remind hon. Members that common assault is a battery where the harm that is caused is merely "transient or trifling". If it is more serious than that, it becomes assault occasioning actual bodily harm, with a maximum penalty of five years. That can apply to a police officer or a person in the street, in the normal way. However, in my time in practice, when I was prosecuting offences of assault PC, the message that often came back from police officers was: "Our concern is that this offence is not taken seriously enough or prosecuted enough." It was not so much that a defendant had been prosecuted for assault PC rather than for common assault; the question was whether assaults on police officers were taken seriously by being investigated and by charges being brought. It is the same in the case that we are considering. We must be clear: if we create a further offence, will it mean that the people in A&E think there is a better chance of securing justice? Shiny new legislation will not in itself achieve that. What is needed is the will and resources to make it happen.

That is the simple point that I wanted to make. Those who go out of their way to work in our public services, and who, notwithstanding the fact that they are abused, assaulted and jeered at, come back to show compassion, need to know that law and order are on

their side. By all means let us consider creating another offence if that is what we want, but it should not be a fig leaf for the fact that there is something more important: when a member of staff in A&E has cause to make a complaint to the police that she has been spat at or abused, the police should turn up, arrest the individual and throw the book at them. As the hon. Member for Heywood and Middleton (Liz McInnes) said, ultimately the sentence must be a matter for the court, and in a fair society we would not have things any other way, and nothing we do here should diminish that key priority of enforcement.

5.16 pm

Justin Madders (Ellesmere Port and Neston) (Lab): It is a pleasure to serve under your chairmanship, Mr Gray. I congratulate the hon. Member for Hertsmere (Oliver Dowden) on the eloquent and powerful way he introduced the debate on behalf of not only the Petitions Committee but the more than 115,000 people who signed this extremely important petition. He took us through some of the many figures and gave us a clear overview of the issue. I also found some of the stories he told us compelling, such as that of the NHS worker who had been spat on, punched, kicked and verbally abused, and the other who said they could not recall a day going by without police or security being called to their department. Such personal tales add weight to the plethora of figures, which I will repeat, to some extent.

The hon. Member for Hertsmere correctly identified the fact that sentencing guidelines acknowledge that it is an aggravating factor when assaults are made on public servants in the course of their duty. It is right that that is so, but the general thrust of his speech was that the Government should consider a specific offence, and he identified the fact that there is such a specific offence for other public sector servants as a discrepancy. Clearly, the speeches today suggest support for tackling that discrepancy.

It is to the credit of my hon. Friend the Member for Halifax (Holly Lynch) that, despite the many demands on her time, she took a considerable period of her own time to shadow many frontline public servants in her constituency. It is telling that her experiences led her to introduce her ten-minute rule Bill. I congratulate her on her work on that Bill to make it an offence to assault emergency workers. It is due for Second Reading on 24 March. I hope the Government will find time to support it, although I think my hon. Friend was realistic enough to acknowledge that it may not make it and become legislation. However, that does not mean the campaign will end there. She clearly set out some of the ways in which current legislation falls short and why she believes her Bill should make it on to the statute book. I hope the Minister will be encouraging about it.

The Scottish National party spokesperson, the hon. Member for Central Ayrshire (Dr Whitford), clearly set out, from her own experience, the immense challenge that healthcare professionals face in balancing the need to give patients the right advice against the need to de-escalate highly charged situations. It is interesting that she said it was not only legislation that led to improvement in Scotland; it was also the sending out of a clear message that there would be zero tolerance of assaults on staff. I think that is something that we can all agree on and do our bit to deliver.

As always, it was a pleasure to hear from my hon. Friend the Member for Heywood and Middleton (Liz McInnes), who brings many years of experience of working in the NHS. As she rightly said, many assaults are occasioned by patients with mental health issues, and she made the important point that those factors make it difficult to come up with a blanket sentencing policy. We certainly need to reflect upon how we balance those sensitive issues with the need to send out a clear and strong message, as most hon. Members have said. She also made a pertinent point about the risks that NHS staff will face in enforcing a blanket no-smoking policy. I think we can all envisage the difficulties that asking our frontline staff to enforce that will bring.

I am pleased that we had time to hear from the hon. Member for Cheltenham (Alex Chalk). He made the important point that NHS staff need to see us taking this seriously, and that we need to follow that through with resources. There is an awful lot we can do that does not require the statute book. I will return to that later.

We are all rightly proud of everyone who works in the NHS—not only the doctors and nurses, but the midwives, porters, healthcare assistants, cleaners, receptionists, care workers, paramedics and many others who make up our national health service. None of us could have missed the many troubling reports over recent months about the pressure that the health service is under. I have said it many times before, but I do not think this is something we can ever say too much: each and every Member of the House recognises and values the incredible commitment our health service staff give to their job. I have no doubt that the current difficulties that we have all heard about would be even more significant were our wonderful staff not continually prepared to go the extra mile.

The petition relates specifically to NHS medical staff. If I was to make one slight amendment to it—this was also suggested by my hon. Friend the Member for Heywood and Middleton—I would broaden its definition to include non-medical NHS frontline staff. Like many Members from across the House, I have heard worrying reports of attacks not only on medical staff but on reception staff in both hospitals and primary care settings. We need to take firm action on that. All our frontline NHS staff are public servants. They work long hours, often in very difficult circumstances, and they help and treat our loved ones as if they were their own. They are the reason why we are so proud of our health service, and they deserve our respect, admiration and gratitude.

However, it is not enough for us to simply state our support for NHS staff in these debates; as the hon. Member for Cheltenham said, we have to demonstrate it in a meaningful way. Those staff dedicate their lives to caring for us, so it is right that we should also care for them. Sadly, the warm words that we hear are not always reflected in reality. The truth is that NHS staff are working longer hours in a system facing much greater pressure, they are being paid less in real terms and, most worryingly of all, as the subject of the debate shows, they are more and more likely to be attacked while simply doing their job. The impact of attacks on individual members of staff cannot be overstated. Violence and aggression can leave staff traumatised both emotionally and physically. Many need to have a significant amount of time off work, and sadly some have to leave their profession altogether.

[Justin Madders]

I draw hon. Members' attention to one example I was given of a 35-year-old ambulance technician from Cornwall, who was punched in the face while at work by a drunk and aggressive woman. She sustained a broken jaw. She has had at least 12 surgical procedures since and is still suffering from symptoms. She had a titanium jaw implant put back in in September 2016, but has had to have two further procedures since and cannot open her mouth wider than finger width at the moment. She was attacked in 2006; that is more than a decade of agony and suffering. We owe it to people like her—and everyone else who has been attacked while just doing their job—to stand up and send a message: that attacks on NHS staff are contemptible and we will do everything in our power to stop them.

While the incredible human cost is all too apparent from such examples and others we have heard today, we should also be mindful that, in addition to the individual impact on staff and their families, those incidents have a significant financial impact as well. The Royal College of Nursing reports that the estimated cost to the NHS of healthcare-related violence exceeds £69 million a year, which is equivalent to the salaries of an additional 4,500 nurses.

We have heard from hon. Members about the indisputable rise in attacks, but it is also important to note that the increasing likelihood of attacks on staff is not a long-term, gradual rise, but seems to have increased markedly for the worse over the past six years. Looking back at some of the figures we have heard, a decade ago, in 2005-06, there were 43 attacks per 1,000 staff, while in 2009-10, it was at a similar level of 44 attacks per 1,000 staff. However, as we have heard, by 2011-12 there were 47 attacks per 1,000 staff, which rose again to 53 attacks per 1,000 staff by 2015-16.

As alarming as those figures are, they may actually understate the position. As we heard from the hon. Member for Hertsmere, a Royal College of Nursing survey found that 56% of its members had experienced physical or verbal abuse from patients, with 63% experiencing that from relatives of patients or members of the public. The most recent figures show that there are 193 physical assaults on NHS staff each and every day. When we hear figures like that and of some of the experiences of staff, it is no wonder that every day someone is called to the department. Will the Minister indicate whether he feels there is any particular reason for such a significant increase in recent years? Is he also prepared to undertake a candid and detailed look at the reasons behind that rise and to report back to the House in the near future?

Much of the focus has been on attacks in accident and emergency, but as hon. Members have said, it is clear that assaults occur in every part of the NHS—hospitals, pharmacies, GP surgeries and in the community. One such example I was told about was of an occupational therapist working in Ipswich who was conducting a relaxation therapy session with a service user. We would expect that to be a fairly calm environment, but suddenly and without warning, the service user grabbed the therapist and attempted to strangle her, during which time she fell unconscious. The attacker has now been charged with attempted murder.

That example demonstrates that the risk of physical assault is higher for staff working alone; indeed, the figure for lone workers suffering injury is about 9% higher.

Another example is of a paramedic in the East of England Ambulance Service NHS Trust who was instructed to attend a call alone. During the visit, she was physically attacked with a claw hammer. The assailant attempted to strike her on the head, but the paramedic managed to deflect the blow, sustaining serious injuries to her right hand in the process. We do not know what would have happened had she attended with someone else, but there is at least a reasonable chance that, had she not been alone, the attack would not have occurred.

The Minister will also be aware that, along with the medical factors that we have discussed today, such as mental health issues and substance abuse, the acute shortage of staff across departments and lengthening waiting times has been cited as a common factor behind many assaults. I appreciate that he is not a Health Minister, but I would welcome any comments on what the Government are doing to ensure safe staffing levels in the NHS, and that lone working is kept to a minimum. Having considered the rise in attacks and their impact, the Opposition support new, specific criminal sanctions for assaults on NHS staff. I am prepared to give an undertaking that we will assist the Government in ensuring that any legislation of that nature receives a swift passage through Parliament and on to the statute book. I would appreciate it if the Minister could indicate whether the Government have any plans to bring forward such a Bill in Government time.

While we support the introduction of new criminal sanctions, the creation of a new offence alone is not a panacea, as the hon. Member for Hertsmere said. He suggested many improvements that could be introduced alongside new legislation, including lone-worker alarms, well-designed environments and conflict resolution training, all of which have been called for by the Royal College of Nursing. Again, I would be grateful if the Minister indicated what steps the Government are taking to follow up such initiatives. Until such legislation is introduced, we need to use all the tools available to improve safety. I know that NHS staff find it to be a particular injustice that just 10% of assaults not related to a medical condition result in criminal sanctions. I would welcome the Minister's comments on why he believes that figure is so low and whether any steps can be taken to increase it.

I would like to press the Minister on the worrying reports about the future of NHS Protect, which other Members have mentioned. Various media reports have suggested that the security and violence function will cease to exist on 31 March 2017. That would be a retrograde step and would send out totally the wrong message about the value of NHS staff and our commitment to protecting them. Can the Minister confirm today whether the Government will be making any changes to the vital role of NHS Protect?

In conclusion, there is no doubt that the NHS is one of the country's greatest assets and that the people who work within it are by far the single most important component of its success. If we want to ensure that that asset continues to be a source of great pride for the people of this country, we have to value the staff who work within it, respect them and, above all, protect them.

5.30 pm

The Parliamentary Under-Secretary of State for Justice (Mr Sam Gyimah): I am pleased to serve under your chairmanship, Mr Gray. I thank my hon. Friend the

Member for Hertsmere (Oliver Dowden) for introducing this debate and all hon. Members who have spoken. I also extend my thanks to LBC for its campaign on the assault of NHS staff, which has raised awareness of the issue.

I will start with where we all agree with the petition: any attack on NHS staff is completely unacceptable. More than 1 million people earn their living in the NHS. They are committed to providing health services and work incredibly hard in a high-pressure environment. They should not expect or experience aggression or violence at work. Patients and members of the public should respect NHS staff and must not be abusive or violent towards them. I will begin by looking at what we can do to ensure that assaults on NHS staff are dealt with seriously, much in the vein of what my hon. Friend the Member for Cheltenham (Alex Chalk) said. I will focus on prevention, better law enforcement and prosecution.

As with any kind of crime, the best and most important solution to violence against NHS staff is to prevent it from being committed in the first place, through measures to protect staff and by managing potentially risky situations before they escalate. Employers in the NHS are responsible for assessing the risk of violence to their staff, taking action to address those through prevention work and pursuing legal action when assaults do occur.

The NHS has introduced a range of measures to combat workplace violence, such as conflict resolution training and guidelines for lone workers. Again, as with any other crime, if NHS staff are attacked, the next solution is effective law enforcement. The NHS is working with the police and the Crown Prosecution Service to ensure that even low-level violence is treated seriously and that offences are prosecuted. Rigorous enforcement of the current law sends a strong message about the unacceptability of violence and makes staff feel safer and more confident to do their job.

What effective law enforcement means in the large and complex situation of the NHS is encapsulated in the joint working agreement on tackling violence and antisocial behaviour in the NHS between the police, the Crown Prosecution Service and the NHS, signed in 2011. It sets out steps to improve the protection of NHS staff; strengthen the investigation and prosecution process by improving the quality of the information exchanged; and improve victim and witness support. That protocol is currently being updated—for instance, to include aide-mémoires for the police, the CPS and NHS staff. The revised version is due to be in place in the coming months.

There is, frankly, a lot more we need to know about the circumstances of attacks. We have heard a number of examples in this debate, but what we do not know about all of those is, for example, whether the person was actually prosecuted. Are we talking about cases where someone's elderly grandmother with dementia wakes up confused and lashes out against an NHS worker? We need to do a lot more work on what is going on. Centrally, we do not know who the assailants were in all cases, whether they were patients or members of the public or, if they were patients, what they were suffering from and what was happening to them at the time of the incident.

To delve into that further, I would like to extend an offer to convene a meeting between my hon. Friend the Member for Hertsmere, my right hon. Friend the Minister

for Policing and the Fire Service, the Solicitor General and Lord O'Shaughnessy, the Parliamentary Under-Secretary of State for Health. We can then explore how to better build the evidence base.

I will now look at the appropriate law enforcement response in more detail. First, there should be no hesitation in involving the police as needed. To support that, the joint working agreement or protocol sets out guidance and best practice on contact and liaison between NHS staff and the police, incident reporting, the police response to incidents, investigations and victim-witness communication. Before we look at having a specific law, we need to ensure that the protocol is working as effectively as it should.

The next stage of the law enforcement solution to attacks on NHS staff in the criminal justice process is prosecution. At that point, and throughout the process, there is a particular emphasis on the seriousness of assaults on workers serving the public, including in the NHS. All cases referred by the police to the CPS are considered under the code for Crown prosecutors. Under that code, prosecutors must first be satisfied that there is sufficient evidence to provide a realistic prospect of conviction. If there is, prosecutors must then consider whether a prosecution is required in the public interest. The relevant section of the code for Crown prosecutors says:

"A prosecution is...more likely if the offence has been committed against a victim who was at the time a person serving the public."

The protocol states:

"In all cases, the fact that an offence has been committed against a person serving the public will be considered an aggravating factor. There is a strong public interest in maintaining the effective provision of healthcare services and the CPS should always consider whether the individual incident has further aggravating features that may influence a decision on disposal."

If the evidence is there and the code is satisfied, the CPS will prosecute.

When an offender is convicted, sentencing guidelines specify that an offence committed against those working in the public sector or providing a service to the public is an aggravating factor. Courts have a statutory duty to follow those guidelines and, as such, offenders who assault someone providing a service to the public could face a higher sentence than that imposed for assaults committed in different circumstances. In response to the petition, I have been in touch with the Director of Public Prosecutions to ensure that where these cases appear before the courts, the status of a frontline public sector worker is clearly drawn to the court's attention as an aggravating factor.

Alex Chalk: May I thank the Minister for what he said about bringing that fact to the court's attention? A victim impact statement can be provided to indicate the impact that a crime has had on the victim. It is critical the court understands front and centre that if the victim is a public servant, the court must treat the case more seriously and punish more severely as a result.

Mr Gyimah: My hon. Friend makes a forceful point. That is precisely what the engagement with the Director of Public Prosecutions is meant to achieve, and I would like to involve my hon. Friend the Member for Hertsmere in those discussions.

[Mr Gyimah]

Prevention and effective law enforcement, through collaboration between the NHS, the police and the CPS, are the best solutions to the problem of attacks on NHS staff. This debate is about a specific criminal offence. As has been mentioned, there are already comprehensive provisions in criminal law for dealing with a wide range of attacks and assaults. The relevant offences include common assault; assault occasioning actual bodily harm, where the injuries are more than superficial; wounding or inflicting grievous bodily harm; and wounding or causing GBH with intent. All those offences cover every victim, whatever their occupation. Depending on the particular offence and the seriousness of the criminal conduct, the penalties available to the courts range from a maximum of six months' imprisonment, a fine or both for common assault, through a maximum of five years for ABH or GBH, to a maximum of life imprisonment for wounding or causing GBH with intent.

Given the current offences framework and sentencing guidance, which make provision for an increase in sentence to be considered where an assault victim is a public sector worker, I am not persuaded that there is a need to create a specific offence for this group of workers. Of course, as my hon. Friend the Member for Hertsmere pointed out, some specific offences of assault apply to particular occupation groups, such as police officers. As the Minister responsible for prisons, I am aware of the specific offence of assault against prison officers.

Dr Philippa Whitford: Can the Minister clarify why prison officers and immigration officers warrant that extra protection, but healthcare workers looking after patients do not?

Mr Gyimah: That is a very good question. The first point I would make is that even in the case of prison officers, where there is a specific offence, the most important thing is better law enforcement. The fact that a specific offence exists does not on its own lead to an increase in prosecutions. What is needed is the better law enforcement that I have outlined. There is also a wider point. It is recognised that, by the very nature of the roles that have been mentioned, the individuals working in them are likely to be assaulted in the course of their duties. That is why the law provides specific protection. The law currently makes a distinction between those occupations and others serving the public, although, as I have said, if there is an attack against someone serving the public, that is treated, and should be treated, as an aggravating factor in law.

Dr Whitford: I thank the Minister for giving way again. Does he not accept that 70,500 attacks on NHS staff means that they, too, face the likelihood of being assaulted at work?

Mr Gyimah: The evidence clearly suggests so, but let me come on to my other point and the point about Scotland, which the hon. Lady mentioned. All the occupation-specific offences have the same maximum sentence—six months' imprisonment, a fine or both—as common assault. As I have already said, where the offending behaviour is more serious, more serious offences and penalties are available. Having the specific offence does not change the sentence that someone can receive.

Gavin Robinson *rose—*

Dr Whitford *rose—*

Mr Gyimah: I will give way to the hon. Gentleman.

Gavin Robinson: The first step that the Minister mentioned, with the Director of Public Prosecutions, is an important one, but has he carried out any analysis with the Lord Chief Justice to see how much greater the penalty is for someone found guilty of common assault on someone in a particular occupation? Does he think that there would be benefit in saying, in the round with this type of offence, that although the penalty would have been three or four months, because of the aggravating factor of the victim's occupation, there will be an additional penalty that is clearly spelt out by the courts, so that the factors that will deter a person from attacking someone whom we want to protect are clearly defined and outlined? If such analysis has not been conducted, I suggest that it should be.

Mr Gyimah: As I said earlier in my speech, a piece of work does need to be done on who is doing the assaulting and what has happened. I gave the simple example of a grandparent suffering from dementia who wakes up confused and lashes out. It is not as simple as saying that they have assaulted a member of staff in the NHS and therefore they should go to court, be convicted and get a long sentence. The key point, when people make this argument, is the belief that the creation of a new offence of assaults on health workers would deter such attacks and so offer better protection for NHS workers or result in more prosecutions than occur under current legislation.

Dr Philippa Whitford *rose—*

Mr Gyimah: I would like to develop my point. I am aware that in Scotland there is a specific offence of assaulting health workers on hospital premises. Sadly, however, the number of assaults on NHS staff in Scotland has continued to grow since the legislation was introduced. In 2010, the Scottish Government stated:

“There is no clear evidence that the 2005 Act has been a success in acting as a deterrent.”

Dr Whitford *rose—*

Mr Gyimah: I need to develop my argument. The Scottish legislation raises a number of other points, some of which I have touched on. Would the offence, as in Scotland, apply only to attacks on NHS staff on hospital premises? There are many other NHS locations. Would it apply to attacks by patients or also to attacks by visitors and family members? How would “NHS staff” be defined? Many people work in the NHS without being employed by it. Would the offence apply only when staff were on duty, or when they had left the premises and were at a bus stop outside the hospital? However those questions were resolved, every specific circumstance applying to a new offence would be an additional element for the prosecution to prove, over and above a charge of common assault.

Dr Whitford: I thank the Minister for giving way again. I wanted to intervene again to point out that in 2008, the maximum sentence for the offence in Scotland was changed to 12 months' imprisonment and/or a

£10,000 fine, so it is not exactly the same as for other common assaults. The protection is not just for staff in hospitals. The 2005 Act already covered blue-light workers, their assistants and particular classes of people, and in the 2008 renewal of the Act, it was extended to all, including volunteers and assistants, so it is not just about hospital staff. As I said in my speech, it includes lifeboat, coastguard, ambulance and fire service workers—all emergency workers.

Mr Gyimah: The hon. Lady's question points to precisely that definitional issue. As we have gone through the debate, the definition of "NHS worker" has expanded with each speech we have heard.

I will bring my comments to a close where I began. Any attack on NHS workers is unacceptable. It is right that the House is debating this issue today, and right that LBC raised it. I would like to pursue, with my hon. Friend the Member for Hertsmere, a way of ensuring that the joint working agreement actually works; that we have the right evidence to understand what precisely is happening; and that, where what we are discussing should be treated as an aggravating factor by the CPS and the courts, that is indeed happening. I strongly believe that, as my hon. Friend the Member for Cheltenham said, we need to act urgently to ensure that the law, as it stands, is implemented properly, so that NHS staff are

protected. That is the best way to ensure that they can go to work and not have to suffer some of the violence that they have suffered.

5.47 pm

Oliver Dowden: Thank you again for your chairmanship, Mr Gray. I thank all hon. Members for their contributions. I hope that everyone agrees that this has been a useful debate not only in drawing out the powerful experiences of NHS workers suffering assaults, but in getting greater clarity about the extent to which a new offence is needed and what that offence might look like.

I thank the Minister for his constructive engagement. I hope that this is the beginning of a process. A lot has been said about zero tolerance. Certainly the experience with drink-driving was that we managed to move from a situation in which drink-driving was commonplace to one in which it was completely socially unacceptable. We need to go along a similar path with assaults on NHS workers.

Question put and agreed to.

Resolved,

That this House has considered e-petition 176138 relating to attacks on NHS medical staff.

5.48 pm

Sitting adjourned.

Written Statements

Monday 27 February 2017

BUSINESS, ENERGY AND INDUSTRIAL STRATEGY

Competitiveness Council: Post-Council Statement

The Parliamentary Under-Secretary of State for Business, Energy and Industrial Strategy (Margot James): My noble friend, the Parliamentary Under-Secretary of State for Business, Energy and Industrial Strategy (Lord Prior) has made the following written statement:

The Competitiveness Council met recently in Brussels. I represented the UK at the meeting.

Council began with the approval of the legislative and non-legislative 'A' items.

The Council then reached agreement on a general approach for the proposed text on enforcement in the consumer protection co-operation regulation. Alongside most other member states, the UK supported the text of the regulation.

The next item was an exchange of views as part of the regular competitiveness check-up on the EU economy. This focused on investment in intangible assets. The Commission presented evidence to show that the gap between the EU and US on investment in intangible assets is growing, and highlighted its own efforts to help small and medium-sized enterprises. In the following discussion, member states shared best practice and identified areas where they felt the EU could add value.

The Council next discussed actions to modernise public procurement in the context of the European semester. The Commission set out its views on the state of public procurement across the EU as published in its annual growth survey 2017. Member states emphasised their efforts to promote environmentally friendly and socially responsible procurement, as well as ensuring access for SMEs.

Over lunch Ministers were joined by two guest speakers Markus Beyrer (Business Europe) and Hariolf Kotmann (Clariant) to debate the competitiveness of European industries. Member states were asked to consider the appropriate balance between pan-European, national and regional initiatives. Issues of investment and innovation capacity were also discussed. I explained the approach we are taking to development of the UK's new industrial strategy and that we are seeking to address the cross-cutting, geographical and horizontal issues which impact businesses, rather than focusing on a purely sectoral approach.

The afternoon session began with a presentation from the Commission on its start-up and scale-up initiative (published last autumn). The Commission emphasised that the key challenge is supporting SMEs to scale up to become larger, job-creating enterprises. In the discussion, measures promoting access to finance received the greatest praise from the Council which perceives this as a key barrier to scaling-up. Some member states requested a single EU-wide definition of a "start-up". Others emphasised that there was a barrier to scaling-up beyond national borders as the single market is not, in fact, a reality.

Next the presidency gave a progress report on the negotiations of the revised regulations on type approval and market surveillance of motor vehicles. The European Parliament has recently agreed on a text. The presidency said it hopes that an agreement in Council will be possible at the next Competitiveness Council meeting in May. The Commission reiterated its message that swift progress on this file was imperative in order to respond to the Volkswagen scandal and fix the systematic failures of the type approval system. Most member states supported the Commission's proposal, although some had reservations about some of the provisions in the text.

Next the Council took note of information from the Commission on the European defence action plan. In November the Commission adopted the European defence action plan, which is the industrial

pillar of the EU defence package. The Commission highlighted the need for more competitive defence technology. It outlined that it does not seek to replace member state action in this area, but is looking for a dialogue on where support is needed. Several member states supported the Commission's plan.

The next item was information from the presidency on the implementation and entry into operation of the Unitary Patent and the Unified Patent Court (UPC). The Commission echoed calls for signatory states to ratify the agreement without delay, pointing out the barrier to innovation caused by the currently fragmented patent system. I updated the Council on the domestic processes required for entry into force of the UPC in the UK and the progress we are making.

This was followed by information from the Commission on its recent services package. Several member states, including the UK, welcomed the Commission's package and called for rapid and ambitious consideration of it by the Council. Other member states expressed concerns about aspects of the package.

Next the Council discussed a joint paper from nine member states on the competitiveness of the single market. The group was concerned about potentially burdensome new regulatory measures, particularly on minimum wages, introduced at national level by some member states. They feared these measures discriminate against workers and businesses in other member states, reducing their competitiveness. This could lead to single market fragmentation, with the road transport sector particularly affected. The Commission, after taking note of the discussion, stated it would publish its road package later in the year.

Council concluded with an update from the presidency on the regulation on cross-border portability of online content services. The presidency expressed delight at having reached a full political agreement on the regulation. This will see subscribers able to take their subscriptions to online content abroad with them when they travel around the EU. The presidency declared this as an important step towards modernising copyright for the digital single market, removing some of the existing licensing and commercial barriers. The presidency thanked member states for their hard work and co-operation.

[HCWS504]

JUSTICE

Justice Update

The Lord Chancellor and Secretary of State for Justice (Elizabeth Truss): Earlier today, I notified the market via the London Stock Exchange group that I would today lay a statutory instrument to change the discount rate applicable to personal injury lump sum compensation payments, to minus 0.75%.

Under the Damages Act 1996, I, as Lord Chancellor, have the power to set a discount rate which courts must consider when awarding compensation for future financial losses in the form of a lump sum in personal injury cases.

The current legal framework makes it clear that claimants must be treated as risk averse investors, reflecting the fact that they may be financially dependent on this lump sum, often for long periods or the duration of their life.

The discount rate was last set in 2001, when the then Lord Chancellor, Lord Irvine of Lairg, set the rate at 2.5%. This was based on a three year average of real yields on index-linked gilts. Since 2001, the real yields on index-linked gilts has fallen, so I have decided to take action.

Having completed the process of statutory consultation, I am satisfied that the rate should be based on a three year average of real returns on index-linked gilts. Therefore I am setting it at minus 0.75%. A full statement of reasons, explaining how I have decided upon this rate, will be placed in the Libraries of both Houses. The statutory instrument to effect this change has been laid today, and will become effective on 20 March 2017.

There will clearly be significant implications across the public and private sectors. The Government are committed to ensuring that the NHS Litigation Authority has appropriate funding to cover changes to hospitals' clinical negligence costs. The Department of Health will also work closely with general practitioners (GPs) and medical defence organisations to ensure that appropriate funding is available to meet additional costs to GPs, recognising the crucial role they play in the delivery of NHS care.

The Government will review the framework under which I have set the rate today to ensure that it remains fit for purpose in the future. I will bring forward a consultation before Easter that will consider options for reform including: whether the rate should in future be set by an independent body; whether more frequent reviews would improve predictability and certainty for all parties; and whether the methodology—which in effect assumes that claimants would invest only in index-linked gilts—is appropriate for the future. Following the consultation, which will consider whether there is a better or fairer framework for claimants and defendants, the Government will bring forward any necessary legislation at an early stage.

I recognise the impact this decision will have on the insurance industry. My right hon. Friend the Chancellor will meet with insurance industry representatives to discuss the situation.

[HCWS503]

Petition

Monday 27 February 2017

OBSERVATIONS

COMMUNITIES AND LOCAL GOVERNMENT

Closure of Belgrave Library and Lunch Club at Belgrave Neighbourhood Centre, Leicester

The petition of residents of Leicester East,

Declares that Leicester City Council's plans to move the Belgrave Library will have a detrimental effect on the whole community, local school children and other members of the public; further that it will have to downsize the services currently provided such as access to computers, national newspapers, reading classes and book review sessions; further that moving it to Belgrave Neighbourhood Centre is not conducive to the atmosphere of what a library is and should be; further that the Belgrave Library is one of the few libraries remaining in Leicester; further that the residents are also concerned about Leicester City Council's plans to remove the cooking facilities at the Belgrave Neighbourhood Centre, which currently serves the Belgrave Neighbourhood Centre Lunch Club which provides freshly cooked and culturally appropriate vegetarian hot meals to the elderly, disabled, diabetics and vulnerable people in the community; further that if the cooking facilities were to be removed, these communities would be deprived not only of a hot meal but also of their ability to be sociable and receive support on things that they do not understand; and further

that they will become isolated and a burden on Leicester City Council who would need to provide more specialist individual care.

The petitioners therefore request that the House of Commons urges the Government to encourage Leicester City Council to reconsider their decision to move the Belgrave Library to Belgrave Neighbourhood Centre and further encourage the Council not to remove the cooking facilities in Belgrave Neighbourhood as it provides a vital service to the elderly in the community.

And the petitioners remain, etc.—[Presented by Keith Vaz, *Official Report*, 8 November 2016; Vol. 616, c. 1487.]

[P001977]

Observations from The Parliamentary Under-Secretary of State for Communities and Local Government (Mr Marcus Jones):

The Government recognise the important role that councils play in helping to provide community services, like libraries. However, all of Government have had to make some tough decisions to avoid putting our deficit reduction programme at risk, and with councils accounting for a quarter of all public spending, they need to continue playing their part in tackling the deficit. Leicester, like all councils, needs to find savings while protecting local services.

Our fair and sustainable financial settlement gives local authorities the ability to protect important local services. As democratically elected organisations, they are independent of central Government and are responsible for managing their budgets in line with local priorities. However, central Government expect local authorities to take on the challenge of making savings, while continuing to provide excellent services to local communities.

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