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HOUSE OF COMMONS
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PARLIAMENTARY DEBATES

(HANSARD)

Wednesday 23 October 2019

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The House met at half-past Eleven o'clock

PRAYERS

[Mr Speaker *in the Chair*]

BUSINESS BEFORE QUESTIONS

Electoral Commission

The Vice-Chamberlain of the Household reported to the House, That the Address, praying that Her Majesty will appoint Rob Vincent CBE to be an Electoral Commissioner with effect from 1 January 2020 for the period ending 31 December 2023, was presented to Her Majesty, who was graciously pleased to comply with the request.

Speaker's Statement

Mr Speaker: I remind Members that the private Members' Bill ballot book is open in the No Lobby today until the rise of the House, when the ballot for this Session will close. The ballot draw will be held at 9 am tomorrow in Committee Room 10. I also remind right hon. and hon. Members that the ballot for the election of the Chair of the Treasury Committee, which is now being held in Committee Room 15, closes at 1.15 pm.

Oral Answers to Questions

CABINET OFFICE

The Chancellor of the Duchy of Lancaster was asked—

UK Elections: Overseas Funding

1. **Chris Elmore** (Ogmore) (Lab): What recent discussions his Department has had with the Electoral Commission on the effect of overseas funding of political (a) parties and (b) campaigns on the conduct of elections in the UK. [900085]

The Parliamentary Secretary, Cabinet Office (Kevin Foster): The Cabinet Office regularly engages with the Electoral Commission on a range of issues, including strengthening the integrity of the electoral framework. We have committed to launch an electoral integrity consultation, which will seek to strengthen the provisions that protect UK politics from foreign influence. We are currently holding discussions with regulators and stakeholders, and we will be publishing the consultation in the coming months.

Chris Elmore: I thank the Minister for his answer, but may I press him further? The commissioners recommended that the rules on campaign funding are improved in the UK further to support confidence from the electorate. Will the Minister set out a timetable of when he will finish these consultations and implement the commission's recommendations so that the electorate has faith in where the funding comes from for our elections in this country?

Kevin Foster: I appreciate the constructive tone with which the hon. Gentleman has put his question. We look to publish the consultation itself over the coming months. We will be engaging with a range of stakeholders, including political parties, because we need to make sure that the system we come up with is not only robust, but fair, while also allowing those who just want to stand up for their own community and engage in our democratic process to do so without having to consult lawyers to take part.

Michael Fabricant (Lichfield) (Con): My hon. Friend will be aware that Facebook has recently withdrawn four different networks that were thought to have interfered with elections in the United States and Israel, and perhaps—we do not know—the United Kingdom. Does he think that is a good move or an irrelevant move by Facebook?

Kevin Foster: We certainly welcome any moves being taken by the social media giants to try to remove those who are looking to distort information or inappropriately influence elections. As part of the consultation we are taking forward, we will try to achieve some consensus about how we can have a modern and up-to-date set of rules that ensures people cannot go online to sidestep rules that are very strong in the physical world.

Nick Smith (Blaenau Gwent) (Lab): Can the Minister confirm how many convictions there were for polling station fraud last year—exactly how many?

Kevin Foster: I must say that perhaps it would have been better to ask that supplementary on the next question, but I will just say that in building confidence in our electoral system, it is vital that we tackle a range of issues. If the hon. Gentleman wants to see what happens when people's democratic rights are stolen via electoral fraud, he should talk to his hon. Friend the Member for Poplar and Limehouse (Jim Fitzpatrick).

Voter Identification

2. **Alex Norris** (Nottingham North) (Lab/Co-op): What assessment the Government have made of the potential effect on the number of enfranchised people of the provisions on voter identification in the proposed legislation on electoral integrity. [900086]

3. **Mr Bob Seely** (Isle of Wight) (Con): What steps the Government are taking to improve the integrity of electoral (a) processes and (b) systems. [900087]

10. **Henry Smith** (Crawley) (Con): What steps the Government are taking to improve the integrity of electoral (a) processes and (b) systems. [900095]

The Minister for the Cabinet Office and Paymaster General (Oliver Dowden): Voters deserve to have confidence in our democracy, so we will legislate to introduce voter ID, in line with Northern Ireland and many other nations, and to provide greater security for postal and proxy votes. The pilots and the experience in Northern Ireland showed no adverse effect on turnout.

Alex Norris: Over the last two years, more than 1,000 people in pilot areas have lost their chance to vote due to ID requirements, which is more than 30 times the number of allegations of polling station fraud across the whole country. Once this pilot is rolled out, thousands upon thousands of people will lose their right to vote—a disproportionate response. Is not the reality that this is just US-style voter suppression?

Oliver Dowden: My wife is Canadian. When I first went to vote with her, she found it extraordinary that people could turn up at the ballot box without any form of identification. Voter ID is what happens in Canada, Switzerland, France and other advanced democracies.

As to the point about lower turnout. In the pilots we undertook, over 99% of people who wished to vote were able to do so.

Mr Seely: I welcome the Government's plans, but do they go far enough? The United States introduced the Foreign Agents Registration Act in 1938 to protect that country against covert interference from malign states. Australia passed a similar Act in July 2018. Does the Minister think we need a FARA in this country?

Oliver Dowden: My hon. Friend raises an important point. The Home Office is reviewing legislation related to hostile state activity following the Salisbury attacks. This is a thorough process to assess whether additional powers are required to clamp down on the activities of hostile states that threaten the UK both here and overseas. As part of this we are considering the legislation of likeminded international partners to see whether the UK would benefit from adopting something similar.

Henry Smith: I welcome voter ID, which is commonplace in many democracies, but for those who do not have an existing form of ID, such as a driving licence, what provisions are the Government proposing?

Oliver Dowden: My hon. Friend raises an important point, and it is why local authorities will provide voters who lack the required ID with an alternative ID, free of charge, to ensure that everyone eligible to vote has the opportunity to do so.

Sir Vince Cable (Twickenham) (LD): Is not the inevitable consequence of creating this obstacle to voting in person that anybody who wants to cheat the system will simply migrate to postal and proxy voting, where fraud is easy?

Oliver Dowden: I do not understand why the right hon. Gentleman is worried about a measure that is designed to enhance the integrity of our voting system. Any member of the public needs to produce identification to pick up a parcel, for example, or to pick up a book from the library, so why should they not produce identification to engage in the act of voting?

Cat Smith (Lancaster and Fleetwood) (Lab): We seem to be importing a lot from across the pond. If it is not Trumpian trade deals weakening workers' protections and opening our NHS to further privatisation, it is repressive voter ID laws that are well used by right-wing Republicans as an act of voter suppression. Is the Minister ashamed to be part of a Government who are learning lessons from the US Republican party on voter suppression? How many convictions have there been for in-person voter fraud in the last year?

Oliver Dowden: We are not following the example of the United States; we are following the example set by the last Labour Government, who introduced photographic voter identification in 2003, and it had no discernible impact on turnout.

Strength of the Union

4. **Giles Watling** (Clacton) (Con): What steps the Government are taking to strengthen the Union. [900088]

5. **Luke Graham** (Ochil and South Perthshire) (Con): What steps the Government are taking to strengthen the Union. [900089]

The Minister for the Cabinet Office and Paymaster General (Oliver Dowden): The Government are committed to strengthening the links between the four nations of the Union. The Prime Minister is taking personal charge, as Minister for the Union, supported by the Cabinet Office. We have boosted spending across the Union, including a further £300 million of new growth deal funding, which will open up opportunities for cities and regions across Wales, Scotland and Northern Ireland.

Giles Watling: We are arguably the greatest Union the world has ever seen. We have done so much for mankind and democracy across the world for generations. Does my right hon. Friend agree that we would be foolish to throw away this most valuable of Unions on what I believe is a passing whim?

Oliver Dowden: As ever, I agree with my hon. Friend. I am pleased to see that his powers of oration have not dimmed. Ours is the most successful political and economic Union in history, and our four nations are safer, stronger and more prosperous together. We are deeply committed to keeping our family of nations together.

Mr Speaker: Anybody would think the hon. Member for Clacton (Giles Watling) had once been an actor.

Luke Graham: In a week in which we have seen a poll indicate that more voters support independence, threatening to split the Union, can my right hon. Friend tell me what work he is doing to build on the last Administration's work to get UK Departments engaging with, and getting more of a presence in, the devolved nations?

Oliver Dowden: My hon. Friend makes an important point. We have introduced new measures to ensure that the Union and devolved matters are properly considered as part of the process for developing and agreeing Government policy. Lord Dunlop's independent review of UK Government capability will report in the autumn

and make recommendations on how UK Government structures can continue to strengthen the working of the Union.

Mr Barry Sheerman (Huddersfield) (Lab/Co-op): This is not the time for yah-boo politics. This is a most serious question—most serious because many experts outside this House believe that we are on course for a break-up of the United Kingdom as a result of the way this Government are handling the European Union and Brexit. Is the Minister not worried about that?

Oliver Dowden: I thought the hon. Gentleman would be greatly heartened by the fact that, finally, the Prime Minister has agreed a deal—one that was voted for by this House last night—that enables a smooth transition out of the European Union, which will do much to enhance our Union.

Patrick Grady (Glasgow North) (SNP): The Government's confidence and supply arrangement with the DUP says that the Government will never be neutral in expressing support for the Union, that the DUP will support the Government in all legislation pertaining to Brexit, and that the arrangement will be reviewed after each parliamentary Session. Will the Minister update us on all three points, please?

Oliver Dowden: I find the approach of the nationalist party quite extraordinary—really quite extraordinary. I voted remain. I accept the outcome of the referendum and have supported it at every stage. The hon. Gentleman's party appears to want to do two things: to ignore two previous referendums and to have two further referendums next year, 2020. It is the last thing the people of this country want.

Richard Graham (Gloucester) (Con): Does the Minister agree that to strengthen the Union, it is important to have a close dialogue with communities in Northern Ireland about how the detail of the new arrangements for trade between Great Britain and Northern Ireland would work, to reassure them?

Oliver Dowden: My hon. Friend makes an important point, and that is exactly the commitment that the Prime Minister has given.

Tommy Sheppard (Edinburgh East) (SNP): Back in the 2014 Scottish referendum, the winning side promised that Scotland's views would not be ignored in the Union, yet on the matter that has consumed British politics for the past four years, the opinions of the Scottish people and their elected representatives have consistently been sidelined. The Minister will know that that has driven many people to reconsider their faith in the Union. Does he have any regrets about how the Conservative party has approached this matter?

Oliver Dowden: The hon. Gentleman talks about commitments, but I remember the commitment from the leader of the Scottish nationalists in Scotland, who said the referendum was a once-in-a-generation event. As for how many people voted, more people voted to leave in Scotland than voted for the Scottish National party.

Christian Matheson (City of Chester) (Lab): Last week, the Government threw the DUP and every Unionist in Northern Ireland under a bus—presumably the bus with lies on the side about NHS funding and the EU that the Prime Minister spent so much of 2016 riding around the country in—providing the SNP with sackfuls of ammunition for its campaign promoting a referendum on independence. Why are the Government more concerned about Brexit than they are about maintaining the integrity of the United Kingdom?

Oliver Dowden: The Government remain committed to maintaining the unity of our United Kingdom. That is why the Prime Minister has negotiated a deal that enables Northern Ireland to leave the customs union alongside the rest of the United Kingdom and has a consent mechanism for the arrangements included in that treaty.

Leaving the EU: UK Readiness

7. **James Cartlidge** (South Suffolk) (Con): What recent steps the Government have taken to ensure that (a) businesses and (b) the public are prepared for the UK leaving the EU. [900091]

13. **Mark Pawsey** (Rugby) (Con): What recent steps the Government have taken to ensure that (a) businesses and (b) the public are prepared for the UK leaving the EU. [900098]

14. **Stephen Hammond** (Wimbledon) (Ind): What support the Government plan to provide for small businesses in the event that the UK leaves the EU without a deal. [900099]

The Minister without Portfolio (James Cleverly): Making sure that business and the public are ready for Brexit is a priority of the Government. That is why the Prime Minister negotiated with the EU a new withdrawal agreement that will end the uncertainty, secure an implementation period and ensure we leave with a business-friendly deal. Yesterday, the House backed the Prime Minister's deal but voted to delay Brexit and extend uncertainty for business and citizens alike. As the EU has not responded to Parliament's letter, the only responsible course of action now is to accelerate preparations for a no-deal outcome. The Government's EU Exit Operations Committee is now meeting seven days a week. We will maintain our public information campaign, and Ministers and officials will continue to meet businesses of all sizes to provide advice and guidance, building on the thousands of business and other stakeholder engagements already recorded.

James Cartlidge: In my previous exchange with the Chancellor of the Duchy of Lancaster, I asked him what steps would be taken to support firms and farms affected by no deal and he set out the plans for Operation Kingfisher. How much funding will be set aside for Operation Kingfisher?

James Cleverly: We continue to work closely with the farming sector to ensure that it is fully prepared for when the UK leaves the EU. We have pledged to continue the same cash total in funds for farm support until the end of this Parliament and we will do whatever is necessary to protect our farming communities.

Mark Pawsey: In the light of yesterday's vote, should businesses in Rugby accelerate their own preparations for leaving the EU without a deal?

James Cleverly: The Government have always made it clear that our preferred option is to leave with a deal. We could have done that in a timely manner had this House not voted for delay, but until we have certainty, the only credible and reasonable thing for businesses to do is to continue to prepare for a no-deal Brexit.

Stephen Hammond: I recently visited a number of small companies in my constituency who welcome Government advice, but say that much of it is vague and non-specific. Will my right hon. Friend ask his civil servants to ensure advice is more specific?

James Cleverly: I will pass on my hon. Friend's comments to our officials. I am very proud to say that the preparing for Brexit page on the gov.uk website is the page with the highest traffic, but there is always more we can do to ensure that specific information is passed on to businesses. I will ensure that that is passed on to our officials.

Tom Brake (Carshalton and Wallington) (LD): Will the Minister confirm that, for the no-deal preparations in relation to the port of Portsmouth, three companies of soldiers and 180 police are on standby? If that is correct, how many more troops and police have been put on standby for remaining ports around the country?

James Cleverly: I have to confess that the details the right hon. Gentleman highlights are not known to me. If he would like to furnish me with that information, I am more than happy to look at it. The broader point I would make is that the Government are taking the appropriate action to ensure that we can leave without a deal if needs be. As I say, that has never been the Government's preferred option and we could have been in a position to leave with a deal, widely welcomed by businesses and communities across the United Kingdom, if he and others had not voted to prevent it.

Mr Chris Leslie (Nottingham East) (IGC): I wonder whether the Minister still has that clock on his wall, which he famously pointed at, counting down to 31 October. Is it still working? Did the Government pay for it, or did he provide for it himself?

James Cleverly: I do not answer questions from the Dispatch Box in my capacity as chairman of the Conservative party, but if you will indulge me, Mr Speaker, the clock was not paid for out of public funds. Had Members across this House not voted to delay Brexit, we would have left on time with a deal and in good order.

Jon Trickett (Hemsworth) (Lab): The Minister continues to emphasise preparations for no deal, but did he not see in the paper yesterday a civil servant describing Operation Yellowhammer as the most expensive but failed bullying exercise in the whole of British history designed to frighten MPs into supporting a rotten Tory deal? Does he agree that there can be no justification for no deal once the EU, in the next few days, extends article 50? Under those circumstances, will the Minister for no deal then declare himself redundant and send the civil service back to do their proper jobs?

James Cleverly: Ministers at the Dispatch Box answer questions on behalf of the Government, not civil servants. The point I would make is that preparing for a no-deal Brexit is the pragmatic and sensible thing for the Government to do. If the hon. Gentleman is so concerned about a no-deal Brexit, he could and should have voted in a way that ensured we left on 31 October with a deal that works for the whole of the UK. He chose not to.

Topical Questions

T1. [900100] **Carol Monaghan** (Glasgow North West) (SNP): If he will make a statement on his departmental responsibilities.

The Chancellor of the Duchy of Lancaster (Michael Gove): It is my responsibility to prepare this country for Brexit. I am delighted that so many democrats across the House voted for the Second Reading of the withdrawal agreement Bill last night, and the universal cry from across this country is: please, get Brexit done.

Carol Monaghan: It depends on which nation of this country we are talking about. At a recent meeting of the Scottish Parliament's Finance and Constitution Committee, the Chancellor of the Duchy of Lancaster confirmed that, as part of his Government's deal, Northern Irish businesses would have easier access to the European single market than Scottish businesses. Can he confirm how much this clear competitive disadvantage will cost Scottish business?

Michael Gove: Scotland's businesses benefit from being part of our United Kingdom. I gently remind the hon. Lady, as the Minister for the Cabinet Office and Paymaster General pointed out earlier, that more Scots voted to leave the European Union than voted for the Scottish nationalist party at the last general election.

T4. [900103] **Peter Aldous** (Waveney) (Con): With the Government being the largest client of the construction industry, will the Minister support a private Member's Bill—similar to the ten-minute rule Bill that I introduced in the last Session—to outlaw the abuse of retentions?

The Parliamentary Secretary, Cabinet Office (Simon Hart): I know how much work my hon. Friend has put into that issue. The Government have consulted on ways to prevent the loss of retention payments due to abuse or supplier insolvency. We continue to work with the industry and its clients to develop measures that will achieve that aim, and I very much hope that he will help us in that process.

T2. [900101] **Dr Philippa Whitford** (Central Ayrshire) (SNP): One hundred and eighty-one victims have died since the start of the contaminated blood inquiry, so when will this Government accept the responsibility for the worst scandal in the NHS and pay compensation to surviving victims and bereaved families?

The Minister for the Cabinet Office and Paymaster General (Oliver Dowden): The hon. Lady raises a very important point. The infected blood inquiry is a priority for the Government, and it is extremely important that all those who have suffered so terribly can get the answers

that they have spent decades waiting for. On the point of compensation, the Government have always made it clear that we will wait for the determination of legal liability, to which the inquiry's deliberations relate, and then make our determination off the back of that.

T5. [900104] **Chris Green** (Bolton West) (Con): The Mayor of Greater Manchester is the police and crime commissioner and has responsibility for the Greater Manchester spatial framework and for health and social care devolution. London has an Assembly to challenge the Mayor. What mechanism is there in Greater Manchester?

The Minister for the Northern Powerhouse and Local Growth (Jake Berry): As part of delivering our northern powerhouse, my right hon. Friend the Prime Minister has committed to 100% devolution across the north of England, but in Greater Manchester, power must come with responsibility. That is why last May, the people of Bolton threw off the yoke of their Labour council after 40 years. The new Conservative leader, David Greenhalgh, will end Andy Burnham's era of impunity.

T3. [900102] **Stephen Gethins** (North East Fife) (SNP): The withdrawal agreement will have the most profound effect on devolution, and I do not trust the Tories with devolution. Does the Minister agree with the First Ministers of Wales and Scotland, who are meeting across the road, that they must give legislative consent?

Michael Gove: It is very interesting to hear from the hon. Gentleman. He does not believe in devolution; he believes in smashing up our United Kingdom, so I will take no lectures from him on making our UK institutions work in the interests of all.

Mrs Pauline Latham (Mid Derbyshire) (Con): Derby is only a short train ride from London and is a welcoming city for business. Will the Minister see which Departments could be moved out of expensive accommodation in London to much better value-for-money offices in Derby?

Simon Hart: I am very grateful to my hon. Friend for her reference to Derby. We recognise the strength of the east midlands, and we are working with stakeholders from her local enterprise partnership—D2N2—to explore opportunities for role relocation in this area.

T6. [900105] **Mary Glindon** (North Tyneside) (Lab): The Government's previous offers to reduce the pension age of prison officers have included unrelated changes to their terms and conditions, such as a derisory three-year pay deal. Will the Minister agree to sit round the table with the POA union to negotiate this issue solely on its own?

Oliver Dowden: We continue to engage with the prison officers union, but I would be happy to meet any people who wish to discuss this.

Rachel Maclean (Redditch) (Con): What steps is the Minister taking to improve access to wireless internet at hospitals and in operating theatres?

Oliver Dowden: The Cabinet Office works across all Departments to help drive the Government's commitments, including to ensure the roll-out of broadband across the United Kingdom, and I am working with the Department of Health and Social Care on that.

T7. [900106] **Kerry McCarthy** (Bristol East) (Lab): Yellowhammer identified possible food shortages and food price rises that would have a disproportionate impact on vulnerable groups. What work are Ministers doing with schools, hospitals and frontline charities to make sure this is not an issue?

Michael Gove: I am very grateful to the hon. Lady. I know how seriously she takes these issues. Through the XO Committee, we are working with local resilience forums and with the Department for Education, the Department of Health and Social Care and the Department for Work and Pensions to ensure that vulnerable groups are protected come what may.

Amber Rudd (Hastings and Rye) (Ind): Existing electoral law seeks to control the spending and supervise the message whenever we go into elections. Does the Minister share my concern that it might not be adequate to control and supervise the advertising and campaigning that takes place on social media, where most of our constituents are more likely to get the message and where it is so important to ensure adequate controls?

The Parliamentary Secretary, Cabinet Office (Kevin Foster): I appreciate my right hon. Friend's concerns. We will be launching the consultation on electoral funding next year, as I have already outlined in this Session, and we are looking to introduce digital imprints so that electors are well aware of who is targeting them on social media.

PRIME MINISTER

The Prime Minister was asked—

Engagements

Q1. [900070] **Dr Rupa Huq** (Ealing Central and Acton) (Lab): If he will list his official engagements for Wednesday 23 October.

The Prime Minister (Boris Johnson): The whole House will be shocked by the appalling news that 39 bodies have been discovered in a lorry container in Essex. This is an unimaginable and truly heartbreaking tragedy, and I know that the thoughts and prayers of all Members are with those who lost their lives and their loved ones. I am receiving regular updates. The Home Office will work closely with Essex police to establish exactly what happened, and my right hon. Friend the Home Secretary will make an oral statement immediately after this Question Time.

This morning, I had meetings with ministerial colleagues and others. In addition to my duties in this House, I shall have further such meetings later today.

Dr Huq: I completely associate myself with the Prime Minister's remarks about the tragedy in Essex—I do not normally do that, but on this occasion I am completely with him.

It is good to see the Prime Minister at Prime Minister's Question Time. Until today, I think he had only ever done one—in 100 days. We all know that he has a long list of shortcomings, so could he—*[Interruption.]* Will he do something about one that he does have some control over and get rid of Dominic Cummings?

The Prime Minister: I will try to reply with the generosity of spirit that the hon. Lady would expect from me and just say that I receive excellent advice from a wide range of advisers and officials. It is the role of advisers to advise and the role of the Government to decide, and I take full responsibility for everything the Government do.

Q4. [900073] **Sir Patrick McLoughlin** (Derbyshire Dales) (Con): My right hon. Friend achieved what many said was impossible and negotiated a new Brexit deal, which passed through the House last night. Does he share my regret that many in the Labour party, including the Leader of the Opposition, voted once again to delay our leaving with a deal on 31 October, not least given that he told the House on 22 February 2016 that his party welcomed the fact that it was now up to the British people to decide if we remained in the European Union?

The Prime Minister: As so often, my right hon. Friend has spoken with complete good sense. I do think it was remarkable that so many Members of the House were able to come together last night and approve the Bill's Second Reading. I think that it was a great shame that the House willed the end but not the means, but there is still time for the Leader of the Opposition to do that and to explain to the people of this country how he proposes to honour his promise—which he made repeatedly—and deliver on the will of the people and get Brexit done. Perhaps he will enlighten us now.

Jeremy Corbyn (Islington North) (Lab): I join others who have expressed their deep sadness at today's news that 39 people have been found dead in a lorry container in Grays. Can we just think for a moment about what it must have been like for those 39 people, obviously in a desperate and dangerous situation, to end their lives suffocated to death in a container?

This is an unbelievable human tragedy, which happened in our country at this time. We clearly need to look at the whole situation and look for answers to what has happened. I do, however, also pay an enormous tribute to those in the emergency services who went to the scene to deal with it. All of us should just think for a moment about what it is like to be a police officer or a firefighter and about what it was like to open that container and have to remove 39 bodies from it and deal with them in an appropriate and humane way. We should just think for a moment about what inhumanity is done to other human beings at this terrible moment.

Yesterday, before the Prime Minister decided to delay his own withdrawal Bill, he promised to maintain—*[Interruption.]* Let me finish. Before he decided to delay his own withdrawal Bill—*[Interruption.]* If Members care to look at *Hansard*, they will see what it says. The Prime Minister promised to maintain environmental, consumer and workers' rights. Why, then, did he have those commitments removed from the legally binding withdrawal agreement?

The Prime Minister: I do not think we could have been clearer yesterday in our commitment to the highest possible standards for workers' rights and environmental standards. Indeed, I think that one of the things that brought the House together was the knowledge that, as we go forward and build our future partnership with the EU, it will always be open to Members in all parts of the House to work together to ensure that whatever the EU comes up with, we can match it and pass it into the law of this country. That, I think, commanded a lot of support and a lot of assent across the House.

I must say that I find it peculiar that the right hon. Gentleman now wants the Bill back, because he voted against it last night, and he whipped his entire party against it. I think it remarkable that the House successfully defied his urgings and approved that deal. What I think we would like to hear from him now is his commitment to getting Brexit done. That is what the public want to hear, and I am afraid they are worried that all he wants is a second referendum.

Jeremy Corbyn: The Prime Minister does not answer the question that I put to him, which was about environmental, consumer and workers' rights. I am not surprised, because he once said that "employment regulation" was "back-breaking", and he voted for the anti-Trade Union Act 2016, which stripped away employment protections. The provisions in the Bill offer no real protection at all.

Yesterday, during the debate on the Bill, the Prime Minister pledged that the NHS was safe in his hands. If that is the case, will he be backing our amendment in the Queen's Speech debate tonight, which would undo the very damaging privatisation of so much of our NHS?

The Prime Minister: The right hon. Gentleman is showing complete ignoratio elenchi—a complete failure to study what we actually passed last night in that historic agreement. It is very clear that it is open to the House to do better, where it chooses, on animal welfare standards or social protections, as indeed this country very often does. We lead the way: we are a groundbreaker in this country. I am afraid to say that the right hon. Gentleman has no other purpose in seeking to frustrate Brexit than to cause a second referendum.

As for the NHS, this is the party whose sound management of the economy took this country back from the abyss and enabled us to spend another £34 billion on the NHS—a record investment—and, as I promised on the steps of Downing Street, to begin the upgrade of 20 hospitals, and as a result of the commitments this Government are making, 40 new hospitals will be built in the next 10 years. That is this party's commitment to the NHS. *[Interruption.]*

Mr Speaker: Order. Mr Russell-Moyle, you are an incorrigible individual, yelling from a sedentary position at the top of your voice at every turn. Calm yourself man; take some sort of soothing medicament from which you will benefit.

Jeremy Corbyn: Two questions and we are still waiting for an answer, although we could do with a translation of the first part of the Prime Minister's response.

I hate to break it to the Prime Minister, but under his Government and that of his predecessor, privatisation has more than doubled to £10 billion in our NHS. There are currently 20 NHS contracts out to tender, and when he promised 40 hospitals, he then reduced that to 20, and then it turns out that reconfiguration is taking place in just six hospitals. So these numbers keep tumbling down for the unfunded spending commitments that he liberally makes around the country.

The Prime Minister continues to say that he will exclude our NHS from being up for grabs in future trade deals. Can he point to which clause in the withdrawal agreement Bill secures that?

The Prime Minister: The right hon. Gentleman is completely wrong in what he says about privatisation of the NHS, and I must resist this, because those 40 new hospitals and those 47,000 extra clinical staff, including 17,000 nurses, were not paid for out of private funds; they were paid for by the NHS, and the reason we are able to pay for them is because the Conservative party and this Government believe in sound management of the economy—not recklessly putting up corporation tax, not recklessly wrecking the economy and renationalising companies in the way that he would do.

The right hon. Gentleman asks about the NHS in any future free trade deal, and I understand his visceral dislike of America and his visceral dislike of free trade.

Jeremy Corbyn: I actually asked the Prime Minister which clause in the Bill protects our NHS, and obviously there is time for him to help us with an answer on that. He should also be aware that no public capital allocations have been made for the funding commitments that he has announced; all he said is that there is seed funding. I am not sure what seed funding is, but it does not sound like the commitment we were seeking, and it sounds awfully like private finance going into the NHS to deal with the issues it faces.

Less than one year ago, the Prime Minister said that any

"regulatory checks and…customs controls between Great Britain and Northern Ireland"

would damage

"the fabric of the Union".

Given that this deal clearly does damage the fabric of the Union, does he still agree with himself?

The Prime Minister: I know that this was raised many times in the House yesterday, and I believe that the Union is preserved, and indeed we are able to go forward together as one United Kingdom and do free trade deals in a way that would have been impossible under previous deals. This is a great advance for the whole UK, and we intend to develop that together with our friends in Northern Ireland. But I must say to the right hon. Gentleman and indeed his colleagues on the Front Bench that I think it is a bit rich to hear from him about his sentimental attachment to the fabric of the Union between Great Britain and Northern Ireland when he has spent most of his political lifetime supporting the IRA and those who would destroy it by violence.

Jeremy Corbyn: The Prime Minister has a habit of not answering any questions put to him. Northern Ireland will remain on single market rules within the EU on goods and agricultural products, and the rest of the UK will not. As the right hon. Member for East Antrim (Sammy Wilson) pointed out yesterday, that will create a very real border down the Irish sea, which the Prime Minister told a DUP conference, in terms, he would never do—and it was not that long ago; it might have been when he was trying to become the Tory party leader.

The Prime Minister told the House on Saturday there would be no checks on goods moving between Northern Ireland and Great Britain, yet yesterday the Brexit Secretary confirmed to the Lords European Union Committee that Northern Irish businesses sending goods to Britain would have to complete export declaration forms. Is the Prime Minister right on this, or is the Brexit Secretary right? They cannot both be right.

The Prime Minister: Let us be absolutely clear that the United Kingdom is preserved, whole and entire, by these arrangements, and indeed the whole of the UK will be allowed to come out of the European Union customs union so that we can do free trade deals together. There will be no checks between Northern Ireland and GB, and there will be no tariffs between Northern Ireland and GB, because we have protected the customs union. This lachrymose defence of the Union comes a little ill from somebody who not only campaigned to break up the Union between Great Britain and Northern Ireland by his support of the IRA but also wants to spend the whole of the next year not just on a referendum on the EU but on another referendum on Scotland. That is what he wants. This is the threat to our United Kingdom—on the Labour Front Bench.

Jeremy Corbyn: I really do wonder whether the Prime Minister has read clause 21 of his own Bill. The Good Friday agreement was one of the greatest achievements of this House, led by a Labour Government at that time. The Prime Minister unlawfully prorogued Parliament. He said he would refuse to comply with the law. He threw Northern Ireland under a bus. He ripped up protections for workers' rights and environmental standards, lost every vote along the way and tried to prevent genuine democratic scrutiny and debate. He once said that "the whole withdrawal Bill, as signed by the previous Prime Minister, is a terrible treaty", yet this deal is even worse than that. Even if he is not that familiar with it, does the Prime Minister accept that Parliament should have the necessary time to improve on this worse-than-terrible treaty?

The Prime Minister: It is this Government and this party that deliver on the mandate of the people. I listened carefully to what the right hon. Gentleman just said, but has he said it before. They said we could not open the withdrawal agreement, and we did. They said we could not get rid of the backstop, and we did. They said we could not get a new deal, and we did. Then they said that we would never get it through Parliament, and they did their utmost to stop it going through Parliament, but we got it through Parliament last night. This is the party and this is the Government that deliver on their promises. We said we would put 20,000 more police officers on the streets of this country, and we are. We said we would upgrade 20 hospitals, and we are. We said we would upgrade and uplift education funding around the whole country, and, even more than that, we are increasing the minimum wage, the living wage, by the

biggest amount since its inception. This is the party that delivers on Brexit and delivers on the priorities of the British people.

Hon. Members: More!

Mr Speaker: Order. There will be more—colleagues can be entirely assured of that.

Infrastructure: Northern Lincolnshire

Q6. [900075] **Martin Vickers** (Cleethorpes) (Con): What plans he has to (a) encourage investment in and (b) improve the transport infrastructure of northern Lincolnshire.

The Prime Minister: We will invest in infrastructure in every corner of the UK, including spending £13 billion on transport in the north of the country.

Martin Vickers: I thank my right hon. Friend for his reply. Three things that would encourage investment in northern Lincolnshire and boost the local economy are free port status for the Humber ports, improved access to those ports by upgrading the A15 between Lincoln and the A180, and improved east-west rail freight connections. Will my right hon. Friend confirm his support for those proposals?

The Prime Minister: I can indeed confirm support for those proposals. I well remember meeting my hon. Friend and his constituents in a corridor in Portcullis House, and they raised with me the issue of the railway crossing at Suggitt's Lane. I assure my hon. Friend that Suggitt's Lane is never far from my thoughts and that, in addition to the other pledges I have made today, I have undertakings from the Department for Transport that it will seek to find a solution and a safe means for pedestrians to cross that railway line.

Engagements

Ian Blackford (Ross, Skye and Lochaber) (SNP): The loss of life that we have learned about this morning in Essex—39 people taken from this earth—should distress us all, and we need to dwell on the fact that it happened in the United Kingdom: people put themselves in such situations in the search of a better life. We must not just brush it off as an incident. We have to learn the lessons of why it happened. Our thoughts and prayers must be with everyone, including those from the emergency services who have had to experience this most shocking sight this morning. We need more than just warm words and that being the end of it. As a humanity, we must learn from this terrible, terrible tragedy.

Within the last hour, the First Ministers of Scotland and Wales joined forces to oppose this Tory Government's damaging Brexit Bill—a Bill that risks jobs, opportunities and our entire economic future. Scotland did not vote for this toxic Tory Brexit or any Brexit. It voted overwhelmingly to remain. Will the Prime Minister stop ignoring Scotland and confirm today that he will not allow this Bill to pass unless consent is given by the Scottish Parliament—yes or no?

The Prime Minister: I note carefully what the right hon. Gentleman has to say, but, as he knows, the Scottish Parliament has no role in approving this deal. On the contrary, it is up to the Members of this Parliament to approve the deal. I am delighted to say that they did, although it did not proceed with the support of many Scottish nationalist MPs—*[Interruption.]* Or any of them. But if he really still disagrees with this deal and with the way forward, may I propose to him that he has a word with the other Opposition parties and joins our support for a general election to settle the matter?

Ian Blackford: There we have it. The legislative consent of the Scottish Parliament is meaningless in the Prime Minister's eyes. So much for the respect agenda, and so much for the message in 2014 that we were to lead the United Kingdom and that this was a Union of equals—torn asunder by the disrespect of this Prime Minister—*[Interruption.]* Well, Conservative Members do not like the truth, but the people of Scotland have heard it from the Prime Minister today: our Parliament does not matter. That is what this Prime Minister thinks of our Government in Scotland.

Last night, the Prime Minister was yet again defeated by this House. He said that he would pull his Bill, but he has not. He wants Scotland to trust him, but how can we? Fired twice for lying, found unlawful by the courts, the Prime Minister has sold Scotland out time and again. Parliament and Scotland cannot trust this Prime Minister. If he so desperately wants an election, Europe is willing and waiting, so what is stopping him? He must now secure a meaningful extension and bring on a general election. Let the Scottish people decide our future in Scotland.

The Prime Minister: Well, what an exciting development! Perhaps the right hon. Gentleman might pass some of his courage down the line.

On the point the right hon. Gentleman raises about our commitment to the Union, he should know that, thanks to Scotland's membership of the Union, Scotland this year received the biggest ever block grant—£1.2 billion—with £200 million more secured for Scottish farming thanks to the hard work of Scottish Conservative MPs. Who is letting down Scotland? It is the Scottish National party, with its lackadaisical Government: the highest taxes anywhere in the UK; declining educational standards; inadequate healthcare; and a European policy that would take Scotland back into the EU and hand back control of Scotland's fish to Brussels. If that is their manifesto, I look forward to contesting it with them at the polls.

Q9. [900078] **Sir David Amess** (Southend West) (Con): When my right hon. Friend was seeking to become leader of the Conservative party, I was possibly the only one of our colleagues who asked him for anything in return for their support. *[Interruption.]* I am being charitable. I asked him for three things: first, that he would get Brexit done; secondly, that he would make me a duke, because my wife fancies becoming a duchess; and, finally, something on which the Leader of the Opposition certainly agrees with me, which is that Southend becomes a city. When will these things happen?

The Prime Minister: I am very grateful to my hon. Friend for his support. I can say to him that our policy remains unchanged: we should leave the EU on 31 October,

at the end of this month. We will leave the EU on 31 October if Opposition Members will comply. That is what I will say to the EU, and I will report back to the House in due course. On his other two requests of a—

Mr Speaker: A duchess and a city.

The Prime Minister: On a duchess and a city, may I undertake to report back to the House on the progress we are making, Mr Speaker?

Q2. [900071] **Mr Barry Sheerman** (Huddersfield) (Lab/Co-op): I wonder whether the Prime Minister has seen the heartbreaking images of children being killed, mutilated and seriously injured on the Syrian border. Given that the Turks are members of NATO and old allies of ours, that we have fought with the Kurds, who are good and trusted friends, and that the United States is a major ally of ours and the Prime Minister has a good relationship with Donald Trump, will the right hon. Gentleman step up to the plate and show that the British Government care about this and are willing to do something about it?

The Prime Minister: I thank the hon. Gentleman; he is absolutely right to raise this issue. If I may say so, this is an appalling state of affairs, and the House will be aware of what is happening in northern Syria. The British Government have actively deplored this, and I have spoken twice to President Erdoğan on the matter, both last weekend and this most recent weekend. I urged him to cease fire and for a standstill. Everybody in the House shares the hon. Gentleman's feelings about the loss of civilian life. It is particularly unsettling to see some of our close allies at variance. The UK is working closely now, as he would expect, with our French and German friends to try to bring an understanding to President Erdoğan of the risks that we think this policy is running, and of course to persuade our American friends that we cannot simply turn a blind eye to what is happening in Syria. The hon. Gentleman is entirely correct in what he said.

Jackie Doyle-Price (Thurrock) (Con): I am grateful for Members' comments about the tragic events that unfolded in my constituency this morning. To put 39 people into a locked metal container shows a contempt for human life that is evil. The best thing we can do in memory of those victims is to find the perpetrators and bring them to justice. Will my right hon. Friend join me in paying tribute to all those who attended the scene this morning and showed incredible leadership and professionalism? Let us remember that the scenes they witnessed will stay with them forever.

The Prime Minister: I entirely agree with what my hon. Friend and, indeed, other colleagues in the Chamber have already said. As the Leader of the Opposition said, it is hard to put ourselves in the shoes of those members of the emergency services as they were asked to open that container and expose the appalling crime that had taken place. I share my hon. Friend's strong desire that the perpetrators of that crime—indeed, all those who engage in similar activity, because we know that this trade is going on—and all such traders in human beings should be hunted down and brought to justice.

Q3. [900072] **Brendan O'Hara** (Argyll and Bute) (SNP): In a dispute, diametrically opposed outcomes cannot be equally beneficial for both sides. If the Prime Minister's great deal is so good for Northern Ireland's seafood producers because it allows them access to the single market and customs union, how would he describe his deal for the shellfish producers of my Argyll and Bute constituency, who fish in the same waters for exactly the same catch but will not have access to the single market and customs union? One has a great deal; what does the other one have?

The Prime Minister: The fishing communities of Scotland will have a fantastic opportunity, by the end of next year, to take back control of their entire coastal waters—all 200 miles of them—and to manage their fisheries in the interests of Scotland and thereby drive an even better deal for even better access to European markets. That opportunity would be wantonly thrown away by the abject, servile policy of the SNP, which would hand back control of Scottish fishing to Brussels.

Mr Kenneth Clarke (Rushcliffe) (Ind): Yesterday, my right hon. Friend achieved the first landmark of his premiership by getting the House to vote, by a comfortable majority, in favour of Brexit. If he now proceeds in the reasonable and statesmanlike way I would hope for, he can go on to deliver Brexit in a month or two's time, before having a general election on the sensible basis of a mandate for a Government on the fuller negotiations that will follow. Will my right hon. Friend get over his disappointment and accept that 31 October is now just Halloween, devoid of any symbolic or political content, and will rapidly fade away into historical memory? Having reflected, will he let us know that he is about to table a reasonable timetable motion, so that the House can complete the task of finalising the details of the withdrawal Bill? We can then move on, on a basis that might begin to reunite the nation once again for the future.

The Prime Minister: My right hon. and learned Friend makes a reasonable case; alas, we cannot know what the EU will do in response to the request from Parliament—I stress that it was not my request but a request from Parliament—to ask for a delay. We await the EU's reaction to Parliament's request for a delay.

I must respectfully disagree with my right hon. and learned Friend, perhaps not for the first time, because I think it would still be very much in the best interests of this country and of democracy to get Brexit done by 31 October. I will wait to see what our EU friends and partners say in response not only to the request for a delay from Parliament but to Parliament's insistence that it wants a delay. I do not think the people of this country want a delay and I do not want a delay. I intend to press on, but I am afraid we now have to see what our EU friends will decide on our behalf. That is the result of the decision that the Leader of the Opposition took last night.

Q5. [900074] **Jonathan Reynolds** (Stalybridge and Hyde) (Lab/Co-op): The National Farmers Union reported this week that 16 million apples have rotted away, because the immigrant workers that normally pick them for the country have chosen not to come. Immigration was clearly a big part of the EU referendum, and the

Prime Minister has promised a points-based system, but that is not going to allow for people coming here to pick fruit. What does he intend to do to stop the scandal of British food rotting away in the fields?

The Prime Minister: To the best of my knowledge, there are more EU nationals living and working in this country than ever before, and, in many ways, that is a great thing, but we have, as the hon. Gentleman knows, the EU national settlement scheme to encourage people to come forward to register if they are in any doubt about their status. We will bring forward an Australian-style, points-based immigration system to make sure that all sectors have access to the labour they need.

Penny Mordaunt (Portsmouth North) (Con): I congratulate the Prime Minister on achieving so many things that the establishment said were impossible. In the light of that, may I ask him to instruct the Cabinet Office to examine how we can bring an end to male primogeniture and the ridiculous rules in the honours system that value women less than men—hopefully before he makes good on his undertakings to my hon. Friend the Member for Southend West (Sir David Amess)?

The Prime Minister: Speaking as the oldest son who has never seen any particular benefits from that rule, I understand completely what my right hon. Friend says. I will reflect on her request. I think that she speaks for many people around the country who wish to see fairness and equality in the way we do these things.

Q7. [900076] **Ronnie Cowan** (Inverclyde) (SNP): There are families across the United Kingdom who have children suffering from epilepsy. Many have found that medical cannabis is a great help, but they have been driven either to act unlawfully or to pay huge sums of money to gain access to medical cannabis. The Secretary of State for Health stated on 19 March that in several months' time it will be made available. End Our Pain wrote to the Prime Minister on 19 September and is still to receive an answer. When will the Prime Minister take the necessary action required to ensure that those children can access medical cannabis legally and at no cost?

The Prime Minister: I understand that people who require the medical use of cannabis are going through desperate difficulties, and, of course, it is right that we have changed the way we do things. The chief medical officer and NHS England have made it clear that cannabis-based products can be prescribed for medicinal use. It must be up to doctors to decide when it is in the best interests of their patients to do so. I can tell that the hon. Gentleman does not find my answer satisfactory, so I will take up the matter personally with him and with the Secretary of State for Health so that he gets the satisfaction that he needs, and, more importantly, his constituent gets the reassurance they need.

Sir Alan Duncan (Rutland and Melton) (Con): When a high-profile person has been wrongly accused of a sexual crime and has had his livelihood and reputation destroyed, following which the police, it seems, would rather fight him in court than compensate him, might the Prime Minister consider making it clear to the police that it is their duty to address injustice rather than create and perpetuate it and that they should pay compensation rather than waste taxpayers' money on malicious litigation designed to avoid doing so?

The Prime Minister: Yes, I completely agree. There is obviously a very difficult balance to be struck, because clearly we do not wish in any way to discourage the police from investigating and prosecuting offences, wherever they may be and no matter how high in office the people in question may be. None the less, where the police do get it wrong and where they have manifestly got it wrong, there should be a duty on them not just to apologise, but to make amends.

Q8. [900077] **Mr Jim Cunningham** (Coventry South) (Lab): When is the Prime Minister going to sort out the difference between the BBC and the Government in relation to his party's manifesto commitment at the last general election to maintain free television licences for the over-75s? When is something going to be done about this?

The Prime Minister: The BBC has the funds, as the hon. Gentleman knows full well, and it should be funding those free TV licences. We continue to make that argument vigorously with the BBC. The hon. Gentleman asks me to put the screws on the BBC. Believe me, we certainly will.

Lucy Allan (Telford) (Con): Telford needs its A&E and its women and children's centre. The town will have a population of 200,000 within the next 10 years. It is a new town—a former mining town—with pockets of deprivation and poor health outcomes and, while funding is being pumped into the affluent county town of Shrewsbury some 20 miles away, Telford is losing vital services. Will my right hon. Friend reverse the decision of the Health Secretary to approve this plan, and urge him to listen to the needs and concerns of my constituents and the representatives of the local area?

The Prime Minister: As I have seen myself, my hon. Friend is a battler for the people of Telford; she does a great deal of good work for them. As a first step, my right hon. Friend the Health Secretary has called on the A&E at the Princess Royal Hospital to stay open as a local A&E, but has asked the NHS to come forward with further proposals for better healthcare in Telford. However, I will certainly take up my hon. Friend's further points with him.

Q10. [900079] **Chris Elmore** (Ogmore) (Lab): The elderly and vulnerable are more at risk from scamming than ever before, and just this week Age UK has highlighted that the Government's decision to scrap free TV licences for the over-75s will put them at further risk of scamming; it is expecting fraudsters to collect the licence fee, door to door, once the Government's decision has been implemented. Will the Prime Minister please prioritise the economic crime that scamming is, give the police the funding they need to investigate and prosecute these crimes, and reverse his decision to scrap free TV licences for the over-75s?

The Prime Minister: I must correct the hon. Gentleman, who just said this is our decision. It is the decision of the BBC. *[Interruption.]* No, come on, Opposition

Members should be clear about what is happening. It is up to the BBC to fund these licences. The hon. Gentleman's point about scamming is a reasonable one. We will ensure that we give people the protection and security they need—not least through another 20,000 police officers on the streets of our country.

Mr Speaker: Given that there is widespread sadness that the very popular and respected hon. Member for Watford (Richard Harrington) will be standing down at the next general election, it gives me great pleasure to call him now.

Richard Harrington (Watford) (Ind): Thank you, Mr Speaker; it gives me great pleasure to be called. As you have pointed out, this may unfortunately be my penultimate Prime Minister's questions and will unfortunately be your penultimate Prime Minister's questions, but I hope that it will not be my right hon. Friend the Prime Minister's penultimate Prime Minister's questions.

Is the Prime Minister aware that many Members who, like me, voted for his Bill last night but voted against the programme motion would be delighted to accept a reasonable compromise for the proper scrutiny of the Bill, and that this was not a vote for revocation in disguise?

The Prime Minister: I thank my hon. Friend for his support. I thought he was going to ask about the hospital in Watford, which I am delighted to say is going to be rebuilt, along with many others across the country. I congratulate him on being the Conservative Member of Parliament for Watford. I am delighted with all the work he has done for his constituency.

On the Bill, I am delighted that the House voted in favour of it. Unfortunately, as I say, it willed the end but not the means. The House of Commons has, alas, voted to delay Brexit again. We must now see what the EU says about that request for a delay, and I will be studying its answer very closely to see how we proceed.

Q11. [900080] **Catherine West** (Hornsey and Wood Green) (Lab): Last Saturday, Haringey Borough football club players experienced racist slurs, were spat upon, and experienced the most disgusting behaviour during a grassroots football match. Will the Prime Minister congratulate the manager, Tom Loizou, on taking the players off, which was a very courageous decision, and can he explain to the House why bigotry has been emboldened under the current Government?

The Prime Minister: I was with the hon. Lady until her last point. I certainly think that racism in football is utterly disgusting and should be stamped out at every possible opportunity. She will have seen what happened in Bulgaria. I am delighted to say that the head of the Bulgarian football association was dismissed from his position as a result of what happened in that match. We will certainly be making sure that we do everything we can to stamp out racism of any kind, wherever it takes place in this society and whatever form it takes.

Kirstene Hair (Angus) (Con): Connectivity across Angus is one of the most urgent issues in my constituency and I want to see full coverage: mobile roll-out throughout my constituency. I therefore wholeheartedly support the shared rural network initiative, which is a joint initiative between the Government and the four main mobile providers ensuring that we have masts in "not spot" areas and reciprocal agreements between the operators to ensure that my constituents, and constituents across the United Kingdom, have that access. Will the Prime Minister assure me that he understands that connectivity is a top priority in Angus, and will he ensure that the funding that needs to go into this initiative to get it going will be given?

The Prime Minister: Once again, the voice of Scotland—the voice of Angus. I thank my hon. Friend very much. We are indeed engaged in not just levelling up the provision of gigabit broadband across the whole of the country but improving the 4G mobile signal as well. It is our ambition to have 95% of the UK covered by the 4G mobile signal. We have made changes to the regulations and the planning laws to make it easier for the infrastructure to be put in place—and my right hon. Friend the Chancellor has just assured me that her particular request is going to be addressed.

Q12. [900081] **Andy Slaughter** (Hammersmith) (Lab): The Mayor of London has cut air pollution in central London by a third in the first six months of his ultra low emission zone. Does the Prime Minister support the Mayor's plan to expand that zone and does he still oppose the third runway at Heathrow that will reverse these gains?

The Prime Minister: I am as scandalised as the hon. Gentleman about the failure of the Mayor of London to improve air quality, if that is what I understood him to have just said. When I was Mayor of London, just to pick a period entirely at random, we cut NOx—nitrous oxide—emissions by, I think, 16% and we cut particulates by 20%. I can tell the hon. Gentleman that this Government have the most far-reaching ambitions of any society in the EU to improve air quality. As for the Heathrow third runway, it remains the case that I have lively doubts about the ability of the promoters of that scheme, as I think he does, to meet standards on air quality and noise emissions, and we will have to see how the courts adjudicate in that matter.

Bob Blackman (Harrow East) (Con): In this House, we defend forever the right to peaceful protest, yet on 15 August, and just three weeks ago, pro-Pakistani organisations held violent protests outside the Indian high commission. This Sunday, there is the threat of 10,000 people being brought to demonstrate outside the Indian high commission on Diwali—the most holy day for Hindus, Sikhs and Jains. What action will the Government take to prevent violent protests this Sunday?

The Prime Minister: I join my hon. Friend, who speaks strongly and well for his constituency, in deploring demonstrations that end up being intimidating in any way. He will understand that this is a police operational matter, but I have just been speaking to my right hon. Friend the Home Secretary, and she will be raising it with the police. We must all be clear in this House that violence and intimidation anywhere in this country are wholly unacceptable.

Q13. [900082] **Mike Amesbury** (Weaver Vale) (Lab): Eight consultations on, and millions of people are still caught by the leasehold scandal. At what stage are the Prime Minister and his Government going to get a grip and end this feudal system once and for all?

The Prime Minister: I thank the hon. Gentleman, because he raises something that is of great importance to all our constituents. We are delivering a strong package of reforms. We will legislate to ban new leasehold houses, reduce future ground rents to zero in all but exceptional circumstances and close the legal loopholes that currently subject leaseholders to unacceptable costs. He raises a very important issue, and believe me, we are on it right now.

Mrs Anne Main (St Albans) (Con): A toxic and carcinogenic bromate plume is threatening my constituency. There are plans to drill a new gravel quarry in Smallford, which may disturb the plume and cause it to enter the watercourses. Will the Prime Minister use his good offices to ensure that the Environment Agency does not allow quarrying on this gravel pit until the toxicity of the bromate plume has been fully assessed?

The Prime Minister: I thank my hon. Friend for raising that point about the toxic bromate plume, which reminds me of the emanations we sometimes hear from parts of this House. I will get on immediately to the Environment Secretary and ensure that she takes it up.

Q14. [900083] **Naz Shah** (Bradford West) (Lab): Women who face sexual abuse often stay silent and suffer alone. They blame themselves for the shame and guilt that they feel. They break down and cry alone because they feel that no one will ever believe them, and they fear repercussions if they speak out. The fear of not being believed means that brave women put on a smile and go about their daily lives, an example of which we heard from my hon. Friend the Member for Canterbury (Rosie Duffield). That silence provides the perpetrators of the abuse with the get-out-of-jail card they need. Today, I ask the most powerful man in the United Kingdom one simple question: does he agree that any woman who is subjected to sexual abuse of any kind should be believed—yes or no?

The Prime Minister: The hon. Lady raises a crucial issue that many people in this country feel is not being sufficiently addressed. That is one of the reasons we have expanded the provision of independent domestic violence advisers and independent sexual abuse advisers. Every woman in this country who is a victim or a potential victim of domestic violence or sexual abuse should have the certainty of knowing that there is somewhere she can go and someone she can turn to for reassurance and support. It is vital that, as a society, we ensure that. I do not believe that, as a country, we are doing enough to bring rapists to justice. The level of successful prosecutions for the crime of rape is frankly inadequate, and I wish to raise that with the criminal justice system, because I have looked at the numbers, and they are not going in the right direction. Women must have confidence that crimes of domestic violence and sexual abuse are treated seriously by our law enforcement system.

Steve Double (St Austell and Newquay) (Con): I know that the Prime Minister, like me, is a big supporter of Spaceport Cornwall, where we aim to launch satellites into space from Europe's first horizontal spaceport by 2021. To achieve that, we need Government agencies to ensure that the contracts and regulations are in place. Will he ensure that the UK Space Agency and the Civil Aviation Authority have the resources they need and work at pace to make the most of this exciting opportunity?

The Prime Minister: I congratulate my hon. Friend on what he is doing to promote the prospects of the new spaceport in Newquay which this Government are constructing; he is doing an outstanding job. I think we all have a favourite candidate for the person who is best placed to trial one of the new vessels that we propose to send into space. If it is a horizontal spaceport, I am anxious that it will take off at a horizontal trajectory, in which case, even if we were to recruit the right hon. Member for Islington North (Jeremy Corbyn) to be the first pilot, there is a risk that he would end up somewhere else on earth—maybe Venezuela would be a good destination.

Q15. [900084] **Stewart Hosie** (Dundee East) (SNP): Mr Speaker,

"I would vote to stay in the single market. I'm in favour of the single market,"

and if the European Union did not exist, we would have to "invent" it. Those are not my words—they are the Prime Minister's. What was it about the trappings of power that led him to abandon reason, embrace Brexit and put so many jobs, so much trade and so much prosperity at risk across these islands?

The Prime Minister: As I said in the House on Saturday, there are clearly two schools of thought—two sides of the British psyche—when it comes to this issue. The House has been divided, just as the country has been divided. I happen to think that, after 47 years of EU membership, in the context of an intensifying federalist agenda in the EU, we have a chance now to make a difference to our national destiny and to seek a new and better future, as a proud, independent, open, generous, global free-trading economy. That is what we can do. That is the opportunity that this country has, and I hope very much that the hon. Gentleman will support it and help us to deliver Brexit, deliver on the mandate of the people and get it done by 31 October.

Douglas Ross (Moray) (Con): Last week saw damaging US tariffs applied to many iconic Moray products such as single malt Scotch whisky and shortbread. These industries have nothing to do with the dispute between the US and the EU, so what are the Government and the Prime Minister doing to get those tariffs removed as quickly as possible?

The Prime Minister: My hon. Friend campaigns valiantly on that issue, and he is absolutely right. Both the Chancellor of the Exchequer and I have raised the matter personally with our counterparts in the United States. It is a rank injustice that Scotch whisky is being penalised in this way, and we hope that those tariffs will be withdrawn as soon as possible, but it has been raised repeatedly at the highest level.

Jo Swinson (East Dunbartonshire) (LD): I would like to associate myself and my Liberal Democrat colleagues with the remarks made earlier about the horrific deaths of 39 people in Essex.

It is good manners to say thank you when our friends help us out, so would the Prime Minister like to express his gratitude to the 19 Labour MPs who voted for his deal last night and to the Leader of the Opposition for meeting him this morning to help push through his bad Brexit deal?

The Prime Minister: I am grateful to the hon. Lady for giving me that opportunity, and I do indeed express my gratitude, as I think I did last night. I am happy to repeat that today, for the avoidance of doubt, to all Members of the House who have so far joined the movement to get Brexit done and deliver on the mandate of the people. I do not think I can yet count her in that number. Perhaps I could ask her, in return, to cease her missions to Brussels, where, to the best to my knowledge, she has been asking them not to give us a deal. That was a mistake. They have given us an excellent deal, and I hope that, in the cross-party spirit that she supports, she will endorse the deal.

Mr Khalid Mahmood (Birmingham, Perry Barr) (Lab): On a point of order, Mr Speaker.

Mr Speaker: I say to the hon. Gentleman in all courtesy that points of order come later. I am playing for time, as Members beetle out of the Chamber, before I call the Home Secretary. I merely note en passant that there is a distinguished orthodontist observing our proceedings today, accompanied by his splendid wife—I wish them a warm welcome to the House of Commons; it is good to see them. Momentarily, when Members have completed their beetling out of the Chamber quickly and quietly, we will be able to proceed with the statement by the Secretary of State for the Home Department.

Major Incident in Essex

12.59 pm

The Secretary of State for the Home Department (Priti Patel): Following the tragic discovery of 39 bodies in a shipping container in Essex this morning, I want to take this opportunity to update the House on the facts that are available so far.

At 1.40 this morning, Essex police were alerted to an incident at the Waterglade industrial park on Eastern Avenue, Grays. At the scene, Essex police discovered a lorry container with 39 bodies inside. Early indications suggest that 38 of those found were adults and that one was a teenager. From what the police have been able to ascertain so far, the vehicle is believed to be from Bulgaria and to have entered the country at Holyhead in north Wales, one of the main ports for ferries from Ireland, on 19 October.

Essex police have now launched a murder investigation. A 25-year-old man from Northern Ireland has been arrested on suspicion of murder. He remains in police custody as inquiries continue.

The whole House will agree that this is a truly shocking incident. My thoughts and condolences are with the victims and their loved ones at this utterly terrible time. I am sure the whole House will convey its condolences at this sad time.

While the nationalities of the victims are not yet known, I have asked my officials to work closely with the investigation and to provide all the assistance we can in these horrific circumstances. That is on top of the joint working that is taking place already between the police, Border Force, Immigration Enforcement, the National Crime Agency and other law enforcement agencies to ascertain exactly how the incident occurred. Day in and day out, they work tirelessly to secure our borders against a wide range of threats, including people trafficking. We will continue to work with international partners to keep people safe.

This is a tragic loss of life. I and everyone in my team will continue to update the House as more facts on this dreadful incident become known.

1.2 pm

Ms Diane Abbott (Hackney North and Stoke Newington) (Lab): I thank the Home Secretary for early sight of her statement.

Any death under these circumstances is truly appalling. The fact that there are 39 reported deaths in this incident makes it a terrible tragedy—one of the worst of its kind. Each of the 39 will have partners, family and friends who perhaps even now do not know how their loved one died and in what horrible circumstances. I am sure I speak for the whole House when I say that our thoughts, prayers and wishes go out to the bereaved and all the loved ones of the victims.

I commend the emergency services for their work and share with the hon. Member for Thurrock (Jackie Doyle-Price) the horror that these emergency service workers will have seen sights that will live with them forever.

It is important to remember that these 39 poor, unfortunate people are the victims in this; they have been preyed on by the greedy, the unscrupulous and people with a wilful disregard for the lives of others. However, we should take account of the wider context. Nobody leaves their home on such a journey, with so much risk and fear, on a whim. They often do it because they are desperate; they can be the victims of economic privation, war, famine, catastrophic climate change. There are many adverse conditions that people flee from, but we should not lose sight of the fact that these people are victims.

I would like an assurance from the Home Secretary that the co-operation with the EU27 on people trafficking, which is vital to ensure that such events do not happen in the future, will not become harder or be imperilled by our leaving the EU.

It is important to raise the general conditions of refugees and asylum seekers. The Opposition have long argued that the Government should establish safe and legal routes for genuine refugees to make their way here. If they do not, I fear there may be further tragedies like this. When one thinks about the events of this incident, when one thinks about how these people died and how terrifying their deaths must have been, it should remind us that whenever we talk about migration, refugees and asylum, these people are people. There is an obligation on us to ensure that where people are moving legally, we provide safe and legal routes.

Priti Patel: I thank the right hon. Lady for her comments and reflections following the tragic incident this morning. She was, of course, right in a number of the points she made, such as about our emergency service workers who are dealing with the incident on the ground. We will work collaboratively with the investigation teams—not just with Essex police, but with the National Crime Agency, Border Force and many others—to further the investigation into this appalling incident.

It is important to emphasise a few other points. This is now a murder investigation. We are still ascertaining various facts, but given the sheer humanity that we all feel following the deaths of 39 individuals in such circumstances, some fundamental points arise: potential links to criminality, and also what we should be doing as a country to make sure we stand by those who really should not be trafficked in any way.

As a country, we lead the world in many of our ways of working internationally, on modern-day slavery and through our own legislation. Fundamentally, there is always the point of international co-operation and collaboration—we must never lose sight of that—whether it is with our EU counterparts, as the right hon. Lady said, or with other international counterparts through the many multilateral forums we work with to prevent upstream migration, illegal human trafficking and all the terrible things we want to stop and prevent. At the end of the day, we must do the right thing as a country and uphold the right kind of values, to ensure that particularly for those who are fleeing war zones, conflicts and some of the most horrendous situations we see in the world, we are able to give people asylum in the right kind of way, which is exactly what we do.

Jackie Doyle-Price (Thurrock) (Con): I thank my right hon. Friend for her statement. I thank her in particular for offering to make her resources available to identify these people, because the fact of the matter is that their loved ones have no idea what has happened to them. They think that their loved ones have gone to a better life, and that is an absolute tragedy.

Sadly, this is not the first time people have been found in metal containers in my constituency. I am sorry to say that it is an all too regular occurrence. It was only a matter of time before it ended in tragedy.

I endorse what my right hon. Friend said: this is a multinational problem that we need to fix. We will not be able to stop people trafficking just in this country alone. It needs to be worked on through international partnerships to ensure that we root out these evil people who profit from people's hope while actually putting them into misery.

Priti Patel: I thank my hon. Friend for her very considered remarks in the light of what has happened in her constituency today. We should reflect upon the fact that this is not the first example of such a horrific incident in her constituency. This incident was in an industrial park, but there have been equally horrific examples at the ports in her constituency.

My hon. Friend was right to reflect, as she did earlier with the Prime Minister, on the work of the emergency workers on the scene, who will have witnessed horrors that will live with them probably for the rest of their lives. We owe it to them to provide the support that they need post this event.

There is a fundamental issue here: we as a Government are naturally always committed to working with our law enforcement partners and multinational agencies to prevent all sorts of things of this nature from ever materialising and happening. We are committed to breaking up criminal gangs. We do, of course, work upstream and with our international partners. Perhaps I could highlight a few examples. Previous Governments have committed to legislation such as the Modern Slavery Act 2015, which, in fact, our previous Prime Minister very much campaigned for and secured. I have myself worked in the international sphere through my work in the Department for International Development, and DFID itself is obviously doing a great deal now when it comes to upstream work, working through the multinational agencies, the United Nations and other organisations.

There is so much more we can do internationally, because the fact of the matter is that where there is instability globally and a great deal of displacement, we see such awful events like this happening.

Stuart C. McDonald (Cumbernauld, Kilsyth and Kirkintilloch East) (SNP): I thank the Home Secretary for her statement, and I think we all share the same sense of shock and horror at this unspeakable tragedy and terrible crime. The thoughts and prayers of my party are certainly with the victims and their families. We wish Essex police and their partners every success in bringing to justice those who are culpable.

As a spokesperson for the Northern Ireland Freight Transport Association has pointed out, the route that this vehicle took in this case appears "unorthodox", and he raised the prospect that it had been designed to avoid increased security at Dover and Calais. As she ponders a response to this horrific event, will the Home Secretary accept the general point that focusing security and checks on one route is not going to work if security and checks elsewhere are weaker? Most importantly of all, does she accept that a sole focus—an obsession almost—on border securitisation will never stop desperate people using desperate means and routes to try to get here? In fact, such a focus simply means desperate people taking even more desperate and dangerous routes.

Finally, does the Home Secretary accept that it is crucial that we are also generous in responding to this tragedy in the way that we provide safe legal routes for those with strong connections and ties to the UK—the very people who are most likely to risk their lives? Does she accept that there is much more this country can do to provide such safe legal routes through schemes such as Dublin, family reunion, relocation and resettlement?

Priti Patel: I thank the hon. Gentleman for his remarks and for the questions he has posed. I am sure he will recognise, as will the whole House, that the United Kingdom is very proud of its record when it comes to a lot of the work on national resettlement schemes. He has alluded to principles such as Dublin, under which we do support resettlement. Those are absolutely the right principles that we as a nation stand by, and nobody would doubt or question that at all.

On the potential route that the lorry took and the hon. Gentleman's specific remarks, it is important to reflect on the fact that across all avenues and all entries—through our ports, and our airports in fact—the UK operates intelligence-led controls, and we obviously have Border Force doing checks at every single level. However, the fundamental principle we cannot ignore is that the fact of the matter is that we are dealing with those who are using people for the most appalling purposes. What we have seen and are witnessing today is one of the most horrendous crimes against humanity and crimes against individuals. That is why, because we do not know the full facts or have the full details behind what is going on, we must give the police and other agencies the space to investigate what has happened, and then we can obviously look at what more we can do to prevent instances such as this from happening again.

Damian Green (Ashford) (Con): My right hon. Friend will be aware that there are barely words available to cover the full horror of this, but she will also be aware, to pick up one of the points just made, that most of the efforts of Border Force in combating the disgusting and murderous crime of people trafficking have been concentrated on the channel ports and on unorthodox, non-official transport across the channel. Can she reassure the House that Border Force will be able to spread its efforts to cover not just Holyhead, as in this case, but other ports around the country where, if lorries are coming in regularly, this disgusting trade could clearly take place? It is going to require the defence of the whole United Kingdom if we are to be successful in saving lives in the future.

Priti Patel: My right hon. Friend is absolutely right. We have seen today just one example or incident—a horrible, horrific incident in Essex—but my right hon. Friend has alluded to other examples, such as small boats coming to Kent or to Dover, and a great deal of work has taken place in preventing people trafficking through those particular routes. He is right and, in answer to his question, we are absolutely committed not just with Border Force but with our other agencies and through our intelligence network to work far more collaboratively to ensure, yes, that all ports are prepared—

[Priti Patel]

our staff are looking out for some of the most appalling behaviours and some of the examples we are speaking about in the House today—but, importantly, that we do more collectively as a Government to work with our international partners to stop this happening in the first place.

Several hon. Members *rose—*

Mr Speaker: Given the importance of Holyhead, I call first Mr Albert Owen.

Albert Owen (Ynys Môn) (Lab): I am shocked and saddened at this incident and the appalling loss of life, and my thoughts go out to the families of those 39 victims. The Secretary of State mentioned the port of Holyhead, the busiest seaport with the Republic of Ireland. On 19 October, the lorry allegedly came through the port of Holyhead. I know it is early days, but can she tell the House how many checks were made on lorries at the port of Holyhead on that day? It is important because I know the important work that multinational agencies do on people trafficking and drug trafficking through that very important port.

Priti Patel: The hon. Gentleman raises a very important point. I cannot tell the House that information right now; it is obviously subject to the investigation. I will of course come back to him directly myself, as this investigation unfolds, with the specific information that he has asked for, but I can assure him that of course everything had been done in terms of checks coming through Holyhead.

Mr Andrew Mitchell (Sutton Coldfield) (Con): Those on both Front Benches and my hon. Friend the Member for Thurrock (Jackie Doyle-Price) have spoken for the entire country at this horrific event. Is not one of the most specific lessons that the existing international conventions simply do not work any more, because of the events of recent years? We have seen this in the Mediterranean—off the coast of Libya—as well as in the channel in events such as that of today. This is what the modern equivalent of the slave trader is perpetrating. Will she use her past experience to try, along with other members of the Government, to persuade the United Nations to modernise and introduce a new convention that will, I hope, be more fit for purpose and avoid these terrible events happening in the future?

Priti Patel: My right hon. Friend raises such an important point, and he speaks with great experience, insight and knowledge on this issue. He is right that as the world has changed and conflict has changed, we are seeing all sorts of desperate situations around the world. There is much more that we can do in leveraging in our own voice and our own influence with the big organisations such as the United Nations. There is no doubt that there is much more that can be done. He will also be familiar with the UN migration compact—I think it came about in 2015—which is doing great work. In fact, the United Kingdom stood up and spoke very convincingly about doing much more in this space. He is absolutely right that there is much more that we can do internationally.

Yvette Cooper (Normanton, Pontefract and Castleford) (Lab): I thank the Home Secretary for her statement. It is really unbearable to imagine people losing their lives in this awful way. Although we obviously cannot pre-empt the investigation, she is right to say that people trafficking is one of the most vile crimes there is. People are profiting from putting other people's lives at risk and from other people's desperation. Will she tell the House what engagement has taken place with the Irish police, the Bulgarian police and the European Migrant Smuggling Centre to make sure that there is full international co-operation on this awful crime and that more lives are not put at risk?

Priti Patel: I thank the right hon. Lady for her comments. She will appreciate that this is now a murder investigation. As a result, all avenues of inquiry and collaboration are now under way. I will report back to the House in due course, and directly to the right hon. Lady too, once we are able to share much more specific information. This is of course highly sensitive because this is now a live investigation. As I have said, all collaboration is now taking place.

Stephen Metcalfe (South Basildon and East Thurrock) (Con): May I echo the words of my hon. Friend the Member for Thurrock (Jackie Doyle-Price), who is my constituency neighbour, and express my own shock and horror at the loss of 39 poor souls? I pay tribute to all the emergency services, but also to the local authority officers who I know are involved in dealing with this in a very professional way in very difficult circumstances. Will my right hon. Friend commit to supplying them with all necessary resources to be able to conduct their investigations and deal with the situation as speedily and as effectively as possible?

Priti Patel: I thank my hon. Friend for his question, his comments and the points he has raised. He is right that our emergency services are obviously under great strain in dealing with this horrendous incident. At the same time, our local authorities and our emergency services—Essex police and others—will be coming together for support. As I said, we will provide all the necessary support that is required not just for the murder investigation but to provide help on the ground, because this is obviously a deeply traumatising time. It is complicated because other agencies are involved and now, of course, there is a murder investigation, too.

Christine Jardine (Edinburgh West) (LD): I share the horror and sadness at the news of these deaths. What these individuals went through is unimaginable. Although I welcome the Secretary of State's comments about more international action and her recognition of the need for safe legal routes to sanctuary, does she agree that we have to look at our own immigration system and repair it to ensure that what we provide is fair, compassionate and effective for those who want to come here?

Priti Patel: I thank the hon. Lady for her comments about what has happened. Today is not the time to be talking about our immigration system. We have migration challenges, which we see across the world. People are being displaced in record numbers, and many are being preyed upon by the appalling behaviour of organised criminal gangs.

At this stage it is right that, as a country, we work with all our partners, both domestically and internationally, and with law enforcement agencies to do our utmost to stop this horrific crime. *[Interruption.]*

Mr Speaker: The sound is quite melodic, but it is still disorderly.

Sir Mike Penning (Hemel Hempstead) (Con): I had the pleasure of serving as a firefighter at the old Hogg Lane fire station in Grays. When the firefighters and other emergency crews went on duty last night, never in their wildest dreams would they have expected to witness the sort of trauma they saw when that container was opened. And it will not just be the emergency services; it will be the local authority workers and even the mortuary attendants, who will never have seen such destruction of life. I ask the Home Secretary, not just for now but going forward, that all the post-traumatic stress support is made available to them, because it does not always show straightaway. Sometimes it takes months or years, as I have experienced with my firefighter colleagues.

Priti Patel: I thank my right hon. Friend for his remarks. He speaks with great personal insight and experience, and he is right that the trauma following such an incident will be shattering for all those involved in the recovery and emergency services. It is an important point that, for anyone who works in a frontline service or an emergency service, the trauma and post-traumatic stress of being involved in such incidents, as well as in life-saving incidents, comes back later. We will therefore not only be investing but ensuring that we support those individuals who are doing so much work locally today.

David Hanson (Delyn) (Lab): This was an act of unconscionable criminality organised by gangs across Europe. Has the Home Secretary approached Europol? We are still a member of Europol, which has, at its heart, a three-year plan to tackle criminality and gangs through co-operation across Europe to track down the perpetrators of this type of crime.

Priti Patel: This is now a live murder investigation, so all agencies will be activated in sharing information and working together. As the right hon. Gentleman says, there is a degree of organised criminality and, whether we are inside or outside Europe, we will always stand firm against this and make sure that we collaborate with all our partners.

Sarah Newton (Truro and Falmouth) (Con): These international serious and organised crime gangs, which are trading in weapons, drugs and humans, are ruthless, and we need to be just as ruthless in our prosecution of them. We have to end this wicked trade in human misery, and I saw at first hand the huge efforts in the Home Office, working with our international partners across Europe, to tackle this issue. Will my right hon. Friend redouble our efforts in countries like Bulgaria and Romania, where so many people are coerced, bribed or persuaded to participate in human trafficking, to prevent it?

Priti Patel: I thank my hon. Friend for her comments and reflections. She speaks with great experience from her previous work in this area, and she knows what happens in other countries—the criminality, the coercion, the pressure put on people and the exploitation of vulnerable individuals. We want that to stop, and we will continue to work collaboratively. The way to do it is to have the right deterrents in place and to ensure that we can prosecute through the criminal justice system.

Several hon. Members *rose—*

Mr Speaker: For those who missed the announcement yesterday, I advise colleagues of a notable event, namely the re-election of the hon. Member for Gateshead (Ian Mearns) as Chair of the Backbench Business Committee. He has now discharged the role with consummate skill for a number of years. More particularly, he is a most extraordinary specimen in this place, in that he has secured re-election unopposed, which is a commentary on the esteem in which he is held.

Ian Mearns (Gateshead) (Lab): I am even more grateful than usual, Mr Speaker. Thank you very much.

In my constituency of Gateshead, the bulk of my face-to-face casework is with refugees and asylum seekers. I am very mindful that we need to establish the identity of the victims as quickly as possible. We need to identify them and their points of origin, because many of the victims may well have relatives and friends who are already settled in this country. They are our constituents. We need to think about what we will do to assist those people when they discover the dreadful fate of their loved ones who died in this container today.

With our international hat on, we also need to think about we will do as a country to assist the families and relatives of the victims back in their points of origin. Those people will not know that their loved ones are dead. They will think they have gone off to a better life in Britain, only to find they have died dreadfully in the back of a steel box in Grays, Essex.

Priti Patel: I thank the hon. Gentleman for his considered remarks, and I congratulate him on his election.

There are a number of points. As there is a live investigation, it is right that we focus on identifying the countries of origin of the victims of this horrendous crime. It is fair to say that all Members need to work together, and I am happy to assist any hon. Member who has family connections in their constituency. This is not just about case management. We have to consider the impact on those people, who may themselves also be part of the lines of inquiry on the routes through which the victims travelled.

We definitely need to consider the international routes but, right now, we have to give the police space to investigate. I will, of course, pick up with every single hon. Member should there be anything specific to their constituency.

Mrs Maria Miller (Basingstoke) (Con): Finding those responsible and bringing them to justice will be a priority for our police, our border agencies and, I am sure, the Home Secretary. May I urge her to ensure that the police and the Crown Prosecution Service use the full force of the law that this Government have put in place to tackle modern slavery, particularly by freezing, at an early stage, the assets of those who could be involved so that they are not able to squirrel away their criminal funds from such a murderous activity?

Priti Patel: My right hon. Friend is absolutely correct. There have been recent cases where that has taken place, and rightly so. Criminals must be pursued and prosecuted, and we must use every single lever of law enforcement to confiscate their funds and assets. I know that has recently happened in other cases.

[Priti Patel]

My right hon. Friend is right that, as a country, we have levers in our own legislation that enable us to send out a very strong signal internationally. We must do more of that.

Vernon Coaker (Gedling) (Lab): I welcome the Home Secretary's comments and the tone with which she made them. We are all horrified by what has happened. May I stress the importance of international co-operation and ask the right hon. Lady to make herself aware of the work going on in the Council of Europe? Led by the Foreign Secretary, the aim is to improve concerted action on human trafficking in all Council of Europe member states and beyond.

Priti Patel: The hon. Gentleman is absolutely right, and I thank him for his work through the all-party parliamentary group on human trafficking and modern slavery. He gives a good example of collaboration not just in the House but across other organisations—in the Council of Europe and across Governments multinationally. We must pursue that, because of what we are witnessing and experiencing right now. One case is too many, but when 39 people die in our country in such an awful way, that is not acceptable. We have to do much more work together to stop such things from happening.

Mary Robinson (Cheadle) (Con): This is a shocking incident involving appalling loss of life. Although the vehicle appears to have begun its murderous journey in Bulgaria, there is less clarity about where the victims began their dreadful journey to death. Is the Home Secretary working with international agencies and forces here, including immigration forces, to ascertain where these people's journey began, so that contact can be made with their families and loved ones?

Priti Patel: My hon. Friend is right to make that point. That is an active line of inquiry in the full-on murder investigation. The investigation is led by Essex police, working with other agencies including the National Crime Agency, and they will be able to determine the countries of origin. I pay tribute to Essex police for their leadership in an incredibly challenging investigation—any police force would find such a dreadful case deeply challenging.

Thangam Debbonaire (Bristol West) (Lab): I thank the Home Secretary for the tone and content of her remarks. I want to press her further on international co-operation. She rightly praises the work of the Council of Europe and the cross-party, cross-national co-operation to expand refugee resettlement and other safe and legal routes. Does she think it would be a good idea to expand that further, so we could increase the very low number—only 27—of countries worldwide that take refugees on the resettlement route via the UN, which is a safe and legal route that we have much to offer? We do very well, but what will the Home Secretary do to increase other countries' involvement?

Priti Patel: As I said, and as the hon. Lady recognised in her remarks, we lead the way. We have led other countries through multinational forums, through much of our engagement and through migration compacts. It is pretty clear that more could be done and the United Kingdom Government, working with our counterparts, will continue to do that work. In such an unstable world where we see such great displacement of people, with more people on the move than since the second world war, because of terror and conflict and the awful events we see in the news every single day, we can lead others and we have great skill and experience in doing so.

Vicky Ford (Chelmsford) (Con): This incident is beyond horrific. I thank my hon. Friend the Member for Thurrock (Jackie Doyle-Price) for speaking for all the people of Essex today. As an Essex MP, I think in particular of the Essex police. You, Madam Deputy Speaker, will have seen how police and emergency services in Essex go out day after day, night after night, working on the frontline to keep the rest of us safe. I thank all the Essex MPs in the Chamber today, including the Home Secretary, who I thank also for her reassurance that our emergency services will get the support, both short term and long term, for all their needs. Will she also assure us that, no matter what happens in the coming days over Brexit, we in the UK will continue to work with police forces across Europe and agencies such as Europol and Interpol to make sure that such crimes do not happen again?

Priti Patel: I thank my hon. Friend for her considered and thoughtful remarks. She is right that all MPs feel a strong sense of solidarity with Essex police as they undertake the investigation. I think our police provide a remarkable service and do remarkable work. The chief constable of Essex, BJ Harrington, and his team will deal with this case in the right way in challenging circumstances. My hon. Friend is also right about our continued work with agencies across the European Union. That work is always ongoing—it is part of our way of working and our international collaboration—and that will not change. We work collaboratively to keep our country safe, and we can do more collaborative work to make sure that those who perpetrate such awful crimes are brought to justice.

Ian Paisley (North Antrim) (DUP): To give some scale, there are approximately 39 or 40 Members sitting on the Opposition Benches right now. That gives us a way to measure visually the sheer loss and devastation caused. Without prejudicing the investigations the Home Secretary has announced today, may I ask her to look further into paramilitary and organised crime groups in Northern Ireland, which use unauthorised and illegitimate transport and trade links to carry out their own horrible and despicable crimes, and to see whether additional measures need to be placed both on our existing border in Northern Ireland and, in co-operation with the Garda Síochána, on ports in the Republic?

Priti Patel: I thank the hon. Gentleman for his questions and comments. There are a number of points to make in response. First and foremost, a police investigation is taking place specifically into the events in Essex today. He is right about criminality, and we work collaboratively across all our agencies, including the National Crime Agency, and with other police forces, including the Police Service of Northern Ireland as a key partner. We will continue to investigate all avenues to make sure we stop this criminality happening—stop it flourishing—and bring its perpetrators to justice.

Alex Chalk (Cheltenham) (Con): TRiM—trauma risk management—is a protocol adopted by Gloucestershire police to provide swift support to police officers who have witnessed deeply traumatic episodes. Will my right hon. Friend assure me that if the support Essex police provide to their officers requires them to reach out to other police forces for additional advice, assistance and resources, they will not hesitate to do so? Gloucestershire police will be on hand to help.

Priti Patel: I thank my hon. Friend and Gloucestershire police for that offer of support. He is right to highlight trauma management, which all police forces provide in some form. I will pick up his point with the chief constable of Essex to ensure that all officers involved in the current case and investigation are supported in the right way. If we need to go elsewhere and to collaborate with another police force, we will certainly do so.

Anna Soubry (Broxtowe) (IGC): The Prime Minister, the Leader of the Opposition and the Home Secretary have clearly expressed the nation's concern and horror at what has happened. It is a terrible tragedy. Of course a police investigation is ongoing so we should not speculate, but I think we are all entitled to reach a number of conclusions about what has happened. It is not the first time that this has happened and we must do all we can to make sure it is the last time. We all strongly suspect that this will prove to be an international operation, not confined to the continent of Europe but extending well beyond, and a huge and complex investigation will be required into what is, no doubt, a long and complex chain of criminality, which has resulted in this terrible incident. Will the right hon. Lady assure us that all the agencies in this country will have all the resources they need to do a full and proper investigation, and to ensure that the people responsible are brought to justice for, we hope, the last time?

Priti Patel: The right hon. Lady is right. The focus of my comments has very much been on collaboration across all agencies based in the UK, with other countries and the agencies based there and with international agencies. Our level of collaboration is first class. We will bring the skillsets together and ensure that all the resources are in place, so that we can bring the perpetrators to justice and stand up for the victims who lost their lives to this incident.

Gareth Johnson (Dartford) (Con): This is clearly an awful tragedy. The people in the container will have endured an unimaginable experience. It will also have had a profound impact on the emergency services who attended the scene in the early hours of this morning. I echo the comments of a number of Members that those emergency workers need to be given the necessary support. No amount of training can prepare them for such an experience. I know the Home Secretary cares deeply about the people of Essex and its emergency services. Will she commit to ensuring that support is provided, both in the short term and the long term?

Priti Patel: I can absolutely give that commitment. Essex police and all our police forces deal with horrendous scenes day in, day out. It is a part of our public duty to them that we continue to support them, not just on the day when things happen but going forward. Having recently visited Kent constabulary, I have seen the first-class work it does for my hon. Friend's constituents in Kent.

Steve McCabe (Birmingham, Selly Oak) (Lab): I appreciate that the investigation is at a very early stage, but given what we know about Bulgaria being used to support smuggling operations, is it right to assume that there are normally enhanced checks on vehicles that enter this country from Bulgaria? At some stage, will the Home Secretary ask whether something went wrong this time?

Priti Patel: It would be wrong for me to comment on a live investigation, and I know the hon. Gentleman will respect that. Checks undertaken at our ports and airports are intelligence-based—they are all intelligence-led. I do not want to add much more right now specifically on this case, because, as I have said, a live investigation is taking place.

Tom Tugendhat (Tonbridge and Malling) (Con): Madam Deputy Speaker, I have literally just come from a meeting with the Romanian ambassador, which is why, although I was here at the beginning, I had to duck out.

This case raises great concerns for cross-European truckers, who do so much to keep our people fed and our businesses going. Can my right hon. Friend assure me that she is reaching out to the nations that supply these truckers—Bulgaria, Romania and so on—so that drivers are aware of the risks they face and the protections they can seek if they ask for them? When she was on the Committee that I am privileged enough to chair, we did a lot of work on migration. What is she doing in relation to north Africa, where, as we both know from our inquiry, there are very, very serious problems?

Priti Patel: My hon. Friend raises the right questions. Road haulage drivers come from specific countries, in particular Romania, Bulgaria and Poland. It is right that we work, through the road haulage network in the UK and across Europe, to provide the right care, guidance and awareness they need, because they can, unwittingly, become part of a criminal gang, organisation or trafficking process, and we need to stop that.

My hon. Friend is right: we spent many hours, days, weeks and months working together on migration in his Committee. The migration report he refers to looked at north Africa and the upstream work required. Much work is taking place right now through international co-operation, but more can be done.

John Woodcock (Barrow and Furness) (Ind): There is of course a murder investigation into these sickening deaths, but does not every human trafficker who subjects fellow human beings to these appalling conditions know the risk to those people's lives? In due course, will the Home Secretary commit to reviewing the sentencing guidelines for human trafficking? Is there not a case for bringing them into line with attempted murder, for which the maximum sentence is life imprisonment?

Priti Patel: I thank the hon. Gentleman for his comments. The actions of traffickers are the worst of humanity. It is right that we use our law enforcement and all aspects of the law through existing legislation to ensure that justice is served and the perpetrators are prosecuted. He raises a point about sentencing. We have frameworks, through the sentencing guidelines, and I am very happy to discuss them with the Ministry of Justice to see what more we can do.

Jim Shannon (Strangford) (DUP): I thank the Home Secretary for her statement. It is with a sore heart and great sadness that I associate my party, the Democratic Unionist party, with the sentiments expressed by everyone and convey our deepest sympathies to the families of the 39 people who have died. Some families may not yet know that they will grieve today for their loved ones. Our thoughts and prayers are with them, each and every one. That is the sentiment of the House. Will the Home Secretary outline what arrangements will be made to identify the victims of this tragedy? How will contact be established with the families? It is so important that the families know what is going on.

Priti Patel: I thank my hon. Friend for his remarks. He hits a raw nerve when he speaks about the families of the victims. The investigation is taking place. There is much more work to do to identify the individuals, their families and their country of origin, and that work is taking place. If I may, I have said that I will come back to the House or to individual Members. I will provide updates once we have more information.

Peter Grant (Glenrothes) (SNP): Among those who will have information that could be critical in bringing the perpetrators of this awful crime to justice are people who have been trafficked by the same route and possibly by the same gangs. There is a good chance that some of them are now in hiding, afraid of the UK authorities but terrified out of their wits of those who trafficked them. What assurances can the Home Secretary give that anyone who has the courage to come forward with information on this terrible case will be treated as a victim of a crime, rather than persecuted or prosecuted as a potential criminal?

Priti Patel: The hon. Gentleman raises a really important and significant point. Anyone who has been trafficked or involved in criminality will be living in fear. However, with the modern slavery legislation and the national referral mechanism, we do have support structures. We actively encourage people—anybody who has any information—to come forward. We will work with them in the right way to ensure that those who have been perpetrating criminality are brought to justice. Where individuals have been victims of trafficking, we can support them in the right way.

Hywel Williams (Arfon) (PC): Our thoughts are with the families of the victims of this appalling crime. Holyhead is the second-busiest roll-on roll-off port in the United Kingdom, yet there is no permanent immigration enforcement presence. Why?

Priti Patel: With regard to the incident that happened today and what we are dealing with, I have made it clear that Border Force checks are undertaken through intelligence-led operations. We are dealing with a potentially illegal criminal act, so we have to leave this to the investigators to deal with. As I said, I will come back to the House and to individual colleagues to provide more information as we find out more.

Points of Order

Brendan O'Hara (Argyll and Bute) (SNP): On a point of order, Madam Deputy Speaker, of which I gave Mr Speaker notice earlier today. During an urgent question on 7 October, on US tariffs being imposed on single malt whisky, I asked the Minister of State, Department for International Trade, the right hon. Member for Bournemouth West (Conor Burns), what discussions his Department had had with both the European Union and the United States specifically between 2 October and 7 October. The Minister was particularly unclear from the Dispatch Box. I therefore submitted no fewer than 15 written questions, seeking to find out exactly what discussions had taken place between those dates. The Department replied yesterday, having grouped the questions together, and palmed me off with what was, essentially, no answer at all, instead telling me what it is currently doing.

Will you advise me, Madam Deputy Speaker, on an issue of such huge importance to my Argyll and Bute constituency and the Scottish and UK economies, on how I can find out exactly what engagements the Department for International Trade had between 2 October and 7 October with the European Union and the United States on the imposition of US tariffs on malt whisky?

Madam Deputy Speaker (Dame Eleanor Laing): I thank the hon. Gentleman for his point of order, but he will not be surprised to know that it is not technically a point of order for the Chair. However, I appreciate—and I mean appreciate—that he is a great champion of the Scottish whisky industry, and so he should be. He and his colleagues have raised this matter in various ways in the Chamber over the last few weeks, so I fully appreciate how important it is and would like to give him whatever help I can. In the first instance, he may wish to seek the advice of the Table Office on how to pursue the matter, as he has tried to over the last few weeks. If he remains concerned about not receiving answers, or about not receiving them on time, he might wish to consider referring the matter to the Procedure Committee. I know that he will persist, and that he will have a lot of support in persisting on this subject.

Mrs Emma Lewell-Buck (South Shields) (Lab): On a point of order, Madam Deputy Speaker. My constituent Robert Urwin has been held against his will in the Ukraine for over a year after an Interpol red notice was issued by HSBC for a historical bounced cheque in Dubai. Robert has been found innocent and a victim of forgery. Yesterday, it was confirmed that Interpol has removed the red notice, yet the warrant for his arrest and extradition to the United Arab Emirates remains. Robert is in deep despair. I have already raised this many times with Government Members, but he is still stuck in the Ukraine. Can you advise me on what on earth I can do next to help to force this Government to help me to get Robert home?

Madam Deputy Speaker: Once again, the hon. Lady is right to take the opportunity to raise the matter through a point of order in the Chamber. She has partially achieved what she wants to achieve, which is to bring the matter to the attention of the Chamber and of Ministers. I am sure that her points will have been noted by those on the Treasury Bench and that she will, like

the hon. Member for Argyll and Bute (Brendan O'Hara), persist in asking such questions and acting quite properly on behalf of her constituent, for whom we all have very great sympathy.

Mr Khalid Mahmood (Birmingham, Perry Barr) (Lab): On a point of order, Madam Deputy Speaker. Will you guide me on how I can place on the record an inaccuracy in the question from the hon. Member for Harrow East (Bob Blackman) to the Prime Minister? He stated that the demonstration on Kashmir on 27 October has deliberately been held to be in line with Diwali. It has not: 27 October is the day when India occupied the free state of Kashmir in 1947—that is historically correct.

The hon. Gentleman also mentioned—as my hon. Friends mention from the Front Bench—Pakistan being involved in this demonstration. As far as I am aware, a huge number of constituents across the country, including my constituents from Kashmir and of Kashmiri origin, are organising this on their behalf with the Sikh community and with a number of people, including Muslims from the Indian community and from other countries across the world, so it is not Pakistan—there are all sorts of people who believe in human rights and civil liberties, which are not being upheld for the Kashmiri community in Kashmir at the moment.

Madam Deputy Speaker: I thank the hon. Gentleman for his point of order, but it is an attempt to correct the facts as he sees them. I can make no judgment on which of these facts that have been mentioned, either at the Dispatch Box or by him, are correct. It is not for me to make such a judgment, but he has taken the opportunity to correct the record. I am sure that if he wrote formally to the relevant Minister his points would be taken very seriously. He has put them very courteously.

Gareth Thomas (Harrow West) (Lab/Co-op): On a point of order, Madam Deputy Speaker. Sunday is Diwali. On Monday, Hindus in my constituency and across the UK will spend time with their families and visit their local temple. Diwali, like Eid, however, is not a national public holiday, so for some it will continue to be difficult to get time off to mark this most spiritually significant day. What can I do to ensure that there is a debate in Government time, so that those of us who are sympathetic to the campaign for these two days to be made national public holidays can have our case heard by Ministers and, at the very least, get Ministers to work with business organisations to be sympathetic to staff requests for time off to mark these important days?

Madam Deputy Speaker: I thank the hon. Gentleman for his point of order, and I will try to help him. Once upon a time, a long time ago, when I sat on the Back Benches, I tried to introduce a ten-minute rule Bill to bring about a public holiday for Magna Carta Day. It was notably unsuccessful, so I do not recommend that he does it by that method, but I do recommend that he raises the matter at business questions tomorrow. I am sure that he will have every opportunity to do so.

Debate on the Address

[5TH DAY]

Debate resumed (Order, 17 October)

Question again proposed,

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

Most Gracious Sovereign,

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

The National Health Service

Madam Deputy Speaker (Dame Eleanor Laing): I inform the House that Mr Speaker has selected the amendment in the name of the official Opposition.

1.55 pm

Jonathan Ashworth (Leicester South) (Lab/Co-op): I beg to move an amendment, at the end of the Question to add:

"but respectfully regrets that the Gracious Speech does not repeal the Health and Social Care Act 2012 to restore a publicly provided and administered National Health Service and protect it from future trade agreements that would allow private companies competing for services who put profit before public health and that could restrict policy decisions taken in the public interest."

I am grateful to the Leader of the House for finding time to schedule this important debate. I associate myself with the condolences and sorrow expressed about the horrific tragedy in Essex. I pay tribute to all the emergency services, who must have had to confront the most unspeakable of sights in Essex in the past 24 hours.

In a similar vein, I pay tribute to our hard-working national health service and social care staff, who every day go beyond the call of duty, going the extra mile for each and every one of our constituents, ourselves and our loved ones. They do it after a decade of cutbacks and of the tightest financial squeeze in the history of the NHS, but despite that, our NHS staff are treating more patients every day than ever before. I am afraid, however, that we have a Government who are still expecting our staff to deliver care in the most intolerable working conditions, from bed cuts to staffing shortages and equipment breaking down every day. The dismal consequence of this decade of underfunding and cuts sees patient care suffering and standards of care deteriorating.

Let me share a couple of examples with the House. Somebody from another part of the country got in touch with me and asked me to raise this directly with the Secretary of State, although she asked that we anonymise these exchanges. Her 91-year-old mother fell in her house on a Sunday at around 2.40 pm. She waited two and a half hours for an ambulance. When she got to the hospital, she waited an hour and a half in a cold corridor before being admitted to a bay. Eight hours later, she was seen by a doctor, who recommended an X-ray and scan. She got the result of the X-ray at 1.15 am. Only then was she given pain relief and put on a drip. By 3 am, she still had not been admitted to a

[Jonathan Ashworth]

ward. At 9 am, she was sent back to her care home—her daughter was not told—with no pain relief or any prescription.

Perhaps I can tell another heartbreaking story, from today's edition of *Pulse*. It reveals that a teenage boy—a 16-year-old—was referred to child and adolescent mental health services by his GP, but because his condition was not considered serious enough, CAMHS turned him away. The boy later died by suicide. These are heartbreaking stories, but stories like that are happening far too often in a health system that is under intense pressure.

Kevin Brennan (Cardiff West) (Lab): My hon. Friend is telling tragic stories about the impact on real patients of what is happening in the NHS. Other families who are suffering are those often with children who have very severe conditions, such as epilepsy, who would benefit from access to medical cannabis. The Government have indicated that that access should be available, but it is just not getting to these families, and the children and families are suffering, both because of the pain and financially as a result. Does he agree that the Government should do much more to fast-track availability?

Jonathan Ashworth: I completely agree, and I pay tribute to my hon. Friend and to hon. Members such as the right hon. Member for Hemel Hempstead (Sir Mike Penning) who have led the charge in this debate. If medicinal cannabis has a medicinal, therapeutic value, it should be allowed. If there are issues in the bureaucracy that are slowing it down, and if that needs legislation, we will work with the Secretary of State to get it through, if that is where the blockage is. If the blockage is in some other area and he needs our co-operation, we will co-operate with him. We need to resolve this, because too many young people are going without the help they need.

Sir Mike Penning (Hemel Hempstead) (Con): The shadow Secretary of State is being very generous, and I thank him for his comments—the families, who are the most important people, will be very conscious of what he has said—but we have to be very careful when describing this: we are after the medical use of cannabis on prescription. The medical use of cannabis often relates to cases where people have felt they would take it in other ways. We are not talking about the casual use of cannabis, about a spliff in the armchair. I will raise this with the Secretary of State when he is on his feet: we are saying that where a qualified consultant feels that cannabis on prescription would benefit the child, particularly if they have epilepsy and fits, it should be available free on the NHS. I think that is what the hon. Gentleman is saying.

Jonathan Ashworth: Absolutely. There appear to be blockages in the system, however, and my offer to the Secretary of State is this: if those blockages are there because of legislative or regulatory issues that need resolving in this House, I will co-operate with him to get those resolved. If it is not about regulatory issues in this House, I will continue to reinforce the issues that the right hon. Gentleman is putting to him and urge him to intervene using his good offices.

Many vulnerable people are waiting longer for treatment or being denied treatment, sometimes, sadly, with devasting and tragic consequences. The standards of care enshrined in the NHS constitution are simply not being delivered. A&E waits in September were the worst they have been outside of winter since 2010. Our hospitals have just been through a summer crisis, and with flu outbreaks in Australia expected to hit us here, our NHS is bracing itself for a winter of enormous strain yet again.

Last year, 2.9 million people waited beyond four hours in A&E. Since 2010, over 15,000 beds have been cut from the NHS and bed occupancy levels have risen to 98% under this Government. The number of patients moved from cubicles to corridors and left languishing on trolleys has ballooned under this Government. When Labour left office, around 62,000 patients were designated as trolley waits, which was unacceptable, but today under this Government that number is 629,000.

What about cancer?

Gareth Thomas (Harrow West) (Lab/Co-op): Before my hon. Friend moves on from the situation in A&E departments, can I bring to his attention the situation at Northwick Park Hospital, which serves my constituents? The last time it met the four-hour target was in August 2014—over five years ago now. Does he have any sense that the Government are still committed to that four-hour target, or will it be another five years before my constituents can expect that target to be met in our hospital?

Jonathan Ashworth: My hon. Friend makes a very good point. The targets were routinely met under the last Labour Government—and they were stricter targets as well.

The Secretary of State looked surprised when I mentioned cancer, but he should not be, because we have the worst waiting times on record under this Secretary of State. Every single measure of performance is worse than last year. Shamefully, 34,200 patients are waiting longer than two months for cancer treatment. What about the waiting lists for consultant-led treatment? We now have 4.4 million people waiting for treatment—an ever-growing list of our constituents waiting longer for knee replacements, hip replacements, valve operations or cataract removals. Clinical commissioning groups are rationing more and trusts delaying surgery, which is leaving patients in pain and distress.

Anna Turley (Redcar) (Lab/Co-op): My hon. Friend is absolutely right about the pressure on trusts. The chief executive of my NHS in South Tees has recently resigned, calling the current situation underfunded and unsustainable and warning that any more efficiencies would be a step too far. Does he agree that beneath this spin services are at breaking point?

Jonathan Ashworth: I completely agree. I am not surprised that my hon. Friend's trust's chief executive has taken that action. We have just been through a decade of the tightest financial squeeze in the history of the NHS. That is why standards of care have so deteriorated. Since the right hon. Gentleman became Health Secretary, the number of patients waiting more than 18 weeks for treatment has jumped from 504,000 to 662,000. Every day he is Health Secretary, another 330 people wait beyond 18 weeks for treatment. People waiting longer for treatment under him—that is his personal record.

Tom Tugendhat (Tonbridge and Malling) (Con): The hon. Gentleman is right to identify the delays that are inevitable in a massive state-led system. Would he agree that there is a huge opportunity for individuals to get treatment in other ways? I have the privilege to represent a couple who have taken themselves to a hospital in Portugal, where they live half the year, and got care there. Their care has been refunded by the NHS at a rate significantly cheaper than that available in the UK. Should we not welcome individuals who are able to do this? Of course it is not for everybody, but should we not welcome it as a possibility?

Jonathan Ashworth: I am genuinely pleased for the hon. Gentleman's constituents, but there are 4.4 million people on the waiting list. There used to be around 2 million. Every day, another 330 people wait longer than 18 weeks for treatment, and when people wait longer than 18 weeks, not only do they wait longer in pain, distress and anxiety, but they run the serious risk that their health will deteriorate further. That is what is going on in the NHS today under this Government.

The Queen's Speech was heavily spun as being about—*[Interruption.]* The Secretary of State will get his chance in a moment. The Queen's Speech was heavily spun as being about the NHS. *[Interruption.]* He says I am talking nonsense. These are the official figures. He wants to run away from his own failure, from the fact that so many more people are waiting beyond 18 weeks for treatment and from the A&E crisis that he is doing nothing about. He thinks an app will solve it all. That is not a serious approach to the NHS. *[Interruption.]* And he is not as good as George Osborne used to be.

The Queen's Speech was heavily spun as being about the NHS, but in fact it was a missed opportunity to rebuild confidence in the NHS and provide the health services we want. We will scrutinise carefully the Bills in the Queen's Speech and engage constructively. We are pleased that the Health Service Safety Investigations Bill has not been abandoned and is back. We will engage on it and explore with Ministers how to strengthen the independence and effectiveness of medical examiners.

If the Secretary of State wants to deliver safe care, however, we need safe staffing legislation and a fully funded workforce plan. Pressures on staff are immense. He will know that suicide rates for nurses are higher than the national average and that among doctors the rate is rising. I congratulate Clare Gerada on her leadership on mental health support, but yesterday the Secretary of State suggested on Twitter that all NHS staff would be eligible for this new mental health support, when it is actually just doctors and dentists. I hope he will clarify his remarks at the Dispatch Box and tell us when 24-hour support for all NHS staff will be available.

I also hope the Secretary of State will tell us how he will resolve the staffing crisis. As he knows, we have 100,000 vacancies across the NHS. We are short of over 40,000 nurses. Under this Government, we have seen cuts to community and district nurses, learning disability nurses, mental health nurses, health visitors and school nurses. On current trends, we will be short of 108,000 nurses in 10 years, according to the King's Fund and the Nuffield Trust.

Andy Slaughter (Hammersmith) (Lab): My hon. Friend is making an excellent speech. He is right to talk about rationing. My CCG has started rationing referrals to consultants to clear one of the biggest deficits in the country. Will he also talk about the massive backlog of capital? As he knows, I have two world-class hospitals in my constituency, Hammersmith and Charing Cross. It will cost half a billion pounds to bring them up to standard, but there was not a penny of that in the money the Secretary of State allocated. They are lucky they get a few million pounds of seed money to plan for work for which there is not the money to pay.

Jonathan Ashworth: My hon. Friend is absolutely right. Imperial College Healthcare NHS Trust has one of the worst maintenance backlogs of all trusts. I congratulate him and Labour-controlled Hammersmith and Fulham Borough Council on leading the campaign to save Charing Cross Hospital; it is because of the pressure he exerted that it was saved.

Emma Hardy (Kingston upon Hull West and Hessle) (Lab): My hon. Friend may be aware that, just today, the Education Committee published its report on children with special educational needs and disabilities. One of our findings was that the staff shortages are having a serious impact on those children, because the plans that are drawn up for them are now being drawn up on the basis of what is rationed and what is available, rather than on the basis of what they actually need. Does he agree that there should be a review of therapy services around the country, so that we can ensure that, wherever a child lives, it gets the support it needs?

Jonathan Ashworth: My hon. Friend is absolutely right. She has brought home the extent of the impact of staff shortages on service delivery at every turn.

Several hon. Members *rose—*

Jonathan Ashworth: I am going to make a bit of progress. The Whips are looking slightly askance at me because of the number of Members who want to speak.

There is one Bill that will have a fundamental impact on staffing, and that is the proposed immigration Bill, which will end freedom of movement and introduce a points-based system. Does the Secretary of State recognise that freedom of movement has allowed thousands of staff from Europe—doctors, nurses, paramedics, care workers, hospital porters and cleaners—to come to the UK to care for our sick and elderly? Does he recognise that our NHS and care sector needs that ongoing flow of workers from the EU? How does he reconcile the need for the NHS to continue to recruit with the rhetoric and the proposed restrictive policies of the Home Secretary?

The Secretary of State will know that Conservative campaigners have lobbied for a salary threshold of £36,700. If that were applied, 60,000 current staff in the NHS who are not covered by the shortage occupation list would be affected. Is the Secretary of State really going to allow the Home Secretary to introduce a salary threshold of that order, which will have a huge impact on the ability of the national health service to fill vacancies and recruit, and therefore have an impact on patient care?

Conor McGinn (St Helens North) (Lab): Will my hon. Friend join me and, I am sure, all other Labour Members, in conveying our solidarity to NHS workers—Unison members—in St Helens and other parts of the country

[Conor McGinn]

who are on strike this week? Despite doing the same job in the same place and wearing the same uniform, they are paid less than their colleagues because they work for an agency. Will my hon. Friend urge Compass to do the right thing and pay those workers properly, and will he commit a Labour Government to ensuring that there is equal pay for equal work in our NHS?

Jonathan Ashworth: My hon. Friend is absolutely right. That is what happens when privatisation and outsourcing go wrong: workers are worse off. We should bring an end to it.

Neil O'Brien (Harborough) (Con) *rose—*

Vicky Ford (Chelmsford) (Con) *rose—*

Jonathan Ashworth: I am going to make some progress.

We need clarification from the Secretary of State on whether he will exempt all NHS staff and all care staff from the shortage occupation list in the immigration Bill.

Safe care also depends on safe facilities, but after years of cuts in capital budgets, hospitals are crumbling and equipment is out of date.

Neil O'Brien *rose—*

Vicky Ford *rose—*

Jonathan Ashworth: In a few moments.

The repair bill facing the NHS has now risen to £6.5 billion, more than half of which relates to what is considered to be serious risk. NHS capital investment has fallen by 17% per healthcare worker since 2010. Across the NHS, the estate relies on old, outdated equipment, which is having an effect on, for instance, diagnostics. The number of patients waiting longer than six weeks for diagnostic tests and scans has increased from 3,500 under Labour to more than 43,000 under this Government.

Neil O'Brien *rose—*

Vicky Ford *rose—*

Jonathan Ashworth: I will give way in a few moments.

Even if the Secretary of State replaces all the MRI scanners that are more than 10 years old—he has adopted our policy on that—we will still be struggling with the lowest numbers of MRI and CT scanners per head of population in Europe. Is it not time for a proper strategic health review?

Neil O'Brien *rose—*

Vicky Ford *rose—*

Jonathan Ashworth: In a few moments.

The Secretary of State will say that he has announced plans for six new hospital reconfigurations and seed funding for other acute trusts to prepare bids, but there is no guarantee that that funding is in place and that the Department will give trusts the go- ahead. "Seed funding" is a curious phrase. Can the Secretary of State confirm that there will be no role for private capital in that seed funding? In their 2017 manifesto, the Government promised £3 billion of capital funding from the private sector. Does that still hold? They claim to have abandoned the private finance initiative. We need clarity today.

Neil O'Brien *rose—*

Vicky Ford *rose—*

Anneliese Dodds (Oxford East) (Lab/Co-op) *rose—*

Jonathan Ashworth: I will give way in a few moments. Let me just finish this point.

When the Secretary of State announces new hospitals in press releases from Conservative campaign headquarters, he should also announce where he is downgrading hospitals. He should go to Telford and explain why the accident and emergency department there is closing and being replaced by an "A&E local", which is presumably something like a Tesco Express. We would save that A&E department. The Secretary of State went to Chorley recently. The A&E department there is not open overnight. We would provide a rescue package for Chorley. I wonder whether the Secretary of State will also be visiting Canterbury to apologise, because the Prime Minister promised—

Rosie Duffield (Canterbury) (Lab) *rose—*

Jonathan Ashworth: My hon. Friend represents Canterbury, so I will give way to her.

Rosie Duffield: Does my hon. Friend agree that the Prime Minister's recent false promise of a brand-new hospital in Canterbury was extremely irresponsible? It turned out to be fake news, which left my desperate constituents confused and bitterly disappointed.

Jonathan Ashworth: The Prime Minister promised that new hospital at the Tory party conference, only for the Department to confirm later that Canterbury was not actually on the list.

Andrew Griffiths (Burton) (Con): Will the hon. Gentleman give way?

Jonathan Ashworth: In a few moments.

The Tory candidate for Canterbury, one Anna Firth, helpfully explained that the Prime Minister had "clearly made a mistake". After all,

"He can't be on top of every little detail".

We are talking about the £450 million rebuilding of a hospital.

Neil O'Brien: On the subject of £450 million investments, I wonder whether we could have a moment of cross-party positivity, and whether the hon. Gentleman welcomes the £450 million investment in the hospital from which both his constituents and mine will benefit. It is a transformative investment, and we are doing it without PFI. I am sure he agrees that that is wonderful news.

Jonathan Ashworth: Of course I welcome that £450 million. *[Interruption.]* It just shows what an effective Member of Parliament for Leicester South I am.

I know that the Secretary of State gets very excitable about this Leicester point, rather like a semi-house-trained pet rabbit. Let me tell him about Leicester. I did not see him on "Question Time" in Oadby the other evening—I do not often watch "Question Time". I do not want to be disorderly, so I shall be careful about how I read out the transcript. The audience started shouting—well, it is unparliamentary, but essentially they started shouting that the Secretary of State was not being entirely truthful in what he was saying. I do not want to fall out with him, or to be disorderly, but according to the transcript, there were "jeers" from the audience.

One audience member said that hospitals in Leicester were "falling apart". Another said, "It's shameful." A third said,

"It's not a case of throwing money at it."

A fourth said that the Secretary of State was

"saying you will invest loads…into Leicester Royal Infirmary, what about…the General?"

What, that audience member continued, about

"the benefit in terms of beds…as a whole?"

The Secretary of State replied:

"We will do all of those things and we've guaranteed the money to Leicester and it's coming in the next couple of years."

There was then audience "laughter".

Vicky Ford *rose—*

Jonathan Ashworth: Let me deal with this point first.

The people of Leicester can see what is happening. Although the Secretary of State is putting money into Leicester Royal Infirmary, Leicester General Hospital in the constituency next door loses maternity services, loses the hydrotherapy pool, loses renal services, loses— *[Interruption.]*

Madam Deputy Speaker (Dame Eleanor Laing): Order. Remember that we were all going to try to be polite. The hon. Gentleman is talking about hospitals that people care about, and we must listen to him.

Jonathan Ashworth: It loses elective orthopaedics, loses urology, loses brain injury and neurological services, loses gynaecology, and loses podiatry.

David Tredinnick (Bosworth) (Con) *rose—*

Jonathan Ashworth: Let me just finish this point and then I will bring in the hon. Gentleman. *[Interruption.]* He is a Leicester Member of Parliament, after all.

The Leicester General can have a sustainable future under this Secretary of State only if he moves the midwifery unit from St Mary's Hospital in Melton Mowbray. If that is what he is proposing, I hope he is making it clear to Leicestershire MPs.

David Tredinnick: I am most grateful to the hon. Gentleman, who is a Leicester Member, but I have to say that I am astonished by his tone. Almost the entire county and city welcomed this huge, major investment and reorganisation. Years ago, my former right hon. Friend Stephen Dorrell—he is no longer in the House—explained why the General was likely to close. That is not the case—the hon. Gentleman should recognise that massive investment.

Jonathan Ashworth: Well, the General is essentially being downgraded and I want a sustainable future for Leicester.

Neil O'Brien: Will the hon. Gentleman give way?

Jonathan Ashworth: This will be the last intervention I take because I have to get to the end of my speech, but let me just finish this point: the Leicester General is essentially being downgraded. The only thing that remains at the Leicester General is the diabetes unit, unless the Secretary of State is moving midwifery services from St Mary's in Melton Mowbray to Leicester and, if he is doing that, he should be clear with the right hon. Member for Rutland and Melton (Sir Alan Duncan).

Neil O'Brien: I appreciate the hon. Gentleman being generous with his time. My family used maternity services at the General just last week. We sat on a couch. My wife had not eaten for nearly 24 hours because the General does not have an all-electives list for caesarean sections. That service will be better when services come together in the new maternity hospital that is going to be built. By the way we also used St Mary's birthing unit in Melton Mowbray. It is a brilliant midwife-led unit and we are not going to close it.

Jonathan Ashworth: There we go, but the only way the Leicester General has a sustainable future in their own plans—these are the plans the Secretary of State has signed off from the Leicester trust—is if that midwifery unit at St Mary's moves to the Leicester General. I am sorry that the hon. Gentleman's family got a poor service at the Leicester General. My daughter was born at the Leicester General as well and we got an excellent service.

Several hon. Members *rose—*

Jonathan Ashworth: I need to move on because I think the House is getting slightly tired of our focusing on our constituency issues and I am abusing my position. I will try to give way again shortly, but I am testing the indulgence of the House on the issue of Leicester.

In the Queen's Speech, there are also proposals on mental health, and we look forward to the mental health White Paper and hope that Sir Simon Wessely's review is quickly implemented. He also called for significant capital investment in the mental health estate, yet none of the hospitals the Secretary of State has announced includes mental health trusts.

The Secretary of State for Health and Social Care (Matt Hancock): Yes they do.

Jonathan Ashworth: No they don't; none of the hospitals the right hon. Gentleman announced at the Tory party conference includes mental health trusts. He knows there are 1,000 beds in old-style dormitory-style wards in desperate need of upgrade. He knows that we have problems with anti-ligature works that desperately need doing in mental health trusts because they are putting lives at risk every day.

On social care, we were told we were going to have the big solution to social care. The Secretary of State was briefing that a previous Chancellor, the right hon. Member

[Jonathan Ashworth]

for Runnymede and Weybridge (Mr Hammond), was holding him back and he was going to give us a solution on social care. And what do the Government say? They say, "We have not got a social care Green Paper, we have not got social care proposals, we will get proposals on social care in due course." The Secretary of State is kicking the can on social care down the road again.

Let me come to the Health and Social Care Act 2012. On Second Reading, it was described by the new Minister, the hon. Member for Mid Bedfordshire (Ms Dorries)—I welcome her to her elevation to the Treasury Bench; it was remiss of me not to do that earlier—as one of the most exciting Bills to be put before Parliament in the 62 years since the NHS was established. We were told that there was going to be legislation to undo the worst excesses of that Lansley Act, but all we are getting apparently is draft legislation, again, "in due course"—that is the wording in the explanatory notes to the Queen's Speech.

Debbie Abrahams (Oldham East and Saddleworth) (Lab): I had the privilege of sitting on both Committees that considered the Health and Social Care Bill, as it was then. Section 75 is particularly punitive in terms of its requirements for clinical commissioning groups to put all contracts out to tender. Some £25 billion-worth of public money has gone to the private sector, with the implications of an increase in health inequality, both in access and outcomes. Does my hon. Friend agree that this is an absolute travesty?

Jonathan Ashworth: Absolutely.

Madam Deputy Speaker (Dame Eleanor Laing): Order. Let me say before the hon. Gentleman answers the intervention, that he has been very generous in taking interventions, and that is good for the debate, but I am sure he will bear in mind that he has been at the Dispatch Box for nearly half an hour, and I just say to him gently that that is all right with me, but he will incur the wrath of those who are waiting to speak later in the debate when they only get three minutes.

Jonathan Ashworth: Thank you for your guidance, Madam Deputy Speaker. You are absolutely right. I will not take any more interventions and I will move to wrap up.

My hon. Friend the Member for Oldham East and Saddleworth (Debbie Abrahams) is absolutely right that the compulsory competitive tendering provisions of that Act have forced through the privatisation of £9 billion-worth of contracts. Everything that was promised in the Act, from delivering on health inequalities to delivering more integrated care, has not come to fruition, which is why everybody understands that it needs to be repealed.

But there is another reason why the Act needs to be repealed: while it is on the statute book, it runs the risk of the NHS being sold off in a Trump trade deal. Under the World Trade Organisation, public services can only be excluded from trade deals where there is no competition with private providers or where they are not run for profit, but the enforced competitive tendering of contracts through the Lansley Act means private health providers already operate in competition with public NHS providers, and the so-called standstill ratchet clauses and the inter-state dispute mechanisms would mean a Trump trade deal would lock in the privatisation of our NHS ushered in by the Health and Social Care Act.

Several hon. Members *rose—*

Jonathan Ashworth: I am going to finish.

Any Government seeking to undo that privatisation in a trade deal are liable to get sued in an international tribunal by private international investors, and there is no appeal. It happened in Slovakia, it happened in Canada and it happened in Australia. It is not taking back control—it is a democratic outrage. It is not just about selling off the NHS; we know that Donald Trump wants to break our pharmaceutical market as well, forcing us to buy more expensive drugs from the US and crippling our national health service.

So if Tory MPs want to save the NHS, they should vote with us in the Lobby tonight, because the party that created the NHS, the party that has always rebuilt the NHS, and the party that will end the privatisation of the NHS is the Labour party and no one will trust the Tories with the NHS.

2.26 pm

The Secretary of State for Health and Social Care (Matt Hancock): I rise in support of the Queen's Speech, which has more action on health than any Queen's Speech in a generation. At its heart it has five major legislative reforms that will set the course of health and social care for years to come. I will turn to each of these in a moment, but I just wanted to address something that the hon. Member for Leicester South (Jonathan Ashworth) said. Let me be completely clear: the NHS is not, and never will be, for sale under this Conservative Administration. The Prime Minister made it abundantly clear and the President made it clear: the NHS will not be on the table.

We know why the Labour party likes to spread this nonsense about the NHS: it has not got anything constructive to say. Labour Members do not want to talk about Brexit, because they have decided not to decide on their position, and instead they are trying to scare some of the most vulnerable people in our society—the very people they claim to represent. The nonsense we have just heard shows that Labour will stop at nothing to hide its Brexit position, which is just for more delay, more confusion and more indecision, and it shows that the Labour leadership is not up to the job of governing the party, let alone the country. By contrast, the Conservative party has protected and nurtured the NHS for 44 of its 71 years. We are the party of the NHS.

Sir Greg Knight (East Yorkshire) (Con): When trying to assess what Labour might do if in government should we not look at the words of Nye Bevan when he said:

"Why gaze in the crystal ball when you can read the book"?

We have the book of the NHS under Labour control in Wales to look at; it is an appalling mess.

Matt Hancock: There is no doubt that when looking at the facts of the delivery of the NHS in Wales we see what happens to an NHS under Labour control. I support all those who work in the NHS in Wales—they do a

great job—but, sadly, it is harder to deliver the NHS in Wales. There is another argument too: we know that we can fund good public services and the NHS only with a strong economy, and the plans of the Labour party would ruin it.

Tonia Antoniazzi (Gower) (Lab): It is absolutely disgusting that the Secretary of State can stand there and say that about the NHS in Wales, when it is his Government who underfund the NHS in the whole of the UK.

Matt Hancock: I did find it surprising that the hon. Member for Leicester South did not mention the £33.9 billion largest and longest funding settlement in history, but I would also note this: funding for the NHS under the Welsh Government in Wales has risen more slowly than it has in England, because we have funded the NHS properly.

Greg Hands (Chelsea and Fulham) (Con): I thank the Secretary of State for giving way, and I also thank him for his announcement earlier this year, first, on guaranteeing A&E services at Charing Cross Hospital and, secondly, on the floor-by-floor refurbishment of that hospital. Last month, Hammersmith and Fulham CCG told me that the popular Parsons Green walk-in centre would have to change to appointment-only after 31 December due to a rule change. Can he confirm that there is no need for it to do that and that the future of the walk-in centre at Parsons Green is as bright and rosy as that of Charing Cross Hospital?

Matt Hancock: Yes, I can give that confirmation. I have seen some reports from the local Labour party putting fears into people's minds about the future of the Parsons Green walk-in centre. There are no plans to close the centre, and anybody who says so is simply scaremongering. I am absolutely delighted at the campaign that my right hon. Friend ran to save the A&E and to save the services in west London; it was thanks to him and his efforts that we managed to do exactly that.

Debbie Abrahams: Does the Health Secretary not feel ashamed that we have the highest rate of child mortality in western Europe? We also have a declining life expectancy; for women it is getting worse and for deprived areas it is getting worse. We are one of the only developed countries where that is happening, and it is partly as a result of the underfunding of the NHS but more widely because of austerity.

Matt Hancock: I have great regard for the campaigning that the hon. Lady does on many topics, but I am afraid to say that she was factually inaccurate in what she said just now; it is not true. We are putting the largest and longest investment into the NHS in its history, and I think that that is the right thing to do.

David Tredinnick: May I just tell the Secretary of State what an amazing job he is doing for Leicestershire and how proud the county is of this forward investment? May I draw his attention, however, to the NHS carbon footprint in England, which is around 27 million tonnes of carbon dioxide equivalents, and suggest that with the new hospital builds across the country, he ought to make better use of zero carbon medicines and treatments? That means embracing acupuncture, herbal medicine, homeopathy, chiropractic and osteopathy. Will he also ensure that the osteopaths and chiropractors who have been regulated by Act of Parliament since 1993 and 1994 work with the orthopaedic surgeons?

Matt Hancock: I am absolutely delighted to work with my hon. Friend on that subject, and also on the capital investment into Leicester. I do not want to spend too long on the issue of Leicester, because we almost had an Adjournment debate on that subject a few minutes ago. We have announced 40 new hospitals over the next decade, which we will ensure include carbon neutral and green elements; we have discussed that. While we are doing that, however, such is the hon. Member for Leicester South's commitment to opposition that he even opposes the new hospital we are building in his constituency. He described the £450 million of investment on 29 September as "downgrading" when he talked about local opposition. This is long-term investment that the trust chief executive describes as "completely transformational". The hon. Gentleman should rejoice at this excellent news. He is so good at opposition that I have a long-term plan for him, and that is to keep him in opposition for the long term.

Eddie Hughes (Walsall North) (Con): The Secretary of State will be aware of the successful campaign that I fought to secure £36 million for the Manor Hospital in Walsall to get a new A&E department, so when he is passing junction 10 of the M6, will he come in to meet the staff with me? They are delighted with that investment.

Matt Hancock: It is thanks to my hon. Friend's campaigning and bringing to light the importance of the upgrade to the A&E at Walsall Hospital that we have been able to make that investment. There is no greater spokesman for the people of Walsall than my hon. Friend, and I cannot wait to turn left at junction 10 to pay them a visit next time I am going up the M6.

Andrew Griffiths: The Secretary of State talks about rejoicing, and Opposition Members have talked about the hospitals that he should visit. He is welcome in Burton at any time. We had £22 million invested in the health village as a result of his last visit, and just this week he has announced another £11 million for two new operating theatres. That proves that it is this Government who are investing in our NHS. It is safe in our hands.

Matt Hancock: I will tell the House exactly what happened. My hon. Friend invited me to Burton, and I looked at the changes that needed to happen. I talked to the NHS and we then announced not one but two upgrades as a result, thanks to his campaigning.

Alex Chalk (Cheltenham) (Con): Gloucestershire health managers, supported by around £50 million of public money, are in the process of reconfiguring hospital services in Gloucestershire. In the light of evidence suggesting that A&E in Cheltenham might be earmarked for closure, I, together with my hon. Friends the Members for Tewkesbury (Mr Robertson) and for The Cotswolds (Sir Geoffrey Clifton-Brown), have led a campaign to keep A&E at Cheltenham. I know that my right hon. Friend the Secretary of State has taken a close interest in this issue. Can he now give us an update from the

[Alex Chalk]

Dispatch Box on the issue, which is so important to me, my constituents, my hon. Friends and, indeed, everyone in Gloucestershire?

Matt Hancock: Yes, I can. In the light of the extensive representations that my hon. Friend made regarding the A&E in Cheltenham, I have spoken to the chief executive of Gloucestershire Hospitals NHS Foundation Trust and I can announce that the A&E will remain open and that no proposals to close the A&E at Cheltenham will be part of the forthcoming consultation.

Mr Barry Sheerman (Huddersfield) (Lab/Co-op): The Secretary of State might need some help when I tell him that I am quite thankful, because after a massive and wonderful campaign in Huddersfield, we are keeping our A&E open. The £20 million that we got for that and for some other maintenance work is very acceptable, but will he accept an invitation to come to Huddersfield to see the potential for a new hospital that could be an absolutely iconic building in a future innovative national health service?

Matt Hancock: I will absolutely look at that, and I think that the new hospital is going to be absolutely terrific up in his part of the world. I will also put on record my gratitude to my hon. Friend the Member for Calder Valley (Craig Whittaker), who as a Whip has not been allowed to speak on this issue in the House, but who privately has been campaigning hard. This shows what happens when local MPs have a positive attitude towards the future of our NHS.

Ben Bradley (Mansfield) (Con): While we are talking about positive hospital stories, I would like to raise with my right hon. Friend the case of Sherwood Forest Hospitals NHS Foundation Trust, which has gone from being in special measures to rated as good. It has now been nominated for the trust of the year award, which is a fantastic story for the NHS and those local services under a Conservative Government. I want to move my right hon. Friend on to the issue of health inequalities if I can. We had a Green Paper earlier in the year about smoking cessation. Mansfield has one of the highest levels of smoking in the country; we are the fourth worst area at more than 23%. We have set a target to try to reduce smoking levels by 2030, but that needs action. Will he take that action in the near future?

Matt Hancock: Yes. There is no greater spokesman for Mansfield than my hon. Friend, and he is absolutely right about smoking. We have set a target of ending smoking by 2030. It is a stretching target, and there is an awful lot that we need to do to achieve it.

Several hon. Members *rose—*

Matt Hancock: I will give way to my hon. Friend the Member for Telford (Lucy Allan), who has already intervened on the Prime Minister today. I hope that I can help out.

Lucy Allan (Telford) (Con): I am grateful to my right hon. Friend for giving way, and for coming to Telford to have a look at the women and children's unit. However, six months later, he signed off an approval to have it closed. It is galling to hear about all the "goodies for all" that are being distributed, but unfortunately not for Telford. I would like to invite him to come back and listen to the people of Telford and to hear why they value their women and children's unit.

Matt Hancock: My hon. Friend has campaigned incredibly hard. As she knows, the local NHS brought forward the plan, which we are proposing to amend. I am working on that with her. However, I am delighted to announce that the Princess Royal in Telford will be benefiting from £4 million of winter capital funding that will come on stream for this winter, partly as a result of my hon. Friend's campaigning.

Mark Pritchard (The Wrekin) (Con): I am grateful to the Secretary of State for giving way. I get on very well with the shadow Secretary of State on a personal basis and do not expect an apology from him, but was he not wrong on the A&E at the Princess Royal Hospital in Telford? It is not closing. We are having the latest modern thinking on how A&E care is delivered through an "A&E local", so will the Secretary of State put a little more flesh on the bones of what that means?

Matt Hancock: My hon. Friend is right that the local NHS came forward with its plans, but I want to ensure that A&E facilities continue in Telford. We are working on the details, and he will be the first to know.

Gareth Snell (Stoke-on-Trent Central) (Lab/Co-op): When the Secretary of State goes to Telford, I suggest that he speaks to Councillor Shaun Davies, who will also tell him about Telford's needs. As the hon. Member for Burton (Andrew Griffiths) said, Staffordshire is blessed with some first-class facilities that were supported by the last Labour Government, but our problem is that our CCGs are all in financial deficit. Half of the country's failing CCGs are in Staffordshire. With the new money that is going into the health service, will the Secretary of State tell me what he is going to do to address the disparity in funding? Stoke-on-Trent rates 13th for social and health inequalities, but 48th for funding. If money follows need, we can dig ourselves out of our hole.

Matt Hancock: The hon. Gentleman raises the problem across Staffordshire. We are trying to ensure that the NHS in Staffordshire looks forward with confidence, and that includes addressing long-standing financial issues for which it has had extra support over the past few years. I pay tribute to all the NHS staff right across Staffordshire, who have done great work, especially in Stoke and Stafford, to ensure that the hospital provision there can look forward with confidence.

Stephen Kerr (Stirling) (Con): My right hon. Friend was talking about spending on healthcare across the United Kingdom. Scotland has benefited due to increases in healthcare spending in England, but not all the money that comes to Scotland through the Barnett formula has been spent on healthcare. In fact, had spending increases in Scotland kept up with those in England, there would be half a billion pounds more to spend on Scotland's NHS.

Matt Hancock: There speaks the voice of Scotland. As we have put record amounts of funding into the NHS in England, that funding proportionately flows

through the Barnett formula to Scotland, but the Scottish Government have refused to increase NHS funding in Scotland. I wish that they would increase it as quickly as we have in England, where we have seen a faster increase in the numbers of doctors and nurses than in Scotland.

Dr Phillip Lee (Bracknell) (LD): Will the Secretary of State help me by pointing me towards an online resource that provides the evidence base for his decisions on the locations of A&E departments and the like? Any medical professional will say that we need a regional and, dare I say, national plan in order to make sure that access to emergency care is equal for every citizen in England and Wales.

Matt Hancock: The hon. Gentleman makes an important point that capital investment needs to be strategic, and the new health infrastructure plan, which I was discussing at the Health and Social Care Committee yesterday, is intended to put in place that long-term plan for capital investment, and we are building 40 new hospitals over the next decade. It may be fair to say that I got some flak from Labour Members for proposing 10 years' worth of new hospitals, because they said that only the first part of the health infrastructure plan—the so-called HIP 1—should be announced. I do not think that that is true, however, because we need a long-term approach to capital investment, with 40 new hospitals over the next decade.

Steve Brine (Winchester) (Ind): I thank the Secretary of State for his vote of confidence in the NHS in Winchester. He has always been willing to listen. After a difficult Care Quality Commission report last year, we managed to secure investment to transform the A&E department, which the Minister for Care, the hon. Member for Gosport (Caroline Dinenage), visited recently. We are working with the sustainability and transformation partnership across Hampshire to reimagine what a district general hospital looks like. I encourage the Secretary of State to come down to Winchester—an hour on the train from Waterloo—to see where a new district general hospital is emerging to deliver long-term safe and sustainable services.

Matt Hancock: I would love to. I pay tribute to the hon. Gentleman's work not only on the prevention agenda and public health in government, but on ensuring that the long-term plan approach to capital investment, with a new hospital in Winchester over the next decade, will give the time to ensure that that investment brings the whole health system together in Winchester and really delivers for the people. With him as the local representative, I have absolutely no doubt that that is what will happen.

Anneliese Dodds: On the subject of strategic capital investments, the Secretary of State will be well aware that static PET-CT cancer scanning equipment is world renowned for helping people, particularly at the Churchill Hospital, and is much more effective than mobile scanning technology. Why, therefore, have I discovered, having been told that there would be no privatisation of services at the Churchill and that we would not see that material change, that a private provider with mobile scanning equipment will be the back-up to the NHS service? It will be dealing with complex cases from across the Thames valley. Even worse, the chief exec of the local hospital has had to accept a non-disclosure arrangement around the contract negotiations. How can the Secretary of State justify that?

Matt Hancock: That is a decision taken by the local NHS. The proposals that we are putting forward in law, for debate under this Queen's Speech, are to change the regulations. We must absolutely get the best solutions for local patients, and I will address the hon. Lady's point before taking some more interventions, because I want to refer specifically to the amendment tabled in the name of Opposition Members. Not only is it unnecessary, but it is counterproductive. It would do the opposite of what they say that they intend.

The Government believe—I think this is true across the House—in a publicly funded NHS that is free at the point of use according to need, not ability to pay. The Opposition say that they want a publicly provided NHS. I think what matters is what delivers best for patients, and let us look at this point of—

Sir Geoffrey Clifton-Brown (The Cotswolds) (Con): Will my right hon. Friend give way on that point?

Matt Hancock: Let me explain my argument and then I will give way. What is not currently publicly provided? What about drugs and pharmaceuticals? Is the hon. Member for Leicester South really saying that only drugs manufactured by the NHS can be used in an NHS hospital? That is what his amendment says. Will he go and tell that to the patients who use Brineura, aspirin or cutting-edge cancer treatments? What about the new breakthrough announced this morning that could delay the onset of Alzheimer's? My grandmother died with dementia, and his amendment would stop access to new drugs because he is against anything that is not publicly provided. The Government reject that ideology. What about other things that the NHS buys? Will he only buy pencils that are manufactured by the NHS? What about all those blasted fax machines? Is he suggesting that the NHS starts to manufacture its own fax machines? I want to abolish fax machines in the NHS; he wants to nationalise them.

Mr Philip Dunne (Ludlow) (Con): My right hon. Friend is making a powerful point. Does he agree that by insisting on public provision, the Labour party would also abandon virtually the entire primary care network in this country, which is provided by private businesses owned and run by doctors?

Matt Hancock: My right hon. Friend's mind is so aligned with my own that that is the very next line in my speech. What of GPs, dentists, opticians and pharmacists? They are all privately provided into the NHS, and they have been since Bevan, but this hard-left amendment would nationalise them.

I like the hon. Member for Leicester South. He is a good and sensible man, so I can only assume that he has been captured by the militant hard-left within his party, whose aggressive proto-Marxist ideology I know, deep down, he has little sympathy for. He is far more right-wing than the right hon. Member for Islington North (Jeremy Corbyn), and I know it because we have it on the record. He used to say that

[Matt Hancock]

"there has always been a private element of health provision in this country."

That is what he really thinks, but he is hostage to the hard-liners and has been captured by Corbyn.

Sir Mike Penning: My right hon. Friend knows full well what I am going to raise with him in my intervention, which is the prescribed medical use of cannabis. In my speech later, I will talk about the privatisation that took place under Labour, with the Darzi clinics, polyclinics and the PFI schemes. There is something we could do today for families who are desperate—families who are willing to go on hunger strike and sell their homes because they cannot afford the medication, which this Government have allowed to be prescribed for children who have severe forms of epilepsy and seizures. I know that a lot of work is going on, but these families are desperate. There will be hunger strikes soon and people are selling their homes. We must give them that opportunity to protect their children.

Matt Hancock: Yes, I entirely understand where my right hon. Friend is coming from, and he has been a tireless campaigner on this issue. On this point, I also want to welcome the cross-party approach set out by the hon. Member for Leicester South. This is an important thing to get right. Of course each decision for an individual patient has to be clinically-led; we cannot have MPs calling for specific clinical interventions, and I think my right hon. Friend and everybody else recognises that. But there is a problem in the system here, and I have asked the medical director of the NHS to lead the work to resolve the problem. We are working on it, and I look forward to meeting my right hon. Friend and others with an interest in this soon.

Sir Geoffrey Clifton-Brown: On behalf of my constituents, may I give a warm welcome to my right hon. Friend's announcement this afternoon of extra funding to keep the A&E at Cheltenham open? My constituents already have to travel 25 miles to get to Cheltenham, and this announcement will be a huge relief to them.

Matt Hancock: I am delighted to have been able to give that assurance and I thank my hon. Friend for the work he has done.

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): This is further to the point made by the hon. Member for Stirling (Stephen Kerr). As this Chamber has heard me say before, pregnant women have a 200-mile round trip to make from Caithness to Inverness to give birth. Some months ago, a mother gave birth to twins 52 miles apart on the A9 from Caithness. In the past two days, a pregnant woman came all the way down from Caithness only then to have hours of agony because there was no bed ready for her. I concede that this is a devolved matter, but would Her Majesty's Government, for my sake and that of my constituents, share the best safety practice with the Scottish Government and with NHS Highland?

Matt Hancock: We will absolutely do that. The hon. Gentleman rightly says that this provision is a devolved matter, and we have already had a debate about the relative funding increases, but this case clearly needs looking at seriously. I will make sure I get in contact with my colleagues in the Scottish Government who are responsible for the provision of this service to make sure that it is looked at properly.

Mike Gapes (Ilford South) (IGC): I enjoy the knockabout that has been going on, but will the Secretary of State accept that the NHS reforms brought in by Andrew Lansley led to fragmentation, duplication and inefficiencies, which we are now trying to remedy by reconstructing and bringing groups together, as we are doing in north-east London, and that therefore there is merit in that part of the Opposition's amendment?

Madam Deputy Speaker (Dame Eleanor Laing): Order. If the Secretary of State answers the intervention, I will say to him what I said to the Opposition spokesman, which is that he has been generous in taking interventions but having been at the Dispatch Box for nearly half an hour, I hope he will be careful not to incur the wrath of Back Benchers who will have to wait until 7 o'clock to speak.

Matt Hancock: Yes, I am trying to take as many interventions as is reasonable. I feel as though I have been sitting down for most of the half hour that I have technically been speaking for—

Gareth Thomas *rose—*

Matt Hancock: Hold on, I have not even answered the previous intervention. The truth is that the NHS has proposed measures that will make it easier to run the NHS, to reduce bureaucracy and to change the procurement rules that we discussed. Ultimately, these responses—there have been nearly 190,000 responses to the consultation—have the support of the royal colleges, the Local Government Association and the unions. They have all supported these legislative proposals, and we are working on the detailed plans. They do change some of the measures put forward in the Health and Social Care Act 2012. We will make sure we cut out that red tape and bureaucracy, streamline the procurement, support integration and make sure that the record investment we are putting in gets as much as possible to the frontline. They also help us with recruitment, and I can announce to the House the latest figures for GP recruitment, a matter that I know is of interest to lots of colleagues. Building on the record numbers in training last year, this year we have 3,530 GPs in training, which is the highest number in history. That is all part of our long-term plan.

The measures in the long-term plan Bill would also strengthen our approach to capital. We have discussed the 40 new hospitals in the health infrastructure plan, but I can also tell the House that the plan will not contain a single penny of funding by PFI—we have cancelled that. I have been doing a little research into the history and I want to let the House into a little secret that I have discovered. Who was working in Downing Street driving through Gordon Brown's doomed PFI schemes, which have hampered hospitals for decades? I am talking about the PFI schemes that led to a £300 cost to change a lightbulb and that have meant millions being spent on debt, not on the frontline. Who was it, tucked away at the Treasury, hamstringing the hospitals? It was the hon. Member for Leicester South. So when we hear

about privatisation in the NHS, we have culprit No. 1 sitting opposite us, who wasted all that money. We are cancelling PFI, and we are funding the new hospitals properly.

Tom Tugendhat: May I welcome the investment that my right hon. Friend is making in Kent, not just in hospitals, but in healthcare centres? We have a GP surgery that is no longer fit for purpose and, working alongside the county council, another wonderful Conservative institution, he is providing healthcare to people closer to home and nearer to where they want it. I welcome that enormously and urge him to do exactly the same for the hospital in Tonbridge, which he knows, because I keep nobbling him on this one, we need much more investment in, so that we can have those community beds close to home.

Matt Hancock: My hon. Friend is absolutely right about getting community beds closer to home. I wish to mention four other measures in the Queen's Speech—

Mr Sheerman: On a point of order, Madam Deputy Speaker. The Secretary of State has made a serious allegation about my hon. Friend the Member for Leicester South. I have been in this House for a long time and I recall when PFI started under the John Major Government. *[Interruption.]*

Madam Deputy Speaker (Dame Eleanor Laing): Order. That is a point of information, not a point of order. I will make no comment on it.

Matt Hancock: I will debate the hon. Gentleman's involvement in PFI, which hamstrung the hospitals, every day of the week. Now, however, I wish to—

Jonathan Ashworth: I am delighted that the Secretary of State has elevated me; I was a 25-year-old adviser in the Treasury at the time. I remember sitting in that box as a special adviser listening to Tory shadow Health Secretaries calling for more PFIs in the NHS. The right hon. Gentleman was an adviser to George Osborne, so what about this quote from 2011:

"George Osborne backs 61 PFI projects…the chancellor, is pressing ahead with private finance initiative…on a multibillion-pound scale".

The right hon. Gentleman should be apologising for PFI.

Matt Hancock: In 2011, I was the MP for West Suffolk. I opposed PFI in opposition and I have opposed it ever since, and I am delighted that the Government are cancelling it. It is just such a shame that the hon. Gentleman spent so many years driving through PFI when we could have built better hospitals for less money if we had properly put them on the books of the nation's balance sheet, as we are doing now.

Several hon. Members *rose—*

Matt Hancock: I will take two more interventions and then I must get through dealing with the rest of the Queen's Speech.

Vicky Ford: Just in mid-Essex we have 300 new nurse recruits, new specialist services cutting waiting times, amazing new mental health provision for women with post-natal depression, an amazing new A&E emergency village at Broomfield Hospital and the brand-new medical school, training the GPs of the future. I declare an interest, because I have joined the board since visiting it with the Secretary of State. I am shocked by this amendment today if it would stop us from being able to access new medicines. Will he look at a new approach to make sure that those medicines get to children with very rare diseases?

Matt Hancock: Yes. My hon. Friend is a brilliant advocate for her local community, and I visited the new medical school with her. She makes an incredibly important point about access to new medicines. We want to bring more access to new medicines, rather than saying that if it is not made by the state, people should not have it, which is the approach outlined in the amendment.

Let me turn to the medicines and medical devices Bill, which was in the Queen's Speech. The intervention by my hon. Friend the Member for Chelmsford (Vicky Ford) was precisely on this point: the potential of technology to bring forward new treatments and new devices is more exciting now than at any point in generations. The new medicines and medical devices Bill will allow our world-beating life sciences industry to be world leaders.

I do not think that we should insist on a state-run medicine company and I do not think we should be requisitioning intellectual property. We should leave that aside, not least because we already have some of the cheapest medical drugs in Europe. The Opposition seem to want to create a British Rail-style drugs system—inefficient, always breaking down and arriving too late. The Association of the British Pharmaceutical Industry said that under Labour's plans, $183 billion that the industry spends annually on research and development for new drugs would "disappear". The ABPI is a sober and respected organisation. The proposals would cost taxpayers billions and risk all the work that goes into saving lives. The industry knows they are nonsense, we know they are nonsense, and in his heart the shadow Secretary of State knows they are nonsense. The country will see straight through him.

Andrew Griffiths: I thank the Secretary of State for giving way, because he gives me the opportunity to deliver on a promise that I made to the parents of four-year-old Michal in my constituency, who asked me personally to thank the Secretary of State because it was as a result of his intervention that Michal, who has Batten disease—childhood Alzheimer's—has access to the drug that will save his life. It is a groundbreaking treatment, and it is because the Government are investing in the NHS that Michal's life will be saved.

Matt Hancock: My hon. Friend is absolutely right. It was incredibly moving to meet, in my office downstairs here in the House of Commons, some children with Batten disease who needed access to world-class drugs. They are expensive drugs, but we needed to get them at a price that was affordable to the NHS. I met the parents and some of the children, and it was incredibly moving. I met some siblings—one had access to the drug and the other did not—and I saw the difference in their development. We negotiated with the company and got the drugs on the NHS. That is how we should be providing world-class drugs. That is how it has been done under sensible Labour Administrations, and I urge the Opposition to reconsider, because even if it

[Matt Hancock]

may sound good when they look in the mirror, it is not sensible to undermine our world-class life sciences in this way. I hope they think again.

Geraint Davies (Swansea West) (Lab/Co-op): On a point of order, Madam Deputy Speaker. The Secretary of State has been talking now for nearly half an hour, yet he has not really referred to the amendment in respect of the relationship between public health and trade, particularly the ability of tribunals and companies to sue.

Madam Deputy Speaker (Dame Eleanor Laing): Order. That is not a point of order; it is a point of debate. I understand the hon. Gentleman's frustration, so I will repeat what I said earlier: the Secretary of State has been, as was the Opposition spokesman, most dutiful in taking lots of interventions. I have allowed those interventions because I recognise that Members want to refer to particular hospitals and other things in their own constituencies. I allowed them, but I now encourage the Secretary of State to cease—

Geraint Davies: It is a point of order.

Madam Deputy Speaker: No, it is not a point of order if I say it is not a point of order.

I encourage the Secretary of State to make progress. I appreciate his generosity to his colleagues, but we will have to make some progress.

Matt Hancock: Quite right. I am voting for you, Madam Deputy Speaker.

On the point made by the hon. Member for Swansea West (Geraint Davies), to whom I will not give way—

Geraint Davies *rose—*

Matt Hancock: I am not going to give way after that nonsense, but on his point, perhaps he was not here at the start, but on the first page of my speech it says that

"the NHS is not, and never will be for sale under this government. The Prime Minster and the President have made it abundantly clear that the NHS will not be on the table in any trade talks."

How many times do I have to say it? I will say it every day of the week.

Paul Masterton (East Renfrewshire) (Con): My right hon. Friend will be aware of a number of women throughout the country, including Elaine Holmes in East Renfrewshire, whose lives have been ruined by vaginal mesh. One of the big problems they have had has been the poor response by the Medicines and Healthcare Products Regulatory Agency to patient concerns about device licensing. Will the Bill that he is talking about give us an opportunity to look again at how the licensing regime works, and in particular how it responds to patient concerns?

Matt Hancock: Yes, that will absolutely be addressed. We also have a report by Baroness Cumberlege that will look specifically in that matter, which is incredibly important for many people. We absolutely have to get it right.

I wish to touch briefly on three further measures: first, the Health Service Safety Investigations Bill. Millions of people receive life-saving care in the NHS, but saving lives also involves risk. It is important that we learn both when things go well and when things go badly. We want to create that learning culture right across the NHS. The legislation will establish in law the first independent body of its kind to investigate patient safety concerns and share recommendations to improve care. I pay tribute to my predecessor, my right hon. Friend the Member for South West Surrey (Mr Hunt), for all his ongoing work in this area.

Let me turn now to adult social care. We have already announced a new £1 billion grant for social care to address urgent needs, building on the 11% rise in social care budgets over recent years. We have to end the injustice that means that after a lifetime of hard work—of striving and saving—people are being forced to sell their homes to pay for care.

Margot James (Stourbridge) (Ind): I commend my right hon. Friend for his work to improve patient safety. Will he also look into how whistleblowing is being managed in the NHS? We have had a concerning number of issues relating to whistleblowing in my local Dudley healthcare provider. I feel we have not yet managed to get a free and open environment for whistleblowers all the way through the NHS.

Matt Hancock: I very much agree with my hon. Friend. In many trusts, things have gone very well over the past few years and there is a much more open and less hierarchical culture, with less bullying and more openness to challenge. However, that is not the case in every part of the NHS, and that needs to change. The Health Service Safety Investigations Bill addresses that directly. After the welcome given by the shadow Secretary of State, I hope that Bill will proceed on an essentially consensual basis.

Jonathan Ashworth *indicated assent.*

Matt Hancock: The hon. Gentleman is saying yes, which I am grateful for. I am open-minded to changes and improvements, and to listening to the experts and those with constituency cases that they can bring to bear, to make sure that the Bill is the best it possibly can be.

Sir Bernard Jenkin (Harwich and North Essex) (Con): I hope very much to address the Health Service Safety Investigations Bill in my remarks later, but my right hon. Friend did not include one important element among the characteristics of the investigations, which is that they are to find the causes of clinical incidents without blame. It is not about satisfying a complaint; it is about finding without blame so that we can talk about things that have gone wrong without blaming people. It is about understanding the clinical, human factors that lead people to make perfectly understandable mistakes.

Matt Hancock: My hon. Friend is quite right. I was trying to shorten my speech, Madam Deputy Speaker, so I missed out a paragraph. I should have said that the purpose of the Bill is to enable staff to speak openly and honestly about errors without fear of blame or

liability. That is exactly the point that my hon. Friend made and to which he paid an awful lot of attention in the drafting and prelegislative scrutiny of the Bill.

Finally, let me turn to the proposals on mental health. This country has been on a journey, over a generation, towards recognising that mental health is as important as physical health. There have been contributions to this change in mindset from all sides of the political debate—from Labour Members; especially from the right hon. Member for North Norfolk (Norman Lamb), to whom I pay tribute; and very much from Government Members, too.

I would like to take a moment to say how much I value the enormous contribution that the Duke and Duchess of Cambridge and the Duke and Duchess of Sussex have made to changing attitudes towards mental health on this journey. The Mental Health Act 1983 is nearly 40 years old and some of our law is still shaped by 19th century Acts and, indeed, their views of mental illness, and that is completely out of place in the 21st century.

Tracey Crouch (Chatham and Aylesford) (Con): I am very grateful to my right hon. Friend for giving way. I think that people across the House will be united in ensuring that we reform the Mental Health Act. May I encourage him, as part of the proposals to improve respect and dignity for those who are in treatment, to look at individual care plans to make sure that everyone who is discharged from some sort of residential treatment receives an individual care plan and has access to home visits, especially in those first 72 hours?

Matt Hancock: Yes, I will look precisely into the matter that my hon. Friend raises, because care plans should be the norm. Across the country, a high proportion of people now leave in-patient care with a care plan in place. If the proportion is not high enough in her area, I will look into it, write to her and make sure that she gets the full details.

Mark Pritchard: I am grateful to the Secretary of State for giving way again; he is being very generous. What conversations has he had with the Secretary of State for Defence about people who are medically discharged with mental health issues from the military and who then transition into civilian life with healthcare provided in civvy street? How do we ensure that the pathway for care is unbroken, is consistent and provides a wraparound service for them as they transition out of the military?

Matt Hancock: This is another incredibly important point. I will be working with the new Minister for Defence People and Veterans, as well as the Minister for Mental Health, my hon. Friend the Member for Mid Bedfordshire (Ms Dorries), to address exactly that sort of concern. This is a long overdue—

Barbara Keeley (Worsley and Eccles South) (Lab): Before the Secretary of State leaves mental health, will he address this issue of the 2,300 autistic people and people with learning disabilities who are in in-patient units, as it has been around for far too long? Last week, the Care Quality Commission announced that one in 10 of those units was inadequate. He knows—and I have written to him about it—that Bethany, a young woman, is in seclusion and still in a locked cell. When will he do something about those 2,300 people?

Matt Hancock: We are absolutely acting on the area that the hon. Lady quite rightly raises. The number of patients who are in in-patient facilities who have learning disabilities and/or autism has been falling—the number has fallen from 2,700 a couple of years ago to 2,250 on the latest figures. We have a plan to reduce that number further. We must ensure that everybody who comes out of in-patient facilities has the proper care plan and the community support to ensure that that is a sustained change in circumstance. It is something on which we are working incredibly hard. In fact, I was having a meeting with the Minister for Care only yesterday on precisely this issue, and I am very happy to ensure that the hon. Lady gets a full briefing on what we are doing.

Luciana Berger (Liverpool, Wavertree) (LD) *rose—*

Mr Speaker: Order. Before the Secretary of State takes the intervention from the hon. Member for Liverpool, Wavertree (Luciana Berger), I simply make the point that 35 hon. Members wish to speak, and therefore I think I can say with great confidence that he is approaching his peroration.

Luciana Berger: I thank the Secretary of State for very kindly giving way, and I welcome the fact that he will be taking forward into legislation the recommendations of the independent review into the Mental Health Act. Will that be accompanied by Sir Simon Wessely's recommendation that the sector needs £800 million of capital infrastructure to bring mental health settings up to the same standards as those of physical healthcare?

Matt Hancock: I want to pay tribute to the work that Sir Simon has done in bringing this matter forward. We are absolutely looking at the capital requirements, as well as the requirements for revenue funding, which have gone up in this area. We will be publishing a White Paper by the end of the year, and then we will bring forward the new mental health Bill as a draft Bill. Mental health is a priority for the Government. These reforms need to be done with care, and I hope again with consensus. The timetable for reform is that requested by the mental health community, but Members should make no mistake, we will act. I am very happy to talk to the hon. Lady with more details.

I do not think that I have ever taken more interventions in a speech, Mr Speaker, and I am now happily coming to my conclusion. This Queen's Speech has health and social care at its heart. The reforms will help to improve the delivery of the NHS and to bring new cutting-edge treatments to work. They will make sure that our world-beating life sciences are supported; that we have a safer NHS, where we always seek to learn and to improve; that we have a permanent solution for social care, not just a short-term fix and dignity; and that we have dignity and support for everyone receiving mental health care as we put record funding into mental health services. All that will be properly funded, because we have turned the economy round—without a strong economy, we just cannot properly fund the NHS. Today's debate has shown why we Conservatives are now regarded as the true party of the NHS and we will make sure that it is always there for generations to come up.

Debate interrupted.

Speaker's Statement

Mr Speaker: Before we proceed with the debate, I will now announce the result of the ballot held today for the election of a new Chair of the Treasury Committee. Five hundred and twelve votes were cast, with one spoiled ballot paper. The counting went to two rounds—505 valid votes were cast in the second round, excluding those ballot papers whose preferences had been exhausted. The quota to be reached was, therefore, 253 votes. Elected Chair of the Treasury Committee, with 263 votes, was Mr Mel Stride. The right hon. Gentleman will take up his post immediately.

Perhaps I can be the first very warmly to congratulate the right hon. Gentleman on his appointment. He and I have interacted regularly over the years, both, of course, during his service as a Minister, notably as a Treasury Minister, when he was unfailingly courteous both to the House and to the Chair, and during his short, but distinguished, period as Leader of the House in which capacity, of course, he sat on the House of Commons Commission under my chairmanship. He was punctilious, co-operative and every inch the public servant, and it was a pleasure for me to interact with him.

The results of the count under the alternative vote system will be made available as soon as possible in the Vote Office and published on the internet for public viewing, but, meanwhile, once again I say to the right hon. Gentleman: congratulations and good luck.

Mel Stride (Central Devon) (Con): On a point of order, Mr Speaker. May I thank you very much indeed for your personal kind words and say what an honour it is to have been elected by this House to this very important Committee? I would like to extend my thanks to my fellow candidates—we had a very strong field—and to say that I will reciprocate the confidence that the House has shown in me by chairing that Committee with the utmost fairness. Finally, may I say that, at a time of great sound and fury in this Chamber, I hope that our Committee now brings forward some illumination and light.

Harriett Baldwin (West Worcestershire) (Con) *rose—*

Mr Speaker: I am grateful to the right hon. Gentleman. One of those distinguished competitors was the hon. Member for West Worcestershire (Harriett Baldwin).

Harriett Baldwin: Further to that a point of order, Mr Speaker. May I add my voice of congratulations to my right hon. Friend the Member for Central Devon (Mel Stride) and to my hon. Friends the Members for Wyre Forest (Mark Garnier) and for Thirsk and Malton (Kevin Hollinrake)? I thank the House staff for organising such an orderly election and all those who voted for me.

Mr Speaker: That was a particularly gracious response by the hon. Lady, which resonated with colleagues, and I underline it. I also know the hon. Members for Wyre Forest (Mark Garnier) and for Thirsk and Malton (Kevin Hollinrake) very well. Both are very committed parliamentarians, and I thank them for putting themselves forward, for being here for the announcement of the result, and, I am sure, for their ready acceptance of the verdict of colleagues. I wish them well in everything they go on to do. I think that we will leave it there.

Kevin Hollinrake (Thirsk and Malton) (Con): Further to that point of order, Mr Speaker. This is my first ever point of order in the House for four years and what better occasion to use it than to thank my colleagues in this race, which was always conducted in the best of spirits. My congratulations go to my victorious right hon. Friend, the Member for Central Devon (Mel Stride). He will do a brilliant job of chairing that Treasury Committee and will do an important job at a very key time.

Mr Speaker: Would the hon. Member for Wyre Forest (Mark Garnier) also like to say something?

Mark Garnier (Wyre Forest) (Con): Further to that point of order, Mr Speaker—a very quick one. It would be wrong of me not also to congratulate my right hon. Friend the Member for West Devon, or is it North Devon?

Mel Stride: Central Devon.

Mark Garnier: Central Devon, even. All of Devon—he is a very good MP. I also thank the Clerks for all their work. I think this is also my first ever point of order, so I thank you, Mr Speaker, and congratulate my right hon. Friend the Member for Central Devon (Mel Stride).

Mr Speaker: Those contributions were typically gracious of hon. Members. I thank them for what they have said, as I am sure the right hon. Member for Central Devon does.

I have now to announce the result of today's three deferred Divisions on questions relating to regulations in relation to exiting the European Union. In respect of the question relating to freedom of establishment and free movement of services, a point to which I know the hon. Member for Wakefield (Mary Creagh) is keenly attending, rather than engaging in her fevered private conversation with the hon. Member for Bishop Auckland (Helen Goodman); I am sure she wants to hear this announcement. Essay question: does the hon. Member for Wakefield know in relation to which question I am announcing the result?

Mary Creagh (Wakefield) (Lab): European Union.

Mr Speaker: Yes, European Union—the question relating to freedom of establishment and free movement of services. Very good. The hon. Lady passed; first-class honours. The Ayes were 315 and the Noes were 286, so the Ayes have it. In respect of the question relating to auditors—I know this is on all your lips—the Ayes were 315 and the Noes were 287, so the Ayes have it. In respect of the question relating to financial services, the Ayes were 315 and the Noes were 284, so the Ayes have it. We shall now proceed with the debate.

[The Division lists are published at the end of today's debates.]

The National Health Service

Debate resumed.

3.21 pm

Dr Philippa Whitford (Central Ayrshire) (SNP): Before I start my speech, I would like factually to correct the Secretary of State, who claimed that Barnett consequentials in Scotland are not passed on. I reassure him they are all passed on. He talks about the figures as a percentage. Scotland spends £185 a head more on healthcare and £157 a head more on social care. Of course it is a smaller percentage but, in actual cash, Barnett consequentials are all passed on. I would be grateful if he would either improve his maths or stop repeating this narrative.

I really welcome some elements of the Queen's Speech, particularly the Health Service Safety Investigations Bill. I was asked to serve on the Joint Committee, which I felt did an incredible job, but we completed that job last July; approaching a year and a half on, sadly, the Bill has still not come forward. I hope it will not be too tardy from this point.

Matt Hancock: It is in the other place at the moment.

Dr Whitford: Okay; I welcome that. However, I would suggest that the Healthcare Safety Investigations Bill is about looking at mistakes after they have happened. I invite the Secretary of State again to look at the Scottish patient safety programme, which is more than 10 years old and has reduced hospital deaths, including post-surgical deaths, by over a third because the aim is to prevent harm in the first place.

I welcome the Secretary of State's reference to whistleblowers, but it is not just about having guardians in hospitals. It is critical that the Public Interest Disclosure Act 1998 is reformed. Only 3% of employment tribunals are successful. All Members who have dealt with any cases on this issue will know that the wreckage of whistleblowers' careers acts as an absolute brake on people coming forward. You can say what you like, but they are faced with the question, "Do I speak up and risk my career, my family income and my home?" It is not just a matter of paying lip service to this issue; we actually need change.

I welcome the ending of the private finance initiative, which was originally brought under a Conservative Government, but was really accelerated, I am afraid, under Gordon Brown. We are now facing the fact that £13 billion-worth of hospitals in England will have cost £80 billion by the time they are paid off. I call on the Secretary of State not just to end the PFI going forward, but to look at whether these contracts could be ended and renationalised to avoid another £55 billion having to be paid over the next 30 years. This problem is UK-wide, so we were saddled with these contracts in Scotland as well. There are health boards across England that are spending up to 16% of their income on their PFI contracts, and that obviously undermines patient care.

Sir Mike Penning: The hon. Lady is making a perfect point. I had the honour of being the roads Minister, and I desperately asked my officials to look at the PFI contracts on motorways around the country, including the M25. They found that the cost of coming out of these contracts is so formidable—simply because these companies' lawyers were frankly a lot better than Gordon Brown's lawyers when the contracts were written—that no Government would do it, so we are trapped. Some trusts—not least the trust in Romford, which also has a polyclinic—are trapped in debt from the private sector, which makes them completely inefficient.

Dr Whitford: I thank the right hon. Gentleman for that point. Of course, Governments can borrow at a much lower interest rate than any private business. Money is being sucked out of the NHS through the PFI across the UK, but there are also other ways in which money is being sucked out of the NHS, particularly NHS England—for example, through outsourcing under the Health and Social Care Act 2012. Private companies have to make a profit. Their chief executive is bound to make profit for the shareholders. They are not bound to deliver quality of care. We have seen clinical commissioning groups get trapped in this way. Six commissioning groups in Surrey tried to bring community care back into the NHS—they were not breaking a contract—but Virgin did what Virgin always does if it does not get a franchise renewed. It sued the CCGs. It is all hidden behind a commercial veil, but we know that at least one of those commissioning groups paid over £300,000 to settle out of court, and six groups together means that the figure was likely to be well over £2 million.

Mr Sheerman: I agree with almost everything the hon. Lady says about PFI contracts. We got a terrible PFI contract in Halifax and Calderdale. It is still a millstone around our necks. When I chaired the Education and Skills Committee, we looked at PFI contracts. The fact is that they are financial agreements, and some were better than others. But a lot of very clever City types came to places like Halifax and ran rings around the trust, so it got a bad deal. That is the truth of the matter.

Dr Whitford: That is true, and this obviously applies to the process of bidding and tendering for delivering services. An NHS orthopaedic department will not be able to compete with a major multinational with regards to its bid team, its tendering team and its ability to put in loss leaders. The problem is that all this money is being lost in a circular reorganisation that has been going on in NHS England literally for the last 25-plus years, with people being made redundant and given a big package, but then someone quite similar being re-employed or the same person being re-employed somewhere else with a different title—health authorities to primary care trusts to clinical commissioning groups. It is a huge waste of money, which is being sucked away from patient care, and that is where we want the money actually to go.

Mike Gapes: The right hon. Member for Hemel Hempstead (Sir Mike Penning) mentioned the Barking, Havering and Redbridge University Hospitals NHS Trust in Romford. Queen's Hospital in Romford is part of that trust, as is King George Hospital in my constituency. There is an independent treatment centre on the site of King George Hospital, and several years ago it was proposed that the centre be brought back in-house. But the company involved went to court and the NHS had to concede that it would remain as an independent treatment centre. These things are very damaging to the finances and integrity of our NHS.

Dr Whitford: Well, I am afraid that it was the Labour party that set up independent treatment centres. I am a surgeon, and one of the issues was that such centres were sucking away the routine elective work that contributes

[Dr Whitford]

to training future surgeons, and leaving the NHS to deal with the complex, chronic, expensive cases. Before the Health and Social Care Act, the NHS usually managed to find enough money down the back of the sofa that, at the end of each year, it would have about £500 million left. After the changes, it was £100 million in debt, £800 million in debt, and then £2.5 billion in debt. That is because money is sucked out in all these different ways, leaving a lack of funding that leads to rationing, which is pushing people to have to pay for more of their own care. We are hearing about that with co-payments—paying for a second cataract operation or for a second hearing aid. My Choice, which the Health and Social Care Act also brought in, raised the cap from 2% to 49% of income that an NHS hospital could earn through private patients. The highest amount at the moment is over 27%.

The idea that that does not impact on NHS patients is nonsense, because surgeons have limited capacity in terms of who they can operate on during the day, so if someone is able to jump the queue within the NHS, they are taking someone else's place. As we saw with Warrington and Halton Hospitals NHS Foundation Trust, price lists have been pinned up in clinics suggesting to people that they might want to pay £7,000 or £8,000 for a hip or knee replacement, and there were also a lot of cosmetic and minor operations. I would gently suggest, as a surgeon, that surgery is not a sport. Either the patient needs an operation clinically, in which case it should be provided by the NHS, or they do not, in which case they should not be able to buy it from the NHS. Under the principle of My Choice, hugely high thresholds are being set. In the case of some CCGs, a person has to have had two falls before they can have a cataract operation, or they have to be in pain, even in bed, to get their hip done. That is driving families to club together to address that. That is not right. If someone needs it, the NHS is meant to provide it free at the point of need, and if they do not, every single operation is a risk and should never be done to attract income for an NHS trust.

Bill Grant (Ayr, Carrick and Cumnock) (Con): I value the hon. Lady's comments about how money is being sucked out of the NHS. In Scotland, we have a particular issue with a large showpiece hospital in Edinburgh that should have been opened in 2012, seven years ago, that is sucking money from the NHS—millions of pounds annually over the past six or seven years. She may wish to comment on that.

Dr Whitford: Well, it has not been sucking money for the past six or seven years because it was only declared open in February. I totally agree that it is a huge setback that, due to a failure within the health board's tendering process for the build, it did not recognise the need for the level of ventilation in an intensive care unit. I would gently suggest to the hon. Gentleman that I do not think he would have wanted our Cabinet Secretary to simply go ahead putting babies and children in an intensive care unit where the ventilation was not considered safe.

In Scotland, so far our funding for the NHS has doubled in the past 10 years and will actually increase further next year. But it is not just about funding; it is about structure. What is happening in NHS England is fragmentation. It is not just that NHS hospitals are competing with private companies; they are competing with each other, and that undermines collaboration. We need to have collaboration, with the patient at the centre. Anything that fragments or undermines that collaboration is weakening the quality and safety of care.

Tom Tugendhat: Will the hon. Lady give way?

Dr Whitford: Okay, for the last time.

Tom Tugendhat: The hon. Lady is speaking very powerfully on many issues, as usual. I would be interested in her point of view on other health providers, because as she knows, having worked around the world, many of them do things differently, particularly around Europe, for example, where many of the hospitals are not owned by the state. Many of those hospitals compete and services are provided by different bodies—private companies, charities or community groups. Will she comment on how that works, because the French and Germans seem extremely happy with their healthcare?

Dr Whitford: As people in the Chamber may know, my husband is German and therefore I know that system in Germany relatively well. I would point out that the hospitals do not collaborate there either. As it is about income for the hospital, surgeons and clinicians will not always refer a patient on even though they know there is an expert down the road. I would not particularly defend that. I lost my sister-in-law two years ago, and the bills were still coming in for almost a year. That is quite a stressful and upsetting system. Not everything is covered. Patients still, as in many insurance systems, have to cover a gap, which can be significant and quite painful for them. These systems could not generate the epidemiological data, or anything like the treatment and outcome data, that is generatable in all four of the UK health services, because they do not have a nationwide system.

When I was back on the Health Committee for a short time this spring, we heard talk about the changes to the Health and Social Care Act. It is critically important that those go ahead, because there are perverse incentives within that legislation. At the moment, the tariff is paid to a trust only if patients are admitted. That is a perverse incentive against managing people in the community, or even prevention. It is important that section 75 is done away with completely so that there is not pressure on commissioning groups to put things out to tender, because that is a wasteful process. I remember reading about £500 million wasted in Nottingham, where there were preparations for a tender, then the private company did not go ahead and then it did go ahead.

All this is taking money away from patient care. That is the basis of the argument about publicly provided services. I am sorry, but the quips about drugs and so on by the Secretary of State were childish. Was he suggesting that nurses and doctors go into the North sea to drill for oil, or that that is the suggestion from the Opposition Benches? It is not the suggestion from anyone on the Opposition Benches that drugs would not be purchased. It was just a childish response. Having private companies pulling NHS England apart undermines it, fragments it and makes it not patient-centred, and being patient-centred should be the goal of every single health service across the UK.

Several hon. Members *rose—*

Madam Deputy Speaker (Dame Eleanor Laing): Order. We will begin with a time limit of seven minutes, but I would expect that to reduce as the day goes on.

3.36 pm

James Brokenshire (Old Bexley and Sidcup) (Con): It is a huge privilege to be able to speak from the Back Benches for the first time since my change in role and position. I cannot think of a better topic to be speaking on than our wonderful NHS. It will not surprise many in this House to hear me champion the NHS in those terms given the experiences that I have had, in a very positive way, within it over the past two years.

In some ways I very much welcome the opportunity of this debate, but there is also a part of me that does not welcome it, because we should have been debating something else today. However, even though we are not able to do so, I remain confident that we will secure a Brexit deal and get it through this House, and that the Prime Minister will remain focused on seeing that we leave with that deal.

This Queen's Speech is profoundly about responding to the concerns of our constituents out there across the country. It has many good and positive measures, whether on violent crime or on things like building safety, which I care about enormously. I welcome the commitment to follow through with Dame Judith Hackitt's review by ensuring that there are measures in place to promote safety, so that people are safe and feel safe in their homes. I also welcome the Domestic Abuse Bill and the new statutory duty, which I am sure will raise the standard and provide the level of care and support needed.

I appreciate the emphasis placed on our NHS in the Queen's Speech, with measures such as the Health Service Safety Investigations Bill and the medicines and medical devices Bill, which I hope and firmly believe will continue to drive the changes we need in outcomes for people with cancer. The NHS long-term plan rightly set out an ambition and intent to diagnose more people with cancer at stage 1 and stage 2, to ensure that we get more people living well with and beyond cancer. That is critical if we are to see, as the NHS long-term plan says, 55,000 more people each year surviving cancer for at least five years after diagnosis. We must give that focus through these measures and further investment to achieve not only the numerical targets but to profoundly change people's lives. After my diagnosis just under two years ago, I did not know whether I would even be here today to be able to give this speech. That is what we are talking about—this is about saving people's lives, and with early diagnosis and earlier treatment, we can do that.

I was looking at a report published in the last couple of weeks by the UK Lung Cancer Coalition about the need for speedier diagnosis, and I commend it to the Secretary of State. I welcome the effort being made through the lung health check programme, which I hope to return to during Lung Cancer Awareness Month next month, and the optimal lung cancer pathway, to ensure that people get speedier treatment. In its report, the UKLCC included a profound and very pertinent quote from Sir Mike Richards, the former national cancer director, who said:

"When you receive a diagnosis of suspected lung cancer, it's not about the number of days until you get access to treatment, but about the number of sleepless nights until you do."

We need to focus on the overall impact of people receiving a diagnosis and ensure that we make it as effective and speedy as we can, knowing the burden on not just the individual but their loved ones and the pressures it brings. That needs our attention.

If we are to meet the ambition in the NHS long-term plan, we have to shift the dial in relation to lung cancer. There are 47,000 cases of lung cancer diagnosed each year. Sadly, it is the biggest cancer killer, with around 35,000 people dying from lung cancer every year in the UK, equating to nearly 100 people every single day. Only 15% of people diagnosed with lung cancer will survive their disease for five years. That is an unacceptable figure. Why is it the case? Because far too many people are diagnosed in the late stage, when the disease has spread and the options are more limited.

I welcome the innovative drugs that are coming through, which I hope the new legislation will support, and the £200 million investment in CT scanners that the Health Secretary has announced, which is so important. It is crucial that we shift the dial. Over half of us here today will get cancer at some stage in our lives. That is why we need to change the terms of the debate and focus on getting earlier diagnosis and speedier treatment. We also need to be more open and honest. Rather than talking about "the big C", we should be looking at ways to discuss this far more openly. Through our investment, our plan and the steps set out today, we can turn the debate into one about cancer being a chronic disease that we can live well with and beyond. I hope that the measures we are debating today will help to achieve that.

Several hon. Members *rose—*

Madam Deputy Speaker (Dame Eleanor Laing): Order. I am very sorry, but after the next speaker, the time limit will have to be reduced to five minutes. If Members who wait to the end are annoyed about that, they will have to speak to all those who intervened on the Minister and the Front-Bench spokespeople at the beginning of the debate; I do not blame the Minister or the Front-Bench spokespeople.

3.44 pm

Dr Sarah Wollaston (Totnes) (LD): It is a pleasure to follow the right hon. Member for Old Bexley and Sidcup (James Brokenshire), who spoke so powerfully about his experience of the NHS and the importance of early diagnosis of cancer. He said in his opening remarks that we should have been discussing Brexit. I say to him and his colleagues that there is no version of Brexit that would benefit the NHS, social care, science and research or public health, so I urge him to look again at the way he has voted over recent days. That is something we heard compellingly and repeatedly—

Lucy Allan: Will the hon. Lady give way?

Dr Wollaston: I will not give way, simply because of Madam Deputy Speaker's comments about time pressures.

We heard those views on Brexit powerfully and consistently from all those who gave evidence to the Health and Social Care Committee, so I again urge the right hon. Gentleman to reconsider.

No debate about the NHS can take place without considering alongside it social care and public health. I start by thanking all those who work in all those sectors,

[Dr Wollaston]

who are working under pressure as never before. I reiterate the powerful points raised by the shadow Secretary of State for Health and Social Care. I will not repeat his points about the pressures, including the financial pressures, because I agree with him. However, as parties write, structure and frame their manifestos, I urge all colleagues to look at the evidence and at the asks of the NHS's workforce and leaders.

I welcome an NHS Bill in the Queen's Speech—I was going to ask the Secretary of State this, but unfortunately he has left his place, so I hope it will be addressed in the summing up—but have the Government looked carefully at the work that was done by the NHS, alongside the Select Committee, to frame those asks? People in the NHS were clear that they did not want another top-down administrative disorganisation of the NHS; they wanted something targeted. As was set out by my former colleague on the Select Committee, the hon. Member for Central Ayrshire (Dr Whitford), they want the scrapping of section 75. They want a common-sense approach to getting rid of the endless and wasteful procurement rounds. They want an approach that allows all parts of the NHS and partner organisations to work together more closely. I want to hear from the Minister in his summing up that the Government have heard that loud and clear, and that it will all be adopted, because it has cross-party support in the Select Committee and a very clear evidence base. That would help us to implement the long-term plan much more quickly.

I would also like the Minister to say more about when we will hear the Government's proposals for social care, because the knock-on pressures from social care on the NHS are enormous. Far too many people end up in far more expensive settings, where they do not want to be and where they are put at greater risk, for the want of good social care in our communities. This is a political failure. Two Select Committees—the Health and Social Care Committee and the Housing, Communities and Local Government Committee—worked alongside a citizens' assembly to come up with a consensus approach. We have to get away from the back and forth of, "Is it a death tax?", "Is it a dementia tax?" The fact is that we already have a dementia tax in the NHS and social care. The result of the failure to grasp this issue and come up with a long-term solution is that 1.4 million people are going without the care they need. It is a failure on the part of all of us to grasp this problem and come up with something long term and sustainable.

We need to take a far more evidence-based approach to public health and prevention. To give an example of that, today the Health and Social Care Committee published our "Drugs policy" report. Last year, 2,670 people died as a direct result of drug use. That is an increase of 16% on the year before. That figure can be doubled if we include all the causes of preventable early death among people who use drugs. Again, we know what works. I urge the Government to look at the international evidence, to be bold and to consider making this a health responsibility—to say that we will help addicts and that we will radically improve treatment facilities.

There has been a 27% cut in resources for drug treatments, and as a result people are dying unnecessarily. I am afraid that we are not being bold enough in saying that we can save these lives and benefit people's wider communities if we are just prepared to take the step of destigmatising drugs and seeing drug use as an illness rather than something for which, for personal possession, people should be banged up in jail. We should allow our police forces to continue to go after the dealers—the Mr Bigs—rather than criminalise people, especially given that, frankly, we saw competitive drug-taking stories during the Conservative leadership election. I would ask whether any of those people would have been in the position they were had they had a criminal record.

The point is that people are dying completely unnecessarily because of our current policies. Our drug policies are failing, and they are particularly failing those who are dying, their families and all the wider communities that are being subjected to the harms of unnecessary acquisitive crime, discarded dirty needles and so forth. Let us look at the evidence, and let us be bold—not just on drugs policy, but on so many of the other things that are leading to serious health inequalities, such as childhood obesity. Let us be evidence-led in our policy and let us try to get away from the party divisions.

In closing, I would just like to express again my sincere thanks to all those who are helping us out there in our emergency services.

Several hon. Members *rose—*

Madam Deputy Speaker (Dame Eleanor Laing): Order. We now have a five-minute time limit.

3.51 pm

Sir Bernard Jenkin (Harwich and North Essex) (Con): I join the hon. Member for Totnes (Dr Wollaston) on that last point. We pay tribute to all those who are serving in the NHS and our emergency services. In particular, if I may, I pay tribute to those serving in North East Essex.

Recent years have seen a significant turnaround in the health service in my constituency. Colchester General Hospital was for years in some considerable difficulties, but it is now commanding the confidence of the Care Quality Commission. It has newly merged with Ipswich Hospital in the East Suffolk and North Essex NHS Foundation Trust. It exemplifies the importance of the inspirational and strong leadership that we have in Nick Hulme, who is the chief executive of that trust.

I also commend the strategic transformation plan, which was greeted with great suspicion when such plans were first talked about. It is looking strategically at things such as GP capacity—for example, we need a new surgery on Mersea island—and at providing more services locally, such as at the Fryatt Hospital in Harwich, where we are maintaining and developing the excellent minor injuries unit and developing local access to other satellite services that would otherwise have to be at Colchester General Hospital.

All this underlines the importance of leadership, and I do hope the Secretary of State and his Ministers will continue emphasising the importance of leadership and staff engagement. I have to say to the colleague who served with me on the Joint Committee, the hon. Member for Central Ayrshire (Dr Whitford), that all this is much harder to achieve in Essex on 40% less funding per head than is available to the NHS in Scotland.

I want to concentrate on the Health Service Safety Investigations Bill, which originates from a report that my Committee—the Public Administration and Constitutional Affairs Committee—produced in 2015. We were dealing with the aftermath of all the problems of Mid Staffordshire, with 80% of the complaints coming through from the Parliamentary and Health Service Ombudsman, in an atmosphere where we were asking how complaints could be better handled and how incidents could be better investigated.

People such as Martin Bromiley, whose wife died on the operating table in 2005 and who set up the Clinical Human Factors Group, inspired me, as did papers by people such as Carl Macrae and Charles Vincent—they published a paper in the *Journal of the Royal Society of Medicine* in 2014, called "Learning from failure: the need for independent safety investigation in healthcare"—and that led my Committee to establishing our inquiry.

In a context of the then Secretary of State telling us there were 12,000 avoidable hospital deaths, 10,000 serious incidents, 338 "never" incidents and 170,000 written complaints about healthcare in the NHS every year, and with the NHS Litigation Authority reporting a potential liability for clinical negligence of £26 billion—the figure today is much larger—we were determined to find a better way to investigate clinical incidents so that there could be learning and no blame. The fundamental conclusion we published was that there is

"a need for a new, permanent, simplified, functioning, trusted system for swift and effective local clinical incident investigation conducted by trained staff, so that facts and evidence are established early, without the need to find blame, and regardless of whether a complaint has been raised."

With the Bill that the Government introduced in the House of Lords last week, we are now progressing towards legislation for a safe space, so that the conversations can happen, without fear of litigation, through a properly independent body that is not a regulator, is not part of the political apparatus and is not beholden to the spending and politics of the NHS, much like safety bodies in other industries such as the air accidents investigation branch.

The Joint Committee considered the legislation last week, and the Select Committee produced another report in August 2018, "Draft Health Service Safety Investigations Bill: A new capability for investigating patient safety incidents." I look forward to its being one of the Government's most important achievements when they set up this body under statutory authority.

3.56 pm

Helen Goodman (Bishop Auckland) (Lab): It is a pleasure to follow the hon. Member for Harwich and North Essex (Sir Bernard Jenkin).

One of my constituents had a stoma operation in the summer, and he received a letter a fortnight ago from the private company that supplies his stoma bags. This letter said that, in the event of a no-deal Brexit, the company hoped to be able to continue the supply—not guaranteed but hoped. This is completely unacceptable. He had his operation under the NHS on medical advice, but the stoma bags are supplied by a private company. In other words, the aftercare is privatised.

Ministers must accept responsibility for these essential supplies. I do not know how many thousands of people would be affected if these companies were not able to supply the stoma bags, and I cannot imagine how awful it would be for them to sit with faeces oozing from their stomachs if Ministers cannot make sure this is properly sorted out.

The Government simply have to get a grip. They must stop the constant process of privatisation, undermining and attrition of the NHS. The last nine years have seen a constant stream of salami-slicing in my constituency. NHS managers struggle with inadequate resources, recruitment difficulties and inadequate funds. Staff are doing an excellent job, but they are under huge pressure at the moment.

To deal with this, managers constantly reorganise services in the hope of squeezing more money out of the system. None of the 20 refurbishments announced by the Secretary of State will benefit my constituents, not in Bishop and not when they go to Darlington or Durham. Darlington Memorial Hospital, in particular, needs proper attention. It is a collapsing building with huge problems, and it needs to be rebuilt.

In 2013 we lost the maternity ward from Bishop Hospital. In 2017 the CCG had to launch a fundraising campaign to raise money for an MRI scanner. The public responded very generously, but we cannot only have new kit if the public get the campaign funds together. That way, we will have much better healthcare in wealthy areas than in poor areas.

Last year, there was a proposal to close ward 6 at Bishop Auckland Hospital, which through energetic campaigning we have staved off. Now, the closure of Bishop's stroke rehab wards is proposed. No doubt some of their work would be done in the community, but other patients would have to go to Durham hospital, which is already crowded. All the time, we see my constituents having to travel further—to Durham, to Darlington, sometimes to Stockton, with journeys taking an hour. This debate is not about buses, but the fact is that Ministers must get their heads around the reality of delivering healthcare in rural areas. The rhetoric simply does not match the reality. We have also lost one of the two wards at the Richardson Hospital in Barnard Castle, and I have not begun to talk about the problems of getting GP appointments and the terrible difficulties young people have getting the mental healthcare they need.

All this takes place against a background of deprivation and poverty. In one part of my constituency, male healthy life expectancy is 68; in another, it is 54, yet the Government are cutting Durham's public health budget by £19 million. I was really disappointed—no, angered—when the Prime Minister, during his campaign to become Tory leader, said that he wanted to cut taxes for the top-earning 3 million people, putting £6,000 into the back pockets of people earning £80,000 while my constituents have to go to one of the seven food banks that have opened in recent years.

4.1 pm

Stephen Hammond (Wimbledon) (Ind): It is an honour, a pleasure and a surprise to be called in this debate, Madam Deputy Speaker. I confess that I had forgotten I put in for it, but I am none the less delighted to speak and to follow the hon. Member for Bishop Auckland (Helen Goodman). She knows how much I oppose no deal, but I say gently to her that I spent more hours of my life than I care to remember between December last

[Stephen Hammond]

year and July ensuring that in the event of a no-deal Brexit the NHS would have the supplies it needs, and I am confident that my successor as the Minister for Health, my hon. Friend the Member for Charnwood (Edward Argar), will be able to reassure her from the Dispatch Box that the NHS is putting in place all the preparations she wants.

For me, the most important line in the Queen's Speech was that new laws would be introduced to implement the NHS long-term plan. I say that because I think the long-term plan is likely to be one of those documents that define healthcare and the way we deliver it for many years to come. It appears that real thinking has been put into creating a joined-up framework, but as the Chair of the Health Committee, the hon. Member for Totnes (Dr Wollaston), will recognise, it is not just a central diktat document. It is a document that was formulated working upwards with NHS staff and that makes them integral to the whole system.

The Opposition spokesman, the hon. Member for Leicester South (Jonathan Ashworth), was right to identify that there are staffing problems, but he was wrong not to accept the absolute priority the long-term plan attaches to staffing and the work that is being done. The Health Secretary spoke about the number of extra GPs being recruited into training this year; what he did not say was that while recruitment is a problem, retention is even more fundamental. A number of the training places are in new medical schools in areas that are likely to retain the new doctors because they trained in the area. Equally, in nursing, which everyone rightly talks about, retention is as important as recruitment, and efforts are being made through new routes back into nursing. When I visited Great Ormond Street Hospital, I was struck by the introduction of 10 to 2 shifts, enabling mothers who want to return to nursing to continue to practise on child-friendly shifts. It is true that flexible rostering is coming on and we should avail ourselves of such opportunities, because if we cure our retention problem, we halve our recruitment problem.

I am pleased to see the work being done on the NHS infrastructure plan. Inevitably, everybody has said that the 40 hospitals are not there, but anyone who has been in business or in any form of charity work that requires forward planning knows that 40 hospitals or 40 projects are not brought on just like that. They need business plans. We can commit to six hospitals so quickly because the process has been worked through and they are ready to go. It is encouraging that 21 plans are in procedure and are starting now. It is much more likely that those hospitals will come forward more quickly.

It would be remiss of me not to take this opportunity to bring forward one constituency case, which I think highlights a problem that a number of hon. Members have already spoken about today: the use of medical cannabis by people with severe epilepsy. The case concerns my constituent Kayleigh Morris, whose Aunt Dee spends an extraordinary amount of her time and her life ensuring that her niece is able to live. She appreciates that the Health Secretary saw them seven months ago. What she would like, however, is for the Health Secretary to—if I can put it colloquially—put a rocket up the health system. I have spent the past three months writing letters to the chief executive of the hospital just to get him to respond to my constituent on this matter. If the Health Secretary could put that proverbial rocket through the system, it would be greatly appreciated.

I see that I have 18 seconds left, which is probably a relief to the House. I will just say that I am particularly pleased to see that the Government are, along with the long-term plan, going to bring forward reforms to mental health.

4.6 pm

Ann Clwyd (Cynon Valley) (Lab): Madam Deputy Speaker, you were in the Chair when I was granted an Adjournment debate by Mr Speaker on a subject which I will discuss again today. I was a patient at the time and I came out of hospital to speak.

I have a very long involvement with the health service. I sat on a royal commission on the NHS, having been appointed by Barbara Castle 40 years ago. For me, it is incredible, 40 years on, to still hear the same arguments over and over again. I wish the Health Secretary was in his place. I enjoyed writing a report on hospital complaints in England for the Department of Health when David Cameron was Prime Minister. I was very much hoping to get assurances today that the recommendations we made then have all been acted on. I do not believe that they have been.

I was also on the Welsh hospital board many years ago with Aneurin Bevan's sister. It is quite useful to have people in this place who are a bit older, who have long memories and who can remember what has been said and done and promised. I remember going to the United States, talking to health professionals there and realising that two thirds of all personal bankruptcies in the US were because of inadequate health insurance. I think that that was still the case when I last checked. I very much hope that that does not become the norm in this country.

As a recent patient, I would like to thank everybody in the English health service and the Welsh health service for their care, because I would not be here today were it not for them.

Gerald Jones (Merthyr Tydfil and Rhymney) (Lab): Would my right hon. Friend like to pay tribute to the NHS in Wales? As my constituency neighbour, I am sure she appreciates all the good work done in Wales.

Ann Clwyd: I have been a critic of the health service in Wales, as my colleagues know, but I am also an admirer of much of the good work it carries out, particularly in my hon. Friend's constituency at the Prince Charles hospital in Merthyr Tydfil and at University Hospital Llandough in Cardiff, where I apparently almost died in August. I am grateful to be alive, and I thank all the doctors and nurses involved.

Over 200,000 people in Britain suffer from venous leg ulcers, a form of chronic wound. It is highly painful, I can tell you, and socially isolating. For most, treatment involves managing the symptom—the ulcer—rather than addressing the underlying cause, yet proven surgical interventions are available to treat this underlying condition. Clinical guidance is comprehensive, but the evidence shows that local-level implementation is extremely patchy.

The UK spends between £940 million and £1.3 billion every year managing venous leg ulcers. Most of that comes from the need for community nurse visits to

support patients in managing their conditions. Seventy-five per cent. of costs alone can be attributed to community nursing, placing a huge strain on community care, yet evidence shows that where clinically appropriate, a surgical intervention approach is cost-neutral in year one, and that is what I would like to hear about from the Secretary of State.

While early intervention incurs high initial costs, these are quickly offset by lower one-year community nursing costs. The issue is that most cases are simply never referred to a specialist vascular service. Seventy-five per cent. of venous leg ulcers do not receive a comprehensive vascular assessment, as enshrined in National Institute for Health and Care Excellence guidance. Sixty-four per cent. of clinical commissioning groups' commissioning policies were found to be non-compliant with NICE guidelines for the treatment of the problems responsible for venous leg ulcers.

The opportunity to provide cost-neutral treatment, proven to heal ulcers faster and help to prevent recurrence, is missed, causing unnecessary pain and suffering for thousands. I can tell the House that it is the most painful thing that has ever happened to me. I know many, many people who are living in this pain now. How can we ensure that primary and secondary care providers, commissioners and local authorities are brought together, made aware of the benefits and able to deliver early intervention in venous leg ulcers? Quite simply, it will save NHS funds and save the suffering of so many people.

4.12 pm

Mr Philip Dunne (Ludlow) (Con): It is a particular honour to follow the right hon. Member for Cynon Valley (Ann Clwyd) and to hear of her recent experience, which highlights her continued diligence in serving her constituents after 35 years in this House. I am also pleased to follow my hon. Friend the Member for Wimbledon (Stephen Hammond), who has just left his place. He was one of the four successors that there have been to my post in the Department of Health and Social Care since I left it less than two years ago. As a result, he has covered many issues that I want to focus on today, which offsets the fact that I have only four minutes left for my remarks.

I am particularly pleased that this Queen's Speech has had a significant focus on health. It has been a while since the first Conservative Government came in and enacted the Health and Social Care Act 2012. There is legislative capacity in the Queen's Speech and in the period that will hopefully follow to allow the Department to put through its legislation. The measures on social care are so vital for many of us. With many of our adult and children's social care providers running into a brick wall on funding, it is becoming increasingly urgent that we find solutions to the social care issue. It is particularly satisfying to see that mental health has its rightful place in the Queen's Speech. Implementing the long-term plan is the key plank of the legislation, and the legislative capacity gives the Department the opportunity to ensure that it can fulfil the promise of the long-term plan with any statutory obstacles removed through legislation, as necessary.

I will touch on two specific measures, beginning with the health service safety investigations body, which my hon. Friend the Member for Harwich and North Essex (Sir Bernard Jenkin) was so instrumental in supporting through the Public Administration and Constitutional Affairs Committee. This is a world-first body introducing a statutory underpinning to health safety and providing a safe space in legislation so that people can have confidence that its investigations will remain confidential in appropriate circumstances. I very much welcome that, having started that process myself.

Secondly, the medicines and medical devices Bill will provide an opportunity for innovation to come to the fore. The Secretary of State has a particular enthusiasm for technology and introducing a modern, 21st-century digital era into the NHS, which is long overdue. I anticipate that the Bill will provide significant capacity to beef up the accelerated access collaborative to allow productivity through technology to be adopted across the NHS. We have had some excellent work from Professor Eric Topol highlighting how the introduction of artificial intelligence, particularly in diagnostics, can greatly increase the productivity of the NHS workforce, on whom the demands being placed by our demographics are increasing all the time.

On workforce, I am very proud that in the time I was at the Department we increased the percentage of doctors and nurses in training by 25%, and I was delighted to hear the Secretary of State refer to the record number of GPs in training, but we have to sort out the pensions issue, which has been affecting many senior clinicians in general practice and in our hospitals. The measures announced earlier this year are only a stopgap. I was in a GP surgery last week. One of the practitioners works half time, another three quarters time; they cannot afford to work full time because of the tax implications for their pensions.

On nurses, the continuous professional development offer of an extra £1,000 per nurse is vital. When I was going round hospitals, the matrons in every ward I went to said that this problem was making it more difficult for staff to progress through the career structure, so that offer is very welcome.

I will make one final point on workforce. Shrewsbury and Telford Hospital is not one of the trusts receiving the extra and very welcome capital investment, but that is because it got it 18 months ago, and I am delighted that decision has gone through. This week, it hired 179 nurses from India to fill vacancies. When we allocate capital, we need to think about encouraging training opportunities for clinicians where the capital is being deployed.

4.17 pm

Mr Barry Sheerman (Huddersfield) (Lab/Co-op): I shall rattle through my speech. I always like to speak in the Queen's Speech debate. I thought I was going to be robbed this time, but here we are, back with the opportunity.

I am not an expert on health, but I do take a great interest in it, and I have a real interest in management, so I want to say something about the big issue in health. We have a brilliant national health service, and we will all, politically speaking, keep on fighting about it, but I agree with the right hon. Member for Penrith and The Border (Rory Stewart): at some stage, we will need a royal commission, especially on social care, which will become very expensive as people live longer and as the challenge of providing decent care increases. Furthermore,

[Mr Barry Sheerman]

everyone loves the NHS, but not many people want to pay much more in their taxation. We have to crack that and find a way to fund the NHS properly.

Not only that, but we are getting cleverer all the time. I had the pleasure of a breakfast meeting with Professor Topol, who wrote an innovative paper for the Government about new technology, science and our ability to identify cancers and diagnose earlier. It is all so exciting, and it is going to happen, but it will cost money.

Where our health service is severely deficient is in the quality of management. I spent some time in hospital a couple of years ago. It was not serious, but I had the chance to look at how a hospital was run, and the more I looked, the more I realised that people were not trained properly: doctors do not get trained as managers. We often promote highly skilled medical people to manage our health service, but there is no great institution educating the best administrators and managers in the health service. They have them in some parts of the United States and in other countries, such as France, but we do not have that very high-quality management, and we need to do something about it, because the future needs high-quality people.

May I strike a slightly discordant note at this point? What causes ill health is poverty. We all know about the relationship between the two. We know about it in my constituency, and we know about it everywhere. The fact is that poorer people get ill, and in the last few years austerity has made a lot of people ill. One of the indicators of poverty and ill health that I have noticed is dentistry: in this country, people have to be really, really poor to get any free dentistry. There are very few NHS dentists in my constituency, and we are beginning to see people with awful-looking teeth. You need wealth these days to afford good dentistry. It is a dreadful, dreadful thing that we have pushed dentistry out of the national health service. It is unacceptable to so many people.

On the other hand, I believe that there are very exciting signs. We now need a new model of hospital and a new model of GP surgery, and some of the very best that I have visited are top-class. I think we have learnt that big, big hospitals are no longer the most appropriate for most communities. I am delighted that, after a massive campaign in Huddersfield, we have money for a new A&E service in our old hospital that Harold Wilson opened, but that hospital is out of date. We need a new build, and I can tell the Secretary of State and his ministerial team that we would build a modern, techie, innovative, wonderful hospital on that Harold Wilson site. We already have some money for the A&E, but we could go further and build a wonderful, futurist hospital.

I have done a lot in public health. I organised the seat-belt legislation that banned people from allowing children to be unrestrained in cars. That is one of the things that I have done with the World Health Organisation on an international basis. Every year, 1,780 people are killed on the roads and 10 times that number are seriously injured, and the impact on our hospitals is massive.

We need much better public health education. Where has it gone? People talk about it, but then they turn it off. Local authorities do not have the money to deliver it, and to deal with the problems of obesity, drug addiction—which was mentioned earlier by the hon. Member for Totnes (Dr Wollaston)—alcohol addiction and smoking. We could make such changes if there were more relevant public education on those matters, and on matters such as atrial fibrillation: half the people in this country do not know that they have an irregular pulse and are likely to have a stroke.

There are all sorts of things that we can do in our wonderful health service. We just need the time and the resources.

4.22 pm

Sir Mike Penning (Hemel Hempstead) (Con): It is a pleasure to follow the hon. Member for Huddersfield (Mr Sheerman). I fully agree with many of the points that he made, and I think that everyone in the House would agree with them.

I am not usually confrontational politically, so I will do only a tiny bit of that. This fear thing that is being thrown around about a privatisation of the NHS is very damaging. It is not particularly damaging to my party, but it is damaging across politics. I was at the Opposition Dispatch Box as a shadow health Minister for four and a half years, and during that time all those PFIs went through. Under the private finance initiative, private companies were being paid for surgery that was not even carried out. They were contracted for 1,000 knee operations or 1,000 hip replacements which did not take place, and they were still paid. That is what happened under the previous Labour Administration.

We need to admit that we make mistakes when we are in government. We have made mistakes before. I made mistakes as a Minister when I was in seven different Departments—it will probably not be eight now. Governments sometimes make mistakes for the best of reasons. One of the great mistakes was that era of privatisation, with PFI deals that were off the balance sheets, and Darzi clinics. Lord Darzi was a great surgeon, a great medical man; I just happened to disagree completely with many of his proposals which were implemented by the Government, and which, frankly, have not worked. There are still many clinics out there to which trusts have to pay huge amounts of money, not to get out of their contracts but just so that they can carry on. That is something that we need to admit. So, in this House, let us admit that Governments make mistakes and that the PFI privatisation carried out by the Labour party was wrong, although it was probably done for the best of reasons. A PFI hospital was promised to my constituents; it never came even though the Labour party closed the A&E at Hemel Hempstead hospital, in the largest town in Hertfordshire. We were promised that that would be looked after, because St Albans had had its hospital closed. However, it was closed and the whole thing moved to a Victorian hospital in the middle of Watford, which cannot cope today and has not been able to cope since then.

Adding little bits to hospitals, as the hon. Member for Huddersfield (Mr Sheerman) said, and putting a new A&E on the front can sometimes work, but when there is serious funding around, which is what we are talking about now, a modern, new, environmentally proper hospital that can actually have sufficient footfall to enable the medics to work in their specialties is what we need.

I am one of the few Conservative MPs to have been offered the £400 million for a new hospital. I have said to the Secretary of State and to my trust that it is not a new hospital; it is a refurbishment of a Victorian hospital in the middle of Watford next to a football ground, and my community does not want that. The people of Watford might, but if they thought outside the box—I am not being rude to them—I am sure they would agree that it would be better to have a brand spanking new hospital that looks after the communities of Watford and the surrounding areas of Hemel Hempstead and St Albans in that massive growing area just north of the M25.

So I do not want my old hospital reopened. It is still sitting there boarded up; it is just sitting there like a running sore in my constituency. It was a wonderful new hospital when the new town was built, but there she sits now with two wards, out-patient facilities and a minor injuries unit that does not even open for 24 hours even though we were promised it would.

What we want is a tiny bit more money—the Secretary of State knows this; I am not saying anything to the Minister that he does not know. We should not keep frightening people by saying it will cost £750 million or £1 billion to build a new acute hospital on a greenfield site, because we know it will not. We have the experts working for the new hospital action group and I am going to meet the experts in the Department in the next couple of days. So I am saying to the Department, "Hold back for a second on this new hospital for us, because if you hold back a second, we might get a completely different result."

Barry Gardiner (Brent North) (Lab): The right hon. Gentleman is speaking very candidly and with great integrity. My mother died in the Hemel Hempstead hospital that he speaks of many years ago. He talked about PFI and some of his remarks are absolutely spot on, but does he now recognise that the money owed on the PFI liabilities is actually £9 billion, as opposed to the £11 billion, which is the backlog of what hospitals are paying to the Department itself because of the borrowings they have had to take out as a result of the financial problems they are facing?

Sir Mike Penning: As was said in debate with the Scottish National party spokesman earlier, the Government can borrow money much cheaper than any private organisation.

I am thrilled that there is some honesty in the Chamber, because we have argued about PFI for donkey's years; it was a way of getting things off balance sheet, and let us move on from that. There is no more PFI—we can all agree on that—but actually we are not privatising the NHS, as everybody with an ounce of common sense knows. The NHS is perfectly safe; it has been safe under this party for the majority of its time since inception, and it will stay perfectly safe. There are massive demands on it, however, and I cannot allow all this money—taxpayers' money—to be put into a Victorian hospital next to a football stadium in the middle of Watford. Anybody who knows our part of the world knows that Watford football club is in the premiership. It might be struggling a little bit at the moment, although it did very well against Spurs the other evening. Let us pause, get the experts around the table and stop scaring people with costs that are completely unrealistic—new hospitals were built in Birmingham for £425 million and a new one can almost certainly be built in Harlow for similar amount. Let us have a 21st-century hospital. Let us be honest with each other and move that forward.

4.29 pm

Brendan O'Hara (Argyll and Bute) (SNP): It is a pleasure to follow the right hon. Member for Hemel Hempstead (Sir Mike Penning). Indeed, there have been many good contributions this afternoon, and I particularly want to point out the contribution of my hon. Friend the Member for Central Ayrshire (Dr Whitford).

I would like to repeat the call that I made earlier in the year through the publication of my private Member's Bill, which asked the UK Government to make provision for an independent evaluation of the effects on the health and social care sector, should the United Kingdom leave the European Union. After working with Scottish Ministers, Welsh Ministers and the relevant Departments in Northern Ireland, I asked the Government, in the Bill, to undertake an evaluation of the sustainability of funding and the position of the workforce, as well as the "efficiency and effectiveness of the health and social care sectors".

The concern among those working in the sector about the harm Brexit could do can be measured by the fact that no fewer than 103 third sector organisations, trade unions and charities from every part of the United Kingdom have signed up publicly to support the measures in the Bill. I can assure all those who have supported the Bill up to now that it is my intention to re-present it to the House at the earliest opportunity. I will do that not just to highlight the issues facing the sector but to ensure that, in the months to come, should Brexit happen, no one in UK Government will ever be able to claim that they did not know what was happening or that they were unaware of the effect Brexit would have on the sector or the service user.

Earlier today, the Secretary of State said that his Bill had health and social care at its heart. I am therefore surprised and disappointed that something akin to what I am suggesting was not in the Queen's Speech, but I can assure the Government that if they were minded to take my Bill on board, they would find that I and, I am sure, Members from across the House and the entire health and social care sector would work with them constructively to get it through the House.

Every one of us knows that there is already a crisis in health and social care, and I believe sincerely that Brexit will simply deepen that crisis. I am not alone, and I know that the Government know this, because the British Medical Association wrote to the then Prime Minister in February to say that

"there is no clearer immediate threat to the nation's health than the impact of Brexit."

The Department's figures show that around three quarters of the medicines that we use in the UK come from, or through, the European Union. There are well-founded and genuine fears about the availability of medicines and, just as importantly, supplies of vital medical equipment, post Brexit. When we add to that the fact that our population is ageing and living with increasingly complex care needs, we find that there is a challenge of care. That challenge is to recruit and keep the workforce needed to look after those with complex medical needs. That situation will undoubtedly worsen as the UK, for

[Brendan O'Hara]

reasons known only to itself, is intent on deliberately cutting itself off from that pool of labour, on which we have come to rely so heavily. The House does not need to accept my word for this. Professor Ian Cumming of Health Education England said almost two years ago:

"Our biggest risk in the short term, as a result of Brexit, may be in the non-professionally qualified workforce across health and social care".

It is simply not enough for the Government to say, "Trust us, it will be all right on the night," because frankly, no one believes that it will be all right on the night. The Government have to show that they have thought of absolutely everything and that they are leaving no stone unturned in ensuring that everything will be all right. I passionately believe that the Government should look favourably on my private Member's Bill, which 103 organisations have signed up to, and accept that an independent evaluation of the impact of Brexit on the sector is an essential part of restoring and retaining public trust. They would have nothing to lose by taking this on board and accepting that this evaluation will help everyone across these islands when it comes to health and social care.

4.34 pm

Mike Wood (Dudley South) (Con): Like Members on both sides of the House, my family and I rely on our national health service, and it has always been there when we needed it most. It was there when my two children were born in local hospitals, caring for them when they were at their most vulnerable and looking after my wife through complications and immediately after their births. Then, at the start of 2017, the NHS was there for me when I unexpectedly became ill very quickly and developed severe septic shock.

Sepsis is a nasty condition. It is fast, devastating and indiscriminate. It affects people irrespective of wealth, gender, or age. In my case, I came back to Parliament after the Christmas recess with a cold, an experience with which most Members will be familiar, and the cold developed into a sore throat. Within days, I was at Russells Hall Hospital A&E and then in intensive care. Within a few hours, I was in an induced coma, where I would remain for the next 11 days.

I received incredible treatment and care from our national health service, from doctors, from nurses, from ancillary staff, from every single member of team, and I will always owe them everything. I was also incredibly lucky. At one point when I was unconscious, the doctors had called in my parents to explain that I probably had about a 10% chance of waking up. Even with the incredible skills and dedication of the hospital staff, there was also a huge amount of luck involved in my pulling through.

Of course, not everyone is as lucky. Of the 250,000 cases of sepsis in the United Kingdom each year, at least 52,000 people lose their lives—a little more than are killed by breast cancer, bowel cancer and prostate cancer combined. It amounts to about 80 deaths in each of our constituencies. Indeed, 13 people somewhere in the United Kingdom have probably lost their lives to sepsis since the start of this debate. Each year tens of thousands more people suffer permanent and life-changing after effects that may leave them with permanent disabilities or health conditions.

A report presented to the European Society of Intensive Care Medicine last year found that sepsis mortality rates in Britain had not fallen as quickly as those in some other countries between 1985 and 2015, and there are many possible contributory factors. Some of it may be down to genuine differences in how sepsis is diagnosed and how causes of death recorded in the United Kingdom. On top of the roll-out of the second generation of the national early warning score system, I urge the Minister to consider a national registry to measure the extent of sepsis so that we can properly rate how effective we are in tackling the causes. Some of the differences may also be down to some clinicians being slow to follow the new systems and procedures. We have seen that in my local hospital, where I was treated so well, because CQC reports have made it clear that cultural resistance to change has been a problem, so we need better commissioning levers to incentivise best practice.

I am delighted to see measures in this Queen's Speech that will we hope address one of the big causes of avoidable deaths: human error. The Health Service Safety Investigations Bill will help to discover the truth rather than to apportion blame. It will provide for the world's first independent body that will investigate patient safety concerns to ensure that we do not have repeated mistakes that can cause further unnecessary deaths.

4.39 pm

Mary Glindon (North Tyneside) (Lab): It is an honour to follow the hon. Member for Dudley South (Mike Wood). I think the whole House wishes him all the best of health in the future, having recovered from that terrible illness.

I congratulate all the staff at Northumbria Healthcare NHS Foundation Trust because, for the second time in a row, they have received a rating of outstanding from the CQC. I have to declare an interest, as members of my family work for the trust, but it was great news to know that the organisation is providing outstanding services to my constituents, despite all the cuts that have been imposed over the years.

I must turn from a message of congratulations to the trust to complaining to the Government about an issue that people have already highlighted: the problem being faced by all those who desperately need access to medical cannabis, including my constituent, Lara Smith, who is known to people in here for courageously highlighting the problems she has faced in recent years in accessing the medicine Bedrocan.

Lara was a paediatric nurse and a county fencing coach before her health deteriorated because of cervical and lumber spondylosis. She has been on 35 different medications and had several operations for her condition. Unfortunately, she has been left with permanent nerve damage, limited mobility and a constant tremor in her right hand. Her quality of life has been impaired, not just because of her medical condition, but, particularly, because of the drugs she was prescribed for it.

Lara's pain management consultant prescribed her Bedrocan and the transformation was such that she was able to come off all her other medications, but the downside is that she can access the drug only by travelling to a Dutch pharmacy to collect it. That is an expensive,

arduous journey by ferry, which she makes every three months and has done so for four years. She always notifies the UK Border Agency of all the details it needs to know of her prescription and travel details, but, sadly, and most embarrassingly for her, on her last trip she was pulled aside by the agency, which wanted to check her medication. Of course, she was mortified and she worries it might happen again.

Lara's message to the Minister is that she is more than fed up with having to travel 300 miles to a Dutch pharmacy to get her medication. Can the Minister give her any reassurance that things will change soon, as he promised when he met patients' families from the End Our Pain campaign in March this year? Access to medical cannabis was legalised last November, so why has nothing happened to help patients since then?

I also wish to thank Dr Azzabi and the all the staff at the northern cancer care centre who have looked after my husband Ray since he was diagnosed with incurable prostate cancer four years ago. I give special thanks to the staff on ward 36, who are now seeing him through his chemotherapy. Ray was very lucky because when he was diagnosed he received instant treatment, which was a massive blessing for us. However, other cancer patients are not so lucky, and once they are diagnosed—a terrible blow to the family—as we know from the targets, treatment is now taking longer and longer. It is hard enough to be diagnosed with cancer, but knowing you have to wait for your treatment is unbearable.

Our staff in the health service are under pressure and services are lacking. Our precious health service deserves more. I hope that the Government will heed all the messages today and have taken note.

4.43 pm

Andrew Lewer (Northampton South) (Con): I am pleased to follow the hon. Member for North Tyneside (Mary Glindon) and my hon. Friend the Member for Dudley South (Mike Wood), who gave very personal examples of how this debate touches us all, and our families, in the most intimate and moving way possible. I am glad to be in the Chamber to speak on a subject that I have long believed needed more focus, and I am pleased that it has been given the attention it deserves in the Queen's Speech.

Demand is steadily growing and pressure will continue to rise in our health services. In particular, we must focus on addressing the issues that social care brings up, in respect of both adult social care and children's social care, which I shall touch on shortly. That is why I am glad that the Government have committed an extra £1 billion, in addition to the existing £2.5 billion that they have ring-fenced for adult and children's social care. Why is that so important? Because adult social care and support enables people of all ages to live the lives that they want and deserve to lead. It helps people to maintain their own health, wellbeing and independence and, importantly, it reduces pressure on the NHS and the need for NHS services.

The Government launched the better care fund, which aims to join up the NHS and social care at local level, with almost £6.5 billion in 2019-20 and £2 billion pooled voluntarily last year to make sure that services are more joined up for patients. That joined-up approach at a local level is something I really believe in. If it is carried out in the right way, it can help to take some pressure away from the NHS and help to deliver a better service to local communities.

Although welcome, more money like that in the short term is not the ultimate answer. I have spoken many times in the House, including at Prime Minister questions, about the adult care Green Paper, so I welcome the pledges to get on with that and perhaps even move directly to a White Paper, informed by the work done in the joint report by the Housing, Communities and Local Government Committee and the Health and Social Care Committee. I was involved in that report and many of its recommendations are very worth while.

In line with my speaking about adult care and the importance of local government working with the NHS on overall outcomes for health, I have a recent example from my constituency that demonstrates the importance of the whole public sector taking a holistic approach to health. The left hand needs to know what the right hand is doing. Earlier this month in Northampton South, I met some truly inspirational parents, Jamie Shellard, Susan Underwood and Olivia Anderson, along with Councillor Julie Davenport. They had been fighting to secure local school transport for their children with special educational needs and health issues and disabilities. The scheme proposed by the county council wanted a pick-up and drop-off point for their children, but that would have meant that children who currently get picked up by many buses or taxis from their homes might instead have had to walk up to a mile to be picked up from unknown bus stops instead. That does not make any sense. It is an example of a disjointed approach when, as I say, it is more important for the left hand and the right hand to know what they are doing.

In addition to paying tribute to those inspirational parents and the tireless work that they have championed, let me explain why I have mentioned them. Their case underlines how, even in a single local authority with significant health responsibilities, there can be an inability to see the bigger picture. It is good news that Northamptonshire County Council has now postponed that plan. I hope it will not come back at all. That case demonstrates how even highways and transport policies can have a direct impact on health and health services, which is why an integrated health and social care approach is important, and why we need all parts of local government and NHS services to work together in greater harmony, so that we can have the result we want for all our constituents who rely on those services.

4.48 pm

Dr Lisa Cameron (East Kilbride, Strathaven and Lesmahagow) (SNP): It is an absolute privilege to speak in this debate on the Queen's Speech and the NHS. I basically committed most of my adult life to working in the NHS. I heard the poignant speeches from the hon. Members for Dudley South (Mike Wood) and for North Tyneside (Mary Glindon) regarding their very personal experiences. That goes to show that the NHS is part of us all—it is part of our families—and therefore we owe it a debt of gratitude. We owe it everything we have in terms of supporting it going forward.

I am pleased that, as the debate has progressed, it has seemed much more cross-party and consensual. When I worked in the NHS, I would have said that having it pelted about like a political football was no good. It

[Dr Lisa Cameron]

might seem like something we can all banter about in this place, but for staff working in the NHS and watching it, it is very serious, and they want it and the issues to be taken seriously. I am therefore pleased that, as the debate has continued, we seem to be coming together on many issues and to be able to take them forward consensually.

I pay particular tribute to the staff who work in the NHS and in social care because that role is largely undervalued in today's society. However, it is absolutely crucial. To be honest, the NHS just does not function without the integration with social care that we are trying to achieve. Fifteen minutes of care is not enough. This needs to be appropriately funded. I know that from personal experience, as a carer for my own grandmother. We had to bring her to live with us because we felt that the social care system left her feeling quite lonely; she had only certain episodes of care each day. She needed mental stimulation as well as practical physical care. So I hope the Government will consider those issues and make sure that we look at social care in a holistic way and that we look at people's mental health and loneliness alongside their physical health needs, because 15 minutes of care, as it has been tagged, is certainly not enough.

I am delighted that mental health is a key focus. Had I been elected 20 years ago, when I started my career in the NHS—beyond that now, if I am honest—that would have been a closed door. We have come quite a long way in terms of mental health. There is a long way still to go but I am pleased that it has been prioritised. I ask that there is investment for child and adolescent mental health services. As awareness of the need grows, young people are coming forward, but they need to be seen and treated very quickly.

In particular, I want to ask the Minister about training in autism diagnosis for staff in CAMHS. It is not about providing new staff to CAMHS; it is about providing training for existing staff, so that there is no postcode lottery anywhere in the NHS. For a family with a young child reaching those developmental milestones or losing one or two developmental milestones, waiting for a diagnosis and adequate support is far too long a time to wait.

I pay tribute to the Thalidomide Campaign, which had its 60th anniversary event at Speaker's House just last week. My constituent, Jerry Cleary, has battled for years for justice. I ask the Minister to consider meeting me, members of the campaign and Members who have constituents who are affected because they told me last week that they feel like the forgotten campaign—the forgotten tragedy—and that really cannot happen in today's society.

Like other Members, I would like to mention medicinal cannabis. I have a tragic case in my constituency. Lisa Quarrell has a young son, Cole Thomson, who has now been prescribed medicinal cannabis, but they have to pay for this prescription at great cost. It will not be prescribed in the UK, so they are having to travel back and forward. Can she be included in the medical trials going forward? She came down to meet the Secretary of State and he promised that she would be included, yet she has not been. She needs to know what the outcome is and we really urge him to see this through.

I thank everyone who has taken part in the debate in a consensual way. I hope that we continue to build on that because, as I have said, the NHS is there for us all in our time of need. We must be there for the NHS.

4.53 pm

Henry Smith (Crawley) (Con): It is a pleasure to follow the hon. Member for East Kilbride, Strathaven and Lesmahagow (Dr Cameron). This is indeed a very important debate. I am glad that we have had the opportunity to re-emphasise this Government's commitment to the national health service, not least through record amounts of investment—an additional £33.9 billion is going in between now and 2024—and to discuss the emphasis on putting mental health on a par with physical health. I am delighted that schools in my constituency are part of a pilot in which mental health professionals are in schools to help young and adolescent pupils to deal with those sorts of issues.

I am glad that my right hon. Friend the Secretary of State for Health reconfirmed today—this cannot be emphasised enough—that the NHS is off the negotiating table when it comes to the post-Brexit international trade deals, and that it will remain free at the point of use, regardless of people's ability to pay.

Let me re-emphasise that this Government's record on the NHS is a good one, but sadly it has not always been under previous Labour Governments. The A&E and maternity units at Crawley Hospital in my constituency closed last decade. Services have now started to return, including a 24/7 urgent treatment centre, a new ward, new beds and primary care services. Mention was made of the NHS being a political football, but it is worth stating that all parties in this House can do better when it comes to supporting our health service.

On my right hon. Friend the Prime Minister's first full day in office I was pleased to seek a commitment for better support for primary care. One challenge in my constituency is that some GP practices are at or even over capacity for a number of reasons, including increased housing in the area and some doctors retiring early. We need to address this issue, particularly as more and more services—such as scans and minor surgery—are provided in GP surgeries, which is better for the patient experience.

I am standing down as chair of the all-party parliamentary group on heart and circulatory diseases, but I am glad that we were able to publish a report on artificial intelligence in the healthcare sector earlier this year. It is a crucial issue that I know the Department of Health takes very seriously, so I was delighted that the Health Secretary attended the launch of the report.

I am pleased to say that I have just been reappointed as chair of the all-party parliamentary group on blood cancer. I very much support the Government's commitment, in the long-term plan for the NHS, to ensure that 75% of cancers are diagnosed at stages 1 and 2 by 2028. But blood cancer is different from solid tumour cancers, and is much more difficult to detect. I therefore put in a plea and a bid for the diagnosis of blood cancer to be considered. Blood cancer is the country's fifth most common and it is the third biggest cancer killer in the UK, but because of the vagueness of symptoms it is often very difficult to detect in GP surgeries. Indeed,

some 28% of people with a blood cancer are first diagnosed when they present at an accident and emergency department, so it is an area that needs a lot more focus.

In the brief time I have left to speak, let me touch on the importance of developing policy on children's social care. Regrettably, West Sussex County Council, which covers children's social care in my constituency, has been judged very poorly in this area and a lot of remedial work needs to be done. As with adult social care, the issue of children's social care urgently needs to be addressed. It is often treated as the poor relation to healthcare, so it is very important that we place emphasis on the importance of better supporting social care when we talk about the NHS.

I urge the House to reject the amendment because I do not want to see the nationalisation of the production of medicines, which the Health Secretary mentioned earlier. In the context of blood cancer, that would mean that innovative CAR T-cell therapy would not be available.

4.58 pm

Tim Farron (Westmorland and Lonsdale) (LD): It is an honour to follow the hon. Member for Crawley (Henry Smith), who made some excellent points. I am not alone in this debate in wanting to peddle a manifesto, but in my case it is the manifesto of the all-party parliamentary group on radiotherapy, which I hope I can encourage Members of all parties to take very seriously. Fifty per cent. of people with cancer—which we have already established is going to be half of us at some point during our lives—need radiotherapy, yet only 5% of the cancer budget is spent on radiotherapy. As the hon. Gentleman mentioned, the NHS long-term plan rightly identifies the need to diagnose more cancers earlier. Early diagnosis is massively important. The United Kingdom stands below average among European countries for cancer survival for nine out of 10 cancers, and has the second-worst survival rate in Europe for lung cancer. Only in September, *The Lancet* demonstrated that we have the worst survival rate for cancers across a range of comparable countries.

Poor survival rates are, in part, down to late diagnosis, but they also are down to poor access. The increase in early diagnosis that I hope will result from the NHS long-term plan's success will of course increase demand for radiotherapy. There is no provision within the NHS long-term plan to provide that radiotherapy to deal with the extra demand that ought to be created if it is successful.

Radiotherapy is used for curative purposes eight times more than chemotherapy, yet, as I said, it gets only a fraction of the investment. The all-party group discovered during our inquiry that 20,000 people in the United Kingdom who would benefit from radiotherapy treatment are not getting it, and nor are 24% of people living with stage 1 lung cancer. That is largely down to poor geographical access to radiotherapy treatment. Despite the fact that all 52 cancer centres in England are enabled for precise SABR—stereotactic ablative radiotherapy—technology, only 25 of them are commissioned to deliver it. That means that 27 of the cancer centres in England using the tariff are being rewarded for using less effective radiotherapy and penalised for using more effective radiotherapy. Fixing that would be free, by the way, but for months and months NHS England has been refusing to deal with it.

The all-party group found that, when new satellite centres from existing large cancer centres are built, there is an average 20% increase in demand for them. That proves that there is unmet demand in our communities for radiotherapy. People live too far from the radiotherapy centre. I therefore ask Ministers to consider our local proposal in South Lakes for a satellite centre at Westmorland General Hospital in Kendal. We have been campaigning for that for many years. We have an excellent cancer treatment centre at the Rosemere centre in Preston. There is nothing wrong with the Rosemere centre whatsoever; it treated my dear late mother. The only problem is that it is too flipping far away for those of us who live in the Lake district and the Yorkshire dales.

I accompanied a young woman called Kate on one of her many trips to Preston to get treatment. It was a three-hour round trip, and she lives at the south end of my constituency. Only last week, I went to a prostate pals meeting in a pub in Kendal, where there were several men who are making four-hour round trips every day for six weeks, which is often debilitating financially as well as physically. That is why we desperately need that cancer centre at Westmorland General Hospital in Kendal, linked to the Rosemere satellite. Longer journeys mean that people have shorter lives. An older lady called Liz diagnosed with skin cancer told me, again not very long ago, that she was choosing to decline the radiotherapy treatment that had been recommended by her oncologist. Why? Because of her age, she just could not cope with the journey. So Liz made the conscious choice to have a shorter life because the journey that she would have to take to get the treatment was too long.

Will the Minister accept the radiotherapy manifesto in full to enact all the things that are set out within it, as agreed cross-party? I am bound to ask, on behalf of the people of my communities in South Lakes, that we invest now to end the long, long wait for people to have a radiotherapy satellite unit at our hospital, the Westmorland General in Kendal.

5.3 pm

Lucy Allan (Telford) (Con): It is a privilege to speak in this debate. I particularly want to pay tribute to the hon. Member for East Kilbride, Strathaven and Lesmahagow (Dr Cameron), because if we could all speak about this issue in the way that she did, we would have a much more constructive and productive debate.

We have spent so long in this place listening to the same people talking about Brexit, dominating the agenda and crowding out those of us who want to speak for our constituents on other issues, so I am delighted that today we are discussing the Queen's Speech and the NHS.

Unlike the hon. Member for Wimbledon (Stephen Hammond), who forgot that he had put in to speak in today's debate, I have long been anticipating this opportunity and writing long speeches that will not get heard today, but I know I will have an opportunity on other occasions. I want to speak about the fears and concerns of the people of Telford. For the last six years there has been an ongoing debate about the future of our A&E and our women and children's unit. I accept that this issue is not of the Secretary of State's making and that a

[Lucy Allan]

revolving door of senior executives has set the agenda. I am glad to see that the Secretary of State is trying to help out on this issue and that discussions are ongoing about keeping our A&E in Telford. I am grateful for his efforts.

In the blizzard that is Brexit, it has inevitably been impossible for senior Cabinet Ministers to properly focus on the day job. Mistakes will happen, and I think that this is one such case. This summer, we watched with mounting excitement as the new Prime Minister set out an energising domestic agenda with the NHS at its heart. We heard about his genuine desire to tackle the concerns of leave-voting, left-behind communities and their sense of being ignored. In August, as plans were unveiled for 20 hospital upgrades and 40 hospital new builds, we saw genuinely touching videos of the Prime Minister visiting hospitals across the country, from Boston to Harlow. There was something moving about the way he acknowledged the sense of identity that people have when talking about the NHS—the sacred promise between the people and the state—and talked about levelling up.

As summer rolled into autumn, on 2 October, just 70 days into the new Prime Minister's premiership, he stood on the stage at our conference in Manchester and made a brilliant and inspiring speech. I heard him speak of his clear understanding that opportunity is not being evenly distributed and that it is the job of Government to unlock potential, level up, narrow inequality and deliver on the priorities of the people. He spoke about his mother, who taught him about the equal dignity and equal worth of every human being, and said that the NHS sums up that idea, because it does not matter who we are or where we come from; the NHS is there for us. My spirits were lifted by that vision, which my constituents would inherit under the new Conservative Government.

The Health Secretary was sitting in the front row watching that speech, and he too was surely moved by what he heard. But within hours, he was back in his office in London and, with a stroke of his pen, he was signing his approval for a scheme that we in Telford have been fighting for the last six years. As is the way with these things, it was the outpouring of rage on social media that reached me first. It seemed that the Secretary of State had approved a decision that would see Telford lose its A&E and women and children's centre.

I know that the Secretary of State wanted to get this right for Telford; he told me so. He knew how important that centre was for our community, because he had visited, yet when that decision was made, there was no press release, no announcement and no briefing for MPs. There was no attempt to justify to my community why this was good for them. What member of Government makes a difficult decision that undermines the credibility of the central plank of the Government's domestic agenda on the very same day that the Prime Minister sets it out?

I understand that, in this crazy environment, mistakes are made, and it takes a little humility and bravery to admit when they have been made. It is not enough to wear the badge, echo the platitudes, stand on a stage and say, "I love the NHS". The Secretary of State needs to show that he cares about the people who use the NHS, no matter where they come from. In this case, it seems that the people of Telford were forgotten. This is a great Queen's Speech, but it must not just be words. We have to mean it if we are to be the party of the NHS, and there is work to do in Telford to demonstrate that that is the case.

5.8 pm

Eleanor Smith (Wolverhampton South West) (Lab): I am pleased to follow the amazing speech from the hon. Member for Telford (Lucy Allan). In the Queen's Speech, the Government did not mention the long-awaited social care Green Paper or lay down any plans for how they would tackle the social care crisis. Instead, they simply said that they would

"bring forward proposals to reform adult social care in England to ensure dignity in old age",

failing to mention working-age adults, people with mental illness and carers, who also rely on care. Everyone in this House knows that the current social care system is in crisis. It faces serious challenges as more people need care, but chronic underfunding means that fewer people receive it, and for those who need it, every day is a struggle.

Recently, the Care & Support Alliance conducted a survey of more than 3,000 people with social care needs. It found that one in five respondents went without meals due to lack of care and support; one in four struggled without basic support to do things such as get out of bed in the morning, get dressed or go to the toilet; and more than one in three felt lonely and isolated because of the lack of care and support.

Social care plays an important part in managing hospital admissions for people with mental illness. According to the independent review of the Mental Health Act 1983, around half of all delayed discharges from mental health wards are the result of difficulties in securing appropriate housing and care packages.

Jim Shannon (Strangford) (DUP): I wonder whether the hon. Lady is aware of the figures that I have received. Some 850,000 children and young people have a clinically significant mental health problem; one in 10 children between the ages of five and 16—three in every classroom—has a diagnosable mental health problem; and 75% of mental health trusts do not have enough in their budget to look after them. Does she agree that in his response the Minister should deal with the massive issue of children's mental health? It needs to be addressed.

Eleanor Smith: I do agree with that. The Royal College of Psychiatrists would back up the hon. Gentleman as well.

Organisations such as the Royal College of Psychiatrists have said that the ambition in the long-term plan to reduce the length of stay in adult acute in-patient mental health settings cannot be achieved without improved social care.

It is important to acknowledge the role of carers in supporting people with social care needs. Their own mental health can be at stake due to the pressure, the lack of support and the lack of information. According to a report by Rethink Mental Illness, only one in four carers—23%—feels well informed and respected as

a partner in care. A similar proportion, 24%, receive no carer's assessment, despite it being mandated under the Care Act 2014.

When the social care of patients is not met, not only does their independence suffer; so too does their health, which has a detrimental effect on the NHS. If the NHS is to deliver the ambitions of the long-term plan, a stable and effective social care system is needed. That is why we need to join up services from home to hospital and have a properly integrated NHS and social care service. It is a fact that if the integration of health and social care services did take place, more would be achieved and money would be saved, as the resources would be used jointly. That would ease the access and workforce pressures that continue to present significant challenges across all care sectors.

If the Government really want to tackle this crisis, they must reinstate the levels of access to care that we had before 2010 under the last Labour Administration.

5.15 pm

Neil O'Brien (Harborough) (Con): I thank Ministers and everybody at University Hospitals of Leicester for the role they played in securing the fantastic £450 million investment in our local hospitals that was announced the other day. I also thank Ministers for the role they have played in today's announcement that there will be a new £46 million investment in an urgent care hub at Kettering General. That means that constituents at both ends of my constituency will benefit from huge new investments. I am incredibly grateful.

Those are not the only pieces of good news my constituency has had recently. We have the gleaming new treatment centre at St Luke's in Market Harborough. We have had the wonderful news that we will be keeping the world-leading children's heart unit at Glenfield—a service that is not just brilliant for everybody in this country, but through the charity Healing Little Hearts provides help for people across the entire world. We also have the futuristic new A&E at Leicester Royal Infirmary. Those things are all great, but the investment we are about to receive will be even more transformational.

The Secretary of State came to the Royal Infirmary the other day. As we walked around, we heard about both the challenges and the opportunities that we have locally. We saw the difficulty of working in maternity when it is split across two sites. When my son was born just two weeks ago, I saw how having two different sites meant that the staff had to work all day without breaks to fit us in. Their lives and patients' lives will be much better when we have a single new maternity hospital. As we walked around with the Secretary of State, we saw the brilliance of our intensive care staff, but we also saw that they were working in fundamentally out-of-date facilities. We saw the brilliant work that the A&E team were doing, particularly in enhancing data to improve services, but we also saw the incredible growth in demand for those services.

The investment we are about to get means a new maternity hospital, a new children's hospital, two super-intensive care units with 100 beds in total and a planned new major treatment centre at Glenfield Hospital, as well as modernised wards, new operating theatres, new imaging facilities and, brilliantly, new additional car parking. Anybody who has ever tried to park at Leicester Royal Infirmary will realise that that is a huge boon. These local improvements are part of a wider series of improvements we are making across the NHS. It is great that we now have a long-term plan for the NHS, with a long-term budget for the NHS that allows NHS managers and staff to plan for the future.

Jim Shannon: I very much welcome the Government's commitment and the money they have set aside, but is the hon. Gentleman aware that 16 million people in England live with the pain of a musculoskeletal condition? How will the Government ensure that people with arthritis are able to access the interventions that need to be in place—from joint replacement operations to physiotherapy—in a timely fashion? I think there is an opportunity to address those issues. I have the same problems in my constituency, but it is a devolved matter. I have been made aware of this issue in England. Does he agree that it is time for that?

Neil O'Brien: The hon. Gentleman raises an important point, and I was about to come on to it. It is great that we are making record investment in services such as mental health and spending more than we did before. It is great that we are introducing new targets, such as basic standards for help with eating disorders. It is great that we have more doctors, more nurses and more money. However, we are conscious, as we speak to people in the NHS, that unless we can deal with the sources of demand, fundamentally we will never be able to spend enough on all the priorities, including musculoskeletal services.

What do we need to tackle those causes of demand? We of course need the long-term plan for social care. The Minister needs to stick to his guns on public health: the sugar tax has worked. Things like the campaign against the anti-vaxxers and their pseudo-science are incredibly important, as is action on preventive social care. We should keep going with things such as the migrant health charge, which is raising money for the NHS; we could increase it. We should keep going on technology. It is so important for Ministers to help GPs to upgrade their telephone triage facilities, which would make the experience of using primary care so much better and reduce the burden.

Some of the things in the Queen's Speech are incredibly important to help deal with these growing burdens. We need new technologies, which is why it is important to get more clinical trials going more quickly. That is why I welcome the measures in the Queen's Speech. This is about building on the life sciences review—the Bell review—and it is very important to build on the work that the academic health science networks are doing. The potential advantage of our NHS is that it should be one of the best places in the world to do clinical trials—we have the scale—but at the moment there are too many gatekeepers and too many things stopping them.

Last but not least, there is the wonderful improvement in the NHS safety body that we are creating. From personal experience, I can say that when my daughter was born some things went wrong. We had a wonderful junior registrar who did lots of things right, but a few things went wrong, and my wife gave birth without anaesthetic. After that, unfortunately, her placenta did

[Neil O'Brien]

not deliver and the consultant—we never found out who this was—removed the placenta manually with no anaesthetic, and it was incredibly painful for my wife.

It is important, as my hon. Friend the Member for Harwich and North Essex (Sir Bernard Jenkin) said, that we learn lessons in the NHS without attributing blame. Not attributing blame was one of the fundamental recommendations following the Mid Staffs inquiry: we have got to be able to learn lessons. When we started to complain about what happened to my wife, people closed ranks. My wife is a doctor, and we would never in a million years have sued the NHS, but they did not know that. We never even found out who the consultant was who had got things wrong, so I do not know whether the lessons were learned from that mistake; I hope they were.

Having a no-blame culture, having this new body and learning from the experiences of painful things such as the Bawa-Garba case are the ways in which we can have truth and reconciliation, with a system that learns. One of the most important things we could ever do to improve the NHS is to make it a self-improving system that is constantly learning and constantly getting better.

5.19 pm

Chi Onwurah (Newcastle upon Tyne Central) (Lab): I start by thanking all the NHS workers, wherever in the world they come from, who do such fantastic work for the health and wellbeing of my constituents in Newcastle. I reiterate all that has been said about the devastating impact that any Brexit, but particularly a no-deal or a hard-right Brexit, will have on the NHS and on our European Union brothers and sisters who work in the NHS in Newcastle and across the country.

The labour movement fought for the NHS because working people understand the terrible consequences of ill health for those without means. Just as, under this Government, the gig economy is bringing back types of job insecurity that we thought the labour movement had banished from modern society, so this Government's back-door privatisation is undermining our NHS. My hon. Friend the Member for Leicester South (Jonathan Ashworth) emphasised how that is driven by a right-wing ideology, and I want to highlight a particular area in which it is particularly obvious: the requirement for competition in primary care, and particularly for GP surgeries in poorer areas.

There has been a rise in poverty under this Government, and with poverty comes increased health problems. GPs working in areas with higher levels of deprivation have higher workloads and patients with more complex needs. GPs are choosing to work elsewhere because of the lack of support offered by the Government, which exacerbates vicious cycles of health inequality.

There are requirements for competition on GP contracts, even when no one is willing to compete. This means contracts are returned early, after two or three years, and my constituents do not have the continuity of high-quality care they deserve. The Government are requiring competition, even where the private sector cannot make enough profit to be interested in competing.

I also highlight the growing health inequalities that mean there is less access to healthcare in more socioeconomically deprived areas. In Newcastle, for example, we have cervical screening rates of 85% in Gosforth, a wealthier area, and of only 23% in Westgate, one of the poorer areas.

The north-east has the highest level of epilepsy in the country, with poorer people more likely to die from epilepsy. As today is Sudden Unexpected Death in Epilepsy Action Day, I want to highlight the work of SUDEP Action in combating rates of epilepsy. Higher health inequalities under this Government mean that more people are dying and suffering unnecessarily.

Briefly, on the privatisation of NHS data, I understand that the Office for Life Sciences is currently assessing the value of NHS data as part of the life sciences industrial strategy. The absence of a regulatory framework to give patients control over their own data leaves it open to being sold off as part of a future trade deal, which the public are completely against. The fact that the Department of Health and Social Care did not take up the great north care record, which was an opt-in rather than an opt-out record, means these dangers are all too obvious.

I finish with two areas that, in themselves, deserve hours of debate: mental health and social care. Mental health, particularly for young people, is a rising issue in Newcastle. It is raised with me by police, schools and housing, and we have yet to see real parity of esteem.

David Simpson (Upper Bann) (DUP): It is devolved in Northern Ireland but, across the United Kingdom we need more trained mental health nurses, especially for young people. The figures are startling: just over 10,000 young people in the United Kingdom under the age of 10 are manic depressive.

Chi Onwurah: That is why mental health is consistently raised with me by youth groups and youth organisations, and why the cuts to mental health provision, particularly mental health nurses, are especially regrettable. We need much greater choice and autonomy in mental health services, so that they are designed with users in mind and by users.

Until the Government realise that high-quality social care given by properly paid professionals is not a cost bucket but an enabler of a more equal economy and a fairer society, I fear I will continue to see constituents' friends and families having to face devastating choices because their loved ones are deprived of the dignity they deserve in old age by the lack of a fair and consistent social care policy in this country.

Several hon. Members *rose—*

Madam Deputy Speaker (Dame Rosie Winterton): Order. I have good news. Because some colleagues have indicated that they will not attend the debate, I can put the time limit back up to six minutes.

5.26 pm

Andrew Selous (South West Bedfordshire) (Con): Thank you very much indeed, Madam Deputy Speaker. Although I wish the House were completing the necessary Brexit legislation today, it is always a particular pleasure and, indeed, a responsibility to speak on the important subject of the NHS.

I, too, start by thanking every member of NHS staff —including two members of my own family—for what they do. The pressures on them are unrelenting, day in, day out, as all of us in this House must acknowledge. I,

too, have a personal reason to be grateful to the NHS: when I was 24, I had a haemopneumothorax in the middle of the night, and the NHS saved my life with an emergency operation carried out in the hospital just over the river. Had it not been for the brilliant care I got some 30 years ago, I would not be here today making this speech.

When I met a number of presidents of royal colleges last month, they told me that they thought we needed to double the number of medical students in training. It is brilliant news that we recently increased their number by a quarter, but the ongoing NHS people review shows that demand is such that a doubling is needed. Another area we need to consider is highlighted by evidence that one to three hours a day of a doctor's work could be done by non-clinical healthcare staff. Are we using our staff as effectively and appropriately as possible? I am worried by how many medical students we lose: having trained in this country at public expense, too many then go off to Australia, Dubai or elsewhere. Are there perverse incentives in the system? Where is the value for money for the taxpayer?

I hear from staff that sometimes they work with computers that take half an hour to warm up. Yes, we want to get rid of the fax machines and to use the latest technology, but computers that are just turned on and then work are vital for NHS staff under pressure. We need to put more nurses into care homes to curb inappropriate calls on accident and emergency services for residents. We need to make sure there are enough practice nurse courses in rural areas, where there are gaps that lead to poaching. Perhaps we could use the apprenticeship route.

I understand that 27% of medical school students who graduate go into general practice, yet the Royal College of General Practitioners says the percentage needs to be nearer 50% to meet the acute need for doctors in GP practices up and down the country. There is also great variation in the proportion of medical school students who go into general practice. We need to learn how to increase the proportion going into general practice, so acute is the need. I am also concerned that we do not have a proper career path for associate specialists, particularly in surgery, in our hospitals. They are valuable members of staff, but they can drift around the system a bit, and I understand that about 20% of them are leaving. We need to look after them better and plan for them more appropriately.

We need to link our health visitors more closely with the new primary care networks. Health visitors do invaluable work, but their national child measurement data is not transferred to GPs. That leads to problems and to childhood obesity not being tackled. As co-chair of the all-party group on obesity, it is great that we have chapter three of the childhood obesity plan, but I would just remind the Minister that the actions from chapter two, on watershed promotions and point of sale, have not yet been implemented. We need them to be implemented.

We also have a very bizarre issue in that the equality and outcomes framework does not cover children's weight. In fact, it specifically excludes it—it covers only adults. Come on! We need to vary the contract to make sure it measures children's weight.

We must do better on foetal alcohol syndrome disorder. It needs to be included in personal, social, health and economic education, and we need a massive public campaign. I am awaiting a letter back from the Secretary of State on that. It is a huge and growing issue that we do not talk about enough in this House.

We live in an obesogenic polluted environment, with unacceptably low levels of active travel. We need to design the healthy environments of the future if we are to relieve the NHS of the pressures that are otherwise going to overwhelm it.

We also need to be aware of the opportunities that NHS staff have to spot incidents of modern slavery. I would like to commend a very alert healthcare worker who last week, on the eve of Anti-Slavery Day, spotted the first victim of modern slavery in her hospital. She was alert to the symptoms and had done the training. NHS staff have a unique opportunity to bear down on modern slavery, and that is so important.

I was staggered to hear from the Scottish National party's spokesman that the taxpayer is paying out £80 billion for £30 billion-worth of hospitals.

Dr Whitford: The figure is £13 billion.

Andrew Selous: It is even worse, then. Some trusts are paying up to 16% of their income on PFI payments. We really must learn from that and do much better.

5.32 pm

Alex Norris (Nottingham North) (Lab/Co-op): It is a pleasure to follow the hon. Member for South West Bedfordshire (Andrew Selous), whose personal leadership on tackling modern slavery is something we very much appreciate in this place. We may well have seen a reminder today of why that is more necessary than ever.

I made my maiden speech in a Queen's Speech debate. Google tells me it was 848 days ago, which feels very strange. It feels simultaneously like a lifetime ago and yesterday. These have been very strange and tumultuous times. If I had been told then about things that have happened subsequently, I would have been sceptical, but no more sceptical than at the idea that we would still not have a social care Green Paper. We have had five delays and, despite it not being a laughing matter at all, it has become a long-running joke and a focus of derision.

The ever-delayed social care Green Paper is absolutely critical, because we know that up and down the country millions of people, paid and unpaid carers, are getting up in the dark, coming home from work in the dark, working split shifts and double shifts, and working for poor pay on insecure contracts. They are the backbone of not only the social care system, but the NHS and all public services. If only 10% of our social carers, whether paid or unpaid, walked away tomorrow, all our public services would come to a grinding halt. We need to do much, much better by them. I hope the Government, in showing movement on this issue, intend to bring forward their plans quickly.

In its latest annual assessment, the CQC highlighted concerns about cultural and geographic barriers to access to care, deficient regional staffing, a lack of stability in the adult social care market, and the Government's failure to implement a sustainable long-term plan to fund social care. It said that that directly impacts nearly 1.4 million older people and millions of people with disabilities or illness who do not have access to the care and support they need. It is time for us to act.

[Alex Norris]

The Government need to be brave and honest. If they are worried about the reaction of current service users to their proposals, I would remind them that the current service users have lived experience of the fact that the current system does not work, so they have no need to be afraid of them when it comes to change. When it comes to millennials like me, we are realistic. We know that the system that cares for our grandparents and our parents will not be the same for us. Let us be honest about that. There are profound and difficult decisions that have to be taken—let us get to that point. We do not need to be afraid.

I know that the Minister for Health, the hon. Member for Charnwood (Edward Argar) is a good and honest man, but when it comes to funding for social care—this is a really important point—we always see the Secretary of State or the Prime Minister use phrases such as, "We have given access to an extra £11 billion". The Government should be honest about where that money comes from, because the bulk of it is from a social care precept on the local ratepayer. There is a political argument—I disagree with it fundamentally—that says, "Well, the Government believe that there should be a transition of the burden for social care from the national taxpayer to the local taxpayer". I disagree, but if that is the belief on funding the social care system, the Government ought to say so, because that is very important.

Similarly, I know that this is a health debate, but I will not miss the opportunity to say that we must all reflect for a moment on the BBC and the removal of the free TV licence. As part of someone's care, and as part of someone's life in their 70s and beyond, we know that television plays an important part. We should be honest about why this has happened because that cut lands at the door of the Government, despite what they might say.

We know that failures in social care have a profound impact not only on the individual, but on the national health service. I have a real passion for integrated care—I cannot quite see the shadow Secretary of State from where I am standing, but when I was his Parliamentary Private Secretary, I used to bore him at great length about the virtues of integrated social care. When I was health and social care lead in Nottingham for three years, it was by far the least popular thing I did and I had campaign groups at my door weekly talking about my enthusiasm for certain models. There were flaws in the models for sustainability and transformation plans, accountable care organisations and accountable care systems—whatever re-branding we are on at that moment —but, fundamentally, integrating the national health service with our local authority social care is a very good thing and, if we did it properly, it would lead to people not having to ring up multiple agencies to sort out their loved one's care. It would lead to proper, seamless care that, rather than being based around organisations, would be based around individuals. Again, I say to the Minister: Ed, let's be bold on integrated care. Let's be brave —*[Interruption.]* Madam Deputy Speaker wasn't concentrating, I got away with it. Let's be bold about this. If you are, you will see the best of politics working and a lot of consensus building.

I want to use the limited time available to me to refer to public health. I am proud of what I said on integrated health and what we did in Nottingham—we did good things. One area from my time in local government that I reflect on without pride is public health. We did good things on trying to be more innovative with the public health grant, but fundamentally, because of the nature of the cuts that have come down the line over the last nine years, we made cuts to public health services. I made cuts to smoking cessation services—a terrible public policy decision—because there simply was not enough money.

Norman Lamb (North Norfolk) (LD): Is the hon. Gentleman aware of the Health and Social Care Committee report today that highlights the fact that there has been a 30% cut in funding for drug treatment services over just the last three years, which is catastrophic for the people involved?

Alex Norris: Having had a long four-and-a-bit hour vigil in the Chamber, I have not had chance to see that, but I certainly will. That is the picture up and down the country, including in Nottingham. The key thing is that as well as being absolutely dreadful for the individuals affected, it is terrible for the system not to have those good, often early, interventions on drugs and alcohol. If we let those things spiral, the impact on the individual and the costs related to the system grow exponentially. These are really bad value choices and we could do much better on public health.

I will finish with a point about cannabis on prescription. We have had important conversations on this today, and it is good that both the right hon. Member for Hemel Hempstead (Sir Mike Penning) and my hon. Friend the Member for Gower (Tonia Antoniazzi) are here. Their leadership on this has been absolutely crucial. I heeded what the right hon. Gentleman said about how to describe it, and I changed my speech from saying "medicinal cannabis" to "cannabis on prescription" as a result. I have had a case in my constituency, as many have, with a very, very frustrated parent who could not understand why their child did not fit the criteria.

Sir Mike Penning: The hon. Gentleman is making a really important point, and I thank him for changing his speech slightly. The reason why it is so important is that we need the observational trials. We need to know about the THCs and the chemicals that come from the cannabis oil; we need to know the strengths and what it is. That is why talking about the prescribed medical use of cannabis oil is crucial when we make this argument; otherwise, we will lose the public will.

Alex Norris: I am grateful to the right hon. Gentleman for improving the quality of my speech by adding that to it. I am very confident about this matter, and this afternoon has only increased my confidence. He will have heard the shadow Secretary of State say that if primary legislation is needed—

Sir Mike Penning: It's not.

Alex Norris: Clearly not. Whether it is regulations, or whatever, we are very capable in this place of having a grown-up conversation on this and finding a solution. That is what my constituent and her mother are desperate for us to do.

We are very grateful in Nottingham for our excellent health and social care staff. They do an incredible job, keeping our communities going and bringing hope and

enjoyment of life to many people struggling with profound challenges, but they want us to do better. The social care Green Paper would be a good chance to do that, and I hope we can do it quickly. Integrated health and social care promises many virtues. We just need to get around the table and have a proper conversation about it. I hope we can do that.

5.40 pm

Mark Pritchard (The Wrekin) (Con): I don't know about you, Madam Deputy Speaker, but I am delighted that the age of austerity is over. We have heard from the Government today a commitment to record investment in the NHS. In my political lifetime, I cannot think of any Government of any political colour that was so committed to the NHS or a Prime Minister and Secretary of State similarly committed. And of course that must come on the back of a strong economy, not the magic money tree we hear about so often in politics.

I am also delighted that we are talking about something other than Brexit. I hope that we can get the withdrawal agreement and Bill through so that we can pass the Queen's Speech and legislate to make sure that these improvements to the NHS actually take place.

I want to go local for a moment and thank the Minister and all the team at the Department for ensuring that Shropshire and the borough of Telford and Wrekin have not lost out in this record investment in the NHS. In fact, in Shropshire we are seeing the largest investment in the NHS in its 70-year history: £312 million. That is fantastic news. What does it mean locally? For my constituents, it means that most of the planned surgery—the majority—will take place at the Princess Royal University Hospital in Telford. My constituents will no longer have to take a journey to Shrewsbury for the majority of their visits to their local hospital trust. That is good news.

There is a debate about the accident and emergency award, but I am delighted that today we have heard from the Secretary of State that the A&E has been saved at the hospital in Telford. In fact, it will be the very latest in modern thinking on how A&E services are provided, under the banner of "A&E local". Of course, some cynics say, "Maybe that's 'A&E lite'". Well, it will not be as long as I and my hon. Friend the Member for Telford (Lucy Allan) are on the case, working in tandem for local people to ensure that we have an A&E that provides what local people need.

I am glad that the Secretary of State, in releasing the £312 million to Shropshire and the borough of Telford and Wrekin, said it was conditional upon the A&E at the Princess Royal University Hospital being adequately run and sufficiently resourced, with the right staffing levels and expertise and with the clinical and medical cover it requires to service the people of Telford and Wrekin. I and, more importantly, my constituents welcome that commitment.

I am also delighted that new services will be coming into the hospital. There is a lot of doom and gloom in some parts of the local media in Shropshire, which one would expect from Opposition voices in other parties, but the good news is that we are going to see a new cancer unit; the good news is that we are going to see a new MRI scanner; the good news is that we are going to see an extra £7 million spent on a completely modernised radiology service; the good news is that we have just recruited 180 nurses to the trust; the good news, further to that other good news, is that we have now recruited 17 extra A&E doctors to the trust.

May I digress for a moment and raise the issue of recruitment, which overlaps with that of social care? I hope that the Ministers will work closely with Home Office Ministers on the points-based migration system to ensure that we attract not just highly skilled doctors from around the world, but others with fewer qualifications and skills— whether it be from India, the Philippines, or other Commonwealth and non-Commonwealth countries —so that we can provide that expanded social care service. Indeed, I hope that we will continue to retain and recruit the very best from the European Union, when we cannot recruit domestically.

Many positive developments are resulting from the Future Fit programme in Shropshire. Let me also say briefly that I am delighted by the Secretary of State's announcement today of the immediate provision of an additional £400 million, which will enable us to expand our women and children's unit and ensure that we have a high-quality, modernised, midwife-led unit. That is good news as well.

Finally, let me issue an appeal to Ministers on the subject of mental health, which I raised earlier today. Can we ensure that veterans who are leaving the military and making the transition into civilian life have a pathway of care?

Sir Mike Penning: My hon. Friend has touched on an issue that I did not have time to raise because of the time limits which, understandably, have been imposed. The danger of putting ex-military personnel into one box is that, as I mentioned earlier, some will react almost immediately to what they have seen and done, while it will take others years and years. I have close friends who fought in the Falklands war and who are only now being diagnosed with post-traumatic stress. It is important that in local communities around the country, and particularly in The Wrekin, the NHS understands the mental health needs of those who may have served in the armed forces many years ago

Mark Pritchard: My right hon. Friend is absolutely right to underline that. He has served in the armed forces himself, and has been a shadow Health Minister and a Minister in many other Departments. I also think that serving doctors should be given more encouragement to go into the reserves to help to stop this problem. As my right hon. Friend says, if post-traumatic stress is not dealt with by means of early intervention, it can turn into the much more difficult and complex condition of post-traumatic stress disorder.

I am sure that my right hon. Friend will, like me and like other Members on both sides of the House, pay tribute to Combat Stress, which has a unit in my constituency and which does a great job, and to Help for Heroes, whose current campaign is intended to ensure that people who are leaving the military under medical discharge with mental health conditions in particular, but with other conditions as well, have the pathway of care that I mentioned through local NHS trusts in all our constituencies.

This is good news for Shropshire. There are still some battles with the Minister ahead, and I will fight those battles with my hon. Friend the Member for Telford, but overall, this is good news.

5.47 pm

Mike Hill (Hartlepool) (Lab): It is an honour to follow the hon. Member for The Wrekin (Mark Pritchard). Let me begin by praising all the healthcare workers employed by the NHS and in social care for the work that they do—including my own daughter-in-law, who recently qualified as a nurse. In the face of austerity, in difficult and arduous circumstances, with diminishing resources and never-ending cuts, they have worked tirelessly to provide the best healthcare outcomes for the people of my constituency.

As a Labour MP, I am proud to say that the best traditions of our NHS, established by a Labour Government, are alive and kicking in Hartlepool: alive because the people of the town, together with healthcare workers, campaigners and the trade unions, have kept public health and NHS provision high on the agenda, fighting to keep our local hospital, demanding improvements in GP services and protesting against attempts to water down NHS and public health provision throughout the town, and kicking because they have been swimming against the tide for far too long, with wave after wave of cuts hitting them squarely in the face and threatening to drag them under. The people of Hartlepool will have none of that.

We lost our A&E in 2010, and we have stood our ground ever since. The plan was to build housing on hospital grounds; the people said no. The plan was to run our maternity unit down; the people said no. The people stood strong and said: "Our children should have the right to be born and registered as such in their own town." They are fiercely protective of their NHS and rightly so.

What can the people expect from the Queen's Speech? Is it the return of A&E to Hartlepool hospital? Not a cat in hell's chance. Will it give more money to invest and improve our hospital? No way, and no way, too, for any hospital trust across the Tees valley, where in excess of £10 million is required to cover high-risk repairs, £5 million of which is needed in my own trust of North Tees and Hartlepool.

The truth is that the pledges on NHS funding in the Queen's Speech will have little impact on hard-pressed NHS acute services in Hartlepool, nor will they plug the gap in mental health funding, and in regard to social care the Queen's Speech simply dodges the bullet by kicking the can down the road and fails to tackle the growing crisis in adult social care head-on. And despite a continued 2% precept being placed by the Government on council tax to cover adult social care, this is offset by a reduction of funding to our local council of almost £21 million, or 45%, since 2013-14.

The wanton, in-your-face, upfront daylight robbery of public services funding has to stop, and stop now, if we are to tackle serious health inequalities and growing social care needs in places such as Hartlepool, and the Queen's Speech simply does not do that.

5.51 pm

Luciana Berger (Liverpool, Wavertree) (LD): It is a pleasure to follow the hon. Member for Hartlepool (Mike Hill) and I share a number of the assessments that he made in his contribution, because as the House pursues our debate on the Queen's Speech, it is becoming ever more apparent that the casualty of a Tory Brexit will be Britain's national health service.

The NHS is our greatest national asset; it is the product of the fusion of radical and enlightened minds in the last century that gave us healthcare for all based on need, not means. But now, in this century, the NHS is in great peril from a toxic combination of chronic underfunding and withdrawal from the EU, and responding to very different challenges from those when it was first created so long ago.

Notwithstanding the announcements in the Queen's Speech, let us be very clear that the NHS is not in receipt of the resources that it needs to be effective. That was discussed only yesterday at the Health and Social Care Committee, when we had with us the Secretary of State and we talked about the backlog of £6 billion in NHS repairs alone, so an announcement of half that really is no cause for celebration. We heard from the Health Foundation, and its assessment of the Queen's Speech funding announcement says that

"it falls well short of the scale of the challenge."

We have a Prime Minister who announced 40 new hospitals, which then was downgraded to six within days, and we see demand for healthcare from our growing and ageing population outstripping the availability and quality of services, which means rationing and a diminution of quality of care; many right hon. and hon. Members from both sides of the House have referred to that in the debate this afternoon.

Norman Lamb: Does my hon. Friend agree that another sign of a system under unacceptable strain is the fact that teenagers around the country are often waiting a year or more for access to mental health treatment? I know of two teenagers who have recently had their first appointment after a year of waiting, which seems to me to be utterly intolerable.

Luciana Berger: I thank my right hon. Friend for making that really important contribution, and waiting times are a particular issue in our NHS, especially in the Cinderella of all Cinderella services, our CAMHS. Too many young people right across our country are struggling to get a referral and then, if they do get that referral, having to wait months on end. Frankly, it is unacceptable.

Mike Gapes: There is a further problem with teenagers when they reach the age of 18, because there is a gap between the CAMHS and adult services. Far too often, young people who have been given help when they are 16, 17 and 18 suddenly fall off the cliff and there is no support for them.

Luciana Berger: I thank my hon. Friend for making that important contribution. There is a cliff edge in our young people's mental health services when they transition into adult mental health services. They have to start all over again and repeat themselves. There are a few places across the country that are creating mental health services for young people up to the age of 25, and that is welcome, but it is the exception rather than the rule. We need to do everything possible to ensure that young people have continuity of support in their mental health services at that fragile moment in their life, because not receiving that critical support can have a detrimental impact on their ability to access education, to maintain relationships with family and friends and to get into employment.

I am particularly concerned that we have seen a serious reduction in the state of our services in the past year. I refer to the Care Quality Commission's "State of Care" report, which came out this month. It looked at acute wards for adults of working age, psychiatric intensive care units, child and adolescent mental health in-patient services and in-patient services for people with learning disabilities or autism, and it found a significant increase in the number of those services that are now rated inadequate. Those are services for some of the most vulnerable people in our country, and we should be improving them rather than seeing an increase in inadequate ratings from 2% to 8%, 9% or 10%. That is unacceptable, and I hope the Minister will address that serious point in his response. In particular, we know that this is as a result of too many of the people using mental health and learning disability services being looked after by staff who, according to the CQC,

"lack the skills, training, experience or support from clinical staff to care for people with complex needs."

Again, I hope the Minister will respond to this important point.

This is not just about care for people with mental illness or disability. We are seeing that same story right across our NHS, with patients waiting far too long. We have heard significant figures, with millions of people across the country struggling to access services. They are also having to travel too far for the treatment they need, and too many areas still have too few staff and not enough resources. That is reflected in the 2019 British social attitudes survey, which shows overall satisfaction in our NHS falling by 3% in the last year to 53%. The main reasons given for that include long waiting times, staff shortages and a lack of funding.

Notwithstanding the announcements in the Queen's Speech on patient safety and changes to mental health legislation, which I welcome, I want to reinforce the point I made to the Secretary of State that this is not just about changing the Mental Health Act and that we need to have the resources for the capital infrastructure to ensure that we raise the standard of mental health in-patient settings to the same standard as physical health in-patient settings, along the lines of the recommendations given by Sir Simon Wessely, who conducted that important review for the Government.

Let us be clear that the pressures on our NHS are urgent and that they demand action, before we even contemplate the existential threat to our NHS because of Brexit. I want to talk about Brexit, because we did not hear about it today from the Front Benches. We had a reference to it from the Secretary of State, but not an actual analysis of how Brexit will impact on the provision of our national health service. We know that the impact on our economy so far from Brexit has been between 1.5% and 2.5% of GDP since 2016, and by the Government's own assessment, Brexit will impact on our GDP by up to 9.3% over the next 15 years. We are still waiting for those further economic impact assessments on the withdrawal Bill that we have seen in the past week.

We have already discussed the impact of Brexit on our NHS workforce. We know that 63,000 EU nationals work in our NHS and that 104,000 work in adult social care. We should be lining up to thank each and every one of them for the role they play and the contribution they make to our national health service, instead of making them feel like unwanted strangers. I am surely not the only MP who has received representations from people who are serving our NHS and social care service, who go above and beyond under incredible pressure to provide the best possible levels of care and who are feeling worried about what the future holds. They are particularly concerned about the Home Secretary's proposed immigration rules and the damage that they will inflict on our ability to recruit doctors, nurses and social care workers from the EU and the rest of the world.

I could talk about the threat of access to medicines, the creation of a new medicines approval regime, which will lead to further delays, and the impact on medical research.

Chris Ruane (Vale of Clwyd) (Lab): Will the hon. Lady give way?

Luciana Berger: Forgive me, but I only have 18 seconds, so I will not give way.

We should be addressing all that as a nation, and how we keep people well was missing from the Queen's Speech. Other people have talked about prevention, and the lack of focus on public health in the Queen's Speech is pitiful. We could be doing so much more, and I urge the Minister to refer to that in his response.

6 pm

Gerald Jones (Merthyr Tydfil and Rhymney) (Lab): It is a pleasure to follow the hon. Member for Liverpool, Wavertree (Luciana Berger), and I pay tribute to all her work over many years on mental health. The need for investment in our NHS across the UK has never been so crucial, and I pay tribute to the Welsh Government's innovation and passion in preserving and investing in our Welsh NHS and to all those who work in health and social care not just in my constituency, but right across the country.

Public health decisions should be made based on the health needs the people of this country, not on private profit. The past decade has been incredibly tough, and Tory austerity has continued to bite hard, but the Welsh Labour Government have set an example to follow. They have been able to meet their commitment to invest more per head in health and social care services than in England. The NHS in Wales still operates based on the needs of those who rely on it and has not been offered up to private companies. I understand that a third of contracts have been awarded to private providers since the passing of the Health and Social Care Act 2012, but the Welsh Labour Government have stayed true to NHS principles, leading the way in contract reform, investment in community pharmacies, social care and much more.

Under the Welsh Labour Government, the Welsh NHS is leading the way in many areas, with ambitious targets and investments, such as keeping prescriptions free of charge for those who cannot afford the English prices of the medicines they need, maintaining a bursary for those studying to become healthcare professionals, making new advanced drugs available to patients after an average of just 12 days, compared with 90 days in England, and much more.

Chris Elmore (Ogmore) (Lab): It is great to see Welsh Members championing the NHS in Wales, because it is a shame that Government Members spend too much

[Chris Elmore]

time attacking it. In addition to free prescriptions and the rest of the list, does my hon. Friend agree that free car parking makes a huge difference at hospitals in his constituency and mine for both patients and visitors, by ensuring that they do not incur huge charges when receiving treatment or visiting family?

Gerald Jones: My hon. Friend makes an important point. The NHS in Wales has a good story to tell about the provision of parking, which I know from visiting my dad in hospital over recent weeks at the Prince Charles Hospital in Merthyr Tydfil.

Chris Ruane: Before we leave this list of Welsh firsts, does my hon. Friend agree that Wales pioneered presumed consent for organ donation, being one of the first nations in Europe to do so? The Conservatives criticised the policy, but they have now adopted it.

Gerald Jones: Wales is leading the way in many areas in health. Despite the bluff and bluster that we hear from the Conservatives, the Welsh NHS has many positive attributes. We must continue to be vigilant to ensure that our NHS is not subject to the vagaries of a Trump-style trade deal with the US. The Welsh Labour Government have stated emphatically that our NHS is not for sale, and that should be the case right across the UK.

At this point, I make a plea for the Government to do more to find a solution between the NHS and the pharmaceutical companies with regard to Orkambi—a drug for cystic fibrosis sufferers, including eight-year-old Sofia from my constituency. We need progress on this issue across the UK. I appreciate that progress made by this Government will apply in England, but any attempts to break the deadlock, wherever it is in the UK, will help CF sufferers right across the UK.

We all know that not only health, but public services generally have been under pressure for a decade due to hard Tory austerity. The Tories are certainly not the party of the NHS, as they claim to be, and the neglect shown by the Government in the Queen's Speech to other areas, including social care, mental health and education, is a real cause for concern. The Queen's Speech was a missed opportunity by this Government to tackle the hardship felt as a result of continued austerity measures, with cuts to things such as social care and local government funding. It is important to recognise that local government has an important role to play in public health and social care, and it has been significantly underfunded in recent years. Time and again, we have been promised an end to austerity, yet there was little in the Queen's Speech to give us any evidence of the fact that this policy has come to an end. Our local councils are suffering. They are able to provide visible services that we are aware of, which people sometimes take for granted, but the opportunity to deliver those services is held back by the austerity measures to which they are subjected.

This Tory Government have starved our local authorities of resources for almost a decade, and although in the early years some councils were able to stretch their budgets to keep some of the vital services going, all that is left to cut now are jobs and services that are closest to the people. Although local government in Wales is devolved to the Welsh Government, we know that the budget given to Wales by this Government is some £4 billion less per annum now than it was in 2010, which has had a huge knock-on impact on public services across Wales. That is wholly wrong, and this Government must act to show that austerity really is coming to an end. For this Government, as they have done in recent weeks, to use the police as a political propaganda tool, after almost a decade of slashing budgets and making constant cuts to policing and preventive public services, while violent crime has soared and conviction rates have reached record lows, is shameful.

In the closing moments available to me, I wish to raise something that was not in the Queen's Speech, and that was an error. The theme for today is the NHS, but we are talking about the Queen's Speech more widely. One of the missed opportunities was that there was no mention of the Government's plans to put right the cruel injustice felt by women born in the 1950s and address the anger felt by so many thousands of 1950s women in our country, many of whom would have worked in the NHS, social care and health services. It is more than two years on from the last Queen's Speech, which also failed to make any mention of this issue, which at that time had already been a huge injustice for too many years. This shows just how long this Tory Government have failed to act on this issue. So they must act, to get a fairer deal for the many thousands of 1950s women and bring an end to this shameful legacy of state pension inequality. We all know—I include many Government Members—that this issue will not go away until justice is done.

We do not know how long this Government have left—I hope for the sake of the country that is not too long—but it is clear from this Queen's Speech that the Government are out of touch and out of ideas.

6.8 pm

Chris Stephens (Glasgow South West) (SNP): It is a pleasure to follow the hon. Member for Merthyr Tydfil and Rhymney (Gerald Jones). I assure him that I, too, will be referring to the ongoing injustice to the 1950s-born women. However, as this is themed as an NHS debate, I want to pay particular tribute to all the healthcare staff at the Queen Elizabeth University Hospital and the Southern General Hospital in my constituency. Indeed, I want also to thank the healthcare staff at St Thomas' Hospital, just over the bridge, because I know they provide healthcare support to Members from across this House.

What a fascinating debate this has been so far. I was particularly interested in the view we received from Conservative Members that austerity is over—I have been getting told that austerity is over at every Queen's Speech and every Finance Bill since I got here in 2015—but the best moment was when the Secretary of State decided he was shocked and dismayed that Opposition Members would not trust the Government not to privatise the NHS or to make it part of an international trade deal. Why would we suggest that? Would it be, perhaps, because there are senior members of the Government whose political inclinations are not too dissimilar to President Trump's? [Hon. Members: "Oh!"] Well, it is a fact—or would it be because some of them give away by their personalities that, to use that Glaswegian expression, they would sell their grannies for a tanner, as the Democratic Unionist party has no doubt found in the past week?

Chris Green: We frequently hear scaremongering about the privatisation of the NHS, which I think is wrong. We heard the same in respect of the proposals for the Transatlantic Trade and Investment Partnership that the EU tried to negotiate with the United States of America, and that scaremongering was unfounded, too. Does the hon. Gentleman agree that the first and only example of the privatisation of an NHS hospital is Hinchingbrooke, and that was instigated by the Labour party?

Chris Stephens: That may very well be the case, but if the hon. Gentleman thinks that the concerns around TTIP were scaremongering, I disagree with him most strongly. Many of us thought that TTIP would have been Thatcherism's ultimate triumph. I am glad that it did not proceed.

I will vote for the Opposition amendment because there are those of us in the House who do not trust the Government and who have real concerns about future trade deals and what they would mean for the NHS. Everyone in the House has a responsibility to support that amendment.

Dr Whitford *rose—*

Bim Afolami *rose—*

Chris Stephens: I give way to my hon. Friend first.

Dr Whitford: It is the case that Trump cannot change the NHS into an insurance system, but there are at least 19 Conservative Members who have expressed that view at some time in their career. What Trump has promised is to drive up the drugs bill by at least two and a half times.

Chris Stephens: As usual, my hon. Friend makes her case excellently. There are few people in the House who could match her knowledge of healthcare.

Bim Afolami *rose—*

Chris Stephens: The hon. Gentleman seems desperate, so I will allow him to intervene before he falls over.

Bim Afolami: The hon. Gentleman is generous in giving way. On the subject of trade deals and the NHS, I have listened to him. Am I right in thinking that he believes that the European Union should negotiate trade deals on behalf of this country and that being in a customs union with the European Union is therefore his preferred outcome, if Brexit were to happen at all, which I accept is against his party's policy?

Chris Stephens: I do not want Brexit to happen at all because of my real fear that health services in this country could very well find their way into a trade deal with the Donald Trumps of the world. *[Interruption.]* The hon. Member for Ayr, Carrick and Cumnock (Bill Grant) might mumble "Nonsense", but many of us have a real fear that that is the case, so we have an opportunity in supporting the Opposition amendment.

I wish now to touch on the Pension Schemes Bill and to follow on from some of the comments by the hon. Member for Merthyr Tydfil and Rhymney. First, let me welcome the measure on collective defined contribution pensions that will be in the Bill. Such a measure, which we have discussed in the Work and Pensions Committee, is long overdue. It is another example of trade union pressure and trade union lobbying. We should congratulate the University and College Union and the Communication Workers Union, which have campaigned long and hard to ensure that collective defined contribution pensions become a reality.

I also welcome the fact that we are going to see the Pensions Regulator get increased powers. The Pensions Regulator was asleep while Carillion was paying out more in dividends to its shareholders than it was putting into its pension scheme. Clear evidence of that came out in the Carillion inquiry, so I welcome that change, just as I welcome the move towards pensions dashboards, which increases transparency.

I come back to the point made by the hon. Member for Merthyr Tydfil and Rhymney—the scandalous injustice that is not being dealt with. We are talking about women born in the 1950s growing up and discovering that they could not get access to a cheque book unless they got the permission of their father or their husband—*[Interruption.]* I am not joking. It was in 1980 that the law was changed; I would have thought that someone sitting on the Minister's Bench would know that it was the Thatcher Government who actually stopped that. It was also the case that women could not obtain credit without permission from male relatives. They went through that during their lives and they are then told at some point that they cannot retire when they thought that they were going to retire. Many women tell me that they did not receive correspondence or a letter from the Department for Work and Pensions saying that their retirement age had changed. In fact, I suggest that, in my experience, we would be more likely to find someone who has the six numbers than a woman who has received a letter telling them that their pension age has changed.

Faisal Rashid (Warrington South) (Lab): Does the hon. Gentleman agree that these women born in the 1950s are against not equality in the retirement age, but the way the matter has been handled by this Government?

Chris Stephens: Well, it has been handled by various Governments quite disgracefully, but Parliament has an opportunity now to address that injustice and it really needs to do so—it has to do so—because we are now faced with the sad situation where women seeking this justice are dying and that number is increasing every year.

There is another reason why we need to address the issue. We keep getting told that a general election is coming. Every Member of this House should realise that the average number of 1950s-born women in each constituency is 5,000. That is not counting their relatives and friends. They have the power, if this Government do not do something about this injustice, to vote for other candidates and other political parties that will.

6.16 pm

Preet Kaur Gill (Birmingham, Edgbaston) (Lab/Co-op): It is an honour to follow the hon. Member for Glasgow South West (Chris Stephens), who made a passionate speech, especially in respect of the women born in the 1950s who have been denied their pension rights.

I was disappointed to see only one reference to mental health in the Queen's Speech, and even then it was a reference only to the Mental Health Act. I was disappointed

[Preet Kaur Gill]

to see in the attached background briefing that the Government's much vaunted parity of esteem does not stretch to any new funding for mental health services. One in 10 children and young people in the UK suffers at some point with mental ill health. In Birmingham, nearly 40% of the population are under 25. Mr Deputy Speaker, I am sure that you will be horrified to learn that, despite that, for the whole of Birmingham, there is only one early intervention counselling service for young people.

The most recent count of the counselling service waiting list saw 400 young people waiting for a service—that is 400 young people in desperate need of support who require treatment urgently; that is 400 young people who will have to wait months to see someone; and that is 400 young people and families who, in most cases, have nowhere else to turn. This unwillingness to recognise or properly fund vital prevention is yet another example of the Conservative Government failing our children and young people.

Is the Secretary of State surprised that more and more young people are ending up in A&E when we neglect early intervention care? We need to listen to young people themselves about the growing needs that they have. The Government are not doing that, which is why I have launched a young people's mental health working group, supported by Open Door, which is a local counselling charity in my constituency, and the Centre for Mental Health. This group will use its unique perspective to help to shape the services that young people use for the better.

Young people have a voice that we need to listen to, so what steps are the Government taking to ensure that they work closely with young people with lived experience of mental health when developing legislative and non-legislative actions related to mental health? Cuts have consequences. Slashing budgets removes safety nets for the most vulnerable in our society and has knock-on effects. I am sure that the Secretary of State knows that excluded students are 10 times more likely to suffer from mental health problems. What steps is he taking alongside his colleague in the Department for Education to support those students, rather than just hanging them out to dry?

An inquiry by Birmingham and Solihull Mental Health NHS Foundation Trust into 11 deaths found that they were probably avoidable. That is unacceptable, and it is vital that lessons are learnt. With one of the highest levels of beds occupied by patients with complex needs and one of the lowest numbers of beds per 100,000—coupled with cuts and underinvestment under the Conservatives—what steps is the Secretary of State taking to ensure that my constituents will be properly looked after, and that no more families will be forced to go through the pain and heartbreak of being told that a loved one's death was probably avoidable?

I will touch briefly on the Secretary of State's favourite private healthcare company—or at least the one he talks about the most and publicly endorses while simultaneously insisting that there will be no more privatisation of the NHS under him. The Secretary of State is not alone in his support for Babylon and, as I am sure the House is well aware, the most senior member of the Prime Minister's team advised Babylon as recently as last year. The reason that hospitals such as the Queen Elizabeth in my constituency are being forced to take risks in using totally unproven private technical solutions is that they are not receiving sufficient support from this Government. Over the past nine years, the Tories have stripped the NHS and made it about profit, rather than patients.

My constituents are rightly worried about the continued growth of companies such as Babylon, as its tentacles in Birmingham reach out beyond the GP at hand. The Secretary of State holds this company up as a beacon of light for replacing face-to-face services, but 94% of enrolled patients are under the age of 45 and two thirds live in more affluent areas. Can he tell me how it will work for my more vulnerable constituents, and will he give us answers to the myriad other justified concerns of GPs, CCGs and professional bodies?

I conclude by paying tribute to the magnificent practitioners and staff who work day in, day out across our various health services. I thank those who come from around the world to support us when we need it—due to mental health problems, physical ailments, old age or any other issue. These people deserve to be supported, properly resourced and treated with respect, and they deserve a Government who give them more than empty rhetoric. I am sorry that, over the last nine years, under the coalition and then the Conservative Government, they have not been treated in the way in which they deserve.

6.21 pm

Mike Gapes (Ilford South) (IGC): Let me begin by taking everybody back to the summer of 2012 and Danny Boyle's fantastic ceremony at the start of the Olympic games. At that time, everybody was saying that the NHS was our secular religion, and in many senses that is true. It has been good to have cross-party support from everybody; no one in this House today has challenged the fundamentals of our NHS. But we all know that there is a long-term funding challenge. Social care is dealt with not by the NHS, but mainly by local government, and there is crisis in social care because local government budgets have been slashed. This Queen's Speech goes a little way towards addressing the underfunding problems, but we have to be honest and realise that we must deal with this urgent issue of social care.

A week ago, I went to a conference organised by the East London Health and Care Partnership. One of the speakers there pointed out that there have been no fewer than nine plans or proposals for solving the social care problem, yet it is always put in the "too difficult" box, so those plans do not happen. Proposals are denounced as a death tax or a dementia tax. We need grown-up politics and we have to deal with this problem.

The same conference brought together all the NHS bodies in east London, with representatives from the boroughs of Waltham Forest, Tower Hamlets, Redbridge, Newham, Havering, City and Hackney, and Barking and Dagenham, and the provider trusts of Barking, Havering and Redbridge University Hospitals NHS Trust, Barts Health NHS Trust, Homerton University Hospital NHS Foundation Trust, East London NHS Foundation Trust and North East London NHS Foundation Trust. The clinical commissioning groups for the areas I have listed were also reflected by the local authorities there. However, there is no integration. My borough, Redbridge, has integrated care with the north-east London foundation

trust, and they do good work in a joined-up way, but each borough does different things. The NHS institutions do different things.

We have had some criticism here of what people have done in the past. I want to criticise the Labour Government for their PFI; there has been a major problem in terms of the costs at the Barking, Havering and Redbridge trust due to the PFI at Queen's Hospital. I also want to criticise the fact that we were not allowed to take the intermediate care centre at King George Hospital back into the NHS because there was a company that took the NHS to court and won the legal challenge. But I also want to criticise, and this is why I am going to vote for the Opposition's amendment tonight, the fragmentation of the NHS brought in by the Lansley Health and Social Care Act of the Liberal Democrats—do not forget it—and the Conservatives. If we are all doing mea culpas, we need to be honest, rather than trying to score points. What we are seeing in north-east and east London is a move back towards integration, away from what Lansley proposed.

I have been here for 27 years. I have seen all this stuff before. When I came in, there was an FHSA—a family health service authority. There was then a trust model. I had an integrated trust; mental health and acute services were in the same trust. Then it was divided. Then there were further divisions and further fragmentation. Then it was reorganised back again. That is very costly and expensive and we get the rotation of individuals. The hon. Member for Ayr, Carrick and Cumnock (Bill Grant) referred to this. People are getting huge amounts in redundancy payments and then reinventing themselves and coming back in another NHS organisation.

This cannot go on. It is really ridiculous. The public do not understand the terms. People who come to us as constituency MPs about an NHS issue do not know what a CCG is. They have no idea how to make a complaint through the system. MPs are acting as gatekeepers and advocates for our constituents to try to get through this minefield. We hear that there are going to be consultations, but most of them are predetermined shams.

I have led a campaign to save the A&E in my constituency. The former Member for Ilford North, Lee Scott, and I joined with the local paper on this campaign. The current Member for Ilford North was with me over more recent years. It took from 2006 until July this year, when the then Minister, the hon. Member for Wimbledon (Stephen Hammond) confirmed in a parliamentary answer to me that the A&E at King George Hospital was saved, and that is in the draft response to the NHS plan. That is a fantastic victory for our community, but why did it have to take so long?

6.27 pm

Matt Rodda (Reading East) (Lab): I am grateful for the opportunity to speak in this important debate.

With the rising number of patients—particularly frail elderly people—the cost of treatments increasing, and also, very importantly, the severe lack of funding, our much loved health service is under truly severe pressure. I pay tribute to NHS staff for the vital work they do despite that enormous pressure. I would very much like to record my appreciation for them tonight.

I will address three issues: first, the scale of the challenge in health; secondly, the Government's damaging approach; and thirdly, the need for real change. It is no exaggeration to say that the scale of the challenge facing our health service is quite simply enormous. This is partly because of the considerable changes taking place as our population gets older and people live longer. It is a very good thing that life expectancy is increasing, and we are all obviously grateful for that. However, a growing number of frail older people need appropriate care and support, and that care must be properly funded. In addition, medical science is advancing very rapidly, offering wonderful new and life-changing treatments, but again, those new treatments need to be supported by the necessary level of funding.

There are additional local challenges in some parts of the country. For example, in my constituency of Reading East we face particularly intense pressure in terms of staff recruitment and retention because of the high cost of housing and as more people move into our part of the Thames valley. NHS staff in our area face higher than average living costs—arguably similar to costs for people living in outer London, but with no London weighting. I want to return to that important point about resources.

Secondly, I am afraid that the Government are quite simply failing to respond to the scale of the challenge. Ministers have offered warm words, but fundamentally, they are failing to provide the necessary investment. My hon. Friend the Member for Leicester South (Jonathan Ashworth) is right when he talks about the crisis in the NHS and the fact that every single measure of NHS performance is going the wrong way. For example, in my seat, A&E waits have risen dramatically—and they are A&E waits of more than 12 hours; I am not even going into waits that breached the four-hour target. In the Royal Berkshire Hospital, those waits increased by around five times in one year, between 2016-17 and 2017-18, which are the latest recorded figures. Conveniently for the Government, Ministers have decided to move the target rather than measure it.

We have also lost two GP surgeries, which is the tip of a very big iceberg in primary care in our area and across the country. These are surgeries where GPs are retiring, and there is a lack of new GPs coming on stream to replace them. In one case, local residents have had to move to a GP surgery in a different county, several miles away. Others have had to move to surgeries across our town. For frail, elderly people, that can involve a change of bus routes, difficulties in getting to see their GP and considerable additional problems in accessing primary care.

On top of that, many other services are under enormous pressure. To make things even worse, there is a deeply damaging privatisation agenda, which I heard about from my hon. Friend the Member for Oxford East (Anneliese Dodds), affecting Reading and many neighbouring towns in our area. To make matters even worse than that, we have a ridiculous situation where the Government are pressing ahead with a hard Brexit—or something that resembles it closely—which is driving away highly skilled NHS staff. Around 14% of the staff at my local hospital are from the EU. Can anyone imagine how difficult recruitment could be in a very short space of time?

Thirdly, we need real change. That means significant long-term increases in investment, not just warm words and playing with statistics to create a misleading impression

[Matt Rodda]

about the level of funding. If the Government really believe in the NHS, they need to demonstrate that with their actions and policy choices, rather than just making vague promises that they are unlikely to deliver.

Kelvin Hopkins (Luton North) (Ind): Will the hon. Gentleman give way?

Matt Rodda: I am afraid I am pushed for time.

Other Members have highlighted many of the changes needed, but I want to pick up on a few crucial points. First and foremost, the Government must ensure that the NHS responds to the needs of patients and staff on the ground, and not just spout management jargon about changes that sounds convincing. That means a much greater focus from Ministers and officials on the needs of local communities. In high-cost areas such as Berkshire, it means looking at new measures to support recruitment and retention, including the cost of living. Ministers should consider proposals for increasing overall pay in the three counties in the Thames valley, with increased weighting for other high-cost areas, to help recruit and retain staff in towns such as Reading and Woodley.

To sum up, the NHS remains one of our most precious institutions. Staff are obviously working tirelessly in a very difficult and trying situation, yet their dedication is not being matched remotely by Government funding. What is needed now is a complete and utter rethink of Government health policy. We need real change, and only Labour will deliver that change, through the funding and support that we desperately need for our NHS.

6.33 pm

Tonia Antoniazzi (Gower) (Lab): It is an honour to follow my hon. Friend the Member for Reading East (Matt Rodda). I have listened to much of the debate, and it is clear that the NHS is a treasured institution under threat from a hard Tory Brexit, and that having a Labour Government is the only way to secure its future and keep it wholly in public hands.

Today I want to speak about a specific issue that I have been involved with since I was elected in 2017, when I was approached by families in my constituency about getting access to medical cannabis—a medicine that could change the lives of children living with intractable epilepsy. I really could not understand what the problem was until I spoke to my late friend Paul Flynn, who had done a lot of work on this issue, and he explained how it has been an uphill struggle.

Jonathan Ashworth: It was remiss of me earlier in the debate not to pay tribute to the leadership my hon. Friend has shown on this campaign, as well as the right hon. Member for Hemel Hempstead (Sir Mike Penning). She brought a group of campaigners to see me earlier in the year. I put on record our thanks for the tremendous work she has put into the campaign.

Tonia Antoniazzi: I thank my hon. Friend; I look forward to keeping on working with him.

It has been an uphill struggle. While thousands of people across the world have access to medicinal cannabis, the law was preventing patients in the UK from accessing it.

We have worked with the amazing families of the End Our Pain campaign, spearheaded by the amazing Hannah Deacon, who is mum to Alfie Dingley. Hannah's campaigning meant that she got a special licence for Alfie to continue to use the cannabis that had transformed his life in the Netherlands. Then Sophia Gibson and Billy Caldwell were given prescriptions for medical cannabis. The highlight came last year, on 1 November, when there was a change in the law to reclassify cannabis so that it was available for medical use.

At the time, we thought that would mean that the children who were suffering would be able to have cannabis prescribed by specialist consultants. It turned out that that was not the case, so many other children were not given access to this life-changing medicine. Children from all over the UK continue to suffer because the Government are dragging their feet. The medicine is proven to work for many types of sufferers, but children are still being pumped full of steroids and unlicensed drugs that leave them severely impaired. The effect on the families has been terrible—on the children, the siblings and the parents. It is just not fair.

No one claims that this is a miracle drug. It is not a cure for epilepsy, but it does make a huge difference to the quality of children's lives. Everyone has a right to live their best life.

I have worked closely with the parents of Bailey Williams from Cardiff, Rachel and Craig. I have seen at first hand the difference that this medicine has made to their son. When I called at their house one evening, Bailey got out of the chair, picked up a bunch of flowers and brought them to me. I actually cried to see a child who previously could not get out of bed get up out of a chair and give me a gift of thanks.

A lot of other children have the same story. Alfie has been riding a bike and a horse—something that would never have happened when he was on his previous drugs. The problem is that Alfie is getting to a point where the efficacy of this type of medicinal cannabis is dulling. As with all long-term medication, he needs a review and to be put on a new strain. However, the strict restrictions mean that even Alfie will not be able to access a new strain. As his tolerance to his medication builds, he is beginning to have more seizures. What next for Alfie? What will the Secretary of State do?

As we approach the anniversary of the law change, I want to reflect on what has happened to the lives of the families I have worked with, as co-chair of the all-party group on medical cannabis under prescription along with the right hon. Member for Hemel Hempstead (Sir Mike Penning). At the End Our Pain campaign event on 19 March, the Secretary of State told the families that he would make sure they got the medicine they needed. However, more than six months on from that promise and nearly a year on from the law change, not one new NHS prescription has been made, not one child has benefited from medical cannabis, and not one family have been able to move on with their lives.

Sir Mike Penning: Will the hon. Lady give way?

Tonia Antoniazzi: I will give way, but I will not take the extra time.

Sir Mike Penning: This issue shows the House how people from different parties, with very diverse views on politics, can work together for the good of children.

There are children who are getting medical cannabis on prescription, but their parents or grandparents are paying for it. The NHS is free at the point of delivery. Surely that is how it should be.

Tonia Antoniazzi: I absolutely agree with the right hon. Gentleman.

I made a personal choice to go to the Netherlands with some of the parents to pick up the cannabis they need for their children—parents such as Emma Appleby who has a prescription for her daughter, Teagan, that costs thousands of pounds. She can afford to fly to the Netherlands to get the prescription because it costs less over there. The Government have created a two-tier system. Parents are forced to fundraise for medicines. One mother has put her house up for sale to pay for the next round of drugs. These families have run out of time, run out of money and run out of patience. All 20 families will go on hunger strike because they are at the end of the line.

I will move on swiftly. On 19 September, six months after the Secretary of State had made his promises, the families were continuing to fight for their kids. They took a bill to the Secretary of State showing the money they had spent on their private prescriptions, and they have delivered letters to the Prime Minister begging him to do something, but they have been ignored. They have not had a response, and that is absolutely disgraceful.

These families are being pushed to the end of their tether, and I honestly believe that it is time for the Secretary of State either to consider his position or to get this sorted. As a mother, if I was faced with this inaction, I would be fighting and fighting to get these life-saving drugs from the NHS—for free. I would be doing everything I could, and that is why I will continue to do everything I can to help these children who are needlessly suffering. I will raise this at every opportunity, and I will not stop until we have the good news that we need.

6.40 pm

Barry Gardiner (Brent North) (Lab): At the opening of the London Olympics, Danny Boyle wanted to show the world what it meant to be British, and he chose the NHS because it illustrates all that is best in our country. Watching on TV, millions marvelled at our nurses, our doctors and our carers, and in the stadium, thousands cheered. That is how proud we are of our NHS. All the people who work in it—cleaners, consultants, nurses, night porters, radiographers and receptionists—play a vital role in caring for our society. They are our national symbol of community and our model of selfless service.

This debate has reflected that, with 34 speeches and 49 interventions. There have been some wonderful speeches, including personal testimonies from the right hon. Member for Old Bexley and Sidcup (James Brokenshire), the hon. Member for Dudley South (Mike Wood) and my hon. Friend the Member for North Tyneside (Mary Glindon)—my dear friend—who if she did not quite move herself to tears, certainly moved the rest of us.

However, millions now worry that the NHS could be up for grabs in a future free trade agreement. At the heart of those fears is the Health and Social Care Act 2012, passed by the Conservative and Liberal Democrat coalition. It puts costs before quality and commercial competition at the heart of health commissioning. Just after the Act was passed, our local 111 service in Brent North was outsourced to a private company, the majority of the directors of which sat on the local clinical commissioning group—the very group that had awarded them the contract.

The Health and Social Care Act has allowed perverse commissioning decisions like that up and down the country. Today, our local CCG in north-west London faces not the £51 million deficit at year-end set out in its operational plan, but £112 million—an additional £61 million overspend as a result of an increase in acute activity of 18% against a population increase of 5%. When Conservative Members and their Liberal Democrat partners told us that the NHS was not for sale, those assurances were worthless. People may not be able to buy it, but privatisation is tearing it apart. My CCG has announced the closure of the 24-hour service at the urgent care centre in Middlesex Hospital.

Craig Whittaker (Calder Valley) (Con): Will the hon. Gentleman give way?

Barry Gardiner: I cannot give way because of time.

It is this legislation that now exposes our NHS to foreign competition and undermines our public healthcare system. It is Donald's door into our NHS. Some 170,000 people already know this, and they have signed a parliamentary e-petition calling on this Government to introduce safeguards that will protect it from new trade deals. Trade agreements lock in privatisation, and open up access to foreign investors and speculators. That is why we need safeguards.

Matt Western (Warwick and Leamington) (Lab): Does my hon. Friend agree with me that one of the great threats to our NHS is a trade deal with the US that, as happened in Australia 10 years ago, will drive up the price of medicines significantly?

Barry Gardiner: I agree with my hon. Friend.

In 2007, Slovakia wanted to move from a private health system, modelled on the USA's, to a system more like ours. Slovakia was sued for millions of euros by a Dutch company that thought the move might affect its future profits. Trade deals often contain clauses that give foreign investors the right to sue Governments for decisions that might affect their profits. These investor-state dispute settlement—ISDS—clauses are common in modern free trade agreements.

Policy decisions such as legislating for the plain packaging of cigarettes have been subject to ISDS claims. Labour believes the UK should be free to make public health policy based on the health needs of the British people. We should not have to bend to some company that is profiting from keeping our people ill, whether from tobacco, polluted air or too much sugar.

More than 750 cases are known to have been brought under ISDS clauses in other countries, and more than half resulted in compensation for foreign investors or in financial settlements out of court. Labour will not sign up to any free trade agreement that uses these ISDS-style rules, which are wrong in principle and, even where they are not used, can lead to regulatory chill.

[Barry Gardiner]

Incredibly, the right to sue the Government under these ISDS clauses does not extend to our own UK companies, only to foreign companies in separate private courts. Labour has confidence in our courts and thinks foreign companies should have no greater rights of redress than British companies.

Free trade agreements also typically include market access clauses and national treatment provisions. These would set out the extent to which overseas businesses can operate in our markets, and they would insist that we afford at least the same treatment to foreign businesses as we do to our own businesses. In the past that was done by listing all those services that had been agreed. If an NHS service was not on the list, it could not be the subject of foreign competition. Agreements used to set out only those services that we were prepared to open up to competition, but modern trade agreements do not work that way.

Instead, modern trade agreements adopt a negative list system that says every service is opened up to competition unless it is placed on the negative list. Anything missed off the list is automatically open to competition. Once missed, a service can never be put back on the list. Any new service that comes as a result of technological or scientific breakthrough, if it is not on the list, is automatically open to foreign competition.

Imagine if we had agreed a negative list before the age of the internet and before digital technology had changed how patients can be screened and tested. If we lose our capacity and skill to provide these services directly, we will become a captive market and vulnerable to the abuse of private monopoly and spiralling costs.

Governments cannot intervene where there has been a clear failure in the sector or where patient health has been compromised. We need legal guarantees that no such negative list trade agreement will be concluded. That is why Opposition Members sought to introduce measures into the Trade Bill to achieve this protection. Conservative Members voted down every single one.

When their lordships secured essential provisions for proper scrutiny of trade agreements and a defined parliamentary procedure for ratification, what did the Government do? They abandoned the Bill entirely. Now they want to bring back the same legislation, but without those safeguards.

A potential deal with the US is of major concern to those who care about our health service. The American model is renowned for its pursuit of profit and its indifference to the poor. The US ambassador told national TV that the NHS would be on the table and that the US had already looked at all the components of the deal. President Trump confirmed it, and the Office of the US Trade Representative has published its list of negotiating objectives for any such deal. One objective is to stop the NHS using its bulk purchasing power to negotiate lower drug prices. The US Secretary of Health and Human Services actually said that the US would "pressure" other countries in trade negotiations so that Americans pay less and we pay more.

The USA wants to stop the UK regulating the pharmaceutical industry unless the US industry has agreed. So much for taking back control. In one of their first acts after establishing the Department for International Trade, this Government opened three new offices in the US, in Raleigh, in Minneapolis and in San Diego—biopharma hubs where major healthcare providers, biotech, pharmaceutical manufacturers and health insurers are headquartered. What made those cities so attractive if it was not an attempt to attract players from those sectors into our NHS? The Labour party created the NHS. We will not allow this Government's trade agreements to damage it. Under Labour, the NHS will remain a universal service, free at the point of use, and based on medical need, not ability to pay.

6.50 pm

The Minister for Health (Edward Argar): It is a privilege to wind up this important debate on behalf of the Government, especially in the light of the many excellent and measured contributions by Members on both sides of the House. It is also a pleasure to respond to a debate in which both the shadow Secretary of State for Health and Social Care and the shadow Secretary of State for International Trade have spoken. I have great regard for them both, although unlike the shadow Secretary of State for International Trade, I intend to focus rather more on health and the NHS, given that they are what the debate is about.

That the debate has been so well attended reflects the importance of the NHS and the pride in it felt by all Members and our constituents, by Government and Opposition alike. The NHS rightly occupies a special place for us all, and the debate gives me an opportunity, standing at the Dispatch Box, to pay tribute to all who work in our NHS. My right hon. Friend the Secretary of State for Health and Social Care, in a marathon speech opening the debate, set out the five major reforms that place health and social care at the heart of the Queen's Speech: our long-term plan, the medicines and medical devices Bill, the Health Service Safety Investigations Bill, adult social care reform and the Mental Health Act reform. Those measures come on top of record investment by this Government in our NHS, with £33.9 billion extra through the long-term plan; 40 new hospitals being built, with six ready to go now, and more doctors—a real commitment to ensuring our NHS is fit for the future.

Before I deal with the Opposition amendment, I will touch on as many of the speeches made by right hon. and hon. Members as possible. I will start with the incredibly moving, powerful and brave speeches made by my right hon. Friend the Member for Old Bexley and Sidcup (James Brokenshire), my hon. Friend the Member for Dudley South (Mike Wood), the hon. Member for North Tyneside (Mary Glindon) and the right hon. Member for Cynon Valley (Ann Clwyd). All, rightly, paid tribute to the NHS and set out their personal debt to the service, and I think it is right that on behalf of the House and the Government I echo that tribute, because it is thanks to the amazing NHS that those four wonderful colleagues are still with us. We should be extremely grateful for that.

I also highlight the contributions by my right hon. Friend the Member for Ludlow (Mr Dunne) and my hon. Friend the Member for Wimbledon (Stephen Hammond), both distinguished predecessors of mine in this role. If I manage to stay for another week, I will have exceeded the tenure of my immediate predecessor, but I have a long way to go before serving as long as my right hon.

and hon. Friends. I pay tribute to them for their commitment to the NHS, for all they did for it as Ministers, and for the central role they played in putting in place the building blocks for the long-term plan and the investment we have been able to announce today.

The hon. Member for Totnes (Dr Wollaston), in a typically measured, well informed and reasonable speech, highlighted the importance of listening to partnership and engagement. In the context of the long-term plan, she is absolutely right to highlight that we are listening to the NHS, and the NHS has, in turn, listened to the public and to her Committee, as we all do. I have yet to be summoned to appear before the Health and Social Care Committee, but I suspect it is only a matter of time.

My hon. Friend the Member for South West Bedfordshire (Andrew Selous) made an important speech in which he highlighted the importance of workforce, medical schools and new places. I am very pleased that the Government have set up five new medical schools. I had the privilege of visiting the new medical school in Lincoln on its first day for students. Our colleague, the former hon. Member for Lincoln, Karl McCartney, campaigned passionately for it to be set up. It was a privilege to meet those students on their first day.

The hon. Member for Westmorland and Lonsdale (Tim Farron) touched on radiotherapy, in which I know he takes a particular interest. The hon. Member for Easington (Grahame Morris) has already raised this issue privately with me. I am very happy to meet both of them to discuss it further if that is helpful.

My hon. Friend the Member for Harborough (Neil O'Brien), my constituency neighbour, spoke positively and passionately about the impact the investment we are putting into our local hospital trust in Leicester will have on our constituents. I am sure that the constituents of the shadow Secretary of State will be just as pleased as ours. I hope he might evince a certain degree of positivity about that.

I thank the hon. Member for East Kilbride, Strathaven and Lesmahagow (Dr Cameron) for her tone, which again emphasised the need for us to be measured in our language in this debate. There will always be political passions and differences, but it is right that we seek to be measured. She mentioned her work on thalidomide. I believe my hon. Friend the Member for North Dorset (Simon Hoare) has also been very much involved in this issue. Again, with the appropriate Minister I am very happy to meet her to discuss that.

We heard powerful speeches from many colleagues on both sides of the House advocating for their constituents, which is as it should be: my hon. Friend the Member for Telford (Lucy Allan), my right hon. Friend the Member for Hemel Hempstead (Sir Mike Penning), my hon. Friend the Member for The Wrekin (Mark Pritchard) and the hon. Member for Hartlepool (Mike Hill). The hon. Member for Nottingham North (Alex Norris) highlighted the importance of social care, as did so many other Members. It is absolutely right that we focus on that.

Turning to the shadow Minister and the Opposition amendment, I say once again to this House, because repetition is never a sin in this place, that, as my right hon. Friend the Prime Minister and the Secretary of State have set out clearly, our NHS is not for sale. Our NHS has never been for sale and our NHS will never be for sale. No trade agreement will ever change that: our NHS is not on the table in any trade talks.

As my right hon. Friend the Secretary of State set out, those on the Opposition Front Bench knowingly push scaremongering nonsense. They push it because they do not want to talk about Brexit, given their non-policy in this area, which is characterised by dither, delay and dodge. Given that position, I do not blame them for not wanting to talk about it, but they should know better than to seek to scare vulnerable people with talk of things that are not going to happen.

The Opposition may speak about their commitment to the NHS, but the difference is that those of us in the Government actually deliver on our commitment, with the longest and largest cash settlement in the history of the NHS, the biggest and boldest hospital-building programme in a generation, new treatments and new technologies to deliver world-class and cutting-edge care, and by addressing the injustices in social care and the inequalities in mental health. It is clear that the Conservatives are the real party of the NHS. We have protected and prioritised the NHS for each of the 44 years of its 71-year history when we have been in government. Under this Government and this Prime Minister, we will continue to do so, helping our doctors and nurses do their jobs and putting the NHS on a secure and stable footing for the future: a publicly funded NHS, free at the point of use, accessible according to need, not ability to pay, so that our NHS can continue to be—

Mr Nicholas Brown (Newcastle upon Tyne East) (Lab): *claimed to move the closure (Standing Order No. 36).*

Question put forthwith, That the Question be now put.

Question agreed to.

Question put, That the amendment be made.

The House divided: Ayes 282, Noes 310.

Division No. 9] **[6.59 pm**

AYES

Abbott, rh Ms Diane
Abrahams, Debbie
Ali, Rushanara
Allin-Khan, Dr Rosena
Amesbury, Mike
Antoniazzi, Tonia
Ashworth, Jonathan
Bailey, Mr Adrian
Bardell, Hannah
Barron, rh Sir Kevin
Beckett, rh Margaret
Benn, rh Hilary
Betts, Mr Clive
Black, Mhairi
Blackford, rh Ian
Blackman, Kirsty
Blackman-Woods, Dr Roberta
Blomfield, Paul
Brabin, Tracy
Bradshaw, rh Mr Ben
Brennan, Kevin
Brock, Deidre
Brown, Alan
Brown, Lyn
Brown, rh Mr Nicholas
Bryant, Chris
Buck, Ms Karen
Burden, Richard
Burgon, Richard
Butler, Dawn
Byrne, rh Liam
Cadbury, Ruth
Cameron, Dr Lisa
Campbell, rh Sir Alan
Carden, Dan
Champion, Sarah
Chapman, Douglas
Cherry, Joanna
Clwyd, rh Ann
Coaker, Vernon
Coffey, Ann
Cooper, Julie
Cooper, Rosie
Cooper, rh Yvette
Corbyn, rh Jeremy
Cowan, Ronnie
Coyle, Neil
Crausby, Sir David
Crawley, Angela
Creagh, Mary

Creasy, Stella
Cruddas, Jon
Cryer, John
Cummins, Judith
Cunningham, Alex
Cunningham, Mr Jim
Daby, Janet
Dakin, Nic
David, Wayne
Davies, Geraint
Day, Martyn
De Cordova, Marsha
De Piero, Gloria
Debbonaire, Thangam
Dent Coad, Emma
Dhesi, Mr Tanmanjeet Singh
Docherty-Hughes, Martin
Dodds, Anneliese
Doughty, Stephen
Dowd, Peter
Drew, Dr David
Duffield, Rosie
Eagle, Ms Angela
Eagle, Maria
Edwards, Jonathan
Efford, Clive
Elliott, Julie
Ellman, Dame Louise
Elmore, Chris
Esterson, Bill
Evans, Chris *(Proxy vote cast by Mark Tami)*
Farrelly, Paul
Fellows, Marion
Field, rh Frank
Fitzpatrick, Jim
Fletcher, Colleen
Flint, rh Caroline
Forbes, Lisa
Fovargue, Yvonne
Foxcroft, Vicky
Frith, James
Furniss, Gill
Gaffney, Hugh
Gapes, Mike
Gardiner, Barry
George, Ruth
Gethins, Stephen
Gibson, Patricia
Gill, Preet Kaur
Glindon, Mary
Godsiff, Mr Roger
Goodman, Helen
Grady, Patrick
Grant, Peter
Gray, Neil *(Proxy vote cast by Patrick Grady)*
Green, Kate
Greenwood, Lilian
Greenwood, Margaret
Griffith, Nia
Grogan, John
Gwynne, Andrew
Hamilton, Fabian
Hanson, rh David
Hardy, Emma
Harman, rh Ms Harriet
Harris, Carolyn
Hayes, Helen
Hayman, Sue
Healey, rh John
Hendrick, Sir Mark
Hendry, Drew
Hepburn, Mr Stephen
Hermon, Lady
Hill, Mike
Hillier, Meg
Hodge, rh Dame Margaret
Hodgson, Mrs Sharon
Hoey, Kate
Hollern, Kate
Hopkins, Kelvin
Hosie, Stewart
Howarth, rh Sir George
Huq, Dr Rupa
Hussain, Imran
Jarvis, Dan
Jones, Darren
Jones, Gerald
Jones, Graham P.
Jones, Helen
Jones, rh Mr Kevan
Jones, Ruth
Jones, Sarah
Jones, Susan Elan
Kane, Mike
Keeley, Barbara
Kendall, Liz
Khan, Afzal
Killen, Ged
Kinnock, Stephen
Kyle, Peter
Laird, Lesley
Lake, Ben
Lammy, rh Mr David
Lavery, Ian
Law, Chris
Lee, Karen
Lewell-Buck, Mrs Emma
Lewis, Clive
Lewis, Mr Ivan
Linden, David
Lloyd, Tony
Long Bailey, Rebecca
Lucas, Caroline
Lucas, Ian C.
Lynch, Holly
MacNeil, Angus Brendan
Madders, Justin
Mahmood, Mr Khalid
Mahmood, Shabana
Malhotra, Seema
Mann, John
Marsden, Gordon
Martin, Sandy
Maskell, Rachael
Matheson, Christian
Mc Nally, John
McCabe, Steve
McCarthy, Kerry
McDonagh, Siobhain
McDonald, Andy
McDonald, Stewart Malcolm
McDonald, Stuart C.
McDonnell, rh John
McFadden, rh Mr Pat
McGinn, Conor
McGovern, Alison
McInnes, Liz
McKinnell, Catherine
McMahon, Jim
McMorrin, Anna
Mearns, Ian
Miliband, rh Edward
Monaghan, Carol
Moon, Mrs Madeleine
Morden, Jessica
Morgan, Stephen
Morris, Grahame
Murray, Ian
Nandy, Lisa
Newlands, Gavin
Norris, Alex
O'Hara, Brendan
Onn, Melanie
Onwurah, Chi
Osamor, Kate
Owen, Albert
Peacock, Stephanie
Pearce, Teresa
Pennycook, Matthew
Perkins, Toby
Phillips, Jess
Phillipson, Bridget
Pidcock, Laura
Platt, Jo
Pollard, Luke
Pound, Stephen
Powell, Lucy
Qureshi, Yasmin
Rashid, Faisal
Rayner, Angela
Reed, Mr Steve
Rees, Christina
Reeves, Ellie
Reeves, Rachel
Reynolds, Emma *(Proxy vote cast by Mr Pat McFadden)*
Reynolds, Jonathan
Rimmer, Ms Marie
Robinson, Mr Geoffrey
Rodda, Matt
Rowley, Danielle
Ruane, Chris
Russell-Moyle, Lloyd
Ryan, rh Joan
Saville Roberts, rh Liz
Shah, Naz
Sharma, Mr Virendra
Sheerman, Mr Barry
Sheppard, Tommy
Sherriff, Paula
Siddiq, Tulip
Skinner, Mr Dennis
Slaughter, Andy
Smeeth, Ruth
Smith, Cat
Smith, Eleanor
Smith, Nick
Smith, Owen
Smyth, Karin
Snell, Gareth
Sobel, Alex
Starmer, rh Keir
Stephens, Chris
Stevens, Jo
Streeting, Wes
Stringer, Graham
Sweeney, Mr Paul
Tami, rh Mark
Thewliss, Alison
Thomas, Gareth
Thomas-Symonds, Nick
Thornberry, rh Emily
Timms, rh Stephen
Trickett, Jon
Turley, Anna
Turner, Karl
Twigg, Stephen
Twist, Liz
Vaz, rh Keith
Vaz, rh Valerie
Walker, Thelma
Watson, Tom
West, Catherine
Western, Matt
Whitehead, Dr Alan
Whitfield, Martin
Whitford, Dr Philippa
Williams, Hywel
Williams, Dr Paul
Wilson, Phil
Wishart, Pete
Yasin, Mohammad
Zeichner, Daniel

Tellers for the Ayes:
Jeff Smith and
Bambos Charalambous

NOES

Adams, Nigel
Afolami, Bim
Afriyie, Adam
Aldous, Peter
Allan, Lucy
Amess, Sir David
Andrew, Stuart
Argar, Edward
Atkins, Victoria
Bacon, Mr Richard
Badenoch, Mrs Kemi *(Proxy vote cast by Leo Docherty)*
Baker, Mr Steve
Baldwin, Harriett
Barclay, rh Stephen
Baron, Mr John
Bellingham, Sir Henry
Benyon, rh Richard
Beresford, Sir Paul
Berry, rh Jake
Blackman, Bob
Blunt, Crispin
Bone, Mr Peter
Bottomley, Sir Peter
Bowie, Andrew
Bradley, Ben
Bradley, rh Karen
Brady, Sir Graham
Braverman, Suella *(Proxy vote cast by Mr Steve Baker)*
Brereton, Jack
Bridgen, Andrew
Brine, Steve
Brokenshire, rh James
Bruce, Fiona
Buckland, rh Robert
Burghart, Alex
Burns, rh Conor
Burt, rh Alistair
Cairns, rh Alun
Campbell, Mr Gregory
Cartlidge, James

Cash, Sir William
Caulfield, Maria
Chalk, Alex
Chishti, Rehman
Chope, Sir Christopher
Churchill, Jo
Clark, Colin
Clark, rh Greg
Clarke, rh Mr Kenneth
Clarke, Mr Simon
Cleverly, rh James
Clifton-Brown, Sir Geoffrey
Coffey, rh Dr Thérèse
Collins, Damian
Costa, Alberto
Courts, Robert
Cox, rh Mr Geoffrey
Crabb, rh Stephen
Crouch, Tracey
Davies, David T. C.
Davies, Glyn
Davies, Mims
Davies, Philip
Davis, rh Mr David
Dinenage, Caroline
Djanogly, Mr Jonathan
Docherty, Leo
Dodds, rh Nigel
Donaldson, rh Sir Jeffrey M.
Donelan, Michelle
Dorries, Ms Nadine
Double, Steve
Dowden, rh Oliver
Doyle-Price, Jackie
Drax, Richard
Duddridge, James
Duguid, David
Duncan, rh Sir Alan
Duncan Smith, rh Mr Iain
Dunne, rh Mr Philip
Ellis, rh Michael
Ellwood, rh Mr Tobias
Elphicke, Charlie
Eustice, George
Evans, Mr Nigel
Evennett, rh Sir David
Fabricant, Michael
Fallon, rh Sir Michael
Field, rh Mark
Ford, Vicky
Foster, Kevin
Fox, rh Dr Liam
Francois, rh Mr Mark
Frazer, Lucy
Freeman, George
Freer, Mike
Fysh, Mr Marcus
Gale, rh Sir Roger
Garnier, Mark
Gauke, rh Mr David
Ghani, Ms Nusrat
Gibb, rh Nick
Gillan, rh Dame Cheryl
Girvan, Paul
Glen, John
Goodwill, rh Mr Robert
Gove, rh Michael
Graham, Luke
Graham, Richard
Grant, Bill
Grant, Mrs Helen
Gray, James
Grayling, rh Chris
Green, Chris
Green, rh Damian
Greening, rh Justine
Grieve, rh Mr Dominic
Griffiths, Andrew
Hair, Kirstene
Halfon, rh Robert
Hall, Luke
Hammond, Stephen
Hancock, rh Matt
Hands, rh Greg
Harper, rh Mr Mark
Harris, Rebecca
Harrison, Trudy
Hart, Simon
Hayes, rh Sir John
Heald, rh Sir Oliver
Heappey, James
Heaton-Harris, Chris
Heaton-Jones, Peter
Henderson, Gordon
Herbert, rh Nick
Hinds, rh Damian
Hoare, Simon
Hollingbery, Sir George
Hollinrake, Kevin
Hollobone, Mr Philip
Holloway, Adam
Howell, John
Hughes, Eddie
Hurd, rh Mr Nick
Jack, rh Mr Alister
James, Margot
Javid, rh Sajid
Jayawardena, Mr Ranil
Jenkin, Sir Bernard
Jenkyns, Andrea
Jenrick, rh Robert
Johnson, rh Boris
Johnson, Dr Caroline
Johnson, Gareth
Johnson, rh Joseph
Jones, Andrew
Jones, rh Mr David
Jones, Mr Marcus
Kawczynski, Daniel
Keegan, Gillian
Kennedy, Seema
Kerr, Stephen
Knight, rh Sir Greg
Knight, Julian
Kwarteng, rh Kwasi
Lamont, John
Lancaster, rh Mark
Latham, Mrs Pauline
Leadsom, rh Andrea
Lefroy, Jeremy
Leigh, rh Sir Edward
Letwin, rh Sir Oliver
Lewer, Andrew
Lewis, rh Brandon
Lewis, rh Dr Julian
Liddell-Grainger, Mr Ian
Lidington, rh Sir David
Little Pengelly, Emma
Lopez, Julia *(Proxy vote cast by Lee Rowley)*
Lopresti, Jack
Lord, Mr Jonathan
Loughton, Tim
Mackinlay, Craig
Maclean, Rachel
Main, Mrs Anne
Mak, Alan
Malthouse, Kit
Mann, Scott
Masterton, Paul
May, rh Mrs Theresa
Maynard, Paul
McLoughlin, rh Sir Patrick
McVey, rh Ms Esther
Menzies, Mark
Mercer, Johnny
Merriman, Huw
Metcalfe, Stephen
Miller, rh Mrs Maria
Milling, Amanda
Mills, Nigel
Milton, rh Anne
Mitchell, rh Mr Andrew
Moore, Damien
Mordaunt, rh Penny
Morgan, rh Nicky
Morris, Anne Marie
Morris, David
Morris, James
Morton, Wendy
Mundell, rh David
Murray, Mrs Sheryll
Murrison, rh Dr Andrew
Neill, Robert
Newton, Sarah
Norman, Jesse
O'Brien, Neil
Offord, Dr Matthew
Opperman, Guy
Paisley, Ian
Parish, Neil
Patel, rh Priti
Paterson, rh Mr Owen
Pawsey, Mark
Penning, rh Sir Mike
Penrose, John
Percy, Andrew
Perry, rh Claire
Philp, Chris
Pincher, rh Christopher
Poulter, Dr Dan
Pow, Rebecca
Prentis, Victoria
Prisk, Mr Mark
Pritchard, Mark
Pursglove, Tom
Quin, Jeremy
Quince, Will
Raab, rh Dominic
Redwood, rh John
Rees-Mogg, rh Mr Jacob
Robertson, Mr Laurence
Robinson, Gavin
Robinson, Mary
Rosindell, Andrew
Ross, Douglas
Rowley, Lee
Rudd, rh Amber
Sandbach, Antoinette
Scully, Paul
Seely, Mr Bob
Selous, Andrew
Shannon, Jim
Shapps, rh Grant
Sharma, rh Alok
Shelbrooke, rh Alec
Simpson, David
Simpson, rh Mr Keith
Skidmore, rh Chris
Smith, Chloe *(Proxy vote cast by Jo Churchill)*
Smith, Henry
Smith, rh Julian
Smith, Royston
Soames, rh Sir Nicholas
Spelman, rh Dame Caroline
Spencer, rh Mark
Stephenson, Andrew
Stevenson, John
Stewart, Bob
Stewart, Iain
Stewart, rh Rory
Streeter, Sir Gary
Stride, rh Mel
Stuart, Graham
Sturdy, Julian
Sunak, rh Rishi
Swayne, rh Sir Desmond
Swire, rh Sir Hugo
Syms, Sir Robert
Thomas, Derek
Thomson, Ross
Throup, Maggie
Tolhurst, Kelly
Tomlinson, Justin
Tomlinson, Michael
Tracey, Craig
Tredinnick, David
Trevelyan, Anne-Marie
Truss, rh Elizabeth
Tugendhat, Tom
Vaizey, rh Mr Edward
Vara, Mr Shailesh
Vickers, Martin
Villiers, rh Theresa
Walker, Sir Charles
Walker, Mr Robin
Wallace, rh Mr Ben
Warburton, David
Warman, Matt
Watling, Giles
Whately, Helen
Wheeler, Mrs Heather
Whittaker, Craig
Whittingdale, rh Mr John
Wiggin, Bill
Williamson, rh Gavin
Wilson, rh Sammy
Wood, Mike
Woodcock, John
Wright, rh Jeremy
Zahawi, Nadhim

Tellers for the Noes:
Nigel Huddleston and David Rutley

Question accordingly negatived.

7.15 pm

The debate stood adjourned (Standing Order No. 9(3)).

Ordered, That the debate be resumed tomorrow.

Dr Wollaston: On a point of order, Mr Deputy Speaker. Frankly, I am astonished that at such short notice the Prime Minister has sent a note to the Liaison Committee refusing to appear before us in the morning. This is the only Committee that can call the Prime Minister to account, and it allows us to ask detailed questions with follow up on behalf of the public. This is now the third occasion on which the Prime Minister has cancelled. May I seek your guidance, Mr Deputy Speaker, because this is entirely unacceptable?

Mr Deputy Speaker (Sir Lindsay Hoyle): I recognise that three times is very difficult, and quite rightly we have to hold all officers, even the Prime Minister, to account. However, I also recognise that these are very difficult times at the moment, and I would hope that the point of order has been listened to by Ministers and that we can come forward with a date for the Prime Minister to appear, but, more importantly, that the Liaison Committee can get that meeting in—and, as Chair, I recognise the need to do so. So, both ways, there is a need to try to make sure we can make this happen.

Sir Patrick McLoughlin (Derbyshire Dales) (Con): Further to that point of order, Mr Deputy Speaker. As a member of the Liaison Committee as well, I can say that of course the Liaison Committee is disappointed that the Prime Minister is unable to appear before it tomorrow, but the truth is that the Prime Minister is held to account in the Chamber by all Members of Parliament every week for over an hour, so it is simply not true that the Prime Minister is not being held to account.

Mr Deputy Speaker: I can see that tensions are running high. I have given a very honest answer that I think is fair to both sides.

Yvette Cooper (Normanton, Pontefract and Castleford) (Lab): Further to that point of order, Mr Deputy Speaker. As the Chair of the Liaison Committee, the hon. Member for Totnes (Dr Wollaston), has said, this is now the third time, and the purpose of the Liaison Committee is to take more detailed evidence and scrutinise the Prime Minister in a more detailed way. The Prime Minister has said that he does not want to come now until five or six months after his initial appointment; that means in December or January. At such a time when there are so many important decisions to be made for the country, surely it is utterly irresponsible for the Prime Minister to refuse to answer detailed scrutiny questions from the Committee, and if he has done this three times before, how on earth can we have any confidence in a December or January date either?

Mr Deputy Speaker: Well, if we can get to January and February that is more than I am expecting at the moment. I hope that the message has gone out that three times the frustration has quite rightly been there. I do not know the reason for the decision tomorrow, but I do know we are in very serious and dangerous times in the future of this present Parliament. I am sure, as I said earlier, that that message will go back, and I would like to think that the earliest possible date will be proposed—sooner rather than later; this year, not next year, unless other events overtake us.

Mr Steve Baker (Wycombe) (Con): Further to that point of order, Mr Deputy Speaker. Can you advise me whether there is any way we can highlight in this House the profound injustice whereby some Members can achieve high office in the Committee system by virtue of their party affiliation, yet continue to hold high office after they have abandoned their party?

Mr Deputy Speaker: I am not going to get into that argument. I have enough on my plate without going down that road.

Mary Creagh (Wakefield) (Lab): Further to that point of order, Mr Deputy Speaker. I think that that last comment was unworthy of the hon. Member for Wycombe (Mr Baker). The Prime Minister got out of the first date by, I believe, proroguing Parliament. Clearly, the programming of the business for this week, which would have seen us on the Report stage on the withdrawal agreement Bill, would have meant that the Prime Minister, quite rightly, would have had to be in the Chamber. Is it in order for the Prime Minister to use smoke and mirrors to pretend that he is coming to the Liaison Committee but always find a way to wriggle out of the back door and never be accountable?

Mr Deputy Speaker: I am not going to enter into speculation. I have been very clear, and I have made the point. I am not going to change any more.

Seema Malhotra (Feltham and Heston) (Lab/Co-op): Further to that point of order, Mr Deputy Speaker. Further to some of the comments that have been made, may I seek your advice about the accountability of the Prime Minister? Truly, he is accountable to the Liaison Committee as well as to the House, and in other matters—

Mr Deputy Speaker: Order. I have been down that road already, and I am not going to change what I have said.

Dr Wollaston: Further to the point of order made by the hon. Member for Wycombe (Mr Baker), Mr Deputy Speaker. May I seek your confirmation that Select Committee Chairs are elected by the whole House of Commons because they are trusted not to take a tribal party political viewpoint in their role as Select Committee Chairs?

Mr Deputy Speaker: Yes.

Dr Whitford: On a point of order, Mr Deputy Speaker. In response to my question this morning about compensation for the victims of the contaminated blood scandal, the Minister for the Cabinet Office and Paymaster General suggested that the Government were waiting for

"the determination of legal liability, to which the inquiry's deliberations relate",

but surely he must recognise that under the Inquiries Act 2005 a public inquiry cannot determine liability, so how can I call for the Minister for the Cabinet Office to correct the answer that he gave?

Mr Deputy Speaker: You have done it for me. Those on the Treasury Bench have heard you.

Business without Debate

DELEGATED LEGISLATION

Mr Deputy Speaker (Sir Lindsay Hoyle): With the leave of the House, we shall take motions 2 and 3 together.

Motion made, and Question put forthwith (Standing Order No. 118(6)),

EXITING THE EUROPEAN UNION (INSOLVENCY)

That the draft Insolvency (Amendment) (EU Exit) (No. 2) Regulations 2019, which were laid before this House on 22 July 2019, in the last Session of Parliament, be approved.

EXITING THE EUROPEAN UNION (ENVIRONMENTAL PROTECTION)

That the draft Waste and Environmental Protection (Amendment) (Northern Ireland) (EU Exit) Regulations 2019, which were laid before this House on 15 July 2019, in the last Session of Parliament, be approved.—*(Maggie Throup.)*

Question agreed to.

PSNI Policy: Journalists' Data Obtained under Warrant

Motion made, and Question proposed, That this House do now adjourn.—*(Maggie Throup.)*

Mr Deputy Speaker (Sir Lindsay Hoyle): Before I call the right hon. Member for Haltemprice and Howden (Mr Davis), I should inform the House that I have been advised that the matter of deletion, or otherwise, of data obtained by the Police Service of Northern Ireland from the so-called Loughinisland journalists is before the courts, with a hearing date set for next month. Therefore, those specific legal proceedings are sub judice under the terms of the House's resolution, and therefore references should not be made to the merits or otherwise of that matter. I thank the right hon. Gentleman for his courtesy in consulting the Speaker's Office in advance of his debate, and I remind any other Member participating in this debate to be equally mindful of the sub judice resolution on matters still before the courts.

7.23 pm

Mr David Davis (Haltemprice and Howden) (Con): Thank you, Mr Deputy Speaker. You are right: I have provided a copy of what I have to say, and I will stick to it religiously throughout the debate. I commiserate with my right hon. Friend the Minister of State, Northern Ireland Office, who has to answer me. He seems to be the Minister for receiving hospital passes from me in the past few months, one way or another.

The issue today is very serious. Twenty-five years ago, on 18 June 1994, a crowd of locals gathered at O'Toole's pub in Loughinisland in County Down, Northern Ireland, to watch the Republic of Ireland play Italy in the World Cup. Shortly after Ireland scored the winning goal, two members of the Ulster Volunteer Force burst into the pub with automatic assault rifles and sprayed bullets across the bar. Six people were murdered and five more were badly injured in a brutal sectarian attack by loyalist paramilitaries. The people were targeted because they were Catholic. It is known as the Loughinisland massacre and has gone down as one the darkest moments in the Northern Irish troubles. It was an atrocity that shocked even those who lived among sectarian violence day in and day out. At the time, it was described by the media as brutal, inhuman, barbaric, callous slaughter, and it was worldwide news. The families of the victims received condolence letters from the Queen and from the Pope.

The Royal Ulster Constabulary's investigation, however, was marked by a litany of missed opportunities to gather and examine evidence. The morning after the shooting, the police found the getaway car abandoned in a field in the nearby town of Ballynahinch, but they failed to examine the field properly. They left the car wide open to the elements before it could be fully examined, and they destroyed the car only 10 months later. The murder weapons were found in another field only 10 miles from O'Toole's bar. The police recovered ample DNA evidence from the rifles, but they failed to follow that up on investigation. The police also had informants embedded in the UVF who were involved in the procurement and distribution of arms, but, again, the police failed to follow up.

[Mr David Davis]

The investigation was such a failure that it prompted the victims' families to call for the Police Ombudsman for Northern Ireland to look into it in 2006. In his damning report, the ombudsman concluded that

"corrupt relationships existed between members of the Security Forces in South Down and the UVF Unit, to whom police attributed the murders at Loughinisland. The failure by police to investigate the veracity of intelligence that those responsible had been 'warned' by a police officer of their imminent arrest is inexcusable."

It is clear that the investigation was a case of both incompetence and collusion, and those responsible for this heinous crime have never been arrested, charged or prosecuted.

Jim Shannon (Strangford) (DUP): I appreciate that the right hon. Gentleman takes a special interest in journalistic freedom and civil liberties, and I have already shown him a copy of this intervention. May I respectfully direct him to the work of another journalist, Mark Rainey, who writes in the Belfast *News Letter*? Mr Rainey ran a most illuminating series of articles about the officers involved in the investigation of the wicked and heinous murders at Loughinisland, writing that

"almost all of the original concerns about the actions of police—which helped spark the fresh ombudsman investigation in 2012—have now been dismissed as bogus or unjustified, including the erroneous identification of the alleged getaway driver claimed to be a police agent."

Mr Davis: As well as my interest in press freedom, I share with the hon. Gentleman a long-standing interest in the affairs of Northern Ireland throughout the whole course of the troubles, as he well knows. I take this opportunity to pay tribute to his gallant service in the Ulster Defence Regiment right at the height of the troubles and the difficult times, so we are in the same place on this. I have the greatest respect for the original RUC and now the Police Service of Northern Ireland. All the officers serving in those forces are brave, and the vast majority are absolutely determined to see justice delivered, but on this occasion, there is a different view put by the ombudsman, and I think I have to treat that as the overriding judgment. This is not the main point that I want to make today, but I urge the Government and the PSNI to reopen the original investigation into Loughinisland to ensure that it is done to everybody's satisfaction this time.

Thirteen years on from the brutal assault, two Northern Irish journalists, Barry McCaffrey and Trevor Birney, exposed the truth. In a remarkably hard-hitting documentary called "No Stone Unturned" released in September 2017, they told a story of the victims of the massacre and their families, shining a light on the collusion and incompetence at the heart of the investigation and naming those suspected of being responsible. Like countless journalists have done over the years, they got their information from an anonymous leak. In a plain unmarked envelope, Barry McCaffrey was sent an unredacted Police Ombudsman's report naming the suspects and detailing the evidence behind the allegation of police cover-up. It found collusion between the RUC and the UVF, incompetence and a cover-up of the true events, and for the first time, it named those whom the police believed to be responsible for the brutal murders. What started as a hard-hitting documentary on a huge event in Irish history would now become a dramatic exposé of the failure of policing.

It was of course an investigative journalist's dream leak, but, even so, during the film's pre-publication and editing process, the journalists offered the named suspects a right of reply, which was not taken up. They also informed the ombudsman of the suspects the film would name. The ombudsman passed that information on to the PSNI. They wanted to be sure the PSNI was informed in case there was any concern for the safety of the suspects or in case the police had any other compelling reason why the film should not be released. They received no response.

When the documentary was released in 2017, it was well regarded by both communities in Northern Ireland, and in July 2019 it was nominated for an Emmy in the "outstanding investigative documentary" category. But a year after it was broadcast, Barry McCaffrey and Trevor Birney were arrested on extraordinary charges by the PSNI. For simply doing their jobs, they were arrested and charged with suspected theft, handling stolen goods, breaches of the Official Secrets Act and breaches of data protection rules. The PSNI's action was extraordinarily heavy-handed; some 100 armed officers turned up at their homes at seven in the morning while their families were eating breakfast. The police arrested the journalists in front of their wives and children. Then the police searched their homes and offices, and seized their phones, laptops and hard drives. They even seized the phones of Barry and Trevor's children. Now the police hold a huge amount of very personal data belonging to these journalists and their families.

Imagine if the same had happened to the journalists who published leaks from the National Security Council on Chinese involvement in the 5G network, an issue that really did have an impact on national security; or the leaked diplomatic telegrams from Sir Kim Darroch; or the leaked Yellowhammer documents last month—there rightly would have been a national uproar. All those leaks were uncomfortable for the state, but that is precisely what journalism is for: to hold those with power and authority to account, and force them to answer for their decisions.

Barry McCaffrey and Trevor Birney had the courage to challenge this outrageous intrusion into press freedom in the Northern Irish courts. In June, the High Court quashed the search warrants used to search the properties and seize the electronic equipment—I was in the Court. Sir Declan Morgan, the Lord Chief Justice of Northern Ireland, handed down a damning indictment of the police's conduct and in defence of a free press. He struck down the search warrants as unlawful. He went on to say the journalists acted in a

"perfectly proper manner with a view to protecting their sources in a lawful way."

The Court rightly stood up for the fundamental principle of press freedom and protected these journalists from a misguided attempt by the police to prevent their own embarrassment. If this warrant had been allowed to stand, it would have had a hugely chilling effect on investigative journalism across the whole country—the whole United Kingdom. A truly free press must be able to stand up to the state and the establishment without fear of reprisal. It must be able to expose uncomfortable truths and ask tough questions. That is what this case represents, but it is sadly now back in the courts.

Following the quashing of the warrants, the PSNI had to be hauled back before the Court again to have the journalists' property returned. Again, the Court ruled in the journalists' favour, and the police duly complied. But the police now insist on retaining the data taken from the phones and computers seized from the journalists. So far, everything I have said is in the public domain. However, as you said at the beginning, Mr Deputy Speaker, I am precluded by sub judice rules from discussing the particular issues currently before the Court in this case. It must be said that this is a judge-only hearing heard by the Lord Chief Justice, so there is little risk of any undue influence. Nevertheless, I will comply with the rules.

Data retention by the police throughout the UK has been a long-running issue—from DNA to fingerprints, from biometric data to personal electronic data. These issues often face tension between civil liberties, individual privacy and the demands of the police. For example, when someone is arrested, it is commonly the case that their phone data is held long after the person is released and exonerated. We all understand that a certain amount of data retention is necessary for fighting crime, but by definition this data should be about guilty people committing crimes; as far as possible, we should avoid retaining the data of innocent people. On the rare occasions when that proves necessary, it should be under the strict control of the courts and its use strictly limited.

Without very good reason, data from innocent journalists should never be kept. It surely cannot be right for police to store data obtained from a warrant that has been ruled unlawful. I therefore urge the Home Office and the Northern Ireland Office to keep a close eye on the development of the Loughinisland case and, when it is adjudicated, review the policies on data acquisition and retention for the PSNI and other police forces throughout the country. This issue is not confined to Northern Ireland, so it will impact investigative journalists and whistleblowers across the whole country. Whistleblowers will see such cases, feel intimidated and think that the information they give to journalists is subject to capture and inspection by the police or other agencies of the state. Press freedom is at the core of our democratic system, and it must be protected.

7.35 pm

The Minister of State, Northern Ireland Office (Mr Nick Hurd): My right hon. Friend the Member for Haltemprice and Howden (Mr Davis) joked about this being the latest in a series of hospital passes, but he is of course absolutely right that he has drawn to our attention an extremely serious matter, not only because of some of the core principles that it evokes but because it reminds us of one of the darkest and most terrible moments in that most difficult of times. Listening to him, I was reminded of how many times in my years in this place I have listened to him speak with great passion and conviction about the importance of defending press freedom and civil rights. I do not think there is a more doughty champion of those issues in this place, and it was a pleasure to hear him speak again to that critical agenda. I do not suppose any Member would disagree with him about the need to protect the freedom of the press to unearth uncomfortable truths. That is at the heart of our democratic process.

To some degree, I am frustrated, Mr Deputy Speaker, because there are real limits, limitations and challenges in responding to this debate for the Government. The first, of course, flows from your clear strictures on the need to comply with all the guidance, policies and procedures in respect of avoiding comment on any live legal proceedings, which is the status of this case. My right hon. Friend is experienced enough from his time in government—in fact, I am sure he has stood at the Dispatch Box at some point in the same position as I am in—that I know he will not want me to do anything to prejudice the fair and impartial conduct of proceedings. I am sure that other Members will fully respect the judicial process and its independence.

My right hon. Friend's remarks focused on the policy of the Police Service of Northern Ireland in respect of journalists' data obtained under warrant, and he raised both general points of principle and a range of specific issues. I listened carefully to what he said, and of course the case is subject to legal processes, but I join him, the Secretary of State and others in wanting to register on this occasion our respect and support for the Police Service of Northern Ireland, particularly at this most challenging time. I could not have a better impression of the leadership and officers I have met. They have an incredibly difficult job to do and we thank them for it.

Of course—I speak as a former police Minister for England and Wales—many of the wider issues raised tonight are operational issues for the police themselves to speak and respond to, and Ministers must respect that independence. Although matters of general principle must of course be debated in the House, I suggest that we must collectively avoid saying or doing anything that could undermine that process or undermine community confidence in policing in Northern Ireland.

I want to say some things about scrutiny and accountability of the police service, given the thrust of the comments of my right hon. Friend. I have some experience of the accountability of the police. Arguably, there is no police service in the United Kingdom, or even the world, that is more heavily scrutinised than the Police Service of Northern Ireland. A wide, carefully considered framework of accountability exists to ensure that all aspects of policing practice are fully scrutinised. Central to that scrutiny is the locally appointed Northern Ireland Policing Board, which was reconstituted this year at the direction of the Secretary of State for Northern Ireland, who is in his place next to me, to ensure that full scrutiny of PSNI's activities could take place in the continuing and regrettable absence of a Northern Ireland Executive. My right hon. Friend will be aware that the board had not, from the collapse of the devolved institutions in January 2017 to the point where the UK Government took action, been able to fully fulfil its statutory functions.

I am very pleased that the Policing Board is now once again fully operational and engaged in detailed and regular scrutiny of policing in Northern Ireland, and that is taking place at a local level, as is entirely appropriate. The Policing Board, which comprises both political and non-political members, plays a crucial role in scrutiny of the PSNI and, in doing so, helps to ensure that cross-community confidence in policing which is so critical and which I am sure that we all want to see upheld, because it is central, of course, to the wider peace process in Northern Ireland. I note, as I am sure my right hon.

[Mr Nick Hurd]

Friend knows, that both the former and the current Chief Constable of the PSNI have appeared on numerous occasions before the Northern Ireland Policing Board to discuss data retention, operation updates and other related issues. In responding to this debate, I do not intend to rehearse their comments, as they are a matter of public record. It is for them to comment on these matters, although I note that they, too, have been studiously careful to respect the principle of sub judice where that is appropriate.

I wish to note in this context the work of the Police Ombudsman in Northern Ireland. Having an independent, impartial Police Ombudsman is fundamental to public trust and confidence in policing and justice in Northern Ireland, which we know has been hard won and must not be undermined. The ombudsman is an important part of providing confidence in policing through an independent mechanism for investigating police complaints in Northern Ireland, and it is essential during these investigations that the ombudsman is able to follow the evidential trail unfettered. I know that it is a principle that the Police Service of Northern Ireland fully supports in line with both the letter and the spirit of the law. I also know that the Police Service of Northern Ireland will not be found wanting if areas for improvement are identified. This is a police force that places the protection of human rights at its core.

It is also important to note that oversight more generally of the Police Service of Northern Ireland is not a matter for Northern Ireland Office Ministers. UK Government Ministers maintain a close interest, of course, in the security situation in Northern Ireland, but the devolution of policing and justice in 2010 ensured that the devolved Executive and Assembly lead on this important function.

We have heard tonight that the matters under discussion are of a genuinely critical importance. In general terms, I would note, of course, that the right to freedom of expression, as reflected in article 10 of the convention and given further effect in the UK through the Human Rights Act 1998, is not an absolute right and does not prevent the authorities from taking legitimate and proportionate action to prevent and investigate crime. Having said that, the UK condemns strongly any attempts by Governments to restrict the freedom of the media to hold those in authority to account, or to intimidate or detain journalists for political purposes. We believe that there is nothing in recent cases that calls into question this position by the United Kingdom.

We can all point with pride to the efforts the UK Government are expending to build a global environment in which free and vibrant media can flourish. As part of our leadership on this international agenda, the UK will continue to maintain the highest standards of press freedom while retaining the right to take lawful and proportionate action to prevent and investigate crime in accordance with human rights treaties and the Human Rights Act.

Having said that, when we do come across instances like this one, it is entirely right that they are probed and challenged, that a spotlight is shone on them and that there are accountability mechanisms around them. I assure my right hon. Friend that we will continue to keep a close eye on the case and keep it under discussion. I thank him again for bringing this issue to the House today.

Question put and agreed to.

7.45 pm

House adjourned.

Deferred Divisions

EXITING THE EUROPEAN UNION

That the draft Freedom of Establishment and Free Movement of Services (EU Exit)

Regulations 2019, which were laid before this House on 11 July 2019, in the last Session

of Parliament, be approved.

The House divided: Ayes 315, Noes 286.

Division No. 6]

AYES

Adams, Nigel
Afolami, Bim
Afriyie, Adam
Aldous, Peter
Allan, Lucy
Amess, Sir David
Andrew, Stuart
Argar, Edward
Atkins, Victoria
Austin, Ian
Bacon, Mr Richard
Badenoch, Mrs Kemi *(Proxy vote cast by Leo Docherty)*
Baker, Mr Steve
Baldwin, Harriett
Barclay, rh Stephen
Baron, Mr John
Bebb, Guto
Bellingham, Sir Henry
Benyon, rh Richard
Beresford, Sir Paul
Berry, rh Jake
Blackman, Bob
Blunt, Crispin
Bone, Mr Peter
Bottomley, Sir Peter
Bowie, Andrew
Bradley, Ben
Bradley, rh Karen
Brady, Sir Graham
Braverman, Suella *(Proxy vote cast by Steve Baker)*
Brereton, Jack
Bridgen, Andrew
Brine, Steve
Brokenshire, rh James
Bruce, Fiona
Buckland, rh Robert
Burghart, Alex
Burns, rh Conor
Burt, rh Alistair
Cairns, rh Alun
Campbell, Mr Gregory
Cartlidge, James
Cash, Sir William
Caulfield, Maria
Chalk, Alex
Chishti, Rehman
Chope, Sir Christopher
Churchill, Jo
Clark, Colin
Clark, rh Greg
Clarke, rh Mr Kenneth
Clarke, Mr Simon
Cleverly, rh James
Clifton-Brown, Sir Geoffrey
Coffey, rh Dr Thérèse
Collins, Damian
Costa, Alberto
Courts, Robert
Cox, rh Mr Geoffrey
Crabb, rh Stephen
Crouch, Tracey
Davies, David T. C.
Davies, Glyn
Davies, Mims
Davies, Philip
Davis, rh Mr David
Dinenage, Caroline
Djanogly, Mr Jonathan
Docherty, Leo
Dodds, rh Nigel
Donaldson, rh Sir Jeffrey M.
Donelan, Michelle
Dorries, Ms Nadine
Double, Steve
Dowden, rh Oliver
Doyle-Price, Jackie
Drax, Richard
Duddridge, James
Duguid, David
Duncan, rh Sir Alan
Duncan Smith, rh Mr Iain
Dunne, rh Mr Philip
Ellis, rh Michael
Ellwood, rh Mr Tobias
Elphicke, Charlie
Eustice, George
Evans, Mr Nigel
Evennett, rh Sir David
Fabricant, Michael
Fallon, rh Sir Michael
Field, rh Mark
Ford, Vicky
Foster, Kevin
Fox, rh Dr Liam
Francois, rh Mr Mark
Frazer, Lucy
Freeman, George
Freer, Mike
Fysh, Mr Marcus
Gale, rh Sir Roger
Garnier, Mark
Gauke, rh Mr David
Ghani, Ms Nusrat
Gibb, rh Nick
Gillan, rh Dame Cheryl
Girvan, Paul
Glen, John
Goldsmith, rh Zac
Goodwill, rh Mr Robert
Gove, rh Michael
Graham, Luke
Graham, Richard
Grant, Bill
Grant, Mrs Helen
Gray, James
Grayling, rh Chris
Green, Chris
Green, rh Damian
Greening, rh Justine
Hair, Kirstene
Halfon, rh Robert
Hall, Luke
Hammond, rh Mr Philip
Hammond, Stephen
Hancock, rh Matt
Hands, rh Greg
Harper, rh Mr Mark
Harrington, Richard
Harris, Rebecca
Harrison, Trudy
Hart, Simon
Hayes, rh Sir John
Heald, rh Sir Oliver
Heappey, James
Heaton-Harris, Chris
Heaton-Jones, Peter
Henderson, Gordon
Herbert, rh Nick
Hinds, rh Damian
Hoare, Simon
Hollingbery, Sir George
Hollinrake, Kevin
Hollobone, Mr Philip
Holloway, Adam
Howell, John
Huddleston, Nigel
Hughes, Eddie
Hurd, rh Mr Nick
Jack, rh Mr Alister
James, Margot
Javid, rh Sajid
Jayawardena, Mr Ranil
Jenkin, Sir Bernard
Jenkyns, Andrea
Jenrick, rh Robert
Johnson, rh Boris
Johnson, Dr Caroline
Johnson, Gareth
Johnson, rh Joseph
Jones, Andrew
Jones, rh Mr David
Jones, Mr Marcus
Kawczynski, Daniel
Keegan, Gillian
Kennedy, Seema
Kerr, Stephen
Knight, rh Sir Greg
Knight, Julian
Kwarteng, rh Kwasi
Lamont, John
Lancaster, rh Mark
Latham, Mrs Pauline
Leadsom, rh Andrea
Lefroy, Jeremy
Leigh, rh Sir Edward
Letwin, rh Sir Oliver
Lewer, Andrew
Lewis, rh Brandon
Lewis, Mr Ivan
Lewis, rh Dr Julian
Liddell-Grainger, Mr Ian
Lidington, rh Sir David
Little Pengelly, Emma
Lopez, Julia *(Proxy vote cast by Lee Rowley)*
Lopresti, Jack
Lord, Mr Jonathan
Loughton, Tim
Mackinlay, Craig
Maclean, Rachel
Main, Mrs Anne
Mak, Alan
Malthouse, Kit
Mann, Scott
Masterton, Paul
May, rh Mrs Theresa
Maynard, Paul
McLoughlin, rh Sir Patrick
McVey, rh Ms Esther
Menzies, Mark
Mercer, Johnny
Merriman, Huw
Metcalfe, Stephen
Miller, rh Mrs Maria
Milling, Amanda
Mills, Nigel
Milton, rh Anne
Mitchell, rh Mr Andrew
Moore, Damien
Mordaunt, rh Penny
Morgan, rh Nicky
Morris, Anne Marie
Morris, David
Morris, James
Morton, Wendy
Mundell, rh David
Murray, Mrs Sheryll
Murrison, rh Dr Andrew
Neill, Robert
Newton, Sarah
Norman, Jesse
O'Brien, Neil
Offord, Dr Matthew
Opperman, Guy
Paisley, Ian
Parish, Neil
Patel, rh Priti
Paterson, rh Mr Owen
Pawsey, Mark
Penning, rh Sir Mike
Penrose, John
Percy, Andrew
Perry, rh Claire
Philp, Chris
Pincher, rh Christopher
Poulter, Dr Dan
Pow, Rebecca
Prentis, Victoria
Prisk, Mr Mark
Pritchard, Mark
Pursglove, Tom
Quin, Jeremy
Quince, Will
Raab, rh Dominic
Redwood, rh John
Rees-Mogg, rh Mr Jacob
Robertson, Mr Laurence
Robinson, Gavin
Robinson, Mary
Rosindell, Andrew
Ross, Douglas
Rowley, Lee
Rudd, rh Amber
Rutley, David
Scully, Paul
Seely, Mr Bob
Selous, Andrew
Shannon, Jim

Shapps, rh Grant
Sharma, rh Alok
Shelbrooke, rh Alec
Simpson, David
Simpson, rh Mr Keith
Skidmore, rh Chris
Smith, Chloe *(Proxy vote cast by Jo Churchill)*
Smith, Henry
Smith, rh Julian
Smith, Royston
Soames, rh Sir Nicholas
Spelman, rh Dame Caroline
Spencer, rh Mark
Stephenson, Andrew
Stevenson, John
Stewart, Bob
Stewart, Iain
Stewart, rh Rory
Streeter, Sir Gary
Stride, rh Mel
Stuart, Graham
Sturdy, Julian
Sunak, rh Rishi
Swayne, rh Sir Desmond
Swire, rh Sir Hugo
Syms, Sir Robert
Thomas, Derek
Thomson, Ross
Throup, Maggie
Tolhurst, Kelly
Tomlinson, Justin
Tomlinson, Michael
Tracey, Craig
Tredinnick, David
Trevelyan, Anne-Marie
Truss, rh Elizabeth
Tugendhat, Tom
Vara, Mr Shailesh
Vickers, Martin
Villiers, rh Theresa
Walker, Sir Charles
Walker, Mr Robin
Wallace, rh Mr Ben
Warburton, David
Warman, Matt
Watling, Giles
Whately, Helen
Wheeler, Mrs Heather
Whittaker, Craig
Whittingdale, rh Mr John
Wiggin, Bill
Williamson, rh Gavin
Wilson, rh Sammy
Wood, Mike
Woodcock, John
Wragg, Mr William
Wright, rh Jeremy
Zahawi, Nadhim

NOES

Abrahams, Debbie
Ali, Rushanara
Allen, Heidi
Allin-Khan, Dr Rosena
Amesbury, Mike
Antoniazzi, Tonia
Ashworth, Jonathan
Bailey, Mr Adrian
Bardell, Hannah
Barron, rh Sir Kevin
Beckett, rh Margaret
Benn, rh Hilary
Betts, Mr Clive
Black, Mhairi
Blackford, rh Ian
Blackman, Kirsty
Blackman-Woods, Dr Roberta
Blomfield, Paul
Brabin, Tracy
Bradshaw, rh Mr Ben
Brake, rh Tom
Brennan, Kevin
Brock, Deidre
Brown, Alan
Brown, Lyn
Brown, rh Mr Nicholas
Bryant, Chris
Buck, Ms Karen
Burden, Richard
Burgon, Richard
Butler, Dawn
Cable, rh Sir Vince
Cadbury, Ruth
Cameron, Dr Lisa
Campbell, rh Sir Alan
Carden, Dan
Champion, Sarah
Chapman, Douglas
Chapman, Jenny
Charalambous, Bambos
Cherry, Joanna
Clwyd, rh Ann
Coaker, Vernon
Cooper, Julie
Cooper, Rosie
Cooper, rh Yvette
Corbyn, rh Jeremy
Cowan, Ronnie
Coyle, Neil
Crausby, Sir David
Crawley, Angela
Creagh, Mary
Creasy, Stella
Cruddas, Jon
Cummins, Judith
Cunningham, Alex
Cunningham, Mr Jim
Dakin, Nic
Davey, rh Sir Edward
David, Wayne
Davies, Geraint
Day, Martyn
De Cordova, Marsha
De Piero, Gloria
Debbonaire, Thangam
Dent Coad, Emma
Dhesi, Mr Tanmanjeet Singh
Docherty-Hughes, Martin
Dodds, Anneliese
Doughty, Stephen
Dowd, Peter
Drew, Dr David
Dromey, Jack
Duffield, Rosie
Eagle, Ms Angela
Eagle, Maria
Edwards, Jonathan
Efford, Clive
Elliott, Julie
Ellman, Dame Louise
Elmore, Chris
Esterson, Bill
Farrelly, Paul
Farron, Tim
Fellows, Marion
Fitzpatrick, Jim
Fletcher, Colleen
Flint, rh Caroline
Forbes, Lisa
Fovargue, Yvonne
Foxcroft, Vicky
Frith, James
Furniss, Gill
Gaffney, Hugh
Gapes, Mike
Gardiner, Barry
George, Ruth
Gethins, Stephen
Gibson, Patricia
Gill, Preet Kaur
Glindon, Mary
Godsiff, Mr Roger
Goodman, Helen
Grady, Patrick
Grant, Peter
Gray, Neil *(Proxy vote cast by Patrick Grady)*
Green, Kate
Greenwood, Lilian
Greenwood, Margaret
Griffith, Nia
Grogan, John
Gwynne, Andrew
Hamilton, Fabian
Hardy, Emma
Harman, rh Ms Harriet
Harris, Carolyn
Hayman, Sue
Healey, rh John
Hendrick, Sir Mark
Hendry, Drew
Hepburn, Mr Stephen
Hermon, Lady
Hill, Mike
Hillier, Meg
Hobhouse, Wera
Hodgson, Mrs Sharon
Hollern, Kate
Hopkins, Kelvin
Hosie, Stewart
Howarth, rh Sir George
Huq, Dr Rupa
Hussain, Imran
Jardine, Christine
Jarvis, Dan
Jones, Darren
Jones, Gerald
Jones, Graham P.
Jones, Helen
Jones, rh Mr Kevan
Jones, Ruth
Jones, Sarah
Jones, Susan Elan
Kane, Mike
Keeley, Barbara
Kendall, Liz
Khan, Afzal
Killen, Ged
Kinnock, Stephen
Kyle, Peter
Laird, Lesley
Lake, Ben
Lamb, rh Norman
Lammy, rh Mr David
Lavery, Ian
Law, Chris
Lee, Karen
Leslie, Mr Chris
Lewell-Buck, Mrs Emma
Lewis, Clive
Linden, David
Lloyd, Stephen
Lloyd, Tony
Long Bailey, Rebecca
Lucas, Caroline
Lucas, Ian C.
Lynch, Holly
MacNeil, Angus Brendan
Madders, Justin
Mahmood, Mr Khalid
Mahmood, Shabana
Malhotra, Seema
Mann, John
Marsden, Gordon
Martin, Sandy
Maskell, Rachael
Matheson, Christian
Mc Nally, John
McCabe, Steve
McCarthy, Kerry
McDonagh, Siobhain
McDonald, Andy
McDonald, Stewart Malcolm
McDonald, Stuart C.
McDonnell, rh John
McFadden, rh Mr Pat
McGinn, Conor
McInnes, Liz
McKinnell, Catherine
McMahon, Jim
McMorrin, Anna
Mearns, Ian
Miliband, rh Edward
Monaghan, Carol
Moon, Mrs Madeleine
Moran, Layla
Morden, Jessica
Morgan, Stephen
Morris, Grahame
Murray, Ian
Nandy, Lisa
Newlands, Gavin
Norris, Alex
O'Hara, Brendan
Onn, Melanie
Onwurah, Chi
Osamor, Kate
Owen, Albert
Peacock, Stephanie
Pearce, Teresa
Pennycook, Matthew
Perkins, Toby
Phillips, Jess
Pidcock, Laura
Platt, Jo
Pollard, Luke
Pound, Stephen
Powell, Lucy
Qureshi, Yasmin
Rashid, Faisal
Rayner, Angela
Reed, Mr Steve

Rees, Christina
Reeves, Rachel
Reynolds, Emma *(Proxy vote cast by Pat McFadden)*
Reynolds, Jonathan
Rimmer, Ms Marie
Robinson, Mr Geoffrey
Rodda, Matt
Rowley, Danielle
Ruane, Chris
Russell-Moyle, Lloyd
Ryan, rh Joan
Saville Roberts, rh Liz
Shah, Naz
Sharma, Mr Virendra
Sheerman, Mr Barry
Sheppard, Tommy
Sherriff, Paula
Shuker, Mr Gavin
Skinner, Mr Dennis
Slaughter, Andy
Smeeth, Ruth
Smith, Angela
Smith, Cat
Smith, Eleanor
Smith, Jeff
Smith, Nick
Smith, Owen
Smyth, Karin
Snell, Gareth
Sobel, Alex
Soubry, rh Anna
Starmer, rh Keir
Stephens, Chris
Stevens, Jo
Stone, Jamie
Streeting, Wes
Stringer, Graham
Sweeney, Mr Paul
Swinson, Jo
Tami, rh Mark
Thewliss, Alison
Thomas, Gareth
Thomas-Symonds, Nick
Timms, rh Stephen
Trickett, Jon
Turley, Anna
Turner, Karl
Twigg, Stephen
Twist, Liz
Umunna, Chuka
Vaz, rh Valerie
Walker, Thelma
Watson, Tom
West, Catherine
Western, Matt
Whitehead, Dr Alan
Whitfield, Martin
Whitford, Dr Philippa
Williams, Hywel
Williams, Dr Paul
Wilson, Phil
Wishart, Pete
Wollaston, Dr Sarah
Yasin, Mohammad
Zeichner, Daniel

Question accordingly agreed to.

Exiting the European Union (Auditors)

That the draft Statutory Auditors, Third Country Auditors and International Accounting Standards (Amendment) (EU Exit) Regulations 2019, which were laid before this House on 15 July, in the last Session of Parliament, be approved.

The House divided: Ayes 315, Noes 287.

Division No. 7]

AYES

Adams, Nigel
Afolami, Bim
Afriyie, Adam
Aldous, Peter
Allan, Lucy
Amess, Sir David
Andrew, Stuart
Argar, Edward
Atkins, Victoria
Austin, Ian
Bacon, Mr Richard
Badenoch, Mrs Kemi *(Proxy vote cast by Leo Docherty)*
Baker, Mr Steve
Baldwin, Harriett
Barclay, rh Stephen
Baron, Mr John
Bebb, Guto
Bellingham, Sir Henry
Benyon, rh Richard
Beresford, Sir Paul
Berry, rh Jake
Blackman, Bob
Blunt, Crispin
Bone, Mr Peter
Bottomley, Sir Peter
Bowie, Andrew
Bradley, Ben
Bradley, rh Karen
Brady, Sir Graham
Braverman, Suella *(Proxy vote cast by Steve Baker)*
Brereton, Jack
Bridgen, Andrew
Brine, Steve
Brokenshire, rh James
Bruce, Fiona
Buckland, rh Robert
Burghart, Alex
Burns, rh Conor
Burt, rh Alistair
Cairns, rh Alun
Campbell, Mr Gregory
Cartlidge, James
Cash, Sir William
Caulfield, Maria
Chalk, Alex
Chishti, Rehman
Chope, Sir Christopher
Churchill, Jo
Clark, Colin
Clark, rh Greg
Clarke, rh Mr Kenneth
Clarke, Mr Simon
Cleverly, rh James
Clifton-Brown, Sir Geoffrey
Coffey, rh Dr Thérèse
Collins, Damian
Costa, Alberto
Courts, Robert
Cox, rh Mr Geoffrey
Crabb, rh Stephen
Crouch, Tracey
Davies, David T. C.
Davies, Glyn
Davies, Mims
Davies, Philip
Davis, rh Mr David
Dinenage, Caroline
Djanogly, Mr Jonathan
Docherty, Leo
Dodds, rh Nigel
Donaldson, rh Sir Jeffrey M.
Donelan, Michelle
Dorries, Ms Nadine
Double, Steve
Dowden, rh Oliver
Doyle-Price, Jackie
Drax, Richard
Duddridge, James
Duguid, David
Duncan, rh Sir Alan
Duncan Smith, rh Mr Iain
Dunne, rh Mr Philip
Ellis, rh Michael
Ellwood, rh Mr Tobias
Elphicke, Charlie
Eustice, George
Evans, Mr Nigel
Evennett, rh Sir David
Fabricant, Michael
Fallon, rh Sir Michael
Field, rh Mark
Ford, Vicky
Foster, Kevin
Fox, rh Dr Liam
Francois, rh Mr Mark
Frazer, Lucy
Freeman, George
Freer, Mike
Fysh, Mr Marcus
Gale, rh Sir Roger
Garnier, Mark
Gauke, rh Mr David
Ghani, Ms Nusrat
Gibb, rh Nick
Gillan, rh Dame Cheryl
Girvan, Paul
Glen, John
Goldsmith, rh Zac
Goodwill, rh Mr Robert
Gove, rh Michael
Graham, Luke
Graham, Richard
Grant, Bill
Grant, Mrs Helen
Gray, James
Grayling, rh Chris
Green, Chris
Green, rh Damian
Greening, rh Justine
Hair, Kirstene
Halfon, rh Robert
Hall, Luke
Hammond, rh Mr Philip
Hammond, Stephen
Hancock, rh Matt
Hands, rh Greg
Harper, rh Mr Mark
Harrington, Richard
Harris, Rebecca
Harrison, Trudy
Hart, Simon
Hayes, rh Sir John
Heald, rh Sir Oliver
Heappey, James
Heaton-Harris, Chris
Heaton-Jones, Peter
Henderson, Gordon
Herbert, rh Nick
Hinds, rh Damian
Hoare, Simon
Hollingbery, Sir George
Hollinrake, Kevin
Hollobone, Mr Philip
Holloway, Adam
Howell, John
Huddleston, Nigel
Hughes, Eddie
Hurd, rh Mr Nick
Jack, rh Mr Alister
James, Margot
Javid, rh Sajid
Jayawardena, Mr Ranil
Jenkin, Sir Bernard
Jenkyns, Andrea
Jenrick, rh Robert
Johnson, rh Boris
Johnson, Dr Caroline
Johnson, Gareth
Johnson, rh Joseph
Jones, Andrew
Jones, rh Mr David
Jones, Mr Marcus
Kawczynski, Daniel
Keegan, Gillian
Kennedy, Seema
Kerr, Stephen
Knight, rh Sir Greg
Knight, Julian
Kwarteng, rh Kwasi
Lamont, John
Lancaster, rh Mark
Latham, Mrs Pauline
Leadsom, rh Andrea
Lefroy, Jeremy
Leigh, rh Sir Edward
Letwin, rh Sir Oliver
Lewer, Andrew
Lewis, rh Brandon
Lewis, Mr Ivan
Lewis, rh Dr Julian
Liddell-Grainger, Mr Ian
Lidington, rh Sir David
Little Pengelly, Emma
Lopez, Julia *(Proxy vote cast by Lee Rowley)*
Lopresti, Jack

Lord, Mr Jonathan
Loughton, Tim
Mackinlay, Craig
Maclean, Rachel
Main, Mrs Anne
Mak, Alan
Malthouse, Kit
Mann, Scott
Masterton, Paul
May, rh Mrs Theresa
Maynard, Paul
McLoughlin, rh Sir Patrick
McVey, rh Ms Esther
Menzies, Mark
Mercer, Johnny
Merriman, Huw
Metcalfe, Stephen
Miller, rh Mrs Maria
Milling, Amanda
Mills, Nigel
Milton, rh Anne
Mitchell, rh Mr Andrew
Moore, Damien
Mordaunt, rh Penny
Morgan, rh Nicky
Morris, Anne Marie
Morris, David
Morris, James
Morton, Wendy
Mundell, rh David
Murray, Mrs Sheryll
Murrison, rh Dr Andrew
Neill, Robert
Newton, Sarah
Norman, Jesse
O'Brien, Neil
Offord, Dr Matthew
Opperman, Guy
Paisley, Ian
Parish, Neil
Patel, rh Priti
Paterson, rh Mr Owen
Pawsey, Mark
Penning, rh Sir Mike
Penrose, John
Percy, Andrew
Perry, rh Claire
Philp, Chris
Pincher, rh Christopher
Poulter, Dr Dan
Pow, Rebecca
Prentis, Victoria
Prisk, Mr Mark
Pritchard, Mark
Pursglove, Tom
Quin, Jeremy
Quince, Will
Raab, rh Dominic
Redwood, rh John
Rees-Mogg, rh Mr Jacob
Robertson, Mr Laurence
Robinson, Gavin
Robinson, Mary
Rosindell, Andrew
Ross, Douglas
Rowley, Lee
Rudd, rh Amber
Rutley, David
Scully, Paul
Seely, Mr Bob
Selous, Andrew
Shannon, Jim
Shapps, rh Grant
Sharma, rh Alok
Shelbrooke, rh Alec
Simpson, David
Simpson, rh Mr Keith
Skidmore, rh Chris
Smith, Chloe *(Proxy vote cast by Jo Churchill)*
Smith, Henry
Smith, rh Julian
Smith, Royston
Soames, rh Sir Nicholas
Spelman, rh Dame Caroline
Spencer, rh Mark
Stephenson, Andrew
Stevenson, John
Stewart, Bob
Stewart, Iain
Stewart, rh Rory
Streeter, Sir Gary
Stride, rh Mel
Stuart, Graham
Sturdy, Julian
Sunak, rh Rishi
Swayne, rh Sir Desmond
Swire, rh Sir Hugo
Syms, Sir Robert
Thomas, Derek
Thomson, Ross
Throup, Maggie
Tolhurst, Kelly
Tomlinson, Justin
Tomlinson, Michael
Tracey, Craig
Tredinnick, David
Trevelyan, Anne-Marie
Truss, rh Elizabeth
Tugendhat, Tom
Vara, Mr Shailesh
Vickers, Martin
Villiers, rh Theresa
Walker, Sir Charles
Walker, Mr Robin
Wallace, rh Mr Ben
Warburton, David
Warman, Matt
Watling, Giles
Whately, Helen
Wheeler, Mrs Heather
Whittaker, Craig
Whittingdale, rh Mr John
Wiggin, Bill
Williamson, rh Gavin
Wilson, rh Sammy
Wood, Mike
Woodcock, John
Wragg, Mr William
Wright, rh Jeremy
Zahawi, Nadhim

NOES

Abrahams, Debbie
Ali, Rushanara
Allen, Heidi
Allin-Khan, Dr Rosena
Amesbury, Mike
Antoniazzi, Tonia
Ashworth, Jonathan
Bailey, Mr Adrian
Bardell, Hannah
Barron, rh Sir Kevin
Beckett, rh Margaret
Benn, rh Hilary
Betts, Mr Clive
Black, Mhairi
Blackford, rh Ian
Blackman, Kirsty
Blackman-Woods, Dr Roberta
Blomfield, Paul
Brabin, Tracy
Bradshaw, rh Mr Ben
Brake, rh Tom
Brennan, Kevin
Brock, Deidre
Brown, Alan
Brown, Lyn
Brown, rh Mr Nicholas
Bryant, Chris
Buck, Ms Karen
Burden, Richard
Burgon, Richard
Butler, Dawn
Cable, rh Sir Vince
Cadbury, Ruth
Cameron, Dr Lisa
Campbell, rh Sir Alan
Carden, Dan
Champion, Sarah
Chapman, Douglas
Chapman, Jenny
Charalambous, Bambos
Cherry, Joanna
Clwyd, rh Ann
Coaker, Vernon
Cooper, Julie
Cooper, Rosie
Cooper, rh Yvette
Corbyn, rh Jeremy
Cowan, Ronnie
Coyle, Neil
Crausby, Sir David
Crawley, Angela
Creagh, Mary
Creasy, Stella
Cruddas, Jon
Cummins, Judith
Cunningham, Alex
Cunningham, Mr Jim
Dakin, Nic
Davey, rh Sir Edward
David, Wayne
Davies, Geraint
Day, Martyn
De Cordova, Marsha
De Piero, Gloria
Debbonaire, Thangam
Dent Coad, Emma
Dhesi, Mr Tanmanjeet Singh
Docherty-Hughes, Martin
Dodds, Anneliese
Doughty, Stephen
Dowd, Peter
Drew, Dr David
Dromey, Jack
Duffield, Rosie
Eagle, Ms Angela
Eagle, Maria
Edwards, Jonathan
Efford, Clive
Elliott, Julie
Ellman, Dame Louise
Elmore, Chris
Esterson, Bill
Farrelly, Paul
Farron, Tim
Fellows, Marion
Fitzpatrick, Jim
Fletcher, Colleen
Flint, rh Caroline
Forbes, Lisa
Fovargue, Yvonne
Foxcroft, Vicky
Frith, James
Furniss, Gill
Gaffney, Hugh
Gapes, Mike
Gardiner, Barry
George, Ruth
Gethins, Stephen
Gibson, Patricia
Gill, Preet Kaur
Glindon, Mary
Godsiff, Mr Roger
Goodman, Helen
Grady, Patrick
Grant, Peter
Gray, Neil *(Proxy vote cast by Patrick Grady)*
Green, Kate
Greenwood, Lilian
Greenwood, Margaret
Griffith, Nia
Grogan, John
Gwynne, Andrew
Hamilton, Fabian
Hanson, rh David
Hardy, Emma
Harman, rh Ms Harriet
Harris, Carolyn
Hayman, Sue
Healey, rh John
Hendrick, Sir Mark
Hendry, Drew
Hepburn, Mr Stephen
Hermon, Lady
Hill, Mike
Hillier, Meg
Hobhouse, Wera
Hodgson, Mrs Sharon
Hollern, Kate
Hopkins, Kelvin
Hosie, Stewart
Howarth, rh Sir George
Huq, Dr Rupa
Hussain, Imran
Jardine, Christine
Jarvis, Dan
Jones, Darren
Jones, Gerald
Jones, Graham P.
Jones, Helen
Jones, rh Mr Kevan
Jones, Ruth
Jones, Sarah
Jones, Susan Elan
Kane, Mike
Keeley, Barbara
Kendall, Liz
Khan, Afzal
Killen, Ged
Kinnock, Stephen

Kyle, Peter
Laird, Lesley
Lake, Ben
Lamb, rh Norman
Lammy, rh Mr David
Lavery, Ian
Law, Chris
Lee, Karen
Leslie, Mr Chris
Lewell-Buck, Mrs Emma
Lewis, Clive
Linden, David
Lloyd, Stephen
Lloyd, Tony
Long Bailey, Rebecca
Lucas, Caroline
Lucas, Ian C.
Lynch, Holly
MacNeil, Angus Brendan
Madders, Justin
Mahmood, Mr Khalid
Mahmood, Shabana
Malhotra, Seema
Mann, John
Marsden, Gordon
Martin, Sandy
Maskell, Rachael
Matheson, Christian
Mc Nally, John
McCabe, Steve
McCarthy, Kerry
McDonagh, Siobhain
McDonald, Andy
McDonald, Stewart Malcolm
McDonald, Stuart C.
McDonnell, rh John
McFadden, rh Mr Pat
McGinn, Conor
McInnes, Liz
McKinnell, Catherine
McMahon, Jim
McMorrin, Anna
Mearns, Ian
Miliband, rh Edward
Monaghan, Carol
Moon, Mrs Madeleine
Moran, Layla
Morden, Jessica
Morgan, Stephen
Morris, Grahame
Murray, Ian
Nandy, Lisa
Newlands, Gavin
Norris, Alex
O'Hara, Brendan
Onn, Melanie
Onwurah, Chi
Osamor, Kate
Owen, Albert
Peacock, Stephanie
Pearce, Teresa
Pennycook, Matthew
Perkins, Toby
Phillips, Jess
Pidcock, Laura
Platt, Jo
Pollard, Luke
Pound, Stephen
Powell, Lucy
Qureshi, Yasmin
Rashid, Faisal
Rayner, Angela
Reed, Mr Steve
Rees, Christina
Reeves, Rachel
Reynolds, Emma *(Proxy vote cast by Pat McFadden)*
Reynolds, Jonathan
Rimmer, Ms Marie
Robinson, Mr Geoffrey
Rodda, Matt
Rowley, Danielle
Ruane, Chris
Russell-Moyle, Lloyd
Ryan, rh Joan
Saville Roberts, rh Liz
Shah, Naz
Sharma, Mr Virendra
Sheerman, Mr Barry
Sheppard, Tommy
Sherriff, Paula
Shuker, Mr Gavin
Skinner, Mr Dennis
Slaughter, Andy
Smeeth, Ruth
Smith, Angela
Smith, Cat
Smith, Eleanor
Smith, Jeff
Smith, Nick
Smith, Owen
Smyth, Karin
Snell, Gareth
Sobel, Alex
Soubry, rh Anna
Starmer, rh Keir
Stephens, Chris
Stevens, Jo
Stone, Jamie
Streeting, Wes
Stringer, Graham
Sweeney, Mr Paul
Swinson, Jo
Tami, rh Mark
Thewliss, Alison
Thomas, Gareth
Thomas-Symonds, Nick
Timms, rh Stephen
Trickett, Jon
Turley, Anna
Turner, Karl
Twigg, Stephen
Twist, Liz
Umunna, Chuka
Vaz, rh Valerie
Walker, Thelma
Watson, Tom
West, Catherine
Western, Matt
Whitehead, Dr Alan
Whitfield, Martin
Whitford, Dr Philippa
Williams, Hywel
Williams, Dr Paul
Wilson, Phil
Wishart, Pete
Wollaston, Dr Sarah
Yasin, Mohammad
Zeichner, Daniel

Question accordingly agreed to.

EXITING THE EUROPEAN UNION
(FINANCIAL SERVICES)

That the draft Financial Services (Miscellaneous) (Amendment) (EU Exit) (No. 3) Regulations 2019, which were laid before this House on 15 July, in the last Session of Parliament, be approved.

The House divided: Ayes 315, Noes 284.

Division No. 8]

AYES

Adams, Nigel
Afolami, Bim
Afriyie, Adam
Aldous, Peter
Allan, Lucy
Amess, Sir David
Andrew, Stuart
Argar, Edward
Atkins, Victoria
Austin, Ian
Bacon, Mr Richard
Badenoch, Mrs Kemi *(Proxy vote cast by Leo Docherty)*
Baker, Mr Steve
Baldwin, Harriett
Barclay, rh Stephen
Baron, Mr John
Bebb, Guto
Bellingham, Sir Henry
Benyon, rh Richard
Beresford, Sir Paul
Berry, rh Jake
Blackman, Bob
Blunt, Crispin
Bone, Mr Peter
Bottomley, Sir Peter
Bowie, Andrew
Bradley, Ben
Bradley, rh Karen
Brady, Sir Graham
Braverman, Suella *(Proxy vote cast by Steve Baker)*
Brereton, Jack
Bridgen, Andrew
Brine, Steve
Brokenshire, rh James
Bruce, Fiona
Buckland, rh Robert
Burghart, Alex
Burns, rh Conor
Burt, rh Alistair
Cairns, rh Alun
Campbell, Mr Gregory
Cartlidge, James
Cash, Sir William
Caulfield, Maria
Chalk, Alex
Chishti, Rehman
Chope, Sir Christopher
Churchill, Jo
Clark, Colin
Clark, rh Greg
Clarke, rh Mr Kenneth
Clarke, Mr Simon
Cleverly, rh James
Clifton-Brown, Sir Geoffrey
Coffey, rh Dr Thérèse
Collins, Damian
Costa, Alberto
Courts, Robert
Cox, rh Mr Geoffrey
Crabb, rh Stephen
Crouch, Tracey
Davies, David T. C.
Davies, Glyn
Davies, Mims
Davies, Philip
Davis, rh Mr David
Dinenage, Caroline
Djanogly, Mr Jonathan
Docherty, Leo
Dodds, rh Nigel
Donaldson, rh Sir Jeffrey M.
Donelan, Michelle
Dorries, Ms Nadine
Double, Steve
Dowden, rh Oliver
Doyle-Price, Jackie
Drax, Richard
Duddridge, James
Duguid, David
Duncan, rh Sir Alan
Duncan Smith, rh Mr Iain
Dunne, rh Mr Philip
Ellis, rh Michael
Ellwood, rh Mr Tobias
Elphicke, Charlie
Eustice, George
Evans, Mr Nigel
Evennett, rh Sir David
Fabricant, Michael
Fallon, rh Sir Michael
Field, rh Mark
Ford, Vicky
Foster, Kevin
Fox, rh Dr Liam
Francois, rh Mr Mark
Frazer, Lucy
Freeman, George
Freer, Mike
Fysh, Mr Marcus
Gale, rh Sir Roger
Garnier, Mark
Gauke, rh Mr David
Ghani, Ms Nusrat
Gibb, rh Nick
Gillan, rh Dame Cheryl
Girvan, Paul
Glen, John
Goldsmith, rh Zac
Goodwill, rh Mr Robert
Gove, rh Michael
Graham, Luke
Graham, Richard
Grant, Bill
Grant, Mrs Helen
Gray, James
Grayling, rh Chris
Green, Chris
Green, rh Damian
Greening, rh Justine
Hair, Kirstene
Halfon, rh Robert
Hall, Luke

Hammond, rh Mr Philip
Hammond, Stephen
Hancock, rh Matt
Hands, rh Greg
Harper, rh Mr Mark
Harrington, Richard
Harris, Rebecca
Harrison, Trudy
Hart, Simon
Hayes, rh Sir John
Heald, rh Sir Oliver
Heappey, James
Heaton-Harris, Chris
Heaton-Jones, Peter
Henderson, Gordon
Herbert, rh Nick
Hinds, rh Damian
Hoare, Simon
Hollingbery, Sir George
Hollinrake, Kevin
Hollobone, Mr Philip
Holloway, Adam
Howell, John
Huddleston, Nigel
Hughes, Eddie
Hurd, rh Mr Nick
Jack, rh Mr Alister
James, Margot
Javid, rh Sajid
Jayawardena, Mr Ranil
Jenkin, Sir Bernard
Jenkyns, Andrea
Jenrick, rh Robert
Johnson, rh Boris
Johnson, Dr Caroline
Johnson, Gareth
Johnson, rh Joseph
Jones, Andrew
Jones, rh Mr David
Jones, Mr Marcus
Kawczynski, Daniel
Keegan, Gillian
Kennedy, Seema
Kerr, Stephen
Knight, rh Sir Greg
Knight, Julian
Kwarteng, rh Kwasi
Lamont, John
Lancaster, rh Mark
Latham, Mrs Pauline
Leadsom, rh Andrea
Lefroy, Jeremy
Leigh, rh Sir Edward
Letwin, rh Sir Oliver
Lewer, Andrew
Lewis, rh Brandon
Lewis, Mr Ivan
Lewis, rh Dr Julian
Liddell-Grainger, Mr Ian
Lidington, rh Sir David
Little Pengelly, Emma
Lopez, Julia *(Proxy vote cast by Lee Rowley)*
Lopresti, Jack
Lord, Mr Jonathan
Loughton, Tim
Mackinlay, Craig
Maclean, Rachel
Main, Mrs Anne
Mak, Alan
Malthouse, Kit
Mann, Scott
Masterton, Paul
May, rh Mrs Theresa
Maynard, Paul
McLoughlin, rh Sir Patrick
McVey, rh Ms Esther
Menzies, Mark
Mercer, Johnny
Merriman, Huw
Metcalfe, Stephen
Miller, rh Mrs Maria
Milling, Amanda
Mills, Nigel
Milton, rh Anne
Mitchell, rh Mr Andrew
Moore, Damien
Mordaunt, rh Penny
Morgan, rh Nicky
Morris, Anne Marie
Morris, David
Morris, James
Morton, Wendy
Mundell, rh David
Murray, Mrs Sheryll
Murrison, rh Dr Andrew
Neill, Robert
Newton, Sarah
Norman, Jesse
O'Brien, Neil
Offord, Dr Matthew
Opperman, Guy
Paisley, Ian
Parish, Neil
Patel, rh Priti
Paterson, rh Mr Owen
Pawsey, Mark
Penning, rh Sir Mike
Penrose, John
Percy, Andrew
Perry, rh Claire
Philp, Chris
Pincher, rh Christopher
Poulter, Dr Dan
Pow, Rebecca
Prentis, Victoria
Prisk, Mr Mark
Pritchard, Mark
Pursglove, Tom
Quin, Jeremy
Quince, Will
Raab, rh Dominic
Redwood, rh John
Rees-Mogg, rh Mr Jacob
Robertson, Mr Laurence
Robinson, Gavin
Robinson, Mary
Rosindell, Andrew
Ross, Douglas
Rowley, Lee
Rudd, rh Amber
Rutley, David
Scully, Paul
Seely, Mr Bob
Selous, Andrew
Shannon, Jim
Shapps, rh Grant
Sharma, rh Alok
Shelbrooke, rh Alec
Simpson, David
Simpson, rh Mr Keith
Skidmore, rh Chris
Smith, Chloe *(Proxy vote cast by Jo Churchill)*
Smith, Henry
Smith, rh Julian
Smith, Royston
Soames, rh Sir Nicholas
Spelman, rh Dame Caroline
Spencer, rh Mark
Stephenson, Andrew
Stevenson, John
Stewart, Bob
Stewart, Iain
Stewart, rh Rory
Streeter, Sir Gary
Stride, rh Mel
Stuart, Graham
Sturdy, Julian
Sunak, rh Rishi
Swayne, rh Sir Desmond
Swire, rh Sir Hugo
Syms, Sir Robert
Thomas, Derek
Thomson, Ross
Throup, Maggie
Tolhurst, Kelly
Tomlinson, Justin
Tomlinson, Michael
Tracey, Craig
Tredinnick, David
Trevelyan, Anne-Marie
Truss, rh Elizabeth
Tugendhat, Tom
Vara, Mr Shailesh
Vickers, Martin
Villiers, rh Theresa
Walker, Sir Charles
Walker, Mr Robin
Wallace, rh Mr Ben
Warburton, David
Warman, Matt
Watling, Giles
Whately, Helen
Wheeler, Mrs Heather
Whittaker, Craig
Whittingdale, rh Mr John
Wiggin, Bill
Williamson, rh Gavin
Wilson, rh Sammy
Wood, Mike
Woodcock, John
Wragg, Mr William
Wright, rh Jeremy
Zahawi, Nadhim

NOES

Abrahams, Debbie
Ali, Rushanara
Allen, Heidi
Allin-Khan, Dr Rosena
Amesbury, Mike
Antoniazzi, Tonia
Ashworth, Jonathan
Bailey, Mr Adrian
Bardell, Hannah
Barron, rh Sir Kevin
Beckett, rh Margaret
Benn, rh Hilary
Betts, Mr Clive
Black, Mhairi
Blackford, rh Ian
Blackman, Kirsty
Blackman-Woods, Dr Roberta
Blomfield, Paul
Brabin, Tracy
Bradshaw, rh Mr Ben
Brake, rh Tom
Brennan, Kevin
Brock, Deidre
Brown, Alan
Brown, Lyn
Brown, rh Mr Nicholas
Bryant, Chris
Buck, Ms Karen
Burden, Richard
Burgon, Richard
Butler, Dawn
Cable, rh Sir Vince
Cadbury, Ruth
Cameron, Dr Lisa
Campbell, rh Sir Alan
Carden, Dan
Champion, Sarah
Chapman, Douglas
Chapman, Jenny
Charalambous, Bambos
Cherry, Joanna
Clwyd, rh Ann
Coaker, Vernon
Cooper, Julie
Cooper, Rosie
Cooper, rh Yvette
Corbyn, rh Jeremy
Cowan, Ronnie
Coyle, Neil
Crausby, Sir David
Crawley, Angela
Creagh, Mary
Creasy, Stella
Cruddas, Jon
Cummins, Judith
Cunningham, Alex
Cunningham, Mr Jim
Dakin, Nic
Davey, rh Sir Edward
David, Wayne
Davies, Geraint
Day, Martyn
De Piero, Gloria
Debbonaire, Thangam
Dent Coad, Emma
Dhesi, Mr Tanmanjeet Singh
Docherty-Hughes, Martin
Dodds, Anneliese
Doughty, Stephen
Dowd, Peter
Drew, Dr David
Dromey, Jack
Duffield, Rosie
Eagle, Ms Angela
Eagle, Maria
Edwards, Jonathan
Efford, Clive
Elliott, Julie
Ellman, Dame Louise
Elmore, Chris
Esterson, Bill
Farrelly, Paul
Farron, Tim
Fellows, Marion
Fitzpatrick, Jim
Fletcher, Colleen

Flint, rh Caroline
Forbes, Lisa
Fovargue, Yvonne
Foxcroft, Vicky
Frith, James
Furniss, Gill
Gaffney, Hugh
Gapes, Mike
Gardiner, Barry
George, Ruth
Gethins, Stephen
Gibson, Patricia
Gill, Preet Kaur
Glindon, Mary
Godsiff, Mr Roger
Goodman, Helen
Grady, Patrick
Grant, Peter
Gray, Neil *(Proxy vote cast by Patrick Grady)*
Green, Kate
Greenwood, Lilian
Greenwood, Margaret
Griffith, Nia
Grogan, John
Gwynne, Andrew
Hamilton, Fabian
Hanson, rh David
Hardy, Emma
Harman, rh Ms Harriet
Harris, Carolyn
Hayman, Sue
Healey, rh John
Hendrick, Sir Mark
Hendry, Drew
Hepburn, Mr Stephen
Hermon, Lady
Hill, Mike
Hillier, Meg
Hobhouse, Wera
Hodgson, Mrs Sharon
Hollern, Kate
Hopkins, Kelvin
Hosie, Stewart
Howarth, rh Sir George
Huq, Dr Rupa
Hussain, Imran
Jardine, Christine
Jarvis, Dan
Jones, Darren
Jones, Gerald
Jones, Graham P.
Jones, Helen
Jones, rh Mr Kevan
Jones, Ruth
Jones, Sarah
Jones, Susan Elan
Kane, Mike
Keeley, Barbara
Kendall, Liz
Khan, Afzal
Killen, Ged
Kinnock, Stephen
Kyle, Peter
Laird, Lesley
Lake, Ben
Lamb, rh Norman
Lammy, rh Mr David
Lavery, Ian
Law, Chris
Lee, Karen
Lewell-Buck, Mrs Emma
Lewis, Clive
Linden, David
Lloyd, Stephen
Lloyd, Tony
Long Bailey, Rebecca
Lucas, Caroline
Lucas, Ian C.
Lynch, Holly
MacNeil, Angus Brendan
Madders, Justin
Mahmood, Mr Khalid
Mahmood, Shabana
Malhotra, Seema
Mann, John
Marsden, Gordon
Martin, Sandy
Maskell, Rachael
Matheson, Christian
Mc Nally, John
McCabe, Steve
McCarthy, Kerry
McDonagh, Siobhain
McDonald, Andy
McDonald, Stewart Malcolm
McDonald, Stuart C.
McDonnell, rh John
McFadden, rh Mr Pat
McGinn, Conor
McInnes, Liz
McKinnell, Catherine
McMahon, Jim
McMorrin, Anna
Mearns, Ian
Miliband, rh Edward
Monaghan, Carol
Moon, Mrs Madeleine
Moran, Layla
Morden, Jessica
Morgan, Stephen
Morris, Grahame
Murray, Ian
Nandy, Lisa
Newlands, Gavin
Norris, Alex
O'Hara, Brendan
Onn, Melanie
Onwurah, Chi
Osamor, Kate
Owen, Albert
Peacock, Stephanie
Pearce, Teresa
Pennycook, Matthew
Perkins, Toby
Phillips, Jess
Pidcock, Laura
Platt, Jo
Pollard, Luke
Pound, Stephen
Powell, Lucy
Qureshi, Yasmin
Rashid, Faisal
Rayner, Angela
Reed, Mr Steve
Rees, Christina
Reeves, Rachel
Reynolds, Emma *(Proxy vote cast by Pat McFadden)*
Reynolds, Jonathan
Rimmer, Ms Marie
Robinson, Mr Geoffrey
Rodda, Matt
Rowley, Danielle
Ruane, Chris
Russell-Moyle, Lloyd
Ryan, rh Joan
Saville Roberts, rh Liz
Shah, Naz
Sharma, Mr Virendra
Sheerman, Mr Barry
Sheppard, Tommy
Sherriff, Paula
Shuker, Mr Gavin
Skinner, Mr Dennis
Slaughter, Andy
Smeeth, Ruth
Smith, Angela
Smith, Cat
Smith, Eleanor
Smith, Jeff
Smith, Nick
Smith, Owen
Smyth, Karin
Snell, Gareth
Sobel, Alex
Starmer, rh Keir
Stephens, Chris
Stevens, Jo
Stone, Jamie
Streeting, Wes
Stringer, Graham
Sweeney, Mr Paul
Swinson, Jo
Tami, rh Mark
Thewliss, Alison
Thomas, Gareth
Thomas-Symonds, Nick
Timms, rh Stephen
Trickett, Jon
Turley, Anna
Turner, Karl
Twigg, Stephen
Twist, Liz
Umunna, Chuka
Vaz, rh Valerie
Walker, Thelma
Watson, Tom
West, Catherine
Western, Matt
Whitehead, Dr Alan
Whitfield, Martin
Whitford, Dr Philippa
Williams, Hywel
Williams, Dr Paul
Wilson, Phil
Wishart, Pete
Wollaston, Dr Sarah
Yasin, Mohammad
Zeichner, Daniel

Question accordingly agreed to.

Westminster Hall

Wednesday 23 October 2019

[PHIL WILSON *in the Chair*]

TB in Cattle and Badgers

9.30 am

Ruth George (High Peak) (Lab): I beg to move,

That this House has considered government policy on TB in cattle and badgers.

It is a pleasure to serve under your chairship, Mr Wilson. I realise that many of us in the House will feel that we have had enough of difficult subjects this week; this debate, I am afraid, will probably offer little relief.

This is a difficult subject for me: there are many farmers in my constituency, as well as plenty of wildlife lovers. Derbyshire is the site of the largest badger vaccination pilot, which is led by Derbyshire Wildlife Trust, with its skeleton staff and dozens of volunteers who regularly get up at 4.30 am to vaccinate badgers; it has been a privilege for me occasionally to go with them. High Peak is also an edge area for bovine tuberculosis, and we have seen cases recently on local farms. That is very difficult for the farmers affected and for their families, and it is worrying for all the farmers in the area.

As well as having farmers in my constituency who are concerned about TB in their cattle, I have constituents who are concerned about the badgers. More than 500 constituents wrote to me—some of around 6,000 people across the county who wrote in—about the Government's proposal to extend the cull area to Derbyshire. High Peak is a place where issues for farmers and for wildlife collide, so I am probably the last person who should have applied for a debate about this subject, but it is important to air and scrutinise the issues.

We last debated this topic in November last year, just before the publication of the Godfray report. That report made important recommendations, which I will come to. It is disappointing that, almost a year after the report's publication, the Government still have not published a response to it, yet they have proceeded to license new cull areas and the killing of around 63,000 badgers. Whether they are considering badgers or Brexit, it is important that the Government make policy based on evidence, and I hope we can focus on that.

Rachael Maskell (York Central) (Lab/Co-op): I am grateful to my hon. Friend for bringing forward this debate. I find it deeply distressing that 67,000 badgers have been culled over the past five years. Does she agree that the evidence about improving biosecurity, along with vaccination, is the most compelling of all?

Ruth George: I agree that biosecurity needs to be considered, along with measures on trading and high-risk areas. A whole range of measures need to be looked at together with vaccination, as the Godfray report—the Government's own review—recommended

Jim Shannon (Strangford) (DUP): I thank the hon. Lady for bringing forward this debate. I represent a constituency where the control of badgers is very important for the farming sector, particularly the dairy sector. In Northern Ireland we have an agreed approach based on the common ground between what conservationists and the farming community want. That involves trapping and testing badgers, vaccinating those that are healthy, and culling those that are infected—it is important that we do that.

Given that some studies show that TB incidence can rise in an area where a badger cull has taken place, as infected badgers move in from other areas, does the hon. Lady agree that the approach in Northern Ireland is much more sensible than simply culling every available badger in an area?

Ruth George: Absolutely. That is a very sensible approach. It is costly, but so is culling badgers, which does not have a proven effect.

Bill Wiggin (North Herefordshire) (Con): We have heard the number of badgers that have been culled. What estimate has the hon. Lady made of the number of healthy badgers that are protected by the vaccination programme in her edge area?

Ruth George: The Derbyshire Wildlife Trust has vaccinated 192 badgers this year as part of its five-year programme, which covers an area of around 120 sq km, so healthy badgers are being protected by that vaccination programme. Just as the debate last November preceded the publication of the Godfray report, I hope this debate may be a prelude to the Government's long-overdue response to that report.

We must focus on farmers. I pay tribute to the farmers in my constituency, many of whom I know personally, and across the country. For them, farming is not just a job but a way of life. They work very long hours in all weathers, caring for their animals—their livestock—and producing food for us. Farmers, possibly more than any other business, are at the mercy of events: of weather, prices, policy and disease. It can seem that they have very little control over the factors that influence their business.

Tim Farron (Westmorland and Lonsdale) (LD): The hon. Lady is being very generous in giving way. She is right that this issue is massively important to farmers and farm businesses. Farmers care massively about the welfare of their livestock and, indeed, wildlife. Does she agree that the Government's 25-year strategy, long though it is, is showing signs of having some impact and that we should not throw all the toys out of the pram and stop things as they stand? Does she also agree, though, that 25 years is a long time, and that if the Government do not continue basic payments through to the point when the new environmental land management scheme comes into effect, there may be no farmers left to protect by the end of the process?

Ruth George: Absolutely. Although farmers are at the vagaries of many things, we should at least try to set consistent policy so they know where they stand. That very much applies to farm payments to replace the common agricultural policy.

Bovine tuberculosis is one of the major unknowns and fears affecting farmers. Four fifths of farmers under 40 think mental health is the biggest problem facing

[Ruth George]

their sector, and the fear of bovine tuberculosis is one of the major influences of that among cattle and dairy farmers. In High Peak we have sheep farmers, dairy farmers and cattle farmers, and sometimes all three are farmed together on the same farm. I pay tribute to our local National Farmers Union representatives, who provide an excellent service to support those farmers. They are practical and they are prepared to speak out, as I know only too well. I am sure Members across the House know NFU reps who are prepared to speak out on behalf of their members and their businesses.

Although the majority of farming in my constituency is sheep farming, we also have dairy and cattle farms. The number of dairy producers in particular is falling year on year: it dropped by 675 in the last 12 months across the country, although the sharpest reductions have been in the areas in the east of the country not affected by TB. The number of cattle slaughtered due to bovine tuberculosis in 2018 was the highest ever, at 44,656—an increase of 30% since 2010.

Jane Dodds (Brecon and Radnorshire) (LD): Does the hon. Lady agree that any strategy on bovine TB needs to use all the tools in the toolbox? In Wales last year, 12,000 cattle were slaughtered because of bovine TB. That casts a long, dark shadow over farming in Wales, and it is a particular issue in my constituency, where we have dairy and cattle farming. Does she agree with the assessment of NFU Cymru that we must use all the tools in the toolbox, including continuing vaccination at the same rate while also looking at targeted culls that are clearly engineered and clearly focused on high-risk areas?

Ruth George: I do agree that Governments in all parts of the United Kingdom—particularly in England, Wales and Northern Ireland, where there are high incidences of TB—need to be able to look at all the tools in the box. However, they should also use the evidence. I hope that the Godfray report will be of use to the Welsh Government and the NFU there, as it is such a systematic examination of all the evidence and gives many pointers to the way forward, which I will come to.

It is important to consider the welfare of cattle as well as that of wildlife. Many cows are pregnant when slaughtered, and if they are unfit to travel they must be slaughtered on the farm. I welcome the use now of lethal injection instead of shooting, but farmers still have to see the slaughter of animals they have often bred and known from birth.

Farmers and their businesses are affected not just by the slaughter of infected animals but by the testing regime every 60 days, movement restrictions, extra costs, lower income and extra work. While compensation for each animal is now more generous, it still will not compensate for the most valuable animals. Farmers are left with a huge amount of financial and emotional stress. The Farming Community Network reported that although farmers are characteristically not ones to speak out when they feel under pressure, they can be led to feel stressed or depressed—in some cases to the point of physical illness or not wanting to carry on. We must recognise that, because farming is one of the most isolated professions. Some of those who are slowest to speak out may also be in most need of support.

James Gray (North Wiltshire) (Con): I congratulate the hon. Lady on making a well-balanced and sensible speech, taking neither one side nor the other. I very much endorse her on mental health. This problem particularly affects places such as North Wiltshire, where 200 farms have been entirely closed down—many on several occasions—and entire herds slaughtered. The psychological effect on a farmer seeing his or her herd entirely slaughtered two or three times is horrendous.

Ruth George: Absolutely. Any of us who has had a pet put down knows how painful that can be, so a farmer having to put down a whole herd that they have built up does not bear thinking about. Bovine TB does not just have an emotional cost; it is also one of the greatest animal health threats to the UK. It costs the public more than £100 million a year in compensation, and it costs the farming industry about £50 million a year.

In Derbyshire, we are on the edge of bovine TB. Last year, 1,230 cattle were slaughtered in the county, compared with just 672 the previous year. The annual incidence rate in herds increased from 7.7% to 8.4%, mainly, I would argue, because in January 2018 the high-risk area of Derbyshire was reclassified as an edge area. The increase in cases was driven solely by the reclassified area, as the area that remained classified as edge area was reduced. In the new edge area, on the edge of the outbreaks, annual surveillance testing was replaced by six-monthly testing and the higher use of interferon gamma testing where TB-free status had been withdrawn. That replaced the skin tests, which we know are only 50% or 60% accurate, meaning that under those annual tests many more cattle go by undetected with TB. In 2018 in Derbyshire, 45% of infected cattle were identified by gamma reactor testing, compared with just 7% in 2017.

The Animal and Plant Health Agency report on TB in Derbyshire states that the interferon gamma test has a higher sensitivity than the skin test, so it discloses more infected cattle, often at an earlier stage, or those that may have been missed by the skin tests. In 2018, 2,400 tests were done, compared with 1,800 in 2017. This also applies to other areas, as gamma testing was introduced for edge areas from 1 April 2017. The number of new herd incidents fell slightly, from 4,700 in 2010 to 4,400 last year. More cattle are therefore being slaughtered but from a lower number of herds, with the average per herd increasing from 10 to 12. It is interesting that bovine tuberculosis has spread from areas with higher herd numbers to areas such as Derbyshire, where herd numbers have traditionally been much lower.

We come to the role that badgers play in the increase in bovine TB in Derbyshire. The APHA study states that, based on probability, 77% of infections come from badgers. However, only one case in 148 was confirmed to be definitely due to badgers. Alternative academic analysis suggests that between 75% and 94% of infections are caught from other cattle, not from badgers. It can appear as though badgers are being scapegoated while the evidence for residual infection within herds is being discounted.

Badgers are present throughout Derbyshire and on most farms. I pay tribute to farmers, who have been most helpful in the badger vaccination programme. However, testing last year of badgers killed on roads across Derbyshire by Professor Malcolm Bennett of the

University of Nottingham found that only four out of 104 were infected with bovine TB—just 4%. It therefore seems surprising that they are deemed to account for 77% of cattle infections. Considering that the higher number and greater accuracy of tests has driven the increase in cases, it is surprising that only 5% of cases of bovine TB are deemed to be due to residual infection in a herd, especially when in 40% of all cases there had been a history of infection in the herd in the last three years.

James Gray: Will the hon. Lady give way?

Ruth George: I will have to make some progress, as there are several more speakers to come in. I am sure the hon. Gentleman will have a chance to make his point later.

It is acknowledged that the pattern of livestock markets facilitates the flow of cattle in Derbyshire from the high-risk area to the edge area and that the major risk to other edge areas adjacent to Derbyshire—Cheshire, Nottinghamshire and Leicester—is mostly via cattle movements. When we say we must look at all the reasons why cattle are contracting bovine tuberculosis, we must look at cattle movement and infection in a herd.

The size of the herd was also a major factor. Herds of under 50, which account for about half of all cattle herds in Derbyshire, had only a 3% risk of contracting bovine tuberculosis. That rose to 27% in herds of 200 to 350, and to 38% in the largest herds of 500-plus. It seems very odd that badgers would discriminate between small herds of cattle and large herds.

Bill Wiggin: Will the hon. Lady give way? I will explain why.

Ruth George: If the hon. Gentleman can make a short point on that.

Bill Wiggin: The smaller herds are beef suckler herds and the larger herds are dairy herds. The cows also live longer in a dairy herd.

Ruth George: I thank the hon. Gentleman for that point. I have beef suckler herds and dairy herds, and they both have plentiful badgers in the area.

Professor Sir Charles Godfray looked at all the evidence when he chaired a review of the Government's 25-year TB eradication policy—a sensible measure to ensure that the strategy was on course. Sir Charles reported in November last year. His report emphasises the importance of improving testing and recommends the more sensitive test for high-risk and edge areas; biosecurity measures on farms to prevent contagion among animals with endemic disease; and reducing risk-based trading, because cattle movements, which increase risk, are comparatively high in the UK.

Professor Godfray states that the presence of infected badgers poses a threat to cattle herds, but he also acknowledges evidence of the perturbation effect from culling, and the impact on adjacent areas when badgers move further as territory becomes available and they become disturbed from their setts. The report states clearly that TB control efforts have focused too heavily on managing badgers, when most transmission occurs cattle to cattle. He therefore states that moving from lethal to non-lethal control of the disease in badgers would be highly desirable—something we would all agree with.

Culling is expensive—it costs more than £5,000 per badger, compared with less than £700 per badger vaccinated. It also involves trapping badgers at night and shooting them with a high-powered rifle. In 2013, the Government's independent expert panel stated that at least 7% of badgers were killed inhumanely and took more than five minutes to die. That panel was disbanded in 2014, but its former chair, Professor Munro, and 19 other vets, scientists and animal welfare campaigners wrote to Natural England last month to say that of the 40,000 badgers culled before this year, a minimum of 3,000, and as many as 9,000, would have suffered immense pain from that process. The same proportion of the 63,000 badgers licensed for slaughter this year would equate to between 5,000 and 15,000 badgers suffering. I have been out with Derbyshire Wildlife Trust and seen the badgers in the traps, full after a night of gorging on peanuts and usually fast asleep and ready to be vaccinated. It is very hard to think of someone shooting them instead.

Several hon. Members *rose—*

Phil Wilson (in the Chair): Order. Quite a few Members want to speak. The hon. Lady has been good at giving way, but I hope she will come to the end of her speech at some point.

Ruth George: I will do, Mr Wilson.

Kerry McCarthy (Bristol East) (Lab): I have been out with Avon Wildlife Trust, which has an excellent badger vaccination programme. The cull is now being rolled out to Avon, and we have a ridiculous situation where badgers that have been vaccinated are now liable to be culled. Does my hon. Friend agree that that seems a complete and utter waste of money and effort?

Ruth George: Absolutely. We would not want that to happen in Derbyshire either.

In 2014, 20% of culls were supervised by Natural England staff, but by 2018 the organisation was able to monitor only 0.4% of them. That gives rise to safety concerns, particularly if protests are involved. Without even responding to their own report, last month the Government extended the badger cull to a total of 40 areas, including around Bristol, Cheshire, Devon, Cornwall, Staffordshire, Dorset, Herefordshire and Wiltshire. It was not extended to Derbyshire, however. That delighted the thousands of supporters of Derbyshire Wildlife Trust and its vaccination programme, but not the Derbyshire farmers, 700 of whom had signed up to the cull in their area.

With infections increasing so much recently, and no other Government policy forthcoming, farmers feel that the badger cull is their only option to escape the real fear of TB. As has been said, however, there is conflicting evidence about the effectiveness of the cull, and it is disappointing that Professor Godfray's team was specifically asked not to evaluate whether ongoing culls are reducing TB in cattle. A recent report from the Animal and Plant Health Agency stated explicitly that the data cannot demonstrate whether or not the badger control policy is effective.

The Downs report shows some reduction in infections during and immediately after the cull, but infection rates are now rising again and TB is spreading among cattle. Professor Godfray stated that the only feasible alternative to control badgers is vaccination, and that leads me to the work of Derbyshire Wildlife Trust—the largest

[Ruth George]

volunteer-led vaccination programme in the UK, supported by the National Trust, the National Farmers Union, Derbyshire County Council, the Badger Trust, the Royal Society for the Protection of Birds, Derbyshire police and local badger groups. Derbyshire's police and crime commissioner is also a strong supporter, especially after assessing the resources that policing protests against the cull would involve. DWT is supported by more than 100 volunteers, and that number is continually increasing. I thank the small band of professionals and all the volunteers who dedicate a substantial amount of time in the evenings and early mornings to trap and vaccinate badgers. They have vaccinated 742 badgers so far, including 218 this year.

Phil Wilson (in the Chair): Order. Is the hon. Lady coming to the end of her speech? She has been speaking for 25 minutes, and I want to be fair to other Members who wish to take part in the debate.

Ruth George: Am I okay to finish by 10 am, within four minutes?

Phil Wilson (in the Chair): You are eating into the time of other Members—that is what I am saying. If you could come to a conclusion, it would be good.

Ruth George: Right. This is a much more popular debate than I had envisaged for 9.30 on a Wednesday morning, so I will make progress, Mr Wilson.

Derbyshire Wildlife Trust has vaccinated badgers over an area of 120 sq km, and that area is expanding since the wildlife trust reached an agreement with Natural England to start work on national nature reserves in the Derbyshire dales. Government funding has been just £280,000 through the scheme over four years, given the much lower cost of vaccinating badgers instead of culling them. Derbyshire presents the ideal opportunity for a large-scale vaccination programme of the kind recommend by Professor Godfray. It has no cull, an expanding vaccination programme and a highly experienced professional vaccination team. Such research is vital to help to inform the Government about their bovine TB policy and the opportunity significantly to increase badger vaccination across the country.

There is currently no clear strategy or clarity about where vaccinations should take place or at what scale. Vaccination has not been pushed as a viable option to culling in any meaningful way, whereas the Government have been vocal in support of culling. There needs to be a level playing field. The current funding model provided by the Department for Environment, Food and Rural Affairs provides only 50% of the funds needed to run a badger vaccination programme, and that is preventing other organisations from establishing programmes. If such a model is to be extended, it must be offered proper financial support.

The people of Derbyshire and Derbyshire Wildlife Trust seek assurance from the Government that the cull will not come to an area with such a high success rate in vaccination—that it did not this year is a positive step. When will the Government publish their response to the Godfray report? Will consideration be given to monitoring the disease status of badgers, as well as badger populations, within cull areas? As the hon. Member for Strangford (Jim Shannon) said, that already happens in Northern Ireland. Why is there no systematic testing of culled badgers for TB? A key factor for farmers in my area is for them to get access to the tests they need to ensure that their herds stay as risk-free as possible. I look forward to hearing speeches from other hon. Members, and to the Minister's response.

Several hon. Members *rose—*

Phil Wilson (in the Chair): Order. We need to introduce a four-minute time limit on speeches, and we may have to reduce that if people do not stick to it.

9.58 am

Tracey Crouch (Chatham and Aylesford) (Con): It is a pleasure to serve under your chairmanship, Mr Wilson, and I congratulate the hon. Member for High Peak (Ruth George) on securing this important debate. Like other colleagues, I thought her speech was incredibly well balanced and truly reflected the nature of her constituency.

The hon. Lady's constituency is very different from mine. As hon. Members will recognise, I represent an urban constituency and I therefore would not pretend for a nanosecond to understand fully and appreciate the concerns felt by other colleagues who might represent more rural constituencies. That said, I was one of the few Conservative MPs who spoke and voted against the badger cull when it first came before the House, and I have been a long-standing opponent of the cull ever since.

As I have served as a Minister for three and a half years, this is my first opportunity to speak on this issue since 2015. Although I recognise—especially looking around the Conservative Benches this morning—that I am probably in a minority on this side of the Chamber, I believe it is important that I speak. In my first speech on the issue I spoke of my appreciation of the devastating effect on farmers, which has been reflected in the debate today. It is important that the issue does not become one of farmers versus badgers. We have enough division as it is, and it is important to reflect on that.

Because of my deeply held views on animal welfare I have had the pleasure of working on the issue alongside various charities and organisations. It is important to recognise that they, too, have worked tirelessly to raise awareness of badgers and bovine TB and to provide the Government with scientific evidence that could protect both badger and cattle numbers. The evidence is clearly important, and I have worked with those, such as the Save Me Trust, who have worked for years to try to show that the scientific evidence used by the Government is flawed. Working with a farmer in Devon, the trust has helped to implement a different strategy to tackle TB in cattle, called the Gatcombe method, developed by veterinarian Dick Sibley. The method focuses on maintaining standards in cattle herds such as cleaning up the birthing of calves, cleaning up excrement as soon as it is dropped, and not pumping cow slurry on to the feeding fields. That has given the farmer an officially TB-free herd for three years, without the need to slaughter badgers.

Success in tackling bTB is not limited to that farm. We have already heard that Welsh herds are 94% free of bTB, and that it is dropping significantly without the culling of badgers, so surely there is an alternative for tackling the disease in English farms. As the Save Me Trust makes clear, the reason badgers have not been culled at the farm is that the likelihood of badgers passing TB on to cattle is low. According to the randomised

badger culling trial, 5.7% of bTB outbreaks have been caused by badgers, but other scientific studies have put the figure at less than 1%. As has been mentioned, the RBCT estimates that 80% of badgers culled in England do not have bTB; so they were culled unnecessarily.

We need to look at other methods and take a more holistic approach to tackling bovine TB. I appreciate that that would require investment of time and money. I think that it is something the Government can support. A suggestion that was put to me was a Government-led grant programme, for farmers to invest in aerobic digesters to remove bTB from slurry, protecting cows and the wider environment from contamination, and, better still, providing biogas to be turned into electricity.

If we are to eradicate bTB it is clear that the current system for testing cattle needs to be improved. At present the skin test is ineffective and many infected cows remain in herds. Experiments with blood tests have shown TB organisms in cattle—

Phil Wilson (in the Chair): Order.

10.2 am

Fiona Bruce (Congleton) (Con): Farmers in my constituency are experiencing worse difficulties with bTB in their cattle than anywhere else in Cheshire—and Cheshire has been hard hit, with 2,331 cattle having to be slaughtered last year. The Animal and Plant Health Agency report for the year ending 2018 states:

"The burden of TB in Cheshire is considerable…it can prove difficult to source cattle to replace reactors which have been slaughtered"

and that

"TB can have a significant economic impact resulting in cash flow problems…full market prices are rarely available for TB restricted cattle."

It also states:

"The economic losses to dairy farms in the case of lost milk yield can be further impacted by financial penalties imposed by the dairies through breaches of contract and not meeting forecasted milk yields."

However, those statistics can never fully describe the financial and emotional toll on farmers and their families from the impact and threat of bovine TB, which cannot be overstated.

Many farmers have told me about that and I will never forget when I sat in the kitchen, at a farm where infection had taken hold, and the farmer's wife sat sobbing at the kitchen table. Another told me last week, "We literally live daily in trepidation of bovine TB infecting our animals", and another wrote to me this week:

"We have failed our TB tests and have our next test on 17th December…Cow movements are on hold which will damage us financially as there will be no income from sales, nor will we be able to buy cows in, which we have been trying to do".

They are in suspense. That is why, on their behalf and as requested by many who have written to me and met me in the past few days, I am asking the Government to continue with their bovine TB eradication strategy, including wildlife control in endemic areas, to free our country from this awful disease.

I am a strong supporter of animal welfare, and for healthy cattle we need healthy wildlife. To those who dispute that the disease is spread by wildlife movement, I would point out that the Animal and Plant Health Agency report that I mentioned states, with reference to Cheshire:

"In the south…of the county there has been a large number of new incidents…which are not thought to be due to movements of undetected infected cattle...The farms are not related nor connected by cattle movements, there has been no contiguous cattle contact. Infected badgers are suspected to be the source of infection. In total there have been ten herds known to have been affected."

The NFU says of the results of a 2018 TB epidemiology report for high-risk areas,

"the results concluded that badgers constituted 64.19% of the source attribution whilst cattle movements accounted for 12%"

and

"these results provide further evidence that by controlling the badger population the number of new TB breakdowns can be minimised."

I agree that we need evidence-based decisions. A range of interventions is, indeed, appropriate, but, as the NFU says,

"no other major cattle producing country in the world has ever successfully dealt with BTB in cattle without addressing disease where it is present in wildlife to break the cycle of infection."

Culling has been effective in the Republic of Ireland and the NFU has also said that after 1997, when all badger culling ceased, in subsequent years infection spread in wildlife.

The scientific evidence exists. The Downs report, which was peer reviewed in the journal *Scientific Reports*, published last week, and endorsed by DEFRA, deals with analyses conducted to compare the rate of new TB breakdowns in cull areas, compared with rates matched in areas with no culling. There was a 66% reduction in new TB rates in cattle in Gloucestershire after culling, and a 37% reduction in Somerset. A DEFRA spokesman said of the report that

"this independent and detailed analysis builds on previously published data showing strong reductions in the disease in cattle following culling in Gloucester and Somerset areas over four years compared to unculled areas."

As the NFU vice-president Stuart Roberts has said:

"Controlling the disease in wildlife is a crucial element to tackling this devastating disease".

10.7 am

Sir Geoffrey Clifton-Brown (The Cotswolds) (Con): I am grateful to have caught your eye, Mr Wilson, and also to the hon. Member for High Peak (Ruth George) for the reasoned way she introduced the debate. I did not agree with all her conclusions, but her demeanour and the tenor of her remarks were very reasonable.

I have experience of the matter because I grew up as a farmer on my mother's dairy farm in the foot and mouth regime, where farmers around us had their herds slaughtered. It was a pretty devastating time, growing up. I know only too well the effect that TB can have on the agricultural community and indeed on farmers themselves. As the hon. Lady said, rural farmers live in isolated areas, in close-knit communities and families; the loss of even one cow, let alone an entire herd of cattle, can have a devastating effect.

In the past few days, numerous farmers have said to me that they would like the Government's eradication scheme to continue. Mr Harry Acland, of Notgrove Farm, said that

"the badger cull has been immensely successful here, from being shut down with TB on average for 10 months in the year we now only rarely have a break down (once this year) and matters are considerably improved".

[Sir Geoffrey Clifton-Brown]

I have supported the cause of the eradication scheme for more than two decades, and worked with my right hon. Friend the Member for North Shropshire (Mr Paterson), when he was the Secretary of State for Environment, Food and Rural Affairs, on the roll-out of the first, second and third cull areas in Gloucestershire, which have been transformational. In the first two years of the first cull, the TB incident rate was down 16%. After four years of the industry-led eradication scheme, between 2013 and 2017, the culling by farmers had reduced TB in cattle by 66% in Gloucestershire. Interestingly, while no change was found after two years in a 2 km buffer area around Gloucestershire, after four years there was a 36% decrease in the area. The so-called perturbation effect was not seen. Badger control licences now cover 57% of high-risk areas in the country. The efficiency of the licences has seen a 19% decline in TB incidence since the culling began in 2013, from 3,283 to 2,655. A comprehensive range of measures alongside the badger culling seems to be the most effective strategy for controlling the disease, with greater biosecurity, cattle testing and movement restrictions for TB-positive herds, and continued research into badger vaccinations, particularly oral ones.

Backing our farmers and ensuring a healthy, prosperous agricultural industry in Britain is a vital way to manage our sustainability. We cannot encourage people to buy local or in season if we do not protect our farms from devastation when TB infects entire herds. Grass-fed beef raised in this country has a far lower carbon footprint than importing foreign meats or plant-based products. Quite simply, we have the grass and climate to produce the best naturally-raised beef in the world. Eradicating this disease would be a quantum leap in increasing the productivity of British agriculture and provide a substitute for imports in a post-Brexit world. Jobs and livelihoods depend on it.

10.10 am

Bill Wiggin (North Herefordshire) (Con): This is not a debate about wildlife lover against farmer; it is about healthy badgers being protected from a vicious and unpleasant infectious disease. It is all about stopping our healthy badger population dying from what used to be called consumption.

The genie is out of the bottle. The figures that my hon. Friend the Member for The Cotswolds (Sir Geoffrey Clifton-Brown) just gave show a 66% decline in TB in areas that were culled in Gloucestershire. We can never again expect a cattle farmer in this country to accept that culling does not work. It is proven to work, based on the science brought about in the Department for Environment, Food and Rural Affairs by the meddlesome right hon. Member for Leeds Central (Hilary Benn) when he was Secretary of State.

The story of TB in cattle is one of delay. The chief vet stopped the culling in the 1950s, and then TB took a grip. We must not stop the scientifically-based cull that we have going on today in areas of high infection. To do so will be to create illegal culling. We all know that the problem with badgers is the perturbation effect; the minute we have a perturbation effect, we will have a terrible spread of the disease, so the culls we have at the moment must continue. They are working, and the science that they are generating is critical to the progress we need to make in stopping this disease, which of course can infect people as well.

I have heard that there is now a new mustelid vaccine—it is being tested on ferrets, because testing is not allowed on badgers—that is more effective than Bacillus Calmette-Guérin, or BCG. There are new tests that show a variety of reactions in cattle, so that we do not need just one indicator. They may show eight different types of reaction to Mycobacterium bovis, so we will not have the number of false positives or false negatives that have plagued the skin test. There is tremendous science coming along. The OIE—the World Organisation for Animal Health—is approving some of the tests. We have had a new test for camelids.

My question to DEFRA is this: "What are you doing to ensure that this new science can be brought in? We are still in the European Union. We need these tests approved so that we are internationally compliant in our fight against TB. We must ensure that sufficient funds go into that research. We need you to keep going on the science that you are currently applying, because not only is it working, but it is bringing results home to farmers in my constituency who love their cattle." More than that, they love badgers too. Once we have beaten this disease, we will know that the whole UK badger population is secure, safe and likely to continue to provide the entertainment that people get when they see them.

However, people such as me who love their cattle want to know that they are safe from this horrible disease—not least because of the risk to farmers when they are testing and testing and testing. No cow likes to be jabbed twice in the neck, and they react dangerously when they are continually tested. For me, the worst thing that can happen is an outbreak—not just because I lose my animals, but because of the risk to my family when we have to perform those compulsory tests to go clear. I say to the Government, "Please do all you can."

10.14 am

Mr Owen Paterson (North Shropshire) (Con): It is a pleasure to serve under your chairmanship, Mr Wilson. I congratulate the hon. Member for High Peak (Ruth George) on securing this important debate and the measured manner in which she spoke.

I take issue with the idea that there is a battle between badger welfare and culling. I have told numerous people this, and many of them laugh, but I am probably the only person in this Chamber who has had one pet badger, and I am definitely the only person in the Chamber who has had two pet badgers. I am very pro-badger. I am pro-healthy badgers. Ever since I began working on this, when I was the junior shadow agriculture spokesman, I have set in train, I hope, a series of policies to ensure that we have healthy wildlife living alongside healthy cattle.

There is not a single country in the world that I have visited—whether the problem is white-tailed deer in Michigan, wild feral cattle in Australia, the brushtail possum in New Zealand, or, in particular, the badger in the Republic of Ireland—where there is a reservoir of disease in wildlife that has not been tackled at the same time as it has been tackled in cattle. It is so obvious, and it has worked; when we had a bipartisan approach in the 1960s and 1970s, we got the disease down to 0.01%.

It is absolutely tragic that we threw that away, and it has caused great misery. The hon. Lady was right to highlight the hideous cruelty of shooting a pregnant cow, so that the calf suffocates, which is rarely mentioned. The Badger Trust always shows beautiful black-and-white photographs of badgers, like my dear old badgers—never a revolting picture of a diseased badger in the last stages of TB, covered in lesions, driven out of the sett, covered in bites and dying a horrible, long, lingering death.

There is also a human element. My hon. Friend the Member for North Wiltshire (James Gray) mentioned the mental trauma of being tested—the sheer trauma for farmers, the tension, the nightmare of waiting to see whether they will fail the test—and the physical danger. I am afraid that one of my constituents was killed while doing a TB test, when a young bull threw his head up and smashed my constituent against the crush.

All that is completely unnecessary if we can get rid of the disease in cattle and in wildlife, but we have to address both together. It is not either/or. We cannot go on with the expense: we are spending £1 billion on a disease that has been eradicated in other countries. The Germans take out 70,000 badgers a year. We can look at what New Zealand has done on the brushtail possum. My question is this: can we please acknowledge that this is working?

I was in charge of introducing the first two trial culls. We had intense saboteur activity, with hunt saboteurs coming from all over the United Kingdom, some of them with convictions for violent offences. I pay tribute to the farmers who, with incredible bravery, got those first culls going in Somerset and Gloucestershire. The Downs report shows a reduction of 66% in the cull area in Gloucestershire, where we had intense activity—we had saboteurs camping out on badger setts—and 36% in Somerset, where I went to a public meeting about 18 months ago to discuss what could be done on floods, and I had people coming up to me almost in tears, saying, "Mr Paterson, I just want to say thank you. We'd been closed up since my grandfather—for 40 years we'd been closed up. We've gone clear."

My last point is to ask whether we can look at the basic reproduction number of this disease. Can we look at the level where the disease peters out, when we get the badger population low enough to have a healthy population? I would like the Minister to look at the basic reproductive ratio, R_0, which represents the number of cases that one case generates on average over the course of its infectious period, in an otherwise uninfected population. Could we make it the target of our policy to get the disease down to a level where it is not sustainable in the wildlife population and end this hideous trauma for wildlife, cattle and our farmers?

10.18 am

Mr Robert Goodwill (Scarborough and Whitby) (Con): I congratulate the hon. Member for High Peak (Ruth George) on the very balanced way in which she made her points. I was pleasantly surprised by the interventions from our colleagues from Wales, the hon. Member for Brecon and Radnorshire (Jane Dodds), and from Northern Ireland, the hon. Member for Strangford (Jim Shannon), who made similarly balanced points, as did our colleague from Cumbria, the hon. Member for Westmorland and Lonsdale (Tim Farron).

We have heard that TB is a devastating disease. It is devastating for animals, for wildlife and for farming communities. What makes me angry is that we had beaten this disease. We had almost got on top of it, but then we had the perfect storm. We had the foot and mouth epidemic when, for obvious reasons, vets' visits to farms were deemed to be a risk of spreading the disease, and at the same time we protected the badger—without, I must say, having done any real work on the effect that that has on other wildlife such as bumblebees, hedgehogs and other species. As we heard, last year almost 33,000 cattle were slaughtered in England, and we have had suicides, even this year, in the farming community because of the stress we heard about. We also heard that the only successful incidents of control or eradication involved controlling wildlife—in New Zealand, the brushtail possum, and in Ireland, the badger.

What should come out of the debate, as I hope the Minister will reaffirm, is that policy should be based on sound science and the latest research, which has shown that breakdowns have been reduced by 66% in Gloucestershire and 37% in Somerset. Vaccination, I am sure, has a role, but it should not replace wildlife culling. Infected badgers cannot be cured by vaccination, and those badgers cannot all be caught. Indeed, the vaccine itself is not a vaccine; it has a high failure rate. Caught badgers cannot be rapidly tested and then released if they are clear, or vaccinated or killed if they are infected.

Sadly, we had to curtail research on the oral vaccine, because we could not get a bait abrasive enough to allow the vaccine to get sufficiently into the bloodstream of the animal. Badgers can be caught and the backs of their mouths scratched, getting the vaccine to work to some extent, but, sadly, it is not possible to have an oral vaccine. Of course, the real holy grail would be a cattle vaccine that only protected cattle, with a blood test to differentiate between vaccinated cows and cows with the disease. We would then have to get agreement across our major trading partners, including the EU, to be able to sell meat and products from those animals.

What more can we do? We need more sensitive tests and, in some areas, more regular tests. The skin test is specific. An animal with a positive reactor has only a one in 5,000 chance of not being infected; three reactors give a one in 250,000 chance. That is a very specific test, but it is not sensitive enough. The gamma interferon test would give us the ability to detect more animals, but there would be more false positives, and farmers would have to accept that situation in certain parts of the country. We need enhanced basic biosecurity measures, and we need to look at what we can do on dealers, who are sometimes reckless in the way that they transport animals around the country. I would like the National Trust to look at the evidence that we now have and perhaps change its policy on allowing its tenant farmers to undertake culling in their areas.

We can control this disease only by using all the tools at our disposal. We must not respond to ill-informed representations in the pursuit of short-term, populist political gain. To do so would risk long-term misery for our cattle, our farmers and, indeed, our badgers.

10.22 am

Deidre Brock (Edinburgh North and Leith) (SNP): It is a pleasure to serve under your chairship, Mr Wilson. There have been so many passionate contributions that, in winding up for the Scottish National party, I do not think I can mention them all; I presume that I have a limited amount of time as well. However, I will highlight three in particular.

[Deidre Brock]

I commend the hon. Member for High Peak (Ruth George), who secured the debate, for her nuanced and evidence-led approach to this clearly very sensitive and emotional issue. The hon. Member for Chatham and Aylesford (Tracey Crouch)—this point was made by other Members from across the Chamber, and I commend them for that—mentioned the importance of making it clear that this is not a farmer versus badger issue. She gave alternatives to badger culling, which I am sure the Minister will be interested in pursuing the details of, if he was not aware of them already, because they sound like they are achieving some impressive results. The hon. Member for Congleton (Fiona Bruce) spoke of a human aspect that we must never forget: the devastating impact that this disease has on farmers, their families and the communities around them. There were numerous other contributions from other Members who spoke with passion and often from personal experience.

I suppose I should make it clear that, despite the fact that I am a Brock, I have no conflict of interest. In spite of the name, I have no relatives who are badgers and I know no badgers personally. I will admit, however, to a general liking for the creatures, who seem amiable enough. I certainly have the occasional visit from badgers in my garden in Edinburgh.

I was reading the British Veterinary Association's website recently, as one does, and spotted a report about the badger culling areas of Gloucestershire, Somerset and Dorset, using data from 2013 to 2017. The BVA clearly considered that this report showed that culling was effective in controlling bovine tuberculosis, indicating a 55% drop in bovine TB incidents. On the face of it, that is clear evidence that the policy is working.

However, it struck me that this is the removal of a species from an area, which in itself raises obvious questions about whether an effective solution is necessarily the best solution and, perhaps more importantly, about the effect of taking an entire wild species out of an ecosystem. What does removing badgers from these localities do to biodiversity? Their diet is mainly earthworms and insects, I think, but they also clean up carrion and windfall fruit and perform other similar housekeeping duties. I am not an expert—we will have to ask someone else—but I assume that their burrowing and hunting habits help to till the soil and move nutrients. An ecologist could no doubt educate us on the benefits to a local ecosystem of having a brock or two in the area; I imagine that there are multiple benefits.

James Gray: The hon. Lady has, until now, been making a sensible speech. My memory from my upbringing in Scotland is that there was a scarce population of badgers—almost none at all. If she came down to Wiltshire, she would find a large number of badgers indeed. It is not one or two here and there; we are talking about dozens and dozens of setts absolutely crammed to the doors with ill badgers. These notions—the idea that there are one or two, and questions like: "aren't they nice?", "what about the biodiversity?" and "don't they help till the soil?"—just show that she has absolutely no idea about what life is like in a badger area.

Deidre Brock: I appreciate that the hon. Gentleman has greater experience of these things, given where he resides, but I assure him that there are significant brock populations now in Scotland. I will go on to speak about what is happening in Scotland around this issue.

Lastly on the point that I was making, I point to our experience of the effects of wiping out other species in large geographical areas, and to the fact that we often find conservation organisations trying to reintroduce the animals that we have hunted to extinction. England may continue down this road, and that is, to some extent, a matter for England to decide. However, it is worth remembering how much we criticise other nations for failing to protect their wildlife.

Mr Goodwill: The cull is not about eradicating the badger. Typically, the population will be reduced to about 30% of what it was before. In areas such as Scotland and north Yorkshire, where we have low levels of TB, the badger population is not a problem. However, in areas where we have large numbers of badgers and high infection levels, controlling—not eradicating—the population at sensible levels might also have good knock-on effects for other species, such as bumblebees and so on, which have been crowded out by the badger.

Deidre Brock: That is an interesting point. As I understand it, culling badgers actually encourages them, in some instances, to roam further, because they are not threatened by other setts in other areas, and that potentially encourages the spread of TB. I do not believe that Members have yet raised that aspect of it.

Scotland has, of course, gone down another route. The control of bovine TB in our country is a partnership working success, with the Scottish Government assisting the livestock industry in maintaining Scotland's position as officially tuberculosis free since 2009. That might be unpopular around these parts at the moment, since it is an EU Commission recognition of how good Scotland is on this. There is a monitoring regime, with movement controls and quarantine where needed. The hon. Member for High Peak spoke about the big drop-off in monitoring by Natural England. Will the Minister help us to understand why that might have happened, and what impact the huge recent cut to Natural England's funding—since 2014, I think—has had on its ability to monitor?

We have a monitoring regime, with movement controls and quarantine where needed, and that now includes other animals as well as cattle. It is about better animal husbandry, good biosecurity and high-spec testing. I say to my good English friends that that may be a better solution than killing thousands of animals. It has also been very important for trade for Scottish farmers. People cannot trade beasts across the EU, as many hon. Members will know, without their herds being certified as TB free. There are concerns about what will happen post Brexit, and perhaps the Minister can also address that. English farmers may also be concerned that the EU funding, stretching to millions of pounds, for TB control will not be there after Brexit. The question will be how and, indeed, whether it is replaced.

It is disappointing that neither the House of Commons Library briefing for this debate nor any speaker today, I think, has referred to the example of Scotland—officially TB free since 2009. Might I suggest to Ministers and to hon. Members concerned about this issue that they take the time to look to Scotland for some inspiration?

10.30 am

Dr David Drew (Stroud) (Lab/Co-op): I am delighted to serve under your chairmanship, Mr Wilson. I congratulate my hon. Friend the Member for High Peak (Ruth George). What she said was very measured. *[Interruption.]* I do not know whether a debate is still going on—that is always better than comments sotto voce. My hon. Friend presented the case very well, so I will not go over what she said. Hon. Members will disagree on the way in which this terrible disease is currently being fought.

Of course, we are all in favour of eradicating bovine TB. My area has suffered from it more than most. I have seen what it does to both cattle and badgers, and anyone who does not believe that it is an awful disease does not know much about it. However, we will disagree on how we go about eradication—including the notion of when we will eradicate it, if we ever can. We have to hope we can, but that is at least questionable.

I shall start with what we know—and I will congratulate the Government. They were brave, given all the pressure that they came under, not to extend the cull to Derbyshire, because it is worthwhile looking at different models. I shall also start by saying that I think we could learn from what has happened in Wales. I heard what the hon. Member for Brecon and Radnorshire (Jane Dodds) said, but the Welsh Government have taken a fundamentally different approach. I do not know enough about what the Scottish Government have done, but I hope that the UK Government are open to the suggestion that we can bear down on this disease in different ways. Wales, with its concentration on herd breakdown, has shown us at least some very different notions of what we can do.

Let me go back to what Labour did when we were in government. It is a bit of a myth that we did not spend an awful lot of time on this disease: we did, including through the work of John Krebs. I recall that one of Krebs's conclusions was that killing badgers would make no significant difference to the spread of bovine TB in cattle. That was borne out by the independent expert panel, under John Bourne. We put serious resources into that, and it is where we got to understand the perturbation effect. All the scientists who were associated with it have come down very strongly against the current, privatised cull, given the potential damage that it does, with the spread outwards of this disease because of the perturbation effect.

Sir Geoffrey Clifton-Brown: Will the hon. Gentleman give way?

Dr Drew: Obviously we are quite short of time, but I will give way to my constituency neighbour.

Sir Geoffrey Clifton-Brown: I am grateful to my constituency neighbour for giving way. He is aware of the latest figures, which show very clearly that in Gloucestershire, far from there being a perturbation effect, the opposite has actually been the case: there has been a reduction in the level of the disease on the edge of the cull areas.

Dr Drew: Let me come to that later, because I will point out something slightly different.

We have had the two articles, and they are articles; they are not necessarily anything other than a position taken by both Brunton and Downs. Brunton used the findings given to her by APHA and she made the point that

"to use the findings of this analysis to develop generalisable inferences about the effectiveness of the policy at present"

was at least questionable. Downs was more definitive and did say that there was some strong evidence, in her opinion, that the cull was working. But this is where I disagree with the hon. Member for The Cotswolds (Sir Geoffrey Clifton-Brown). The current figures from Gloucestershire have shown an upward spike, in both incidence and prevalence, in the cull area. This is the problem with this disease: it is not a disease that can easily be measured in terms of one policy. My fear about the Government is that they have gone along the badger cull route as the main policy.

With regard to where we are, the one real criticism that I have of this Government is that I think it is outrageous that MPs are not allowed to know where culling is taking place. I recently had an incident locally that was about culling on the edge of the Woodchester Park area. Anyone who knows anything, and certainly those who have studied the matter, will know that Woodchester Park has spent more time than most of us have had hot dinners in trying to understand how the badger population is affected by bovine TB and in looking at the relationship—the transmission mechanism—between badgers and cattle. Certainly we had some evidence that a badger was shot within that trial area. I know the police will not prosecute, but I hope that the Minister will give me every assurance that there is no possibility of culling, because that would throw away 40-plus years of how we have been studying those badgers, and we need to keep doing that.

I have been talking about where we are. This, of course, is a stress-based disease. That is why I am quizzical, and want to hear from the Government, about why they have not yet responded to Godfray, because it is right and proper that we do respond to Godfray. We need to understand this issue. My area had a recent incidence of TB caused by the way in which people were putting in a new pipeline. Because they did not move the badger setts properly, five farms have gone down, no doubt because of the stress on the badgers that were moved wrongly and on the cattle, which suffered accordingly. It is important that we understand that a number of different things are involved.

I welcome what the hon. Member for Chatham and Aylesford (Tracey Crouch) said about slurry. I hope that the Government are looking seriously at the work of Gatcombe, down in Dorset—on the Dorset-Devon border—where Dick Sibley has tried to do things.

Mr Goodwill: Will the hon. Gentleman give way?

Dr Drew: May I just continue? I will never finish my speech otherwise, and the Minister will need quite a lot of time to respond because of the excellent debate that we have had, even if hon. Members do not agree on this issue.

I hope that we are looking at what Sibley has discovered in trying to eradicate this disease from a cattle herd. He has narrowed things down, again, to, dare I say, the impact of slurry being put out on farms. We need to know more about that.

With regard to where else we need to be much better, I think that the hon. Member for North Herefordshire (Bill Wiggin) brought up the notion of the Enferplex test. We need to push forward on the different measures. I will be blunt: the SICCT—single intradermal comparative cervical tuberculin—test, the skin test, is notoriously unreliable. Far too often, cattle that have the disease are

[Dr Drew]

missed. Sometimes they are picked up with the interferongamma test. Again, Gatcombe is doing work with PCR-polymerase chain reaction— and phage.

It is important that we know that these tests are much more accurate. We need to bear down on this disease. I do not want to kill cattle any more than I want to kill badgers. Far too often, cattle are killed that are clean of the disease. But sadly, there are cattle that are not clean of the disease and get through. We still have 14 million cattle movements. It is important that we understand that those movements could be a major cause of the spread of the disease, because if we do not know which cattle have it, as we may not know which badgers have it, and we allow those cattle to travel around the country, that is clearly a real threat.

We need to look at every tool in the box. We will not agree on how this disease is currently being fought, but fought it must be. The Leader of the Opposition offered with equanimity to work with the Government at the end of yesterday's debate and I would like to work with the Government on this. I would love for the Minister to come to Woodchester Park and look at the implications of what researchers have found there over many years.

I agree with the Prime Minister about the need to end cattle movement—all live exports—in terms of what we send abroad. That could give us an opening. Much of the way in which we have fought this disease has been to do with the need to keep our trade policy "TB-free". If we maintain that, it is important to understand that this might be a way forward. Thus far we have been within EU rules. That is something we could address.

In conclusion, I would like to work with the Minister. Sadly, previous attempts at cross-party work have not always succeeded, but I make that offer now—and I hope the Minister will take me up on it.

10.40 am

The Minister of State, Department for Environment, Food and Rural Affairs (George Eustice): I congratulate the hon. Member for High Peak (Ruth George) on securing this debate and, as several hon. Members have said, on the sensitive way she approached a difficult and contentious issue, particularly in her recognition of the trauma this issue causes farmers.

Bovine TB is one of our most difficult animal health challenges. It is a slow-moving, insidious disease. It is difficult to detect. None of the diagnostic tests are perfect. I will come on to that later. It can exist in the environment for several months. There is a reservoir of the disease in the wildlife population, hosted in badgers. No vaccination is perfect. The best vaccine we have is the BCG vaccine, which typically provides protection of around 70%.

As the hon. Lady said, bovine TB also imposes a huge pressure on the wellbeing of our cattle farmers and their families. As many hon. Members have said, including my hon. Friend the Member for Congleton (Fiona Bruce), it is a tragedy when farmers have a TB breakdown. Some farmers lose show-winning cattle. For many, their herd of cattle is their pride and joy, and it is utterly soul-destroying to see those cattle lost.

No single measure will achieve eradication by our target of 2038. That is why our 25-year strategy, launched by my right hon. Friend the Member for North Shropshire (Mr Paterson) in 2013, sets out a wide range of interventions. Cattle testing is the cornerstone of our current programme. Several hon. Members, including the hon. Member for Edinburgh North and Leith (Deidre Brock), suggested that we are focusing on badgers at the expense of other interventions. That is simply not true. We have a wide range of testing regimes.

There are regular surveillance tests, every four years in the low-risk area, every year in the high-risk area and every six months in hotspots. There are pre-movement tests. Recently, we introduced compulsory post-movement tests for cattle moving between holdings. There are trace tests on cattle that have recently been added to a herd. We have tests on a herd following a sale of cattle to another herd, where that leads to a TB breakdown. We have radial testing in some areas and contiguous testing in others, where there are implications from a neighbour's farm with a breakdown. Where there are inconclusive reactors, we have re-tests. Recently, we dramatically increased the use of the far more sensitive interferon gamma test, to ensure that we detect the presence of the disease and root it out faster from our herds.

It is not correct to say that our policy is built solely on the contentious badger cull policy. The cornerstone of our fight against TB is and always has been a very thorough testing regime, to remove the disease from cattle. All the demands we place on farmers through testing, despite the trauma concerned and the dangers they pose, are crucial to our fight against the disease. We must continue to be vigilant on this front. That was one of the recommendations from the review conducted by Sir Charles Godfray.

Seven years into our 25-year strategy to eradicate TB, we feel that it is a good time to reflect on the strategy and think about other elements we might want to evolve. That is why the former Secretary of State asked Sir Charles Godfray to conduct a review around the five-year point of the strategy. That was published a little under a year ago. Several hon. Members have asked why the response has been delayed and when to expect it. All good things are worth waiting for. I envisage the response being published soon. I hope it will not be interrupted by an election purdah.

The response to the Godfray review is an opportunity for us to take stock and review the current strategy, seven years in. The shadow Minister offered to work with me on this. When we publish our response to the Godfray review, I will invite him and his team to meet me in the Department for Environment, Food and Rural Affairs to go through what we are proposing. The tone of this debate has been slightly different from previous debates on the matter. While we will never entirely agree, I detect a sense that both sides can make a step towards one another and achieve a consensus on certain issues. I am keen to try to achieve that. This is a long- term fight—it is a 25-year strategy—so it would be helpful to have cross-party understanding and consensus on elements of it.

This debate relates to Derbyshire. As the hon. Member for High Peak knows, we took a difficult decision to pause a proposed cull in the south of Derbyshire. I understand that has caused great frustration to farmers. We did that to ensure that we can assess how we can have co-existence of badger vaccination and culling in parts of the edge area. That is why we chose to pause it for this year.

Badger culling is a controversial policy. We have powerful scientific evidence to show that the cull is working, despite passionate attempts by some to suggest otherwise. TB was first identified in the badger population as long ago as 1971. A series of trials in the 1970s demonstrated that a badger cull could lead to significant reductions in the incidence of the disease. That was borne out further by the randomised badger culling trial in the early 2000s.

Crucially, a recent independent peer-reviewed epidemiological study, published by Downs and others in the internationally-renowned scientific journal *Scientific Reports*, showed that licensed badger culling is leading to a significant reduction in the incidence of the disease in cattle in each of the first two cull areas. The study showed that there was a 66% reduction in TB incidence rates in Gloucestershire and a 37% reduction in the Somerset cull area, over the four years of intensive badger culling, relative to similar comparison areas. No significant changes have yet been observed in the third area in Dorset, but that is after just two years of culling. Furthermore, there was no evidence of an increase in the TB herd incidence rates in cattle located around the buffer area. One of the key findings of the report was that the so-called perturbation effect, which was a concern for some when the cull was launched, has not materialised in the culls so far.

The Government do not dismiss badger vaccination, but it is important to remember that the only vaccine we have is the BCG vaccine, which does not provide full protection. We do not have any hard, scientific evidence of how it works on a field deployment scale.

Deidre Brock: I may have missed something, but I noted from the Library report that was given to us that the Animal and Plant Health Agency was conducting an efficacy study and that the results were expected later this year. That is a research programme to identify an oral vaccine and a palatable bait. I wonder whether there is any update on that.

George Eustice: I think that was dealt with by my right hon. Friend the Member for Scarborough and Whitby (Mr Goodwill). In all my time in this role previously, I kept going and persevered with the research to try to identify an oral vaccine, because—in reality—if we want to deploy a vaccine on scale in the wildlife population, an oral bait vaccine would be the answer. I have had numerous submissions over the years inviting me to pull up stumps on that research, but I persevered.

However, I am afraid that in the end we could not get there, for the reason that my right hon. Friend pointed out, namely that a badger's digestive system is too powerful and it breaks down the vaccine. All attempts to find other ways around that were unsuccessful. It is also the case that when such vaccines were deployed in the field, certain badgers would get a lot of the vaccine and others would get none at all, because there would be a propensity for some badgers to take up the bait but not others. So it is not something that we are continuing with at this stage.

I will pick up on a few points that hon. Members have made. The hon. Member for High Peak raised the issue of cows that were heavily pregnant with calves. She is right that it is an absolute tragedy to cull such cows and in fact a couple of years ago I changed the rules in this area, so that a cow that is in the final month of its pregnancy can now stay on the farm and be placed in isolation. We have even provided that a cow in the final two months of its pregnancy can be isolated, provided that the isolation facilities are sufficiently robust. So I have already changed the rules in that regard, because, as my right hon. Friend the Member for North Shropshire pointed out, it is horrendous when a cow that is about to give birth has to be shot on a farm.

The hon. Lady also raised the issue of the badger population in Derbyshire. The reality is that in in her area in the north of Derbyshire, where badger vaccination is taking place, incidence of the disease in badgers is quite low. However, that is not the case in south-west Derbyshire, particularly along the border with Staffordshire, where there is a high prevalence of the disease in the badger population.

Ruth George: What evidence is there for the incidence of the disease in badgers? Will the Minister look to test badgers in the cull areas post-culling, because it is so important that we are clear about whether there is or is not incidence of the disease?

George Eustice: We have a number of approaches. We do some roadkill surveillance in areas to identify where there is disease. Also, whenever we have a breakdown on a farm, an assessment is carried out by APHA vets to try to establish the most likely cause of that breakdown. So there are breakdown epidemiological reports.

The hon. Lady also raised an issue about herd size. In addition to the point made by my hon. Friend the Member for North Herefordshire (Bill Wiggin), the fact of the matter is that it is an epidemiological reality that the more cattle there are in a herd, the more interfaces there are with the environment and the more likely they are to pick up infection. I remember that some years ago our chief scientist in the Department for Environment, Food and Rural Affairs got very excited and thought that those with small herds must be doing something right. However, we concluded that it is simply a mathematical fact that a small herd has fewer interfaces with the badger population and therefore has a lower propensity to have a breakdown.

My hon. Friend the Member for Chatham and Aylesford (Tracey Crouch) raised an important issue about slurry. I can tell her that I have had meetings with Dick Sibley and that he has attended roundtable discussions we have had on this issue. However, as long ago as 2015 we launched a biosecurity plan that included slurry management best practice guidance, so this is an issue that we recognise and that we try to improve. The evidence is a little mixed, because the reality is that if we are testing and removing cattle, we would tend to remove them before the disease shows up in slurry, unless the test is ineffective and is missing those cattle. So this is an area that we are keen to look at further and, as I have said, we are in dialogue with Dick Sibley on some of these matters.

My hon. Friend the Member for North Herefordshire made a point about diagnostic tests. He is absolutely right—we are now allowing the use of unvalidated tests and, again, Dick Sibley is using one of those tests. We have also dramatically increased our deployment of the more sensitive interferon gamma test.

My right hon. Friend the Member for North Shropshire made an important point about epidemiology and, crucially, how we get daughter infection below one, so

[George Eustice]

that we can put this disease into permanent retreat. The R_0—the reproductive number that he mentioned—is notoriously difficult to calculate, but we have a track record in our own history of taking this disease from a very high prevalence in the 1930s down to zero in the 1980s. So there is a point whereby, if we keep going, we can put this disease into permanent retreat.

Mr Paterson *rose—*

George Eustice: I will take a brief intervention and then I will conclude.

Mr Paterson: I will make a point briefly. Will the Government look at evidence from other countries, particularly Ireland, where the evidence is quite contrary to what the SNP spokesperson—the hon. Member for Edinburgh North and Leith (Deidre Brock)—said, in that there is no intention of eliminating a species? This process is about getting the population per kilometre down to a level whereby the disease simply cannot reproduce itself, and then we will end up with a completely stable, healthy badger population, and this whole nightmare will go away.

George Eustice: We will look at that evidence, but this is a difficult issue. My right hon. Friend is right that our aim, as my right hon. Friend the Member for Scarborough and Whitby pointed out, is to get the badger population down by 70% in the four years of the cull; it is not our intention at all to eradicate the badger population. This is an issue that we will continue to look at because, as we plot how to get from where we are now to being officially TB-free by 2038, it is clearly an important issue.

My right hon. Friend the Member for Scarborough and Whitby also pointed out some of the challenges of vaccinating badgers and the further challenge that we have had with an oral vaccination. However, if we can use such a vaccination, there are also some advantages. It provides herd immunity and there is some evidence that cubs born in badger populations that have been vaccinated have a higher degree of resistance to the disease than other badgers.

Finally, the hon. Member for Edinburgh North and Leith asked about Scotland. The approach taken in Scotland is very similar to the approach that we take in a low-risk area elsewhere. Scotland does not have a large badger population and nor does it have a presence of the disease in the badger population, which is in common with the north of England. Therefore, the nature of the challenge in Scotland is very different from that elsewhere.

The badger population has more than doubled in this country over the last 20 or so years. In the cull areas, which we are targeting because the disease is rife there, we simply look to reduce the badger population by 70% for the duration of the cull.

Dr Drew: The one thing that has not been mentioned—I should have mentioned it myself, of course—is cattle vaccination. Such vaccination was always 10 years away, but I gather that it is now five years away. Are the Weybridge and Pirbright research institutions still working on this vaccination and, if so, can they clarify where they are with that work?

George Eustice: Yes, we are continuing to do cattle vaccinations; that particular research has not been stopped. As the hon. Gentleman says, cattle vaccination is an important line of work and it is one that we intend to continue.

10.57 am

Ruth George: I thank all the Members who have contributed to this very constructive debate and I look forward to the cross-party working with the Minister, and with the shadow Minister, my hon. Friend the Member for Stroud (Dr Drew), and the rest of the shadow team.

However, I was disappointed that the Minister did not talk about the other measures that he will use as other tools in the box. I hope that he will consider scaling up vaccination and I invite him to come and visit High Peak to see the excellent work being done there by Derbyshire Wildlife Trust, work that is really capable of being scaled up.

Question put and agreed to.

Resolved,

That this House has considered government policy on TB in cattle and badgers.

10.58 am

Sitting suspended.

Health and Social Care (Kettering)

11 am

Mr Philip Hollobone (Kettering) (Con): I beg to move,

That this House has considered health and social care in Kettering constituency.

I welcome you to the Chair, Mr Wilson, and I thank Mr Speaker for granting this debate. I also welcome Northamptonshire colleagues who are here: my hon. Friends the Members for Wellingborough (Mr Bone) and for Northampton South (Andrew Lewer). If he is released from his important role in the Government Whips Office, my hon. Friend the Member for Corby (Tom Pursglove) hopes to be able to attend. Others with a local interest are also here, including my right hon. Friend the Member for Rutland and Melton (Sir Alan Duncan), who I welcome to his place.

I also welcome our excellent Minister for Health, my hon. Friend the Member for Charnwood (Edward Argar). He is not only excellent in his own right, but he is super excellent because within just a few weeks of being appointed as hospitals Minister, he made a visit to Kettering General Hospital one of his very highest priorities. He did that on 7 October and met: the superb chairman of Kettering General Hospital, Alan Burns; our wonderful chief executive, Simon Weldon; the medical director, Andrew Chilton; the chief nurse, Leanne Hackshall; the chief operating officer, Joanna Fawcus; the director of strategy and transformation, Polly Grimmett; the director of finance, Nicola Briggs; the director of estates, Ian Allen; the clinical director of urgent care, Adrian Ierina; and the head of nursing in urgent care, Ali Gamby. All those magnificent people were there to meet the Minister because the hospital is absolutely determined to get the necessary funding for a new urgent care hub at the Kettering General Hospital site.

Kettering General Hospital is a much-loved local hospital. It has been on its present site for 122 years, and there cannot be many hospitals that have such a record. The problem at Kettering General Hospital is that the A&E department is full. It was constructed in 1994 to cope with 45,000 attendances each year. This year, we could well go through the 100,000 attendances mark, which is well over 150% of the department's capacity. By 2045, 170,000 attendances are expected at the same site. The solution to that pressure is for an urgent care hub facility costing £46 million to be constructed on the site. It would be a two-storey, one-stop shop with GP services, out-of-hours care, an on-site pharmacy, a minor injuries unit, facilities for social services and mental health care, access to community care services for the frail elderly and a replacement for our A&E department. All the NHS organisations in Northamptonshire, as well as NHS Improvement regionally, agree that that is the No. 1 clinical priority for Northamptonshire. They are all saying the same thing to the Government, and I am delighted to support their campaign.

The A&E department at Kettering General Hospital was visited in 2016 by Dr Kevin Reynard of the national NHS emergency care improvement programme. He said:

"The current emergency department is the most cramped and limiting emergency department I have ever come across in the UK, USA, Australia or India. I cannot see how the team, irrespective of crowding, can deliver a safe, modern emergency medicine service within the current footprint."

Despite some temporary modifications over recent years, including moving other patient services off the hospital site, detailed surveys show that no further opportunities remain to extend the department and that a brand-new building is required on the site. The hospital has developed a superb business case for a fit-for-purpose emergency care facility that will meet local population growth for the next 30 years. It has been developed with all the health and social care partners across the county so that patients can get a local urgent care service that meets all the Government guidance on good practice, ensuring that they get the care they need to keep them safely outside of hospital if necessary, and ensuring that if they come into hospital, they are seen by the right clinician at the right time, first time. The bid has been submitted to the Government. We have been pressing the case for the facility since 2012. It is about time that the Government listened to the concerns and responded by promising the funding.

The pressure on Kettering General Hospital is primarily being driven by very fast population growth locally. The Office for National Statistics shows that we are one of the fastest growing areas in the whole country, at almost double the national average. The borough of Corby is the fastest growing borough outside of London. The population served by the trust has grown by almost 45% since the A&E opened in 1994. The area is committed to at least 35,000 new houses over the next 10 years. That means a population rise of some 84,000, to almost 400,000 people locally. The A&E department now sees approximately 300 patients every single day in a department that is safely sized to see just 110. Every day, 87 patients are admitted into the inpatient wards from A&E, and over the next 10 years, the hospital expects the number of A&E attendances to increase by 30,000, equivalent to almost 80 extra patients every day. Bluntly, a solution is required immediately if the hospital is to have time to prepare and build for that.

Andrew Lewer (Northampton South) (Con): I thank my hon. Friend for giving way. I recently visited A&E at Northampton General Hospital, which also has a space and crowding problem, particularly in paediatrics. Does he agree that investment there would assist Kettering with the problems it has and would lead to a whole Northamptonshire approach to solving some of these problems?

Mr Hollobone: I am delighted to take that intervention from my hon. Friend, who is a superb representative for his constituents in Northampton and is very much in touch with the importance of local healthcare issues to our constituents. He is absolutely right.

I am delighted to welcome the Government's commitment to include Kettering General Hospital on the list of hospitals that will be considered for health infrastructure plan 2—or HIP2—funding from 2025. That is important for Kettering, because the hospital has been there for 122 years, 70% of the buildings on the main hospital site are more than 30 years old and there is a maintenance backlog of £42 million. We need the reconstruction of many wards at the hospital. I welcome the Government's commitment to investment in the hospital site from 2025 onwards, which could transform the whole of Kettering General Hospital. The point about the urgent care hub is that we need the money now to address the pressure on the A&E department.

[Mr Hollobone]

The second part of the debate is about the need for us to use the opportunity of local government reorganisation in Northamptonshire to create in the county a combined health and social care pilot that will put responsibility for healthcare and social care under one organisation. Northamptonshire County Council has faced tremendous financial difficulties. The Government appointed an inspector, who concluded that it was not possible to turn around the organisation. The Government's solution is to create two unitary councils in the county: a "north" council and a "west" council that will take over all the responsibilities of the eight different councils in the county from May 2021. We can use that once-in-a-generation opportunity to create a new organisation on a pilot basis to combine health and social care in Northamptonshire.

That is important for Kettering General Hospital because it has 531 beds; at any one time 110 of those beds—21%—are occupied by patients who should not be in hospital at all, but in a social care or other setting. In Government jargon, they are defined as super-stranded patients who have been in hospital for more than 21 days. If the hospital discharges 87 patients a day from the A&E department to the hospital, and 110 of the beds are occupied by patients who should be in a different setting, it creates huge problems for the A&E department, so finding a solution to the social care issue is also important for the A&E department.

Mr Peter Bone (Wellingborough) (Con): I congratulate my hon. Friend on having led a seven-and-a-half-year campaign to get the expansion at Kettering General Hospital. It has been my great pleasure and that of my hon. Friend the Member for Corby (Tom Pursglove) to support him, but he has led this magnificent campaign and I hope that today he will succeed in his objective. Does he agree with me that the reorganisation he has talked about could possibly—hopefully—lead to an urgent care centre at the Isebrook Hospital in my constituency, which would reduce the number of people who go to Kettering A&E by 40%?

Mr Hollobone: I would be delighted to support my hon. Friend's campaign. He is a very effective champion for his constituents. He, along with my hon. Friend the Member for Corby, has been an integral part of a joint effort to campaign for the urgent care hub at Kettering. I would be delighted to reciprocate, because health investment in our local constituencies is very important for our local residents.

My hon. Friend the Member for Wellingborough will join me in welcoming any proposals that the Government introduce to create a health and social care pilot in the county. We simply have to make sure that elderly, frail residents in hospital, who need not be there and should be in a social care setting, are given the social care that they need in the right place at the right time. With social care now the responsibility of Northamptonshire County Council, I am afraid it simply is not working.

Evidence shows that the longer an elderly person stays in hospital, the more they lose critical muscle mass and strength, which affects their ability to return to their home or social care setting without appropriate support. Patients with long lengths of stay in hospital become revolving door patients. They get better and could go to a community setting of care, but they become unwell again because they wait so long for an appropriate out-of-hospital placement, so we need to get that sorted out. Financially, it does not make sense, either. If a patient stays in hospital, it costs £2,500 a week. If they are put into a social care setting, the cost to the taxpayer is £700 a week. Not only is the setting more appropriate, but it is financially beneficial for our health and social care providers.

I am pleased that the Secretary of State for Health and Social Care, together with the appropriate Minister in the Ministry of Housing, Communities and Local Government, wrote to all Northamptonshire MPs on 24 July, encouraging Northamptonshire County Council and the local NHS providers to knock their heads together to thrash out an appropriate plan. The Secretary of State wrote:

> "I agree that the unitarisation process offers an excellent opportunity to re-imagine the delivery of health and social care services across Northamptonshire. I believe that local leaders should be bold in their ambitions for integration".

He stated that he and the Housing, Communities and Local Government Minister

> "are happy to back a bolder plan for integrated services in Northamptonshire, learning from other areas that are further ahead in the integration journey",

such as Greater Manchester. Since that letter of 24 July, my colleagues and I, as parliamentary representatives from Northamptonshire, have seen little evidence of any concrete proposals from the county council and the local NHS. It is time for the Government to knock heads together locally, because the Government will want a pilot to pioneer their reform of health and social care. We have a wonderful opportunity in Northamptonshire to be the first in a shire setting to get it right.

Local organisations are doing their best in the present circumstances—I declare my interest as a member of Kettering Borough Council. To give one example, Karen Clarke, a housing options adviser at Kettering Borough Council, has been working extremely hard to make sure that patients can come out of hospital and find appropriate accommodation if they have difficulties in doing so. She recently wrote:

> "I think the majority of the public assume everyone goes in to hospital, receives their treatment and is discharged home, but what if that patient doesn't have a home? Or what if their home is no longer accessible? What if someone needs more than just independent living? Where does the patient go then?"

Karen has seen more than 250 patients in the past two years. She has managed to return home, or to secure permanent accommodation for, approximately 7% of those referrals, and 25% have gone into some level of temporary accommodation. That pioneering initiative is at Kettering's health and housing partnership, where Kettering Borough Council, the local mental health trust and Kettering General Hospital work together. It has been pioneered by John Conway, the inspirational head of housing at Kettering Borough Council. It is a superb initiative.

However, such local initiatives are not enough. We need one organisation, preferably NHS-led, to sort out health and social care provision in Northamptonshire. The Government have a golden opportunity to pioneer a pilot in the county, so I hope they will press ahead. There are two issues: we need £46 million for an urgent

care hub at Kettering General Hospital, and we need the Government to seize the initiative, knock heads together locally, and make sure we can have a pilot for health and social care in Northamptonshire.

11.16 am

The Minister for Health (Edward Argar): I congratulate my hon. Friend the Member for Kettering (Mr Hollobone) on securing this debate on health and social care in Kettering. It is testament to his strong commitment to the issue on behalf of his constituents that we hold this debate today, around six weeks after he secured a debate on his local hospital. I had the privilege, as he mentioned in his speech, of visiting his local hospital a couple of weeks ago. His constituents can be in no doubt of his tenacity and persistence in this place on their behalf—something all too familiar to numerous Ministers—and they are lucky to have him as a strong local voice fighting their corner here in Westminster.

The local context for health and social care in Northamptonshire, and in Kettering specifically, was well set out by my hon. Friend. The area has seen considerable population growth. On the basis of projections, the wider area is set to see further significant growth in population in the coming years, with circa 35,000 new homes over the next 10 years, as he set out. That will in turn see additional demand for health and social care services. The presence of my right hon. Friend the Member for Rutland and Melton (Sir Alan Duncan) emphasises the fact that not only Kettering and Northamptonshire residents are served by the hospital, but so are many of his constituents in Rutland as well.

If we overlay on this the broader national picture of an ageing population—a positive we should be proud of as we are all living for longer, but one that brings with it the need for additional support and care for people to live independent, fulfilling lives for longer—we see a clear need for new integrated models of care, addressing the increase in demand in numerical terms; the greater number of older people requiring support; and the young families that the new development and housing will bring with them. Working towards greater integration of health and social care services in Northamptonshire is a critical part of the journey towards local government reorganisation in the county.

On the establishment of the two unitary councils, I know my right hon. Friend the Secretary of State for Housing, Communities and Local Government is working hard to ensure that legislation can be considered by the House as soon as practicable. I know that my hon. Friend the Member for Kettering has, in that context, raised the proposition, as he did today, of trialling or piloting a new integrated health and social care system in Northamptonshire. That proposal was also highlighted to me compellingly by members of the hospital team and trust during my recent visit, and I understand it has been discussed with the Health Secretary and the Secretary of State for Housing, Communities and Local Government. Following that discussion, local council and NHS stakeholders have held further discussions on an outline proposal around system design principles and governance, as a precursor to any possible formal integration.

I look forward to seeing the outcome of those discussions as swiftly as possible. However, although effective, seamless integration is vital to patients and, as my hon. Friend set out, to the overall health ecosystem in his county, I must turn to the heart of his speech and to another key element of the health and social care landscape in Kettering—Kettering General Hospital and the challenges that it faces, particularly around urgent and emergency care provision.

Following the Secretary of State's announcement of the health infrastructure plan—HIP—which set out a clear plan for strategic investment in our NHS, ensuring that it has the capital investment that it needs to progress and improve for many decades, atop the £33.9 billion annual funding increase for the NHS in the long-term plan, I had the privilege of visiting Kettering General Hospital with my hon. Friend. I received a very warm welcome and had the opportunity to speak with the amazing team of staff, led by the chief executive, Simon, as well as with patients. Equally importantly, I was able to see for myself conditions that I may read about in briefing papers, or be briefed about by my hon. Friend, and see for myself the real need.

As he has today, my hon. Friend and the hospital team set out to me compellingly the challenge facing an emergency department that opened in 1994 for around 40,000 patients a year and that, last year, had more than 90,000 and is forecast to have more than 100,000 this year. It is one thing to be briefed on something; it is another to see the problem for myself, despite the amazing work, which I also saw, by all staff—day in, day out—to ensure patient safety and care. I pay tribute to those staff for playing a central role in the trust's removal from special measures for quality reasons in May this year.

Despite that amazing work every day to ensure that patients get the care they need, this is a real challenge that needs a long-term resolution. The trust has proposed an urgent care hub—an earlier bid to the sustainability and transformation programme having been unsuccessful—and my hon. Friend is a key part of the trust's overall larger plans to address that need. I pay tribute to my hon. Friend, and my hon. Friends the Members for Wellingborough (Mr Bone) and for Corby (Tom Pursglove), for their commitment to campaigning for the hospital, and to all Northamptonshire MPs. I recognise my hon. Friend the Member for Northampton South (Andrew Lewer) in that context.

My hon. Friends have not given up. They have been clear that the proposal represents an effective long-term way to solve existing issues and to meet future need. They have pressed their case with eloquence and charm, but with determination. That is why I was delighted that the major scheme for Kettering General Hospital was selected, as part of the HIP2 announcement, to receive seed funding to develop its plan and investment case to deliver its proposals for a rebuild of the hospital. The trust and my hon. Friend the Member for Kettering fully welcomed that, but made a strong case that aspects of those plans were already well advanced and ready to proceed, and that all the preparatory work had been done on those aspects. When I visited, not only was that argument made compellingly to me, but the need to proceed swiftly with respect to urgent and emergency care provision was clear.

That is why I can go further: I am delighted to inform the House that, in the next capital review, Kettering General NHS Foundation Trust's £46 million project for a new urgent care hub has been approved by Her Majesty's Government. My officials and NHS England

[Edward Argar]

will be in touch with the trust to discuss further details, in order to ensure that funds are released and that work starts on the project as swiftly as possible. I am conscious of the urgency that my hon. Friend the Member for Kettering highlighted. I know that that news will be welcomed by all my hon. Friends in the Chamber and their constituents. It is a reflection not only of our commitment to delivering on the announcement that we made at the start of the month, but of the work of the trust and that of my hon. Friend and other hon. Friends in their campaign for the investment.

That investment is only one part of the health and social care landscape in Kettering and Northamptonshire, but it is a vital part, and further demonstrates our commitment to the NHS—to our NHS. The investment will, I believe, make a huge difference to the people of Kettering and beyond; having visited and heard my hon. Friend's arguments, and those of the clinical staff, it is a pleasure to announce it in the House today. I conclude by paying tribute to my hon. Friend not only for securing the debate but for his central role in securing this investment for his constituents and his community.

Question put and agreed to.

11.26 am

Sitting suspended.

Exploitation of Missing Looked-after Children

[Mr Nigel Evans *in the Chair*]

2.30 pm

Ann Coffey (Stockport) (IGC): I beg to move,

That this House has considered the matter of sexual and criminal exploitation of missing looked after children.

It is a pleasure to serve under your chairmanship, Mr Evans. In 2012, an expert working group was set up by the then children's Minister, the hon. Member for East Worthing and Shoreham (Tim Loughton), at the Department for Education, to look at—among other issues—out-of-area placements of children. That was because of the high number of looked-after children in children's homes going missing, and concerns about their vulnerability to sexual exploitation. That group was set up partly in response to the 2012 inquiry by the all-party parliamentary group for runaway and missing children and adults, supported by The Children's Society and Missing People. One of the objectives of that expert group was to make recommendations that would improve the care system, so that

"children are safer and better cared for in residential care—not disproportionately at risk of…exploitation"

because of their vulnerability. The group stated that placements should be

"close to home unless it is in the best interests of the child to be placed out of area".

An analysis of the children's home market was commissioned. At that time, more than 50% of homes were concentrated in three regions: the north-west, the west midlands, and the south-east. Some 25% of all children's homes were in the north-west, and just 6% were in London. That meant there was an under-supply of places in some areas and an over-supply in others, resulting in an unnecessary level of out-of-area placements. One of the issues identified with children being placed out of area was the difficulty for social workers in being able to provide the necessary levels of support. In short, children with high needs were left isolated in children's homes, miles away from family, friends and social workers, and they were targets for paedophiles.

In 2012, 26% of the children's homes registered with Ofsted were run by local authorities, and 65% were run by private companies. The report expressed concern about the market being taken over by larger providers. It said that if the under-supply and over-supply in the market was not addressed, children would continue to be placed at a distance from their home communities. The report recommended a reduction in the number of out-of-area placements, and added that those that result in children being placed at very long distances should be exceptional and always explicitly justified in terms of the child's best interests. The expert group recommended that national and regional information on the structure of the children's residential care market be improved, and that such information should be used to determine a medium-term market strategy at regional and national levels.

That report is now seven years old. Over the intervening years, successive Ministers have committed to reducing the number of out-of-area placements, yet that figure

continues to soar. Last month, the all-party parliamentary group for runaway and missing children and adults published our most recent report, "No Place at Home". We found a 77% increase in the number of children placed in out-of-area placements since 2012; that figure is now at an all-time high. The majority of the 42 police forces that gave evidence to our inquiry were adamant that placing children out of area increased their risk of exploitation and very often resulted in their going missing.

Some 75% of all children's homes are run by private companies, representing a 23% increase since 2012, and local authorities now run 19% of children's homes, representing a decrease of 26% since the same year. According to Ofsted, 47 local authorities—one third—did not run any children's homes at all in 2019. Given the increasing dominance of the private sector, the APPG recommended that Ofsted should have the same powers in relation to children's homes as the Care Quality Commission has for nursing and care homes.

The north-west, west midlands and south-east remain the three regions with the highest concentration of children's homes, accounting for 55% of all homes, and there continue to be issues with over-supply and under-supply. Some 80% of local authorities now place children outside their area. There has been an increase in the number of children coming into care, and an increase in the number of children's homes. However, it is not clear whether, in practice, that means there are more places to meet the needs of children. Many of the children being placed in homes would previously have been placed in mental health provision or secure accommodation if it had been available. Homes may manage children with increasingly complex needs by reducing their bed occupancy.

The increase in the number of children coming into care also means that providers can pick and choose. In our "No Place at Home" inquiry, we heard evidence that one local authority had to try 150 providers to find suitable accommodation for a vulnerable 15-year-old boy. We have also heard that up to 25 children can be competing for a place at any one time. Those children go on a waiting list, and often end up in crisis and short-term placements because none of the registered children's homes is willing or able to offer places. These can be the children with the greatest needs. In future, more children are likely to be placed in unregulated and unregistered short-term accommodation because of the pressure on children's home places. Let us be clear: that means those children's care needs will not be met.

I entirely accept that some children need to be placed outside of their area because it is in their best interests, but evidence to our inquiry suggested that the overwhelming reason why children are placed out of area is that it is the only place that can be found for them. When I announced that I had secured this debate, I received many comments on Twitter from practitioners who said that the system was broken. One, from the National Association of Independent Reviewing Officers, said:

> "It'll need money Ann, more importantly a wholesale rethink of the care 'system'. Trying to find residential placements for young people is often 'any port in a Storm'."

The fact that distribution has not changed, together with pressure on places, explains the inevitable rise in out-of-area placements.

Our "No Place at Home" report focused on the risks faced by children who go missing from care. There has been a 97% rise in the number of reported incidents of children missing from children's homes since 2015. The number of children missing from out-of-area placements has more than doubled since 2015, and about a third of children in unregulated provision went missing in 2018. We heard that record numbers of out-of-area children are repeatedly going missing. The inquiry heard evidence about the trauma and emotional impact that being sent away can have on children who have already suffered neglect and trauma.

Graham Stringer (Blackley and Broughton) (Lab): My hon. Friend is making a powerful case about a very serious subject. Does she agree that since the Greater Manchester Police introduced the iOPS computer system, children in Greater Manchester are at even more risk than before? Children who go missing overnight are not being registered, and the information is not getting through to police officers when they come on duty the next morning. The reassurances of the chief constable that everything is all right are at odds with the evidence. The iOPS system is putting more children at risk, and when Her Majesty's Chief Inspector of Constabulary goes into Greater Manchester, I hope he will look seriously at these problems.

Ann Coffey: I totally agree with my hon. Friend's comments about the new computer system. A system that cannot manage information in a way that keeps children safe is not fit for purpose, so I am pleased he has raised that point.

Moving children to unknown and unfamiliar placements, particularly at short notice, causes anxiety, distress, fear and anger, as well as causing further trauma to children with both short-term and long-term impacts. The reaction of many is to go missing, enticed by those who have targeted them for exploitation. In June, research by Missing People that looked at nearly 600 episodes involving more than 200 missing children found that one in seven of the children had been sexually exploited, and one in 10 had been a victim of criminal or other forms of exploitation while missing.

There is an issue about the take-up of return-home interviews, which can be an invaluable source of information about further risks to that child and other children when they go missing. Research by The Children's Society found that, on average, just 50% of missing episodes resulted in return-home interviews taking place, despite its being a statutory requirement on local authorities to offer them each time a child goes missing. That means that opportunities to safeguard children are being missed.

The Howard League told our inquiry that children are sometimes placed out of area to protect them from exploiters. Although that is often done with the best intentions, and sometimes successfully, there are considerable concerns about the practice. The Howard League said, for example, that criminals increasingly control children using social media, the reach of which extends wherever children go, and through threats to family members and siblings, which means that removing the child from a location does not resolve the problem and could make it worse.

The Howard League also said that children who are being exploited may be used to groom and exploit other children in their new location, and that children who are in out-of-area placements are separated from their

[Ann Coffey]

families and support workers, and therefore more vulnerable to abuse and exploitation. We received evidence that county lines gangs had been sent to areas where young people were predominantly placed out of area to scout new opportunities where they could develop business and recruit new members.

The individual experiences recounted by children to the inquiry were a salutary reminder of the misery experienced by some children in care. One girl told the inquiry that she had run away 100 times since being moved out of her home area. Another boy tried to hang himself on Christmas day. Another girl walked 10 miles home to see her mum. That is the reality behind the statistics. The increasing number of children going missing is a protest by those children, who feel that the social care system does not care about them. It is the only protest they can make.

One area of increasing concern, which we raised in our report, is the rise in the number of older children, aged 16-plus, being sent to live in unregulated semi-independent accommodation—a shady twilight world. Some 80% of the police forces that gave evidence to our inquiry expressed concern about the increasing numbers in those unregulated establishments, which are off radar, because, unlike children's homes, they are not registered or inspected. More than 5,000 looked-after children in England live in unregulated accommodation, which is up 70% on 10 years ago. Such accommodation is not registered by Ofsted because it does not provide care, although it is difficult to imagine under what circumstances a vulnerable 16 or 17-year-old would not require care as well as support.

The police gave us many examples of inappropriate and dangerous placements in unregulated homes, including a young person bailed for murder being placed in the same semi-independent accommodation as a child victim of trafficking, who was immediately recruited to sell drugs in a county lines gang. Another boy was sent to live more than 50 miles from his home area where he began drug-running and committing crimes. When he was returned to his home area, he took children from his new area back home to involve them in county lines because they were unknown to the police. Other examples included a girl who had been sexually exploited being housed alongside a perpetrator of sexual exploitation, and another young girl victim of sexual exploitation who was moved some distance from home and then targeted by a local organised crime group.

We should not forget the impact that unregulated accommodation, in which young people are not properly supervised and become involved in criminal activity, can have on the surrounding neighbourhood. After our report was published, I was contacted by a mother in Greater Manchester who described her "devastating experience" of the consequences of unregulated accommodation. Her two daughters were seriously attacked as they walked home by a group of older boys who were living in an unregulated home in their neighbourhood. Local residents had been reporting incidents of antisocial behaviour, sexual harassment, criminal activity and drugtaking in and around the accommodation for about six months. If the home had been regulated, there would have been a process by which it could have been closed down, but it continues to operate.

There are some good providers but, equally, there are some poor providers that should not be let anywhere near a vulnerable young person. One police force told us:

> "Where there are areas of high deprivation, these will always present opportunities for potential unscrupulous organisations to set up 'pop up' children's homes with little or no regulation, where the housing market is much cheaper, heightening the risk of the most vulnerable of children being exploited."

I was recently made aware that there may be connections between organised crime gangs and providers of unregulated accommodation. It would be a logical extension of their business model to gain profit from providing accommodation at high cost to local authorities and, at the same time, have access to young people whom they can exploit to sell drugs.

Our report called for a regulatory framework that would ensure national standards, including checks on the suitability of providers and the qualifications of staff supporting young people. That is becoming urgent, as children under 16 are being placed in unregulated accommodation. As I have said, there are extremely good providers and very diligent social workers, but unregulated care is wide open to abuse. All the evidence shows that that abuse is happening.

Over the years, there have been many improvements in data sharing, guidance, notifications, multi-agency partnership work and understanding child sexual and criminal exploitation and the grooming process. Attitudes to children have changed and the term "child prostitute" has been replaced in law with "sexually exploited child". There is an increasing understanding that young people can be groomed into criminal activity and county lines gangs. That understanding is reflected in the increasing number of children accepted on to the national referral mechanism as victims of criminal exploitation.

There is some excellent provision in the private and voluntary sectors and in local authority children's homes. I pay tribute to the people who work in residential care homes with the most challenging young people. Government cuts have had a devastating effect on children's social care; we are often asking social workers to safeguard children in the most difficult circumstances without the resources they need. An important part of providing resources is ensuring that there is sufficient residential provision to meet the needs of the children we take into our care. That is not happening.

We talk a lot about the voice of the child and how that should be at the heart of what we do, but it cannot be at the heart of decisions when we have no options to offer that child. The children's homes market is failing and broken. There is widespread agreement and evidence that it is not providing a sufficiency of placements to meet the needs of the children we take into care. Until that is sorted out, we will continue to have care provision that is unsafe for some children and we will continue to fail in our responsibilities to the children who need us most. Urgent action is now needed.

The main recommendation of our APPG report echoes the recommendation made by the expert working group in 2012. We recommend that the Department for Education develops an emergency action plan to significantly reduce the number of out-of-area placements. The Government must take responsibility for ensuring that there are sufficient local placements to meet the needs of looked-after children. The plan should address the supply and

distribution of children's homes nationally and the use of unregulated semi-independent provision, and it should be backed by funding.

Local authorities have a statutory duty to ensure a sufficiency of school places to meet the needs of children in their area. The Department for Education provides capital funding and investment so that they can meet that statutory responsibility. It could equally provide the investment and capital funding to ensure a sufficiency of local places to meet children's needs, working with local authorities and private and voluntary providers.

Section 22G of the Children Act 1989 places a duty on local authorities to take strategic action by requiring them to secure sufficient accommodation in their area that meets the needs of their looked-after children,

"so far as reasonably practicable".

When private providers are unwilling, as they have been in the past, to run children's homes in certain regions of the country, local authorities should be encouraged to develop their own direct provision. There is no way forward without the Department for Education taking leadership and responsibility for this. We do not need any more working parties or reports. There is widespread consensus among practitioners, professionals and children with experience of the care system that the children's home market is failing children, and that urgent action is needed. Warm words are not enough, better data sharing is not enough, and more awareness is not enough. None of this is enough, if we cannot provide sufficient good care placements to meet the needs of children who have been failed by close adults in their life, and who are now being failed by a care system that cannot keep them safe and that leaves them wide open to criminal and sexual exploitation.

2.50 pm

Jim Shannon (Strangford) (DUP): I congratulate the hon. Member for Stockport (Ann Coffey) on securing the debate. I had probably expected that there would be more hon. Members present to discuss this issue, because it is certainly of some importance to me and my constituency, and to many other hon. Members. Perhaps other things have been prioritised, and they therefore cannot be here. It is very nice to see the Minister in her place, and I look forward to her response. She is having quite a busy introduction to all these matters in the House—in two Adjournment debates that I attended, and now in Westminster Hall. I am very grateful for the opportunity to take part in this debate.

I pay tribute to the hon. Lady for securing the debate. She can be rightly proud of her long record of campaigning for the protection of vulnerable children and young people, which we appreciate. Throughout her time in Parliament, she has been a true champion of the rights of young people at risk and in danger. Today's debate, which she introduced, is further evidence of that.

I refer to the website of the National Society for the Prevention of Cruelty to Children—an excellent charity—which provides a useful summation of who exactly is defined as a looked-after child:

"A child who has been in the care of their local authority for more than 24 hours is known as a looked after child."

I thank the Library for the information that it has brought forward. I looked at some of the headlines included in the briefing. Headlines sometimes catch the eye, because that is their purpose. One of the headlines from The Children's Society was, "Parliamentary inquiry into the scandal of 'sent away' children". The Children's Commissioner's headline was, "The same mistakes that led to child sexual exploitation are being repeated with gangs". The hon. Lady referred to that. Ofsted's headline was, "Criminal exploitation and 'county lines': learn from past mistakes, report finds". The National Youth Advocacy Service had "Parliamentary report calls for end to 'national scandal' of children missing from care". They are not just sent away; they are missing from care. "BBC News" did a report called, "Care crisis: Sent-away children are 'easy victims'". *The Guardian* referred to the "Surge in vulnerable children linked to the UK drug gangs".

The BBC, again, referred to, "Teens in care 'abandoned to crime gangs'". The Howard League for Penal Reform has produced a report entitled "Criminalising children, the Department for Education and county lines exploitation." *The Times* published an article with the headline, "Gangs circle as children 'dumped' on seaside". All those headlines catch the eye and tell an unfortunate story about the issue we are debating.

Looked-after children are also referred to as "children in care," a term that many children and young people prefer. Each part of the United Kingdom has a slightly different definition of looked-after children and follows its own legislation, policy and guidance. In general, however, looked-after children are living with foster parents, in a residential children's home, or in residential settings such as schools and secure units. The Minister was at the earlier debate—I am trying to remember the constituency of the hon. Member who secured an Adjournment debate on this issue. He described what was happening in his constituency in the east of England; again, the hon. Lady has reinforced that with her personal input into this debate.

I was talking to the Scottish National party spokesperson before the debate. Scotland often leads the way on many things—I mean that very sincerely. Scotland's definition of looked-after children also includes children under a supervision requirement order. This means that many looked-after children in Scotland are still living at home, but with regular contact from social services.

There are a variety of reasons why children and young people enter care. The child's parents might have agreed to it—for example, if they are too unwell to look after their child, or if their child has a disability and needs respite care. Sometimes the pressures of life on families lead them to do something that they did not want to do but that they have to do because they are unable to cope. The child could be an unaccompanied asylum seeker, with no responsible adult to care for them. Children's services might have intervened because they felt the child was at significant risk of harm. If this is the case, the child is usually the subject of a court-made legal order.

A child stops being looked after when they are adopted, return home or turn 18. However, the law is clear that local authorities in all the nations of the UK—all four of us together—are required to support children leaving care at 18 until they are at least 21; there is a responsibility beyond the age of 18. This may involve their continuing to live with their foster family.

Most children in care say that their experiences are good and that it was the right choice for them. It is good to hear those stories, because sometimes we focus on all

[Jim Shannon]

the bad things. That is the nature of our job—people do not always come to tell us how good things are, but they certainly come to tell us when things are not right. That is the nature of what we do: we respond to complaints and concerns, and try to do our best to help.

I believe more needs to be done to ensure that all looked-after children are healthy and safe, have the same opportunities as their peers, and can move successfully into adulthood. What a responsibility we have for that child—to mould them and help them to be a better person as they move towards adulthood. It is so important that we do that as a society, and also through our duties as elected representatives of our constituents. We should also look to the Government for a positive response.

When the system works well, it allows young people to build stable lives and go on to become fully integrated and constructive members of society. When it fails, it can have a devastating impact from which people can never recover. That is the reality. The scale of the problems of criminal and sexual exploitation of looked-after children is frightening. A recent survey by Barnardo's, which is a wonderful charity, showed that one third of the children who are sexually exploited in England are looked after. The finding, taken from a survey of 498 children helped in one day by the charity's 20 specialist sexual exploitation services, also revealed marked geographical variations—I think the hon. Lady referred to that in her introduction.

More than three quarters, or 76%, of victims in the north-west were looked-after children. Given that figure, it is not hard to see why the hon. Lady was so determined to use Westminster Hall to highlight the sheer scale of the problem. Some 42% were in care in London, eastern and south-east England, whereas the figure was 39% in the south-west. Those figures are horrendous. Overall, Barnardo's found that 29% were looked after. Shockingly, 16% had a disability and 5% had a statement of special educational needs.

Working towards the goals of protecting vulnerable young people from all kinds of exploitation is serious and important work. Sadly, our recent history is littered with examples of local authority and statutory agency failure, and it is our responsibility as legislators to ensure that our country has the most robust child protection frameworks. The Minister can confirm that there is a legal duty for children's homes and foster carers to report a missing looked-after child to the police. I want to see how that can be done better, to ensure that we can deliver on it. Perhaps the Minister can confirm what financial support is available for that. I understand that some of the figures indicate that some councils and areas that have responsibility are feeling the pinch. I know the Government have committed some moneys to it, but I want to check that it is going forward.

The hon. Member for Rotherham (Sarah Champion) is not present, but I pay tribute to her in her absence. As we all know, she has been an absolute stalwart in standing up in spite of great personal provocation and threat to herself. She has been an absolute champion—Sarah Champion is aptly named—of her constituency. I pay tribute to her—I thought she might have been here, but obviously other things have taken place and she cannot be here—for all she has done to highlight exploitation and for taking a marvellous, courageous stand. Well done to her. The Rotherham child sexual exploitation scandal consisted of organised sexual abuse between the late 1980s and 2010 on an unimaginable scale. Some of those stories made me cringe and feel unwell emotionally and physically. The abject and total failure of the local authorities to act on reports of abuse throughout that period led to it being described as the biggest child protection scandal in UK history.

Many factors combined to produce the scandal: indifference towards the victims, a culture of ignoring complaints and a fear of being viewed as politically incorrect, as the papers highlighted on more than one occasion. Whatever the motivations, the results were devastating. It is incumbent on us all to ensure that there are no more Rotherhams or Rochdales—no more of any of it.

Criminal exploitation continues to be a massive issue for each and every one of us. The hon. Member for Stockport referred to it in her introduction, and I want to speak about it. Criminal exploitation in the UK involves children and vulnerable adults who have been coerced into crime, such as ATM theft, pickpocketing, bag snatching, counterfeit DVD selling, cannabis cultivation, metal theft, benefit fraud, sham marriages and forced begging. The most common types of criminal exploitation are cannabis cultivation and petty street crime.

The criminal exploitation is serious: 71% of the police forces that submitted evidence to the inquiry believed that placing children and young people out of area increases their vulnerability to becoming sexually and criminally exploited. Looked-after children and young people are at significant risk of being groomed for exploitation, due both to the experiences and situations that led to their becoming looked after in the first place, and to factors associated with being in care. It is clear from the evidence that when placement moves take place, new protective factors are often not built around the young people in their new areas. The hon. Lady referred to that in her introduction and gave three or four examples, including of a person who walked 10 miles to meet their mum, and of others who had been exploited in their own areas.

I was deeply moved by the information about sexual exploitation, because it shows how unscrupulous people are. There are many unscrupulous people in the world who see individuals not as people—they do not have compassion for them—but as commodities. The hon. Lady referred to a couple of examples of young girls who found themselves in that situation. Child sexual exploitation means to

"manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status".

All those things are pure, unadulterated exploitation.

The involvement of children in the movement and sale of drugs in the context of county lines has been receiving more professional and media attention recently. Of the 90% of looked-after children who go missing from care, 60% are suspected victims of trafficking. As a Northern Ireland MP and the Member for Strangford, I am very pleased that it was Stormont—when we had a functioning Northern Ireland Assembly—that led the way in tackling human trafficking and exploitation with groundbreaking legislation in 2015 that specifically targets those who would exploit other human beings for sexual purposes, enforced servitude or criminal activities.

When it comes to the protection of children, especially those who are looked after, we need a redoubling of efforts and a multifaceted approach. The first step is education. We must educate our children to know what to look for in order to prevent them from falling victim. Sometimes a teacher looking at a young child in the front row will see things that no one else sees. Schools, youth groups and carers all have a valuable role to play, but they must have resources—I look to the Minister when I say this—that are child-appropriate, help to address the issue and are easy to understand. The statistics show that there is a major problem with looked-after children; the hon. Lady said that very clearly.

Secondly, the police, local authorities and statutory agencies need to be fearless in the pursuit of those who would engage in such criminal activity and behaviour. There can be no hiding place for those committing criminal activities and engaging in criminal behaviour. We all have a responsibility to play our part in ensuring that this wicked activity—this evil activity—is stamped out.

3.5 pm

Mohammad Yasin (Bedford) (Lab): It is a pleasure to serve under your chairmanship, Mr Evans. I thank the hon. Member for Stockport (Ann Coffey) for securing this important debate and for the excellent inquiry that the all-party group for runaway and missing children and adults, under her chairmanship, conducted into this issue.

As the hon. Lady knows, my constituency of Bedford has been identified as a hotspot for out-of-area placements for looked-after 16 and 17-year-olds. It featured in the diligent reporting done by "Newsnight" into the crisis in care for the most vulnerable children in society. Many of us in this Chamber have repeatedly called for the regulation of semi-supported care settings. I first met the Minister in March to call for urgent action to protect those children and ensure the most basic of requirements—that all care settings for 16 and 17-year-olds are safe and of a reasonable standard. Seven months and a change of Government personnel later, I am afraid we are no further forward. I know that the hon. Member for Stockport has been asking for that for a lot longer.

It is the state's responsibility to look after children in care, but it is clearly failing. Bedfordshire police have raised concerns about the number of teenagers reported missing from care homes. They have highlighted that vulnerable children are being placed in accommodation with known perpetrators of sexual and violent crimes, and they are at risk of becoming victims of sex trafficking, organised crime or serious violent crime, and of being lured into criminal activity.

In Bedfordshire, the number of incidents for the 12-month period ending in September involving looked-after children missing from unregulated homes was 1,333, involving 173 children. I am very worried about the fate of those missing children, who are at risk of criminal or sexual exploitation and other aspects of modem slavery.

Although Bedfordshire police are doing tremendous work in this area and have a sympathetic understanding of those who go missing, policing such settings is a significant strain on an already under-resourced force. The Centre for the Study of Missing Persons at the University of Portsmouth estimates that the average cost of investigating a missing person is £2,400. That is a financial cost to Bedfordshire police of about £1.9 million, caused by unregulated homes. It is the job of the Government, not the police, to ensure the safety of such settings. They must get a handle on the scale of the issue, and I urge them to improve the reporting systems on the number of children going missing from homes and hostels that are not subject to children's homes regulations, to prevent more children from becoming unnecessarily and excessively criminalised or becoming victims of crime.

If there is no alternative to local authorities receiving out-of-area looked-after children, it is only right that they should be adequately funded so they can provide suitable, safe and secure accommodation. The Minister has admitted that the current system is "completely untenable", so I hope that today we get action from the Government on the APPG inquiry's excellent recommendations, not more excuses and delay.

3.9 pm

Angela Crawley (Lanark and Hamilton East) (SNP): It is a pleasure to serve under your chairmanship, Mr Evans. I welcome the Minister to her place. Today we are discussing an extremely difficult topic and focusing on the difficulties that children face within the care system. Some of the endemic problems are probably beyond their control and can have dangerous and devastating consequences, not only for their lives right now, as young people, but in the longer term. We should take a moment to appreciate how serious the subject is, and how the serious ramifications of not taking action can have a long-term impact on their lives. I congratulate the hon. Member for Stockport (Ann Coffey) on securing this debate, and I thank her for the work that she has done as chair of the all-party group for runaway and missing children and adults.

The APPG's report, "No Place at Home", which was produced with The Children's Society, indicates just some of the figures—as Members can imagine, they are difficult to obtain—to outline how much of a problem this is. The worrying factor is the untold statistics. After I graduated, I supported a young looked-after person in Brighton. That was a good 10 years or more ago—I am sure the system has changed since then—but my experience has informed me. The idea that a young person at 16 years old is mature enough, or sufficiently supported, to be able to live independently is perhaps something that the Minister could look at, with regard to how the process works in England. How can we allow such a young person to leave the foster care setting—their foster care placement might not have been the most successful—and go to live in private, independent accommodation? That accommodation might be provided through the charity sector, a business or an organisation that gives a sense of support, but ultimately it can never provide the same level of support as a family parental setting or a foster care setting. I am sure the Minister will agree that we can look further at how local authorities in England contract out responsibilities to organisations and how much their accountability for that contracting service is truly examined. Is that the most efficient, the most cost-effective or even the best way to trace the outcomes of young people?

[Angela Crawley]

The young person I supported was incredibly inspirational; she had sought to go to fashion college in London and had got a place. Sadly, though, she had come up against the education system and had not succeeded for a variety of reasons. Her foster care placements had not been very successful, and then she had found herself living independently, with everything that comes with that, and she was starting to enter a world of challenges and distractions—be it drugs or alcohol—at the age of 16. No matter how much I wanted to support that person, my role was simply to tutor her and support her to get through her college coursework. No amount of intervention that I singlehandedly, or the many other peripheral services, could put in place could prevent her from entering that path. I will never know where she ended up or what happened, but I know about the outcomes for 16-year-olds and the opportunities that were presented to her in that vulnerable and challenging setting of living independently at 16 years old. I still live with the regret that perhaps I could have done more, and I was one of many people involved in the service. I hope the Minister will have a serious think about whether that model of care is the best one.

The hon. Member for Strangford (Jim Shannon) should be a spokesman for the Scottish National party, but we have slightly different views on numerous subjects. None the less, he does a very good job. He highlighted the work of the Scottish Government, which is what I want to speak to today. From a professional perspective, I want to outline where we are tackling this matter differently. The report is hard-hitting, and it details the harsh realities faced by some children in the care system who have been let down by failures in the system. I appreciate that one Minister or one Government Department cannot prevent the systematic failures that can befall a young person, but the most important point that the report makes is that children are often ripped away from their support networks of family and friends because of placements far away from where they have grown up. The placements are based not on where is best for the child, but on where is cheapest for them to be sent. Tragically, the report makes it clear that these children can on occasions become magnets for paedophiles and drug traffickers.

Children in care are among some of the most vulnerable in society. Their circumstances are often due to problems of neglect and abuse within their family, which can mean additional mental health problems for children. Children in care run away for many reasons, such as stress, anger, and unhappiness at being in care. Myriad other issues can come with adverse childhood experiences. Running away can put those children in huge danger, including sexual and criminal exploitation, and, as we have heard, physical harm, being introduced to drugs, and untold other harms. For that reason, every missing person report is deeply worrying, and never more so than when it involves a child or a young person.

In 2018 in Scotland, 1,935 cases of children in care going missing were reported to the police. Earlier this year, the Scottish Government awarded £30,000 to two charities, Missing People and Barnardo's, to develop materials to educate children and young people about the dangers of going missing, and to encourage them to access support. The project supports the goals of Scotland's national missing persons framework, which aims to improve the way in which agencies and organisations work together to support vulnerable people and prevent individuals from running away.

According to the charity Missing People, only one in 20 young people in Scotland who ran away reached out for professional help. Most young people simply do not know that support is available to them. We can put as much money into the system as possible, but if we do not start to tackle the myriad other factors, we will not get to the heart of it. The Scottish Government are also leading a bold drive to reduce stressful and poor quality childhoods, and to support children and adults in overcoming early life adversity. We recognise that ACEs, as we now know them—adverse childhood experiences—can have a long-term impact, but the SNP also recognises that it is important to respond appropriately to the emotional distress that is linked both to the circumstances that led to a child becoming looked after, and to the experience of being looked after in any setting.

The 2018-19 programme for government builds on our commitment to prevent adverse childhood experiences and to mitigate the negative impact where they do occur. The Scottish Government also aim to have a care system where fewer children need to become looked after by engaging early to support and build on the assets within families and communities. I know my hon. Friend the Member for Livingston (Hannah Bardell) has a lot to say on that from her own personal experience.

Hannah Bardell (Livingston) (SNP): I thank my hon. Friend for giving way. She is making a powerful speech on a hugely important subject. When I was growing up as a teenager, my mum ran the residential unit of a care home in West Lothian, and my brother and I often visited it for parties. We got to know some of the young people and became a part of that family, which is very much what that setting was. It created a family. Nobody can ever emulate or replicate the family that some children sadly lose, but does my hon. Friend agree that it is important that we get this right for children wherever they are in the UK? Does she agree that care homes, foster homes and other care settings must be properly funded and appropriate for any child who needs to go into care, to make sure that those children get the best possible start in life?

Angela Crawley: Absolutely. I thank my hon. Friend for that point. While the number of children in care in England and Wales has grown since 2015 by 9% and 14% respectively, the number of children in care in Scotland has steadily declined by 4%. Last year, the Scottish Government introduced the care-experienced children and young people fund, which commits £33 million over the life of Scotland's current Parliament to improve the attainment and wider outcomes of care-experienced young people. We have also introduced a care-experienced students' bursary, which provides £8,100 a year to support young people going to college or university.

Scotland's looked-after children policy is part of "Getting it right for every child", the national framework for improving outcomes and supporting children and young people. That approach puts the best interests of children at the heart of decision making—something that is missing right now within the care system in England

and Wales. It disempowers children to remove them from the support networks and communities that they know. In fact, in the unfortunate cases that prompted the "No Place at Home" report, it is clear how a bad situation can turn vulnerable children into victims of crime and, in some instances, into criminals later in life. We want to prevent that from the off.

I ask the Minister to say honestly how much money is being spent externally on organisations that provide unregulated care, how much of it is then focused on outcomes and attainments, and how that is measured, with respect to supporting a looked-after child. We all have a responsibility to do more to support young people. As the hon. Member for Bedford (Mohammad Yasin) outlined, we—the state—are their parents. I have never been a parent, but I take my responsibility as an MP seriously. There is more that we can, should and must do to support young people like the young lady who I supported and often think about. I want to do more for young people in England and Wales, in particular, where the system is different.

3.20 pm

Mr Steve Reed (Croydon North) (Lab/Co-op): It is a pleasure to serve under your chairmanship, Mr Evans. I congratulate the hon. Member for Stockport (Ann Coffey) on securing this extremely timely and important debate. I thank all the Members who have taken part and the all-party parliamentary group on runaway and missing children and adults for the work that it has led on this important issue. We spend far too little time focusing on the needs of looked-after children, given that they are one of the most vulnerable groups in society.

We have already heard some shocking examples this afternoon of how badly too many looked-after children have been let down. Far too many children are given placements far away from friends, family and the community that they are part of. Far too many are put in accommodation that is unsafe because it is not properly regulated or supervised. A key reason for that is a severe lack of funding, but we must also recognise the failure properly to involve children themselves in the decisions that affect their lives.

More than two out of every five looked-after children are placed outside their home local authority area; that rises to two in every three children in children's homes. The fact that children lose contact with everything that they are familiar with is one of the contributing factors to so many of them going missing. They simply want to go back home to the family and friends they miss.

It is desperately worrying that children in placements far from home are at greater risk of exploitation, as the hon. Member for Lanark and Hamilton East (Angela Crawley) explained so clearly. The police recognise that as an important factor in the luring of young people into gangs, or into the hands of adults who want to exploit them sexually or criminally. It is a major factor in the growth of county lines drug dealing operations and the horrific escalation in levels of knife crime that go with that. The existence of unregulated semi-independent housing is a major concern, and a growing national scandal. Social workers I have spoken to tell me that children are placed in those hostels because current levels of funding do not allow for better alternatives. It is shocking to hear that there are now 5,000 young people who have been placed in institutions of that kind.

Lance Scott Walker was just 18 when he was placed in an unregulated teenage hostel miles away from his home, with another vulnerable young person with severe mental ill health. That second young person stabbed Lance in the hostel, chased him out of the building and stabbed him to death in the garden. Lance should never have been left in such dangerous circumstances by the authorities responsible for his care, but when the funding is so inadequate risks are taken, and sometimes they lead to tragic outcomes such as the death of Lance Scott Walker.

The cross-party Local Government Association estimates that an extra £3.1 billion is needed simply to keep the services at their current inadequate levels over coming years. The Children's Commissioner says that to fund the wider set of children's services properly, an extra £10 billion is needed. The Government need to ask themselves why they have not made funding care for the most vulnerable children in society the absolute priority that it should be. The lack of funding and support is literally destroying young people's lives.

Adequate funding is fundamental, but it is not the whole story. I am very impressed by the focus of the report on giving looked-after children a voice. There should be a requirement on children's services to demonstrate that children and young people have been consulted and involved in the decisions taken about them. Young people will tell you what support they need, what is going wrong in their lives and what they are afraid of. We need to listen, and act on what we hear.

I had the privilege earlier this week of visiting Camden Council's children's services department, under the inspirational leadership of Councillor Georgia Gould. Its services are among the best rated and most innovative in the country. Its family group conferencing model puts the child and their immediate family at the centre of decision making and allows them to involve friends, family and community members in decision making rather than leaving it to professionals alone. That ensures that the child's voice is heard and that their wishes are acted on. Just as importantly, it respects the relationships that matter to those children and it has dramatically improved results, through how it is implemented.

Up north, Leeds City Council, under the equally inspirational leadership of Councillor Judith Blake, has made similarly impressive progress pursuing its child-friendly city agenda for almost a decade now, I believe. Every decision that the council takes is measured against its impact on children—vulnerable children, in particular. It does not just talk about children as a priority; it has acted to make children a priority. It is examples such as those, in Leeds, Camden and many other places across the country, that show us how we should be treating vulnerable children differently—not as problems to be managed, but as young people full of potential with valid views about their own life that deserve to be heard, and relationships that matter to them that need to be respected.

The Government must now take a lead. We need a fully funded national action plan to reduce the number of out-of-area placements and ensure that vulnerable

[Mr Steve Reed]

children are safe and that they have a voice. Key to that plan must be the immediate regulation and inspection of semi-independent housing.

No country that loved its children would treat them in the way I have described. There is no group more vulnerable than children who cannot be with their parents, so I ask the Minister now: will she commit to regulating semi-independent housing without delay? Will she take action to reduce the number of out-of-area placements? Will she review funding to bring it up to the level needed to support vulnerable children properly? Will she look at models such as those in Camden and Leeds and bring in a new legal requirement to involve looked-after children properly in the decisions that affect them? Children need change, and they need it now.

3.27 pm

The Parliamentary Under-Secretary of State for Education (Michelle Donelan): I congratulate the hon. Member for Stockport (Ann Coffey) on securing this important debate. The Government, the Department and I share her fierce commitment to protect all looked-after children and to work to reduce the number of children who go missing. The hon. Lady raised a number of important issues facing the children's social care system that can lead to children going missing, and today we have heard some harrowing stories, which I am sure will stay with us. I am absolutely determined to address those issues, because nothing is more important than protecting the most vulnerable children. I am sure we all agree on that.

As a new Minister in the area in question, I am committed to ensuring that the Department is dedicated to providing high-quality services to all the children and families who need them. I know that we need to take a multi-agency approach—something that we have been doing. Social workers cannot do it alone; it cannot fall only on their shoulders. The joined-up response has been working and is not just a matter for local government; it is also for national Government, and I am committed to working closely with my colleagues at the Home Office to ensure that local partners are properly equipped to respond quickly and efficiently.

As part of that, the Home Office is working with the National Police Chiefs Council to deliver a national register of missing persons, which will enable us to have a snapshot of current missing incidents across police forces in England and Wales. The register will give officers realtime information when they encounter a missing person—particularly if that missing person is outside their area. The hon. Member for Blackley and Broughton (Graham Stringer), who has left the Chamber, mentioned difficulties in his area, and I hope that that will alleviate his concerns.

The Home Office is working towards that register being operational by 2020-21. Ofsted plays a vital role in considering how local areas safeguard children, and to support that we are strengthening statutory guidance from the Department for Education. Such guidance must be clear about the role that each safeguarding partner must play, and that is why we are working with the police to respond to the issue raised by the hon. Member for Strangford (Jim Shannon).

The hon. Member for Stockport raised concerns about the fear that children who go missing from the care system could fall prey to criminal and sexual exploitation—something that I and all hon. Members find completely abhorrent. I reassure Members that the Government are prioritising that issue. We are determined to tackle child sexual abuse and close down county lines, putting an end to the abhorrent exploitation of children and young people. We have already revised safeguarding guidance to reflect the emerging menace of threats to children and exploitation from outside the home, as well as the role that children's social care needs to play in protecting them.

Earlier this year, we launched the £2 million Tackling Child Exploitation support programme to provide bespoke support to local areas. The programme will help local safeguarding partners to develop a tailor-made effective multi-agency strategic response to the specific types of harm and exploitation that children are facing in their area.

I am glad that the national Child Safeguarding Practice Review Panel's first independent review is looking into whether adolescents in need of protection from criminal exploitation get the help they need. That will better inform us about how to tweak and improve the current system, and I pledge to take a personal interest in that. Ensuring that children who have been taken into local authority care are in a safe and secure placement that meets their needs is one of the most crucial things we can do. That brings me to an issue that I know the hon. Lady and other hon. Members are working hard to highlight: the use of unregulated independent and semi-independent settings for children in care and care leavers. Some of those children and young people are indeed at risk, and I take on board the comments from the hon. Member for Croydon North (Mr Reed).

The report from the all-party group for runaway and missing children and adults continues to highlight that issue, and I thank the hon. Member for Stockport for her work. She will know that I share her concerns about the current state of affairs, and last week in the Chamber I was clear that it is unacceptable for any child to be placed in a setting that does not meet their needs and keep them safe. I note the comments from the hon. Member for Lanark and Hamilton East (Angela Crawley) on that issue, and I shall write to her with the specific figures she requested.

Unregulated semi-independent and independent settings are intended for older children as a stepping-stone towards independence. There are good examples of such places, including in my constituency, and they are not all letting children down. However, vulnerable young children were never intended to be placed in them: I will not hesitate, where needed, to strengthen guidance to make that clear. Last week I called on local authorities to put their houses in order regarding unregulated and unregistered provision. Unregistered settings are illegal, and I invite all hon. Members to inform me about any providers that they know are operating in that manner.

Hon. Members also raised the placement of children in settings outside their local area. No child should be placed outside their area when that is not in their best interests, and I am grateful to hon. Members for their sustained interest in that issue. Moving a child away from their home is not a decision that any authority

takes lightly, and we have strengthened legislative safeguards regarding children who are placed outside their local area.

Directors of children's services are required to sign off each individual decision, and Ofsted can challenge them if it believes that an incorrect decision has been made. It can sometimes be right to place a child outside their local area if there is the risk of sexual exploitation, trafficking or gang violence, but those are the only circumstances in which local authorities should consider such a move. Similarly, such a decision could be made to access provision for children who have complex needs, if such provision is not available locally. The welfare of the child must lie at the heart of this issue, and I am sure hon. Members agree that the child's needs and future must always come first. The needs of the child are paramount, and I will continue working to ensure that our decision making is based on that.

Although local authorities have a duty to meet the needs of children in our care system, I recognise that more should be done to support them in responding to that challenge. Those children are a changing cohort, and we are taking steps to help local authorities manage the system, improve their work with families, and safely reduce the number of children who enter the care system in the first place.

Ann Coffey: I recognise some of the good initiatives from the Department for Education over the years, but as I said there are not enough places to allow local authorities to make a choice about what is in the best interests of the child. They are placing children in placements hundreds of miles away because they have no option. That is why we are urging the Department to take a lead responsibility, not only by putting more money into preventing children from entering the care system, which is important, but by dealing with the care needs of existing children in the care system, so that they have the choice of staying nearer home. That choice should not be dictated by the market. Does the Minister have any plans to convene a strategy group and consider how the market is functioning, just as was done in 2012, and to find a way forward to support local authorities and voluntary organisations to develop provisions that meet the needs of children?

Michelle Donelan: I will certainly look at that. We need a combination of ways to prevent children from entering the care system—we will all agree that that is fundamental—and to tackle the supply of places. That is why we put an extra £40 million into creating more secure homes. The Government recognise that issue and are acting on it.

I recently announced an investment of £84 million over five years to support 18 local authorities as part of the Strengthening Families programme, and that is one example of how we are enabling children to stay safely with their families. We have also provided funding through our £200 million children's social care innovation programme, £5 million of which is specifically targeted at residential care and expanding provision.

For the most vulnerable children who need secure provision, we have added a £40 million capital grants programme. We are funding local authorities—£110 million to date—to implement Staying Put arrangements, under which care leavers remain with their foster carers for longer. We are piloting the Staying Close programme with £5 million of funding to support ongoing links with a residential home.

Mr Reed: I am listening with interest to what the Minister has to say. She is absolutely right about the need to prevent, to reduce the numbers of children needing to go into the care system. Is she aware—she must have conversations with the heads of such services, as I do—that the reason why local authorities are not spending more on prevention is that their funding has been reduced so much: by 50%, on average? They must use what is left to manage crises, so they have even less to invest in prevention.

Will the Minister consider working with local authorities to set up an investment fund to focus on prevention, to allow them to stop the problems happening? It would cost a little money up front, but save multiples more in future by not allowing young lives to be destroyed.

Michelle Donelan: The approach we have taken is to target money at those areas that need it most, ones which have not been performing well, so that we can be specific with that Strengthening Families money of £84 million. We have invested in the workforce as well—£200 million—and our strategy is to put children first. We are doing things in a co-ordinated way.

The hon. Member for Lanark and Hamilton East made reference to care leavers, a subject that the Secretary of State is passionate about, and I share his passion. This week, we announced a £19 million package of things to assist them and to give them the choices and chances that they deserve in life.

Fundamentally, I believe that young people can only ever be safe when they are cared for by local children's services that have their best interests at heart—something that the hon. Member for Croydon North stressed. Funding is of course important, as he also stressed, and that is why the 2015 spending review gave local authorities access to more than £200 billion up to 2019-20 for services, including children's social services. In addition, last month we announced another £1 billion for social care in 2020-21, so the issue is a focus of this Government and to say it is not would be unfair.

As I am sure hon. Members agree, however, that is only part of the solution. We are delivering an extensive programme of reform that has a strong focus on prevention, intervening early to provide families with the support that they need. The programme also works to ensure that, where children cannot stay with their family, there are enough places—a point laboured throughout the debate. We are also reforming social work and children's social care so that we recruit and retain some of the most highly professional individuals. Providing the best possible support for local young people leaving the care system is also paramount.

Let me reassure hon. Members that my Department and I are committed to ensuring that children who go missing can be brought back safely, and that the service they receive in the care of the local authority means that they are in a home that is safe, secure and meets their needs. I commit to work relentlessly on the issue, and I invite any Member to follow up with and meet me after the debate. This is something that should be done and tackled not only across Government but across party.

[Michelle Donelan]

The issue is non-political and, at its heart, should always be about children—their safety, security and futures.

3.42 pm

Ann Coffey: It has been an excellent debate. The area is complex, and each of the contributions has reflected that complexity. The hon. Member for Bedford (Mohammad Yasin) has clearly seen the impact of unregulated accommodation in his constituency, which I know is a hotspot for county lines activity.

It is also interesting to hear the contributions from the different parts of the United Kingdom. I do not think that I have ever participated in a debate in Westminster Hall at which the hon. Member for Strangford (Jim Shannon) has not been present. He has a long-standing commitment to the subject. The hon. Member for Lanark and Hamilton East (Angela Crawley) very much gave us the Scottish perspective. Perhaps all that shows us the strength of the Union.

I tell the Minister that I do not doubt for one instant the commitment of every single Minister with whom I have raised this issue over the past 10 years. The worrying thing for me is that, since 2015, things have got worse in terms of the number of children going missing and the harm that has come to them, in spite of very good initiatives by the Department and a complete focus on prevention, which is absolutely right.

In this debate, I was asking for a focus on the underlying cause of the problem, which is to do with the insufficiency of places to meet the care needs of the children whom we are taking into care. I believe that unless that is managed and sorted out, and we get a proper supply distributed across England, we will continue to have children go missing in huge numbers and be at risk of exploitation. No one else can lead on this except the Minister and her Department. Only the Minister has the information, the financial leverage, and the authority to bring together and lead a group to address the fundamental market failures.

Question put and agreed to.

Resolved,

That this House has considered the matter of sexual and criminal exploitation of missing looked after children.

3.44 pm

Sitting suspended.

Waste Processing Facilities: Local Environment

[Mr Peter Bone *in the Chair*]

4 pm

Darren Jones (Bristol North West) (Lab): I beg to move,

That this House has considered the effect of waste processing facilities on the local environment.

It is a pleasure to serve under your chairmanship, Mr Bone. However conscientiously we all try to manage our own rubbish, most of us probably do not give a second thought to what happens to it after it is taken away—and to the extent that we do think about that at all, we often assume that the waste is transported, stored and processed in a pretty orderly way, out of sight and out of mind, away from homes and away from people. But for many of my constituents who live in and around Avonmouth, in the west of my Bristol North West constituency, the everyday reality of living close to a concentration of these facilities can be challenging. I know that other right hon. and hon. Members have constituencies where residents live close to these facilities and have had similar issues, so I am introducing this debate on behalf of many other constituents as well as my own.

In Avonmouth, we have seen a significant proliferation of waste processing facilities over the past decade. That has not come about by accident. The leadership of Bristol City Council in 2011 updated its planning guidelines to welcome such businesses to the area of Avonmouth, and as a consequence we saw an increase in the number of planning permissions being granted for them. According to the figures available from the Environment Agency, that has meant that there has been an increase in the quantity of waste being processed locally, from about 6,000 tonnes in 2013 to more than 200,000 tonnes in 2017—that figure is already a couple of years out of date.

The most immediate challenge in the surrounding areas, and my main concern in today's debate, is the volume of flies that can be associated with the processing of the waste and the impact that that has on local residents and their community. This is a quality-of-life issue for hundreds of my constituents. It features prominently in local media and in correspondence to my office, and it has got markedly worse over the period of the increase in bundles of waste being processed each year. I was born and grew up in the area affected, and it never used to be an issue when I was growing up, but it has become one over the past five years.

There can be a particular problem in the summer months, when heat and humidity combine, alongside an increase in the amount of processing of waste, and we see a spike in the number of flies in the local community. In the absence of a permanent solution, local residents have had to get used to installing nets and flytraps, stocking up on fly spray and keeping windows and doors closed during hot weather. That evidently is not an enjoyable way of life. There have been striking photos of flypaper strips that have been put up overnight and are full of dead flies by morning. Eating and drinking outside, and even making food in the home, becomes

increasingly difficult. The fire station, I was told on a visit, often ends up with no food for the firefighters, because if the bell rings, by the time they get back, there are flies all over the food that has been produced for them in the fire station.

The situation is extremely stressful not just for local residents and workers, but for the pubs and restaurants and some of the businesses in the area. They are concerned about return trade, but also about maintaining their health and safety compliance, which of course they take very seriously.

My concern is that this seems to have been an issue at points when we have had very hot weather, but with the effect of climate change—albeit we wish to mitigate that—it is becoming more frequent. We have started to see complaints from local residents more frequently throughout the year and not just in the hottest summer months. The science, from my perspective, is clear that flies will thrive in the presence of decaying organic matter and their populations will grow. That is why the Environment Agency provides permits for the type of activity that we are discussing. There is agreement on what the safe limits are for the amount of waste that can be processed. If businesses do not comply with the guidelines and permits, the Environment Agency is of course able to take action.

In a few cases, there has been significant negligence and action taken by the Environment Agency. One company in my constituency, New Earth Solutions, was found to have breached its permit on more than a dozen instances in the space of a year. Breaches included failing properly to cover the bales of rubbish that are packaged up and shipped out to other countries for burning. The Environment Agency said that the company had "exceeded the quantity" of waste

"that can be processed and removed without causing a build-up of onsite materials".

To help people to visualise it, I will describe what happens. Our black bin rubbish gets dropped off, poured into large piles, treated, packaged up into bundles that look like hay, wrapped in either black or white thick bin-liner material and stored, ready to be shipped out from the docks in Avonmouth or on lorries to the continent for other countries to burn for energy. Although I endorse the circular economy principles behind that, the issue, when we are processing waste not just from Bristol and the region but from London, is that we often end up with a significantly high number of bundles on open land that can be torn or can have other issues. There are factories where, in the past, doors and roofs have not been fixed properly and where piles of rubbish are therefore subject to the open air.

I have been trying for some time to work locally with the Environment Agency, Bristol City Council, businesses and local residents to fix the problem. It has been an ongoing and difficult problem. Ultimately, I had to write, in June of this year, to the then Secretary of State for Environment, Food and Rural Affairs, who is now Chancellor of the Duchy of Lancaster. In that letter, I quoted regulation 22(3) of the Environmental Permitting (England and Wales) Regulations 2016, which sets out that, to revoke a permit, a 20-day notice period has to be served on the offending operator. Under regulation 31(1)(f), an operator on whom notice has been served has the right to appeal to the "appropriate authority"—normally the Planning Inspectorate—which then can exercise the power on behalf of the Environment Agency. Any revocation notice that comes will take effect only once the appeal has been concluded. That not only imposes costs and time issues on regulators, but provides such a slow response for local residents that often the issue may have come and gone.

Mrs Sharon Hodgson (Washington and Sunderland West) (Lab): I am sorry that I missed the first two minutes of my hon. Friend's remarks. He will be aware that I initiated an Adjournment debate in the main Chamber on this very issue; the situation sounds exactly the same. It was with regard to the recycling plants at Teal Farm in my constituency. As I came into this Chamber, he was talking about flies, which is a massive issue that can fill my inbox every summer. My hon. Friend is talking about the Environment Agency. I have come to the conclusion that the Environment Agency needs more powers, specifically to issue spot fines, rather than having to go through the current rigmarole. The bar seems to be far too high in terms of the amount of time required and the legal process that has to be gone through, and spot fines could be the answer. Does my hon. Friend agree?

Darren Jones: I do agree. I thank my hon. Friend for her intervention and for her Adjournment debate on the Floor of the House, which I referenced in my letter to the then Environment Secretary, not least because the Government had promised to bring forward some regulations. To be fair, they had done that, but those measures evidently have not been able to solve the types of issues that my hon. Friend and I have to try to tackle in our constituencies.

This is a very lived matter for us locally. My constituents will make complaints to the Environment Agency, to the council, to me and to others, and often there seems to be something that falls between the cracks. If it is not a major, significant issue that the Environment Agency can tackle, Bristol City Council might rightly not be able to tackle it, and constituents then feel that they have nowhere to go and nothing happens. This is the frustration that many of my constituents face.

Even when actual breaches can be demonstrated, an individual instance in itself needs to be sufficiently big for action to be taken. With regard to Bristol North West, Avonmouth historically was land associated with a stately home in the constituency. Its owner built the village very close to industry, essentially for workers, but that has meant that we have an unusual situation—it may not arise in other parts of the country—in which people are living very close to the processing that is taking place. My conclusion as the local MP is that there seems to be just too much processing of waste, by too many facilities, too close together and too close to local residents.

I wrote to the Department about assessing the cumulative impact—not just the individual impact of a particular site or planning permission—with proper sight of how permits are monitored, managed and enforced as well as the impact on the community. The Environment Agency should have greater flexibility to raise minimum standards for the approval and renewal of permits as part of the lifecycle, taking an evidence-led area-wide view in setting conditions on the types and quantities of waste that can be handled, the processes taking place on

[Darren Jones]

site and the acceptable means of storage. For us, that might mean in lived experience that less rubbish needs to be processed at any one time, and perhaps fewer bundles may be stored on local sites. Perhaps bundles should be stored in closed, maintained facilities, not in open-air environments.

At present, operators are required to demonstrate how they will seek to minimise and mitigate negative consequences that attach to their work by submitting a written management plan. In affected areas, applicants and existing operators should be subject to more exacting requirements to explain how their processes adhere to the Environment Agency's guidance on fly management, and such processes should be frequently inspected to ensure that they are delivered on a day-to-day basis.

As things stand, the only avenue for dealing with the problem is through identifying significant rule-breakers. Therefore, even in the best-case scenario, there is slow, piecemeal progress and no resolution to the issue. My constituents are clear that that is not good enough. The Environment Agency needs to be able to draw on a framework for assessing cumulative impact and have the teeth and the flexibility to take action to deal with that impact.

John Howell (Henley) (Con): I am listening carefully to the hon. Gentleman. In my area, the recycling centres are all enclosed in buildings. Does he not think that the planning system is a better means for controlling this problem?

Darren Jones: I thank the hon. Gentleman for his intervention. That is part of the puzzle. National and local planning frameworks should better reflect some of these issues when decisions are being taken. For example, a number of early planning decisions were granted by Bristol City Council, but the previous two applications were rejected locally only to be overturned by the national planning authorities, not having taken into account the proper representations made by local councillors about the cumulative impact. We therefore need improvements to the planning process as well as to the rules and the Environment Agency's ability to take action.

Mrs Hodgson: I do not want to spoil the flow of my hon. Friend's speech. On planning, when a company, which could be rogue to say the least—some of these places can be said to be the scrapyards of our modern age—shuts up shop and goes, someone else can move in without having to apply for new planning permission; the permit still stands. Does he agree that that should be looked at?

Darren Jones: I very much agree, because I have had exactly that issue: a company that went into administration was bought by an overseas company, and activity on the site continued with the existing permit. That is a problem. It shows a lack of enforcement, and that is why constituents get concerned about that.

To extend my answer to the planning question, one of the issues is about putting too many of these facilities too close together. I understand why it might seem good to put warehouses to process rubbish in parts of the industrial space in my constituency. We probably would not want to put them in other places. However, I go back to the main thrust of my argument, which is the cumulative impact. Surely there is a threshold at which there are too many of them and someone should think about putting them somewhere else.

I am told waste is a profitable business, and some of these businesses can invest significant amounts in their facilities. For example—not to make any of the companies blush—Viridor seems to be building a well-funded facility in my constituency, whereas New Earth Solutions did not have the investment or capital available to maintain the highest possible standards.

Surely that must be a consideration for planning and Environment Agency powers, because there is an impact on the character and economic prospects of an area. Many Avonmouth residents feel doubly trapped and frustrated. They cannot sell their homes because of the press coverage and local understanding that at points in the summer families are eating their dinners under mosquito nets and the pub has to close because it feels unable to serve its customers. It takes its toll on community life and puts a tone on a community that no one wants where they live. They want to be part of a vibrant community where outdoor spaces can be enjoyed in the summer.

This area, like so many others, deserves a diverse range of high-quality, well-paid jobs in a community in which people feel happy and able to live and enjoy the outdoor environment. We must be careful that in clustering such facilities and not having proper rules and enforcement powers to deal with them, we do not create waste capitals across the country, where for local residents it will have to do. It does not have to be that way. We can make changes.

It is clear that there is no consent from my constituents in Avonmouth, or indeed the surrounding areas of Bristol North West, for this to continue—nor for it to have been put in place. I have therefore been left with no choice but to bring it to the House in a Westminster Hall debate to raise it with the Minister. Like my constituents, I have run out of places to go. I have come to dead ends in trying to find a solution. I can only conclude that the Government and the Minister's Department are the best and only place left to try to find some solutions to fix these issues for my constituents and those in other parts of the country.

4.16 pm

The Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Rebecca Pow): It is an honour to serve under your chairmanship, Mr Bone. I congratulate the hon. Member for Bristol North West (Darren Jones)—almost a neighbour in the west country—on securing the debate and on his commitment to bringing this issue to our attention. I know he has been working hard locally with the Environment Agency and other partners to try to pinpoint the sources of some of the problems faced by his constituents. Having grown up on a dairy farm, I am well acquainted with living with flies in everyday life, and I sympathise with his constituents who are living with this. I know the Avonmouth area relatively well, having been a news reporter based in Bristol. I was often sent to Avonmouth to report from the industries there—and, indeed, some of the recycling centres.

A relatively significant cluster of waste facilities in close proximity to a residential area will, by its nature, have some impact on local amenity. The planning and permitting systems need to work together to ensure that those impacts are managed within acceptable limits. We need to ensure that we have clear and strong environmental regulation and planning controls that work for the environment, for the people living there and for business. The Environment Agency and local planning authorities therefore each have distinct roles with regard to pollution and planning control to enable that to happen. That is their purpose.

It is for local planning authorities to prepare local plans to meet the need of waste management in their areas and deal with relevant planning applications. All steps of the planning process are subject to public consultation, and local planning authorities do consider representations from stakeholders when making planning decisions. When determining planning applications, local authorities have to give due consideration to potential statutory nuisance and other cumulative impacts—flies could come under that—as well as similar developments being close to one another.

Bristol City Council's core strategy, which, I remind the House, was adopted by a Liberal Democrat-led council back in 2011—the council is now Labour—identified Avonmouth as a priority area for industrial and warehousing development, including waste management activities. A decision, which was thought about, was taken to make the area a centre for such activity. Planning applications are determined in accordance with the local plan unless material considerations indicate otherwise, and they take account of the likely impact, including cumulative impacts on the local environment, communities and the economy.

When considering those impacts, the planning system has the power to limit the number and types of operation being developed in any particular area, if appropriate. Although I am unable to comment on individual cases, I believe that the hon. Gentleman's reference to central Government's overturning the council's decision to withhold planning permission may relate to an occasion when an independent public inquiry allowed an appeal against the decision. The decision to allow the appeal was then upheld following a challenge in the High Court.

John Howell: I hear what the Minister says about what the planning system and local councils can do, but does she recognise that many local councils have different standards for implementing these things, and that that leads not to standardised performance in this field, but to widely varying performance around the country?

Rebecca Pow: I thank my hon. Friend for his intervention. Local authorities do have power and are required to act for the benefit of local people; I gather that my hon. Friend's council has decided that its recycling facilities have to be enclosed, so that is the decision it has made for the benefit of its constituents.

Our published guidance makes it clear that when applying for an environmental permit for regulated activities, operators should make applications for both planning permission and environmental permits in parallel whenever possible. This helps the operator, the planning authority and the Environment Agency to join up, to the benefit of all concerned. I know that necessary distinctions in regulatory roles and remits can lead to particular issues on the ground. It is therefore important that all parties involved in the consideration of granting permission to and permitting regulated facilities work together openly and transparently at a local level, to achieve the best outcomes.

Darren Jones: The Minister will have to forgive me if I am treading on the next paragraph of her speech, but the issue here is the retrospective view. Planning permissions and environmental permits have been granted, and we are now in a position where we have too many of these facilities, too close to residents and processing too much rubbish. The question is about powers to deal with them now that those decisions have already been taken, whether at local or national level. Are there powers that the Minister can refer to that will deal with the issues already in place, or are we just discussing powers for getting this right on new applications in other areas?

Rebecca Pow: I thank the hon. Gentleman for his comments. Of course, powers were used in the case of the company he referred to, New Earth Solutions, in respect of the fly infestation. Action was taken, and I am told by the Environment Agency that the situation has improved and the company has subsequently complied. Clearly, the powers worked in that particular instance.

The Environment Agency is working closely with Bristol City Council and, I believe, with the hon. Gentleman, but it has not been able to identify a single source of the fly infestation. The agency would have to be very certain before it could take action, because there are 39 permitted waste facilities regulated by the Environment Agency in close proximity to Avonmouth. They manage a range of waste materials, including metals, healthcare waste, and household, industrial and commercial waste, and they will therefore all have different impacts. Not all of them will be the source of flies, noise, or dust, but all those facilities—both those that are and those that are not currently operational—are regulated by environmental permits that set out the measures with which operators are expected to comply in order to minimise any adverse impacts to local residents, businesses and the environment. So, there is a system.

The Environment Agency has a range of powers that it can use to address shortfalls in operators' performance. In fairness, the agency has put a lot of effort, as I am sure the hon. Gentleman will agree, into investigating the potential causes of the fly infestations at Avonmouth, and it continues to work closely with local partners. I have spoken to the agency myself about how much it is doing to try to crack the situation.

It is clear that any operator who does not comply with the conditions of its permit will be subject to compliance and enforcement action by the Environment Agency, but revoking is the end of the line. What the agency really wants is to work with the businesses to make the system work, because we need places to send our rubbish. Bristol is a big city, so that is very important. Depending on the action being taken, there are different timescales, but revocation is an absolute last resort. Fly infestations can also be treated as a statutory nuisance and enforced against by the local authority—that comes under the local authority as well, so it has that power.

I understand the hon. Gentleman's comments about the cumulative impact of the facilities. The Environment Agency investigates complaints received from local residents

[Rebecca Pow]

regarding odour, dust, noise and flies. I reiterate that although it has been possible to substantiate historic complaints in some cases, with the Environment Agency taking appropriate enforcement action, in many instances it still has not been able to identify any one source for the issue.

Although it is not in the Environment Agency's remit to determine the locations of waste management facilities, it continues to meet the council to ensure that they work together to minimise the impact on residents. I believe it has also done a lot of work with the city council over the summer, because that is when the flies are worst, to investigate and monitor local fly populations. Officials from the Environment Agency have even toured the area with the Mayor; I believe the hon. Gentleman may have been there as well.

Darren Jones *indicated assent.*

Rebecca Pow: Going on to the ground seemed to me like an eminently sensible thing to do. I gather that, following that tour, the Mayor decided that they would try to see whether they could help somewhat by looking at how local waste is collected and tasking each collection team with more emphasis on the cleanliness in its particular streets. That is just one of a list of measures that have been used to help. The Environment Agency continues to visit the permitted facilities in and around Avonmouth constantly, although those visits still do not seem to have found the one source of flies.

Mrs Hodgson: Following the Adjournment debate that I secured in the House, the then Minister, the hon. Member for Camborne and Redruth (George Eustice), said that he would go away and look at the question of future further powers for the Environment Agency, as my hon. Friend the Member for Bristol North West (Darren Jones) mentioned. Now that this Minister is in post, can she commit to looking into that, specifically with regard to spot fines? For littering and dog poo, officers from the council can issue spot fines, but for something as big as this, the Environment Agency does not have that power. Does she think she could look into that?

Rebecca Pow: I was not at that particular debate, but there are a great many measures coming through the resources and waste strategy, which I am sure the hon. Lady is familiar with, with plans to reduce waste and increase recycling and resource efficiency, as well as an ambitious set of reforms to the way waste will be regulated and managed to mitigate future impacts. We will write to her about any progress being made on the idea of spot fines, but there is already a process that the Environment Agency can operate, with revocation being the end, if possible. I will get back to her. She mentioned earlier the transfer of permits; the Environment Agency has to assess transfers of permits, and there are regulations for how that should work.

Going back to the resources and waste strategy, there is a great deal in there that will be coming forward. As indicated by the hon. Member for Bristol North West, waste management facilities are now all required to have a written management system, designed to minimise the risk of pollution and reduce the impact on local communities and the environment, which should cover things such as the management of flies, odour, noise and dust. However, I take his point regarding requirements and actions to combat flies. That is already picked up through the written site management plan for Avonmouth, but I would expect the Environment Agency to be paying particular attention to that—I know it is doing so, but I will highlight that it is essential that it looks at that.

In the resources and waste strategy we will also strengthen the requirement for those operating permitted waste sites to be technically competent, remove or change some of the higher risk exemptions from the permitting system to ensure those facilities can be regulated fully, and enact far-reaching reforms to the ways in which waste can be transported and tracked. Just yesterday, £1 million was announced for investment in technology to help to crack down on illegal waste.

To sum up, I thank the hon. Gentleman for bringing this subject to the House. He is clearly working hard on behalf of his constituents. I hope I have made it clear that there is a system in place, and that the Environment Agency is doing all it can and will continue to monitor the situation with Bristol City Council and, indeed the hon. Gentleman himself.

Question put and agreed to.

Health Visitors (England)

4.30 pm

Tim Loughton (East Worthing and Shoreham) (Con): I beg to move,

That this House has considered the reduction in the number of health visitors in England.

I am grateful to the hon. Members who have come to speak on this important subject. I declare an interest as the chair of the all-party parliamentary group for conception to age two—the first 1,001 days. I also chair the board of trustees of the Parent-Infant Foundation, which runs attachment facilities and lobbies for better early intervention around the country.

I will start with some slightly alarming statistics. The cost of perinatal mental ill health in this country has been worked out at £8.1 billion per annum, according to the Maternal Mental Health Alliance, with up to 20% of women experiencing some form of mental health problem during pregnancy or the first 12 months after birth. The cost of child neglect in this country has been estimated at some £15 billion, with 50% of all maltreatment-related deaths and serious injuries occurring to infants and babies under the age of one. We currently spend in excess of £23 billion getting it wrong in those early years, particularly for mums and new babies. That is equivalent to something like half the defence budget.

There are 122,000 babies under the age of one living with a parent who has some form of mental health problem. Amazingly—this statistic came out time and again during conversations on the Domestic Abuse Bill—a third of domestic violence begins during pregnancy, and suicide is one of the leading causes of death for women during pregnancy or in the year after giving birth. About 40% of children in the United Kingdom have an insecure attachment to a parent or carer at the age of 12 months, according to Professor Peter Fonagy and others. Alarmingly, there is a 99% correlation between a teenager experiencing some form of mental illness or depression at the age of 15 or 16 and his or her mother having had some form of perinatal mental ill health during pregnancy. It is that close a correlation, making it that much more important that we make sure that the mums bearing those children, and also fathers, are as happy, settled and healthy as possible in those early stages, from conception to age two.

Luciana Berger (Liverpool, Wavertree) (LD): The hon. Gentleman set out the costs incurred in trying to prevent such travesties. Does he agree that the figures he refers to are actually conservative estimates? I believe that he was at the launch, quite a number of years ago, of the Maternal Mental Health Alliance, which arrived at the figure of more than £8 billion. Is it not the case that, although the economic costs are significant, it is the social and moral reasons that have brought Members from both sides of the House here for this important debate?

Tim Loughton: If the hon. Lady is patient, I will come on to the social impacts. I think the MMHA report came out in 2014 or 2015, so obviously things will have moved on, although the birth rate has slightly fallen in that time as well. These are substantial financial figures, but as she says, most important are the social impacts and the impact on the child.

On the physical impacts, our childhood obesity rates are among the worst in Europe, while breastfeeding rates in the United Kingdom are among the lowest in the world. We have rising emergency department attendances by children under the age of five, and infant mortality reductions have recently stalled. Just last week, we had the worrying figures about the dwindling vaccination rates in England in particular, with only 86.4% of children having received a full dose of the MMR vaccine. We have effectively lost our immune status, because the World Health Organisation vaccination target to protect a population from a disease is 95%.

The Children's Commissioner estimates that, in total, 2.3 million children live with risk because of a vulnerable family background, but that, within that group, more than a third are effectively invisible and not known to services and therefore do not get any support. We are talking about an expensive and widespread problem.

Stephen Lloyd (Eastbourne) (Ind): I pay tribute to the remarkable work of health visitors in my constituency. Does the hon. Gentleman agree that cutting the health visitor service by 30% over the last few years has clearly made it even harder for the profession and for the families and mums that they take care of?

Tim Loughton: Again, I ask the hon. Gentleman to be patient, because I will come on to all that. I realise that he wants to put on the record his tribute to health visitors in Eastbourne, as do I—as someone who was born in Eastbourne and had wonderful health visitors, I am sure, albeit 57 years ago now.

The one thing that all these problems, and a lot more problems I have not mentioned, have in common is that they come under the remit of the health visitor, to some extent or other. The health visiting service provides an important safety net for infants and young children—as well as mums and dads—who are at particularly high risk of having their needs missed, as they are not visible in the same way as children who are accessing an early years setting or a school, for example.

John Howell (Henley) (Con): Will my hon. Friend give way?

Tim Loughton: Another one? Yes, why not?

John Howell: My hon. Friend is making a very good speech—

Tim Loughton: But hon. Members keep interrupting it!

John Howell: I am very pleased to briefly interrupt him my hon. Friend. I pay tribute to the health visitors in my constituency. Is it not an important role of theirs to ensure that health inequalities are drummed out of the system?

Tim Loughton: That is a serious point; my hon. Friend is absolutely right. Health inequalities are still a big problem in this country, and those professionals on the ground, not least health visitors, are the first to come face to face with them and have the practical means, in many cases, to do something about them.

Karen Lee (Lincoln) (Lab): Will the hon. Gentleman give way?

Tim Loughton: I am happy to take interventions, but it will mean that hon. Members will have to make shorter speeches, as I am sure Mr Bone will point out.

Karen Lee: The Royal College of Nursing's briefing for the debate says that the number of health visitors with caseloads of more than 500 children rose from 12% to 21% between 2015 and 2017, so it will have risen even more in the two years that have elapsed since. The caseload is really worrying, in terms of people being missed.

Tim Loughton: The hon. Lady pre-empts a point I was going to make on page 5 of my notes, so I will take that bit out.

Unlike some other public service professionals, health visitors are non-stigmatising and usually welcomed over the threshold into homes, enabling them to give early advice and support to prevent later problems, encourage healthier choices, detect problems early and, in some cases, act as an early warning safeguarding alarm. Often when social workers are the ones to knock on the door, it may be too late, and that professional has a completely different sort of relationship with the family.

Jonathan Reynolds (Stalybridge and Hyde) (Lab/Co-op): I am grateful to the hon. Gentleman for securing this timely debate. What he just said is so important. The mandatory health visitor contacts in my constituency are not taking place as they should. When constituents complain or I complain, we are essentially told that they are profiled based on risk, which is clearly not how a mandatory set of contacts should work. I worry that we sometimes make assumptions about socioeconomic status or other factors, whereas the kind of problems we are talking about can manifest themselves in any family. If we are serious about having a mandatory system, should it not be that, rather than discretionary? If it is about capacity, let us talk about that.

Tim Loughton: Again, the hon. Gentleman makes a good point, which was on page 5 of my notes. This issue affects everybody across society, often better-off, more affluent families who might be better at hiding it or less inclined to come forward to seek help. The charity that I chair has units in Liverpool, Newcastle, London and so on, and we see that middle-class parents who have serious attachment dysfunction problems with their children are less likely to come forward. Those, ironically, may be harder-to-reach people. Health visitors are the early warning system and are able to signpost some of those people to services. They can also point out, "I think you have a problem," and it will be taken on trust.

I appreciate the good points that have been made, but I will make some progress. The cost of failing to intervene early is enormous—financially and, more importantly, socially. The impact of not intervening early can disadvantage a child through early years, school years, adolescence and often into adulthood. In some cases, it can be life-defining.

One of the great achievements of the coalition Government was to pledge a massive increase in health visitors. In opposition, the then shadow Health Minister, Andrew Lansley, championed the recruitment of no fewer than 4,300 new health visitors, based on the successful model of the Dutch Kraamzorg system—I was involved in research into that—where post-natal care is provided to a new mother and her baby an initial eight to 10 days immediately after birth.

Four years ago, the Government's health visitor implementation plan and the "Call to action" scheme were the pride of the nation. The policy was built on sound evidence that the health visiting profession had the power to drive health improvements and provide a universal service designed to give every child that best possible start in life, as we all want to see. Impressively, for a Government target, it was achieved—just about—in the lifetime of the 2010 to 2015 Parliament.

Depressingly, since then, the numbers have started to drop dramatically. In June 2015, there were 10,042 full-time equivalent health visitors in England. A year later, that had fallen to 9,491 and the latest figures show a 31% drop from the peak. According to the Institute of Health Visiting,

> "one in four health visitors do not have enough time to provide postnatal mental health assessment to families at six to eight weeks, as recommended by the government."

In response to a survey that the institute put out,

> "three quarters of respondents said they are unable to carry out government recommended maternal mental health checks three to four months after birth."

That is a crucial stage at which to pick up mental health problems with the parents, which may already be impacting or will impact on the infant. It is not only about looking after the baby, but the family unit and particularly the prime carer.

To a large extent, the reason for that has been the transfer of responsibility for health visitors from the health service to local government, as part of its enhanced public health responsibilities. I am not challenging the wisdom of doing that, but it has come at the time of the greatest squeeze on local government spending recently. The architecture of the delivery of health and wellbeing services for babies and young children, I think, has been fragmented in a disorienting manner between local councils, Clinical Commissioning groups and NHS England, with insufficiently qualified scrutiny of how it works. There is an issue around the quality of informed local authority oversight over many of these public health roles.

Steve Brine (Winchester) (Ind): I congratulate my hon. Friend on securing this debate. He has been consistently right in this area. My research ahead of this debate presented a worrying picture from GPs in Winchester, who report a distant relationship with health visitors. That is not their fault; it is because health visitors are so thinly spread. Does he agree that as well as providing more health visitors, it would be smart to address where they sit in the system and, maybe, to co-locate teams around the emerging primary care networks?

Tim Loughton: First, I pay tribute to the real acknowledgment of the importance of this area by my hon. Friend when he was public health Minister. He was always prepared to take our sometimes annoying approaches to prioritising the issue. He may be right. I am not too concerned with processes and structures; I am concerned with getting the professional face to face

with the parent and baby. We need to be smarter about where we can make that engagement happen and ensure it is not through lack of workforce that we are unable to do it.

Steve Brine *rose—*

Tim Loughton: If my hon. Friend wants to intervene again, he may, but it will eat into his own speech time.

Steve Brine: The issue is important because the primary care networks and the GPs who rightly run them are responsible for the outcomes of the patients they manage within those lists. If they had ownership of those health visitors, because they were commissioned within that structure, they would have every incentive to close the distant relationship that I mentioned.

Tim Loughton: My hon. Friend may well be right. One of my constituents is a health visitor. According to her, the current status of health is not serving families well, based, as it is, on universally delivered process outcomes, which risk, to use a phrase she quoted to me, "ticking the box but missing the point". That plays to the point my hon. Friend is making.

To illustrate the most successful ways of dealing with vulnerable families, I will use children's centres as an example, although I will not get into a whole argument about them. The most successful ones that I have seen are those where hot-desking occurs between a district nurse, a health visitor, a social worker, a school nurse and others, who are all signposting. The health visitor may get over the threshold and say, "I am a bit worried that there is a mental health problem there. When I go back and see the community mental health nurse at the children's centre, I might suggest she has a word." That is the way it must happen. These are interlinking problems and it is not just down to one professional to treat them.

On the local authority, public health budgets have seen a significant reduction from 2015. The recent 1% increase for 2021 is welcome, but there is a long distance to go to replace some of the past reductions. Some areas have suffered disproportionately. I want to flag Suffolk, where, I gather, the council has been considering plans to slash the health visiting workforce by 25% to save £1 million. I think that is a false economy and short-sighted.

The decline in the number of health visitors since 2015 has been due to qualified nurses retiring or moving to other roles within the health service and too few trainees entering the profession. Alongside workforce cuts by local authority commissioners, the health visiting profession is also facing recruitment and retention problems, falling staff morale and poor progression opportunities. Health visitors have also raised safeguarding concerns as their caseloads increase to meet increasing need and cover shortages.

In a 2017 survey by the Institute of Health Visiting, health visitors reported that children are put at risk due to cuts in the workforce and growing caseloads, finding that 21% of health visitors are working with caseloads of over 500 children, as the hon. Member for Lincoln (Karen Lee) pointed out.

Jeremy Lefroy (Stafford) (Con): When health visitors visited me in my constituency surgery in Penkridge, their frustration was that, although they love their job and want to do it properly, they cannot do it to the best of their professional satisfaction, because of the caseloads and because there were too few of them. Health visitors want to serve my constituents—the mothers, families and children—but they cannot, for those reasons. I had huge respect for their professional attitude, but it showed their real sorrow that they could not do the job as well as they want to.

Tim Loughton: My hon. Friend is absolutely right. I have met many health visitors. They are a fantastic resource and do huge amounts of good work well beyond their remit. They are frustrated by some of the processes and financial considerations that are stopping them from doing their job to the best of their ability with sufficient support.

Dr David Drew (Stroud) (Lab/Co-op): Will the hon. Gentleman give way?

Tim Loughton: This is the last intervention I will take, and I will finish shortly.

Dr Drew: One of the greatest frustrations is when families do not let the health visitors in, which is a growing trend. They come back time after time and they find there is nobody there or, if the people are there, they will not let them in. Does he agree that that is a very worrying development?

Tim Loughton: Earlier, I raised the contrast with social workers where there is a safeguarding issue. It is a completely different dynamic and relationship. There is a reluctance to let the social worker over the threshold. That is less the case with health visitors, because they are seen to be there to help. But there is a reluctance from some people, perhaps due to ignorance as to what the health visitor is there to do from people who think, "I know it all; I don't need you," or due to people who may fear that their vulnerability will result in their child being taken into care. That is why that friendly face is so important. The health visitor is on their side to help them in being a new parent, in a way that other professionals cannot be.

According to the state of health visiting survey by the Institute of Health Visiting, one in four health visitors did not have enough time to provide the post-natal mental health assessments to families at six to eight weeks, as recommended by the Government; the hon. Member for Stalybridge and Hyde (Jonathan Reynolds) mentioned that. These PMH checks are a key part of the Government's maternal mental health pathway. Previous research involving clinical trials with 4,000 mothers found that those who received health visitor support were 40% less likely to develop post-natal depression after six months.

There are five mandated reviews under the healthy child programme that health visitors undertake. While those are spread across the first 1,001 days, they are concentrated in the first 12 months. Health visitors are concerned that the number of reviews is insufficient and leaves too large a gap between contact with families. Not enough scheduled reviews are happening, and we probably need more reviews intensively at those early stages.

[Tim Loughton]

There was also a lot of concern about steps being taken to help recruitment. I tabled a question earlier this week, which the Minister kindly answered. I asked

"the Secretary of State for Health and Social Care, what steps he is taking to reverse the fall in the number of health visitors."

She replied in a written answer, saying that

"Since 2015, local authorities have been responsible for the commissioning of services for zero to five-year-olds and as such, they determine the required numbers of health visitors based upon local needs."

We understand that. She continued:

"A Specialist Community and Public Health Nurse apprenticeship (Level 7) is currently in development. This will offer an alternative route directly into the health visiting profession."

I am afraid that that answer raised some alarm among people at the Institute of Health Visiting, and the response to it that I got back was to point out that

"The apprenticeship route is not an alternative route directly into health visiting. Applicants still need to be nurses or midwives and the course presents a number of risks: it is longer, the end point assessment delays qualification unnecessarily…it does not deliver a national strategy for the profession. HVs"—

that is, health visitors—

"who are not employed by the NHS do not have the same opportunities to those covered by the NHS People Plan—this includes NHS funding for CPD"—

that is, continuous professional development—

"leadership development, pay rises, safer staffing and national action to address recruitment/retention difficulties."

It also pointed out:

"Local Authorities determine the level of HVs dependent on local need, however there is no measure of quality of service or guidance on how far the service can 'flex' to meet those needs."

In addition, the apprenticeship is still not ready to be rolled out; it takes longer than current training; and it is more costly and therefore less attractive to employers and/or recruits.

An urgent workforce plan is needed to tackle dwindling health visitor numbers. I have spoken to representatives of the Local Government Association. They are very concerned about this situation; as representatives of local government, they want to get their public health role right. The LGA said that

"it had offered to work with the Department of Health and Social Care, the NHS and Health Education England to help deliver a plan that would see the 'right number' of training places commissioned. It would also develop new policies to ensure health visiting remained an 'attractive and valued' profession."

I hope that the Minister is receptive to that offer; I am sure she is.

What needs to be done? Again, we need to value the role of the health visiting profession. I am sure that all of us in this Chamber and beyond would want to do that, but we have to will not only the inclination but the means as well.

A publication by the Institute of Health Visiting, "Health Visiting in England: A Vision for the Future", makes 18 sensible and practical recommendations, and they all involve some investment. I will touch very quickly on a few. The institute wants to see

"urgent and ring-fenced public health investment…A review of 0-5 public health funding…to cover the cost of delivery of the Healthy Child Programme in full in all Local Authorities in England."

All local authorities in England will need that funding. It goes on to say:

"As we await the refreshed Healthy Child Programme, as an interim measure, the proposed metric should be a floor of 12,000"—

that is, 12,000 full-time equivalents—

"to restore the workforce to the target figure calculated for the Health Visiting Implementation Plan, 2011-2015…New National Standards for health visiting are needed to support consistency within the profession. The title 'health visitor' and its role should be protected and restored to statute. A review of health visiting training with a risk assessment of the impact of the removal of Health Education England funding of training and replacement by the use of the Apprenticeship Levy."

Frankly, those are sensible measures. I very much hope that the Minister will look at them positively; I am sure she will. It would be a false economy not to do these things. They need to be part of a bigger shift in Government policy—the policy of any Government; I may be pushing at an open door—towards an earlier, more intensive, preventive intervention approach, from conception to the age of two especially. Health visitors are absolutely at the centre of that.

Several hon. Members *rose—*

Mr Peter Bone (in the Chair): Order. It might be helpful to right hon. and hon. Members to let them know that the wind-ups must start at 5.15 pm, and that there are four Members trying to catch my eye. I hope Members can bear that in mind.

4.53 pm

Liz McInnes (Heywood and Middleton) (Lab): It is a pleasure to serve under your chairmanship, Mr Bone, and I am grateful to the hon. Member for East Worthing and Shoreham (Tim Loughton) for securing this important and timely debate.

Before I was elected to this place, I was a lay representative who chaired Unite the union's national health sector committee. As a result, I had a great deal of involvement in the work done by our health visitors and community practitioners under the umbrella of the Community Practitioners and Health Visitors Association, which operates under the auspices of Unite the union.

I gave up that role in 2014 when I was elected to serve the constituents of Heywood and Middleton. However, I recall that at that time there was great deal of disquiet and unrest about health visitor services, which, as a result of the Health and Social Care Act 2012, were being transferred from NHS commissioning to be commissioned by local authorities. It seems, from what the hon. Gentleman has said and from readily available figures, that the worries that existed at that time have come to pass, as the number of children's health visitors fell by 31% between 2015 and 2019.

The Local Government Association says that the number of health visitors who are retiring or taking other NHS jobs, combined with too few trainees entering the profession, has led to the workforce being stretched to its limits, at a time when the number of vulnerable children and families is rising.

With cuts to public health budgets, councils are struggling to afford the number of health visitors needed to cope with the workload. Figures from the Office for National Statistics show that the number of under-fives in the borough of Rochdale, in which my constituency is situated,

is just over 15,000. With just 52 health visitors in the borough, that gives an average caseload of 290 children per health visitor, when the recommended maximum—as recommended by both the CPHVA and the Institute of Health Visiting— is 250.

With health visitors being so overworked, they may, through no fault of their own, fail to spot child abuse, domestic violence and post-natal depression, and they may also have too little time to help mothers to bond with their babies. A survey conducted by the Institute for Health Visiting showed that health visitors themselves are voicing fears about child tragedy, as a result of increasing case loads and high levels of stress.

With year-on-year cuts to our public health grant, it is difficult to see where the funding will come from to provide and improve this vital service. In the borough of Rochdale, the public health grant is now £3 million lower than it was in 2016-17, having decreased from £19.7 million then to £16.7 million in 2018-19. For this financial year—2019-20—the budget has been cut yet again, to £16.3 million, giving cumulative cuts over the past four years in the borough of Rochdale of more than £8 million. Nationally, councils' public health budgets have reduced by £531 million between 2015-16 and 2019-20.

I welcome the fact that in the NHS long-term plan the Government pledge to look again at commissioning arrangements, not only for health visitors but for school nursing and sexual health—areas of health provision that are also suffering with increasing caseloads and staff shortages. It is my hope that the responsibility for commissioning will revert to the NHS, and that it will be adequately funded and resourced. I will be very interested to hear the Minister's comments on that.

Before I conclude, I will just mention some good news about the CPHVA. It has just appointed two high-profile vice-presidents: Professor Gina Higginbottom, who was the first black, Asian or minority ethnic nurse to hold a professorial role at a Russell Group university; and Sara Rowbotham, who is a friend and colleague of mine. Sara worked for Rochdale's crisis intervention team from 2004 to 2014, and she helped to expose the Rochdale grooming gang scandal. She is also currently the deputy leader of Rochdale Council.

These appointments are welcome at a time when health visiting and school nursing are facing this crisis of falling numbers. Professor Higginbottom has declared her commitment to reducing health inequalities in the role, while Sara has pledged to fight for members' voices to be heard. I hope that the Minister might find the time to meet these two inspiring women. I am sure that she will find such a meeting productive and helpful in preparing a much-needed clear plan to improve health visiting numbers and the quality of care provided for children and families.

4.59 pm

Luciana Berger (Liverpool, Wavertree) (LD): It is a pleasure to serve under your chairmanship this afternoon, Mr Bone. I congratulate the hon. Member for East Worthing and Shoreham (Tim Loughton) on securing this important debate and on his work with the all-party parliamentary group for conception to age two—the first 1,001 days.

I will start by paying tribute to the Institute of Health Visiting and, most importantly, to the army of health visitors themselves. I know what an important job they do from my own experience as a mum to a two-and-a-half-year-old and a seven-month-old. In particular, I put on record my thanks to Gill and Katie, who have helped me and my family. Health visitors do a brilliant job against a backdrop of falling numbers, growing caseloads and, in some cases, unconscionable pressures. In the wake of the cuts to public health, it is now clear that we have seen a steady diminution in health visitors across England.

As we have heard, since October 2015, the number of health visitors in England has reduced by a quarter from just over 10,000 to just under 8,000, which piles extra pressure on existing health visitors. Nearly a third of health visitors have case loads of more than 500, which is twice the safe level set by the Institute of Health Visiting. Unfortunately, that can only have a detrimental impact on the quality of care. At best, it risks health visitors being less helpful. At worst, it is counterproductive to their aims and goals.

Looking at a number of indicators, we see that there is mounting evidence that things are getting more challenging. The reductions in infant mortality have stalled. We have already heard about issues around breastfeeding, which is a subject that is particularly close to my heart. We now have some of the worst breastfeeding levels in Europe, and I say that as an MP in Liverpool, where so much work has gone on via our Babies and Mums Breastfeeding Information and Support—or BAMBIS—service to support and assist mums in their own homes. We have seen a great increase in the proportion of women breastfeeding in Liverpool, but levels countrywide are still far lower than they should be. We are facing an obesity crisis. Immunisation rates are falling. We have missed the target for measles and the UK has lost its measles-free status. We are living through a mental health crisis, and I reflect on the fact that the period of a woman's life where she is 30 to 40 times more likely to experience a period of psychosis is the year after birth. That is the moment in her life where extra additional support is needed.

We see a particular challenge with adverse outcomes not being distributed evenly, which speaks to health inequalities. That issue falls far down the agenda and gets much less attention than it deserves, but we are seeing a widening of inequalities across the country. Poor health goes hand in hand with someone's postcode, income, social status and what their parent or parents do for a living. The impact of inequality is keenly felt in too many areas, including in Liverpool and other disadvantaged neighbourhoods. Nearly 70% of health visitors have reported having to access emergency food aid and go to food banks on behalf of the families they are supporting. The Institute of Health Visiting stated in its report that those inequalities resulted in poorer physical and mental development, poorer academic achievement and poorer employment prospects at every stage of a child's life.

We are talking about the most fundamental of issues: how can we ensure that every child born in this country has the best life outcomes and best life chances? Health visitors play such an important part in those outcomes and provide such a vital intervention in supporting new parents. The list of what they do goes on and on, and

[Luciana Berger]

we have heard much about that already. They also play an important part in preventing ill health, rather than trying to cure it later. Health visitors play a critical role beyond health, whether that is supporting troubled families, improving early language development and learning at home, particularly where a child might have special educational needs, or improving parental confidence and knowledge to avoid unnecessary trips to our health service.

Health visitors should form part of a truly integrated system of health, care and wellbeing that is tailored to the parent and child, with the right interventions, advice and support at the right time. I reflect on that as a member of the Health and Social Care Select Committee on. We did a report called "First 1000 days of life", in which the first priority was for every child to receive the five mandatory visits. In fact, we said that that number should be increased to six, with a visit at three or three and a half years old to ensure that every child is ready for school. We perhaps do not like to talk about that issue, but we are seeing increasing concern about it from teachers across the country.

I am conscious that my time is coming to an end, so I want to reflect on that recommendation from the Health and Social Care Committee. Health visitors play such an important role. They support families where others do not have the opportunity to do so. They enter people's homes and they are trusted. When I think about all the health professionals I connected with as a new parent, it was my health visitor whom I relied on. We need to ensure that we are not creating the conditions for a public health crisis for future generations, and I hope that in the Minister's response we will get some glimmers of hope that we will see an increase in the number of health visitors, not a further decrease.

5.5 pm

Karen Lee (Lincoln) (Lab): It is a pleasure to serve under your chairmanship, Mr Bone. I congratulate the hon. Member for East Worthing and Shoreham (Tim Loughton) on securing this vital debate. The role of the health visitor is important to our local communities. The health visiting service provides the vital support that young children and their families need to ensure that every child has the best start in life. Health visitors address cross-departmental priorities for children and give a voice to young children living with adversity, who can in some cases be invisible to other services. The health visiting service provides an important safety net for infants and young children who are at particularly high risk of having their needs missed, as they are not visible in the same way as children who are accessing an early years setting or are at school.

Early intervention is vital for children and their families and an effective health visitor service is a proven way to improve health outcomes and reduce inequalities. However, in January 2019, the Royal College of Paediatrics and Child Health raised serious concerns about widening child health inequalities, highlighting that:

"Universal early years services continue to bear the brunt of cuts to public health services".

In Lincoln, 28% of children live in poverty. Health visitors are desperately needed to ensure that those children receive the support they deserve. In 2015, the commissioning of health visitors was transferred from the NHS to local government—a bad move in my view—and that has resulted in a negative impact on the working conditions of local health visitors and the capacity of the service delivered to my constituents, as the funding is not ring-fenced. I am deeply worried by the steps that Lincolnshire County Council has taken to divide the health visitor role, and I was proud to support the health visitor strike against the proposed changes.

The changes will divide the health visitor role into two different job descriptions, which will create a flawed career progression scheme that restricts health visitor career progression. All health visitors undertake the same training, and upon qualification they are all expected to carry out every facet of their role on a daily basis. It is my understanding that there is no rationale to explain why one health visitor would be demoted to a junior job description while another continued at the same level. It is a fact that fully qualified top band 6s are leaving or have left—many with years of experience—due to a reduction in their status and an enforced three-year pay freeze. We are losing an important skilled workforce who are invaluable to our community. As a qualified nurse, I have to say that nurses and healthcare professionals do not go on strike without a really good reason.

Analysis undertaken by Unite shows that those held back from progression due to the changes will lose a substantial sum annually in comparison with the NHS pay structure. I am concerned that the reforms are not being undertaken in the best interests of the health visitor service, but rather as a mechanism to deskill the service in order to reduce pay. Financial efficiency must come second to the wellbeing of our local communities. It risks the long-term social benefits created by investing in our children's future at a crucial early stage. Will the Minister make representations to Lincolnshire County Council—please do not push it to one side and say it is a local government issue—to prevent the downgrading of the health visitor role? It is important in my constituency of Lincoln, and I hope I am being heard. It is important that Lincolnshire County Council recognises health visitors' professionalism and importance to our community and rewards them accordingly.

5.8 pm

Rachael Maskell (York Central) (Lab/Co-op): It is a pleasure to serve under your chairmanship, Mr Bone. I thank the hon. Member for East Worthing and Shoreham (Tim Loughton) for introducing this important debate. The Labour Government recognised the decline in the number of health visitors and therefore put in train a health visitor implementation plan. As head of health at Unite—I refer Members to my declaration in the Register of Members' Financial Interests—I was delighted to see that plan come to fruition during my time there. The ambition to raise the number of health visitors by 4,200 was a steep challenge, but a necessary one. We have heard the reasons why. Health visitors are the backbone of early intervention by health services. They are the pioneers of public health, and are instrumental in addressing health inequality. At a time when there are real challenges on children's health, it is so important that a workforce is there to deliver that service.

Unfortunately, as we have heard, the numbers have fallen by 31% to date, from a peak of 12,292. That is having a serious impact not only on young people and

their opportunities but on staff. We know from the work that the Community Practitioners and Health Visitors Association has carried out that 85.3% of health visitors are experiencing stress. They have case loads that are unsafe. It is therefore vital that the Minister put a statutory caseload figure on the books. It is important that health visitors work to criteria under which they can cover their caseloads. In York, we have only 29 health visitors to cover our city, which has a population of nearly 10,000 children. That clearly is not safe at all.

The health visitor implementation plan was good, though very rushed. Often mentoring was being stretched from a one-to-one relationship, which is the norm, to one-to-six. That is what I heard from some health visitors in training. No sustainability was put into the plan after its implementation. Therefore, with an ageing workforce, we saw rapid decline and people moving elsewhere in the health service—partly because they were placed in local authorities that, under the austerity measures, decided to cut back not only on opportunities for training and development but on pay.

Such cutbacks had a significant impact, and downgrading was part of it. For people who went to work in outsourced services, for which we obviously cannot get hold of information about true numbers through freedom of information requests, we know that conditions were even worse, and that people have left the service after their training period. That is a massive loss to our service as a whole.

I will rapidly move on to what needs to be introduced—a new, and properly resourced, health visitor information plan. There was a promise in the report on young people by the right hon. Member for South Northamptonshire (Andrea Leadsom) that the comprehensive spending review would resource the future programme, but of course we have not had the comprehensive spending review. It is therefore urgent that the Government put money on the table to deliver that.

We also need to ensure that we bring services back into health that have been outsourced, so that there is proper monitoring of the service and it is seen as a statutory service to be delivered. I am very interested in the ideas that have been proposed in today's debate that it either be moved back into the NHS or into a proper partnership between health and local government. The reality is that the right relationships need to be built for health visitors to deliver the programme.

Finally, we need to ensure that the right stakeholders are brought around the table. It has been brought to my attention that some consultation has taken place on how we should move forward on such issues as the number of mandated contacts and so on, but not all the stakeholders are there. I urge the Minister to meet the CPHVA, which is the lead organisation representing health visitors, and to ensure that included in that cohort are people working in the profession who can really reflect what it is like on the frontline today.

5.13 pm

Julie Cooper (Burnley) (Lab): It is a pleasure to serve with you in the Chair, Mr Bone. I thank the hon. Member for East Worthing and Shoreham (Tim Loughton) for bringing this important subject before us, and for the sterling work that he does chairing the all-party parliamentary group for conception to age two—the first 1,001 days.

We have had some really interesting speeches, and I thank all Members who have spoken for some very convincing contributions that have outlined very clearly the massive contribution that health visitors make to communities and to individual families, covering all sorts of services—from basics such as the transition to parenthood, particularly helping new parents, to support with breastfeeding and weaning, and encouraging the full take-up of immunisations. It has been pointed out that we have a very poor record on that. Health visitors also support the mental health of parents who might be feeling vulnerable in their new role; advise on a host of minor ailments from which children might suffer; ensure readiness for school; check that developmental changes are happening at the appropriate stage; and help to pick up early any special needs and problems.

The hon. Member for East Worthing and Shoreham talked about the importance of safeguarding and the cost—not just the cost to the family, but the financial cost of services when it does not happen. Health visitors, as registered nurses with additional midwifery, community and public expertise, play a tremendous role. I do not think that there is any disagreement in the Chamber about the contribution that they make. Praise for them among health professionals is widespread. The president of the Royal College of Paediatrics and Child Health has said:

"Health visitors act as a frontline defence against multiple child health problems".

The Children's Commissioner for England said:

"Health visitors are an essential part of the country's support structure for young children and their parents".

My daughter Anna became a new parent six months ago today. Ahead of the debate, I asked her what she thought of her health visitor. She said:

"We loved our HV. We didn't have consistent midwifery care—a different midwife every week before and after Nora was born—but we had one HV who first visited me before Nora was born and told me she would be my health visitor throughout the early stages of me becoming a mum. We found her especially helpful when Nora started struggling"

with feeding. Anna also said of her health visitor that

"we'd been discharged by the midwife and didn't want to bother the GP. She was just a phone call away or would pop to see us."

I am grateful to the hon. Member for Liverpool, Wavertree (Luciana Berger) for what she said about the benefit she had from health visitors. There is no disagreement about their value, and I put on the record my thanks to health visitors across the country for the sterling work that they do in times of considerable difficulty and challenge. They are very much a British phenomenon. We are the envy of the world, having health visitors—and with good reason. We all know that there is nothing more important than giving children the best possible start in life.

Bearing all that in mind, it is distressing to hear that the number of health visitors is falling so drastically. We are going backwards and it is extremely worrying. The Minister may point to the fact that David Cameron increased the number of health visitors, but that is old news, and the picture now is very different. In 2015, there were 10,300 health visitors; by 2017, that number had fallen to 8,244. The reality is that every month the numbers fall. None of that is really surprising considering that, in late 2015, public health and the commissioning of health visitors became the responsibility of local authorities. That transfer of responsibility was accompanied

[Julie Cooper]

by a budget reduction of 6.2% and the requirement to cut year on year until 2020. Funding for health visitors is not ring-fenced, so is it any wonder that cash strapped authorities are commissioning fewer and fewer?

I raised my concerns about this last year with the former Health Minister, the hon. Member for Thurrock (Jackie Doyle-Price). She said:

"health visitors are probably the most important army in the war against health inequalities. They provide an intervention that is very family-based and not intimidating…There has been a decline…which we really must address if we are to get the earliest possible intervention and the best health outcomes for children."—[Official Report, 23 July 2019; Vol. 663, c. 1204.]

I totally agree. That was said last year, and the Government have failed to act and the numbers have continued to fall.

The numbers of children have not fallen, though, and it is therefore important to recognise the increased workload of the remaining health visitors. My hon. Friends the Members for Heywood and Middleton (Liz McInnes), for York Central (Rachael Maskell) and for Lincoln (Karen Lee) all raised the falling numbers, and pointed to the fact that the Institute of Health Visiting current caseload identification exceeds safe levels. The recommended maximum caseload for health visitors is 250. The Care Quality Commission reports that the average is 500 and, in the London Borough of Hounslow, the average number—not the highest—is 829 per health visitor. That is obviously affecting their ability to deliver a quality service, and it is now true that the proportion of six-to-eight-week reviews completed for newborn children ranges from 90% in some areas to only 10% in others. It seems that vital workforce planning is a thing of the past, and our children and communities are paying the price.

In the widest sense, that approach is so short-sighted. No health professional is better placed than a health visitor to support parents and children in those vital early years. The early intervention of a well-qualified, accessible health professional can be the difference between children thriving and not. For every child who does not thrive, there is a cost, not just to the family but to wider society. There is a wealth of evidence to demonstrate the high impact that health visitors have in key areas.

Mr Peter Bone (in the Chair): Order. I am sorry to interrupt the shadow Minister, but there is a guideline of five minutes for shadow Ministers in these debates, with 10 minutes for the Minister. We are cutting into her time, so I hope the shadow Minister has finished her speech.

Julie Cooper: May I make a couple of final points?

Mr Peter Bone (in the Chair): Of course—very quickly.

Julie Cooper: Today, the Minister has heard an appreciation of the contribution of health visitors. We look to her to address the question of future provision, and outline how she is going to turn around the decline in numbers.

5.20 pm

The Parliamentary Under-Secretary of State for Health and Social Care (Jo Churchill): It is a pleasure to serve under your chairmanship, Mr Bone. I congratulate my hon. Friend the Member for East Worthing and Shoreham (Tim Loughton) on securing this important debate.

I also congratulate Members on the degree of consensus that there has been about how important health visitors are to each and every family they touch. I may not be able to answer Members' contributions directly, but I will ensure that if there are further points to make after this debate, I will write to Members in due course. I pay tribute to my hon. Friend's leadership and support on the issue of children and young people, and particularly his efforts to focus on those first 1,001 days, which can impact on social, economic and physical outcomes throughout life. I strongly agree about the importance of early years intervention, and that strengthening support at the very start can stop problems escalating and help the broader family. As both my hon. Friend and the hon. Member for Liverpool, Wavertree (Luciana Berger) pointed out, we can stop these problems before they start, or we can certainly intervene.

My hon. Friend made strong arguments for the value of health visitors and their ability to cross every threshold, which cannot be overestimated. Good health is one of our country's greatest assets, and we cannot take it for granted; just as we save for retirement, we should be investing in our health throughout life, from the cradle to the grave. Starting in childhood—actually, even before a child is born—we can help to ensure that our children enter the world, and that they are raised, healthy and happy.

Most babies get a fantastic start in life, benefiting from the support of loving parents and dedicated health professionals. However, we know that some lives can be easier than others, often because of circumstances over which those babies have no control and the conditions in which they are brought up. Children who live in more deprived areas are more likely to be exposed to avoidable risks and have poorer outcomes by the time they start school. As the hon. Member for Liverpool, Wavertree pointed out, some of those things have impacts further down the line: at the weekend, a teacher said to me that if a child has poor linguistic skills, that will affect their ability to learn to read because of phonics and so on. It is right, therefore, for support to have a clear focus on reducing inequalities and targeting investment to meet higher needs.

The Government remain absolutely committed to working with partners to identify how to support growth in the community workforce, including through district nurses, general practice nursing, GPs, health visitors and school nursing—the team that my hon. Friend the Member for East Worthing and Shoreham described so well. We are taking significant actions to boost the workforce, including training more nurses, offering new routes into the professions, enhancing reward and pay packages to make nursing more attractive and improve retention, and encouraging those who have left nursing to return. I know that there is still post-qualification, but I do not pretend that there are no challenges; many Members have articulated the challenges that exist, particularly issues such as CPD, which we are aware of and are working on.

We know that the electronic staff records show a reduction in the number of health visitors employed by NHS organisations. However, we also know that this is not a complete picture of the health visitor workforce, who may be employed in social enterprises, private sector organisations or local government. I want to work with partners such as the Local Government

Association and the Institute of Health Visiting to establish a much clearer picture, which is what the IHV asked for in its "Health Visiting in England: A Vision for the Future" report—I think it was recommendations 12 and 13. That will help to move the debate forward.

I am pleased that Health Education England is also leading on the development of a specialist community public health nursing standard. That standard will cover several roles, including those of health visitor, school nurse, occupational health nurse and family health nurse, and I am keen for that development to progress swiftly. Currently, as my hon. Friend mentioned, a specialist level 7 community and public health nurse apprenticeship is in development. That apprenticeship will offer an alternative route directly into the health visiting profession, on top of existing pathways that enable people to qualify as health visitors. We must make the best use of these highly skilled and valued members of the profession and of the broader healthcare family, and we must ensure that they can optimise the good they can do when they intervene in children's lives.

Local authorities remain well placed to commission health visiting and early years support, but they should do so in partnership with all those around them.

Mr Jonathan Lord (Woking) (Con): Like many other Members, I have been contacted by some terrific health visitors, in my case from Woking. They do a wonderful job, but against a very difficult financial backdrop. As the Minister looks to resource this area in the future, can we make sure that there is fair funding across the country, including to our counties?

Jo Churchill: I thank my hon. Friend for his intervention, which links to the fact that fragmentation also remains a challenge throughout the system, running counter to the aim of whole family support that my hon. Friend the Member for East Worthing and Shoreham mentioned. I believe strongly that there is scope to improve collaboration between councils and NHS bodies in order to improve delivery, particularly on important issues such as breastfeeding, immunisation and the like. The digital child health programme is one area in which we are helping to overcome barriers, securing national backing so that information is shared properly between key professionals. That is particularly important for strengthening the links between primary care and health visitors. However, there are further areas in which we can work together better to support those with higher needs, and I intend to reflect on the points made during this afternoon's debate and work further on the recommendations of the "Vision for the Future" report.

The commitment to grow the public health grant as part of the local government settlement underlines the Government's commitment to protecting and improving the health of the population. Local leaders remain well placed to make decisions for their communities; there is a disparity across the piece, and we need to better understand the data. Local decisions should be based on robust assessments of local needs, supported by workforce plans.

Research also suggests that there are short and long-term educational and socio-emotional benefits from early childhood education and care. That is why we have prioritised investment in early education; the 15 hours of free early education for disadvantaged two-year-olds is welcome. However, those benefits start earlier—with a person's interaction with their health visitor when they are 28 weeks pregnant, or even before that, in personal, social and health education lessons in schools. In those lessons, we talk about healthy relationships and equip our young people with advice on issues such as substance abuse and parenting.

In the prevention Green Paper, we announced our commitment to modernise the Healthy Child Programme to reflect the latest evidence about how health visitors are part of a wider integrated workforce, providing support. Doing so provides an important opportunity to work with partners, and I will take my hon. Friend the Member for East Worthing and Shoreham up on his offer, made in his recent letter, to bring with him academics and other interested parties—I note that there are interested parties across this Chamber—to talk about how we can best move this forward. I want to ensure that support is both universal in reach and capable of a personalised response, focusing support where the additional needs suggest we should put it.

I understand the continued focus on five mandated contacts, which provide a vital opportunity for contact with families, and national data shows that coverage has improved. However, I take on board the points that have been made; I do not want to reduce contact to those five moments, and there have been some interesting conversations about other points of contact. I have heard some within the health visiting profession say that they are being pushed to tick the box but miss the point, and I have spoken to my local health visitor lead about that issue. Health visitors are highly qualified professionals who have an important leadership role, and I wish to reinvigorate that role. Through working closely with commissioners and other professionals, particularly midwives, health visitors are critical to a child's journey.

If we are serious about supporting early intervention, that means starting with relationships. Becoming a parent is an important time in anyone's life, but it does not come with a manual; we all need help, and professionals have an opportunity to give evidence-based advice and support. Our vision for prevention encompasses the whole of life. We are now reviewing the prevention Green Paper, including the response to it by my hon. Friend the Member for East Worthing and Shoreham. We will ask ourselves what more can be done, and we will work with local authorities and NHS bodies to address that question.

To give every child the best possible start in life and the opportunity to fulfil their potential, we need to fundamentally change the way we operate. I want to ensure that systems are in place to help infants as they develop, move to school and grow into adulthood; to overcome fragmented service provision; and to make the best of what exists, while using the evidence to maintain a resolute focus on additional needs. I look forward to working with my hon. Friend, and I am optimistic that we can make the change.

Mr Peter Bone (in the Chair): I apologise to right hon. and hon. Members, but time has beaten us, so I am afraid that the sitting stands adjourned.

5.30 pm

Motion lapsed, and sitting adjourned without Question put (Standing Order No. 10(14)).

Written Statements

Wednesday 23 October 2019

BUSINESS, ENERGY AND INDUSTRIAL STRATEGY

Nuclear Energy Infrastructure

The Minister for Business, Energy and Clean Growth (Kwasi Kwarteng): This statement concerns an application made by Horizon Nuclear Power Limited under the Planning Act 2008 for development consent for the construction and operation of a new nuclear power station and associated infrastructure at Wylfa Head on the Isle of Anglesey.

Under section 107(1) of the Planning Act 2008, the Secretary of State must make a decision on an application within three months of receipt of the examining authority's report unless exercising the power under section 107(3) to set a new deadline. Where a new deadline is set, the Secretary of State must make a statement to Parliament to announce it. The deadline for the decision on the proposed Wylfa Newydd (Nuclear Generating Station) Order application was 23 October 2019.

There are outstanding issues which mean that we are unable to reach a decision based on the information provided to us. The Secretary of State has therefore extended the deadline for deciding the application to allow further information in respect of environmental effects and other outstanding issues to be provided and considered. The applicant and other interested parties will be given until 31 Dec 2019 to respond to our request for further information. This will then be assessed, potentially including public consultation, and a final decision taken on or before 31 March 2020.

[HCWS33]

EDUCATION

Teachers' Pay and Pension Grants

The Minister for School Standards (Nick Gibb): Today I am confirming the updated allocations for the teachers' pay grant and the first allocations for the teachers' pension employer contributions grant for 2019-20.

The teachers' pay grant was first announced in July 2018 by the Secretary of State for Education. It was introduced to provide additional funding to schools to support them with the costs of the 2018-19 teacher pay award, over and above the 1% rise schools would have expected and been planned for.

In July 2019, the Secretary of State accepted the school teachers' review body's recommendation of a 2.75% uplift to the minima and maxima of all teacher pay ranges in 2019. In recognition that this award was more than the 2% we assessed was affordable nationally in our evidence to the STRB, the Secretary of State confirmed an additional investment of £105 million into the teachers' pay grant this year. This is on top of the £321 million of funding already committed in 2019-20.

As with 2018-19, the grant will be paid to all state-funded schools and academies, including maintained nursery schools. This will be on the basis of pupil numbers in mainstream schools, and place numbers in special schools and other specialist provision. All schools will be funded for at least 100 pupils or 40 places.

We are also fully funding the increase in pensions contributions that state-funded schools and colleges will have to make from September 2019. In April we announced the teachers' pension employer contribution grant (TPECG), worth £848 million this year, which will provide this funding for all state-funded schools and academies, including maintained nursery schools. In September, the Secretary of State announced that, as part of the Government's investment in schools, this funding—worth £1.5 billion each year—will continue for the next three years.

As with the teachers' pay grant, this will also be paid on the basis of pupil and place numbers, with all schools funded for at least 100 pupils or 40 places.

The grant will be accompanied by a supplementary fund, which schools can apply for if their grant allocation falls short of their actual pension costs increase by more than 0.05% of their overall budget. This will make sure all schools are properly protected from rising pension costs. Mainstream schools will be able to apply to the fund from 2 December 2019, with payments due in March 2020. Specific guidance on completing the application form will be published later in the autumn. A similar scheme will apply to local authorities, in respect of the specialist provision in their areas.

Further details and guidance will be published on gov.uk.

[HCWS32]

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT

Heritage: National Listings Process

The Secretary of State for Housing, Communities and Local Government (Robert Jenrick): The listing process has ensured some of England's most special and distinctive historic buildings have been protected. However, the process which begun in the post-war era, both nationally and locally, was never completed and many buildings that are important locally have gone unrecognised and are not protected from development.

The national listing process provides statutory protection to around 500,000 buildings across England. Where buildings are included on local heritage lists (as non-designated heritage assets), they are also better protected from development under the planning system. Until now, local lists have been the domain of local planning authorities, yet only around 50% of authorities have such lists and where they do, they are often out of date and incomplete.

We intend to change this. Protecting the historic environment must be a key function of the planning system. Today, the Government are taking action to address this issue and encourage greater listings.

As a first step, I have announced the most ambitious new heritage conservation campaign since the 1980s, with the ambition of significantly increasing the number of historic buildings protected from development. This will start with 10 English counties, supporting them to complete their local lists. It will involve local people nominating the buildings and community assets they cherish, which will be protected for future generations. The Government will back the campaign with £700,000 of investment, which will give counties the tools, funding and expertise they need to list and protect, what could be, thousands more buildings across England.

To support this vital work, the Government will appoint an independent local heritage adviser. They will boost conservation efforts through driving greater engagement with the local communities and heritage groups. This independent heritage adviser will also work with Historic England to identify the 10 counties who are home to many historic buildings that are not yet protected and would most benefit from the additional listings.

To involve the public in the national effort, I will contact all parishes to emphasise the importance and benefits of listing historic buildings to protect them from development and ask them to nominate buildings. To further this work, Historic England will run a national campaign in spring 2020 on "Local Identity". This will involve a season of events to inspire connection with local places, raise awareness of locally listing historic buildings and get the nation talking about what defines our built heritage.

Finally, building on the £95 million fund announced in September by the Secretary of State for Digital, Culture, Media and Sport to help unlock the economic potential of 69 high street Heritage Action Zones across England, my Department will also be working with Historic England to support local communities to identify important buildings in these action zones and will consider which of these should be recommended to the Culture Secretary for inclusion in the national list.

[HCWS31]

ORAL ANSWERS

Wednesday 23 October 2019

WRITTEN STATEMENTS

Wednesday 23 October 2019

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