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**HOUSE OF COMMONS**  
**OFFICIAL REPORT**

**PARLIAMENTARY**  
**DEBATES**

**(HANSARD)**

**Monday 27 January 2020**

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# House of Commons

*Monday 27 January 2020*

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

## PRAYERS

[MR SPEAKER *in the Chair*]

## Speaker's Statement

**Mr Speaker:** Today is Holocaust Memorial Day and the anniversary of the liberation of Auschwitz-Birkenau, the largest Nazi death camp. Many powerful speeches were made in the debate on this subject last Thursday, highlighting the personal stories of those terrible events. We remember the millions of people murdered during the holocaust under Nazi persecution and in the genocides that followed in Cambodia, Rwanda, Bosnia and Darfur.

I remind hon. Members that the deadline for nominations for Select Committee Chairs is today at 4 pm. Nominations must be handed in to the Table Office.

## Oral Answers to Questions

### WORK AND PENSIONS

*The Secretary of State was asked—*

#### **Pension Fund Investments: Climate Change**

1. **Jerome Mayhew** (Broadland) (Con): What steps she is taking to work with pension funds to encourage them to make investment decisions that help tackle climate change. [900392]

3. **Ruth Edwards** (Rushcliffe) (Con): What steps she is taking to work with pension funds to encourage them to make investment decisions that help tackle climate change. [900394]

**The Parliamentary Under-Secretary of State for Work and Pensions (Guy Opperman):** With over £1.6 trillion in assets, UK occupational pension schemes have a significant role to play in supporting the Government's commitment to net zero by 2050. Our environmental, social and governance regulations, introduced by this Conservative Government in October 2019, mean that schemes are now required to disclose their policy on climate change. In March, we intend to publish game-changing guidance on climate-related financial disclosure. I have written to the 50 largest schemes in the country to urge them to act on their investment duties and to tackle climate risk.

**Jerome Mayhew:** I welcome the progress that has been made on pension funds addressing climate change and ask the Minister to meet me concerning a constituent who is unable to access her pension fund without paying in excess of £2,000 in fees for independent financial advice—money she does not have until she accesses her fund.

**Guy Opperman:** I welcome my hon. Friend to the House, and I am happy to meet him—that will happen very soon. His constituent should understand that Parliament collectively required a £30,000 threshold whereby no individual can withdraw their defined benefit pension without first receiving advice from an independent financial adviser. As a Conservative, I am of course very keen for individuals to make their own decisions about their own money, but this decision was made and it ensured that an individual is protected from a decision without advice.

**Ruth Edwards:** As my constituents in Rushcliffe save for their retirement, they want to know about the potential financial risk to their pension pots from climate change and that their savings are helping to tackle, rather than embed, the climate crisis. My hon. Friend has done a lot to ensure that ESG plays a key part in pension providers' decision making. Will he consider requiring them to disclose their exposure to climate-related risk to their members?

**Guy Opperman:** It is a pleasure to welcome my hon. Friend to the House. She obviously knows that Ken Clarke was a legend to us all, and I am sure that she will be a great champion on behalf of the citizens of Rushcliffe.

Sadly, too few schemes are making any form of disclosure about their environmental investments and their climate risk, and I am determined to change that. Every private occupational pension holder should be able to know, individually, how their fund is invested and be able to hold the trustees and asset managers to account.

**Jack Dromey** (Birmingham, Erdington) (Lab): With Australia burning, South sea islands drowning, millions suffering from pollution and many dying, the world faces an unprecedented climate crisis. The power of pension funds is immense and, while I welcome the funds that have demanded that investment managers must, in the words of the Minister, "do the right thing", so much more can, and should, be done. Will he therefore agree to cross-party, Front-Bench discussions, including on convening a pensions summit of all those with power, urging them to discharge their responsibilities to clean up our world?

**Guy Opperman:** I have been fortunate to work with the hon. Gentleman on a number of policies over the two and a half years that we have both held this portfolio. Clearly, I will wait to see the details of his proposals, but I would be delighted, subject to having read and considered them properly, to meet him and, at the very least, discuss how we take these matters forward.

**Ms Angela Eagle** (Wallasey) (Lab): It is important that there is cross-party working on things that are as long term as pensions, but will the Minister assure the House that this transparency, which we all welcome, will not be paid for by massively increased fees charged to savers?

**Guy Opperman:** The hon. Lady will understand that there are two points to her question: the Task Force on Climate-Related Financial Disclosures is a voluntary arrangement that organisations have already entered into, and ongoing disclosure takes place; and in respect of the fees, the Government have agreed to review the matter in 2020, and we will look at that.

### Self-Employed People: Support

2. **Alexander Stafford** (Rother Valley) (Con): What steps she is taking to support self-employed people.

[900393]

**The Parliamentary Under-Secretary of State for Work and Pensions (Mims Davies):** Our work coaches provide tailored support to self-employed claimants, helping support new businesses to thrive and working directly with them to increase their earnings. We have ensured that those who are gainfully self-employed and moved to universal credit are exempt from the minimum income floor for 12 months. We are extending that to all claimants who are gainfully self-employed from September this year.

**Alexander Stafford:** I thank the Minister for that answer and am pleased that she is supporting self-employed people—not only in Rother Valley, but across the country. However, does she agree that the current blanket approach of the IR35 rule will lead to some damaging unintended consequences? Will she ensure that no one forced to take a permanent job under IR35 will lose out, and that we will continue to be the party of business and entrepreneurship?

**Mims Davies:** I thank my hon. Friend for his question and welcome him to his place. I am delighted that more than 5 million people are now self-employed; that is fantastic news. This issue is the priority for me, alongside progression and youth opportunity. The Chancellor has announced a consultation in January and I urge all Members to take part; it concludes in the middle of February. We are keeping a close eye on this sector, and it is absolutely right that we should stand up for the self-employed.

### Work Capability Assessments: Claimant Health

4. **Debbie Abrahams** (Oldham East and Saddleworth) (Lab): What recent assessment she has made of the effect on claimant health of the work capability assessment process.

[900396]

**The Minister for Disabled People, Health and Work (Justin Tomlinson):** We recognise that attending a work capability assessment can be a stressful experience and have put measures in place to address that. Where possible, we will determine benefit entitlement based on written evidence alone.

**Debbie Abrahams:** Jodey Whiting took her own life in 2017 when her social security support stopped after she missed a work capability assessment that she did not know about. Last week, a psychiatrist said that Jodey's mental state was likely to have been "substantially affected" by the DWP's decision.

Last week, Errol Graham's death was reported in the news. He died in 2018, of starvation. He weighed four and a half stone—again, under similar circumstances. Will the Secretary of State consider, as a matter of urgency, an independent inquiry into the deaths of claimants in these circumstances?

**Justin Tomlinson:** I thank the hon. Lady for that question; she has been a long-standing campaigner against Labour's work capability assessment, introduced in 2008. We agree: that is why we commissioned five independent reviews

and implemented more than 100 recommendations. Working with the Royal College of Psychiatrists, we are making sure that our frontline staff are fully trained to be in the best place to identify people at risk of suicide.

**Philip Davies** (Shipley) (Con): I thank the Under-Secretary of State for Work and Pensions, my hon. Friend the Member for Colchester (Will Quince), for his ministerial visit to Macmillan call centre, which is based in my constituency. During his visit, he discussed the idea of people from the jobcentre and others having a dedicated helpline to the call centre so that they could discuss cases urgently. Will the Minister and his team make that a priority?

**Justin Tomlinson:** Macmillan do fantastic work and engage regularly with both me and the Minister with responsibility for welfare delivery. I am delighted that there was such a productive visit to the call centre, which is making a real difference to people in need of support.

**Chris Bryant** (Rhondda) (Lab): I urge the Minister to look specifically at how those with acquired brain injuries are treated in the system. A woman constituent has come to me and said, "I know that I am meant to be using all my energy to try to heal my own brain, but I am having to use it all to go through the welfare system." Is there nothing we can do to ensure that these people are treated more humanely in the system?

**Justin Tomlinson:** I absolutely agree with the hon. Gentleman, who, as I know from first-hand experience, has raised this issue repeatedly. We are working with stakeholders, charities and claimants on how we can continue to improve the system, particularly when it comes to gathering evidence, so that we can get support to the people most in need as swiftly as possible.

### Homelessness and Rough Sleeping

5. **Gary Sambrook** (Birmingham, Northfield) (Con): What steps she is taking with Cabinet colleagues to (a) reduce homelessness and (b) end rough sleeping by the end of the 2019 Parliament.

[900397]

7. **Mr Marcus Fysh** (Yeovil) (Con): What steps she is taking with Cabinet colleagues to (a) reduce homelessness and (b) end rough sleeping by the end of the 2019 Parliament.

[900399]

9. **James Sunderland** (Bracknell) (Con): What steps she is taking with Cabinet colleagues to (a) reduce homelessness and (b) end rough sleeping by the end of the 2019 Parliament.

[900401]

17. **Nicola Richards** (West Bromwich East) (Con): What steps she is taking with Cabinet colleagues to (a) reduce homelessness and (b) end rough sleeping by the end of the 2019 Parliament.

[900411]

**The Secretary of State for Work and Pensions (Dr Thérèse Coffey):** As my hon. Friends will know, reducing homelessness and ending rough sleeping is primarily the responsibility of the Ministry of Housing, Communities and Local Government, but it is a key priority for the Government and the Prime Minister. I enjoy working

closely with my right hon. Friend the Secretary of State for Housing, Communities and Local Government on the approach to delivering housing support to reduce homelessness, and I look forward to supporting his conversations with the Chancellor.

**Gary Sambrook:** Last Friday, I visited Northfield Community Partnership and The Project, which are doing fantastic work on reducing homelessness, especially focusing on mental health, access to welfare and debt. Will the Minister continue to commit to working with voluntary organisations to reduce homelessness?

**Dr Coffey:** I commend my hon. Friend for the important work he does with the community partnership. Birmingham South West Jobcentre has an excellent relationship with the city council, delivering surgeries three times a week to help claimants with housing issues. My hon. Friend will be aware of the £6.5 million that the council received specifically to tackle the issue he raises. However, we will continue to work further with the organisations that he mentions, potentially through the new transformation challenge fund.

**Mr Fysh:** My local jobcentre in Yeovil is very proactive in assisting the smooth transition to universal credit, but I still encounter cases in which rent arrears are a problem. What more can we do to ensure that we can intervene in cases in which arrears threaten to make people homeless?

**Dr Coffey:** My hon. Friend will be aware of the money given to councils—including £359,000 for his own council—to help them to support homeless people. Issues such as this can often be addressed not only by discretionary housing payments but by the flexible support fund which provides hardship payments through local jobcentres.

**James Sunderland:** I am grateful for the Secretary of State's earlier response, but will she please tell us what is being done to help ex-forces personnel into work?

**Dr Coffey:** My hon. Friend—indeed, my hon. and gallant Friend—raises an important point. Last year we secured about £5 million in the spending review to bolster the role of our local armed forces champions, which means that in the forthcoming year we shall be able almost to triple the resources to support full-time champion posts so that we can try to ensure that veterans are given work that is fruitful and long-term.

**Nicola Richards:** I am grateful to the Secretary of State for her responses so far. Thanks to the work of the Government, the west midlands Mayor Andy Street and local authorities in the region, the Housing First project has made great progress so far, enabling 137 people across the region to move into their own homes and get back on track, apply for work and rebuild their lives. Will the Secretary of State join me in supporting Andy Street's mission to end homelessness in West Bromwich East and the wider west midlands, and will her Department work with the Ministry for Housing, Communities and Local Government so that we can reach the Prime Minister's target of ending homelessness and rough sleeping during the current Parliament?

**Dr Coffey:** My hon. Friend is right to praise the work that is being done in the west midlands through Andy Street, and I commend her support for it. I shall meet my right hon. Friend the Secretary of State for Housing, Communities and Local Government later this week, and our officials are already working together on a programme to tackle homelessness.

**Martyn Day** (Linlithgow and East Falkirk) (SNP): The Scottish Government are spending £50 million to ensure that no one has to pay the bedroom tax, which is helping more than 70,000 households to sustain their tenancies. Will the Secretary of State make it her policy to abolish the bedroom tax so that we no longer have to mitigate this unfair policy in Scotland?

**Dr Coffey:** I actually think that the spare room subsidy was an important part of a change to deal with the challenges of homelessness, which we have just been discussing. I absolutely believe that we will continue that policy, but, as ever, when there are problems, part of the role of the discretionary housing payments is to deal with them. The hon. Gentleman will be aware—I think I am right in saying this—that the Scottish Government have not introduced that policy quite yet, but intend to do so later in the year.

**Mr Toby Perkins** (Chesterfield) (Lab): Anyone who has visited a food bank or has met homeless people on their streets will know that welfare policy is the No.1 reason for the appalling rate of homelessness in our towns. As a simple starting point, if the housing element of universal credit were paid to landlords, we could make a start towards ending the appalling problem of homelessness that welfare policy is currently inflicting on our streets.

**Dr Coffey:** As the hon. Gentleman knows, it already can be.

**Meg Hillier** (Hackney South and Shoreditch) (Lab/Co-op): One of the real concerns in my constituency is the inability of people who want to rent to do so privately with the money that is available. Will the Secretary of State look at local housing allowance rates to ensure that families who could be living in the private sector—because they cannot obtain social housing—are not living in single hostel rooms, as many of my constituents have been for many years?

**Dr Coffey:** I am sure that the hon. Lady will welcome the increase in the local housing allowance from April 2020. I am conscious of the fact that two thirds of the people who are homeless are in London, and I really wish that the Mayor of London and his devolved authorities would get on and help to sort this out.

**Mr Barry Sheerman** (Huddersfield) (Lab/Co-op): Would the Minister consider using all the orphan funds swilling around in pension funds to create a new fund that could do something about this issue? On Wednesday night, I counted 15 people sleeping rough right outside our door in the tube station. Has she been to ask those men and women what brought them there? Could we not use orphan funds for that purpose and for fighting climate change?



**Dr Coffey:** On a broader point, we are considering aspects of liquid assets, and we have seen the example of Legal & General, which is starting to get into the housing sector. I reiterate that when the Prime Minister was Mayor of London he made it a personal priority to ensure that no one spent more than one night outside. We have not seen quite that emphasis under this Mayor, but I am sure that he will seek to do this before the elections in May.

#### People with Disabilities: Assessments

6. **Mark Pawsey** (Rugby) (Con): What steps she is taking to reduce the number of assessments undertaken by people with disabilities. [900398]

**The Minister for Disabled People, Health and Work (Justin Tomlinson):** We have made improvements to reduce assessments for work capability and personal independence payments. This includes reducing review frequency for pensioners and people with severe or progressive conditions. We are also exploring our manifesto commitment to ensure a minimum award review duration for PIP awards.

**Mark Pawsey:** I am grateful to the Minister for his remarks, but I would like to tell him about a constituent I met recently who suffers from a progressive condition and is bothered about the frequency with which she is required to provide information, often the same information, on a form that is both lengthy and complex. Does the Minister agree that once an award has been made, the frequency of assessments should be reduced? Might that be considered in the forthcoming Green Paper?

**Justin Tomlinson:** My hon. Friend has worked hard in this area for a number of years. As part of the forthcoming Green Paper, we will be looking at how we can better use evidence, how we can continue to improve the claimant's experience, and how we can reduce the need for unnecessary face-to-face assessments through the integrated assessment principle.

**Marsha De Cordova** (Battersea) (Lab): The Government's national disability strategy finally recognises that the assessment process for PIP and ESA is burdensome for disabled people. Given that the Government now admit to the failures of these assessments, given the mental distress that they have caused, and given that more than 70% of decisions brought to an appeal tribunal are overturned and thousands of disabled people have died after being found fit for work, will the Minister now do more than simply lessen the number of reassessments? Will he scrap these unfit-for-purpose assessment frameworks for ESA and PIP once and for all?

**Justin Tomlinson:** The hon. Lady calls for something to be scrapped while not setting out what the alternative would be. We recognise that when Labour introduced the work capability assessment it needed significant improvement. That is why we had five independent reviews and implemented more than 100 recommendations. We are now exceeding 92% claimant satisfaction with the work capability assessment, and 82% of PIP claimants are satisfied with the service they get. That is why, as a Government, we are now proud to spend an additional £10 billion a year supporting those with disabilities and long-term health conditions.

**Steve Double** (St Austell and Newquay) (Con): I often have constituents come to see me who suffer from ongoing conditions that might be considered invisible disabilities. They tell me that the current assessment process does not accurately capture their conditions. Will the Minister continue to keep the assessment process under review, to ensure that it is fit for purpose in assessing people with invisible disabilities?

**Justin Tomlinson:** My hon. Friend is absolutely right. As we have seen under PIP, 32% of claimants now access the highest rate of support, compared with just 15% under DLA. It is the hidden disabilities that have seen the most significant growth in that regard. For example, with mental health, 33% of claimants now get the highest rate, compared with just 6%—that is five times less—under the legacy benefits.

#### In-Work Poverty

8. **Zarah Sultana** (Coventry South) (Lab): What recent assessment her Department has made of trends in the level of in-work poverty. [900400]

**The Parliamentary Under-Secretary of State for Work and Pensions (Will Quince):** May I welcome you, Mr Speaker, and the hon. Lady to your respective places? Since 2010, there have been more than 3.8 million more people in work and 730,000 fewer children growing up in workless households. Over three quarters of this employment growth has been in full-time work, which has been proven substantially to reduce the risk of poverty. But it is not enough to have just any job: we want people to be able to progress in the workplace. To do this, we are investing £8 million to develop the evidence about what works to support people to progress.

**Zarah Sultana:** Just 33 working hours into January this year, FTSE 100 bosses had already earned more than the average worker makes over the entire year. Since the Conservative party came into power, wages have faced their biggest peacetime squeeze since the Napoleonic era, and more than 4 million people are now in work but none the less still in poverty. It should be no surprise that the economy works for the super-rich and fails for everyone else, when the Conservative party is funded by a third of UK billionaires. Given that shameful record, why should my constituents believe a word that this Government say about tackling the scourge of poverty pay?

**Will Quince:** As far as I am concerned, one person or family in poverty is one too many, and I will work to tackle that while I am in this role. The statistics show that full-time work substantially reduces the chances of poverty. The absolute poverty rate of a child when both their parents work full time is only 4%, compared with 44% when one or both parents are in part-time work. We are supporting people into full-time work where possible by offering, for example, 30 hours of free childcare to parents of three and four-year-olds. The jobcentre in the hon. Lady's constituency is doing incredible work in this area, and I strongly recommend that she visit.

**Neil Gray** (Airdrie and Shotts) (SNP): What impact does the five-week wait for universal credit have on levels of in-work poverty and on poverty overall?

**Will Quince:** Nobody needs to wait for an initial payment. An emergency or urgent payment of up to 100% of the first indicative award can be made within the first day in many cases. It is interest free and repayable over 12 months, increasing to 16 months as of next year.

**Neil Gray:** I am unsurprised that the Minister did not know the answer to that question because, in response to a freedom of information request from the Poverty Alliance, the Government said that they did not hold that information. Following on from the National Audit Office saying that there is no evidence that universal credit has any link to increased employment levels, we now know that the Government have done precisely nothing in an area in which MPs, expert charities, the Scottish Government and local authorities are screaming for change. Will this Minister encourage the UK Government to open their tin ears and fix universal credit?

**Will Quince:** I recommend that the hon. Gentleman visits his local jobcentre and speaks to work coaches, because they will tell him about the impact of universal credit. More people are getting into and staying in work. Importantly, we do listen to hon. Members from across the House and to stakeholders within the Department. In addition to the measures I mentioned earlier, we now have a two-week run-on for housing benefit and will have a run-on for other legacy benefits as of October next year.<sup>1</sup>

**Mike Amesbury (Weaver Vale) (Lab):** The reality of the so-called jobs miracle is nothing but a mirage for families up and down the country. Two thirds of children living in poverty are in working households, earnings have not even recovered to 2008 levels, and the use of zero-hours contracts went up by 15% last year. Will the Minister have a word with the Prime Minister and get zero-hours contracts kicked into touch once and for all?

**Will Quince:** Employment has increased by over 3.8 million since 2010; the employment rate is 76.3%; unemployment is at its lowest rate since the '70s, wage growth is outstripping inflation and wages are increasing at their fastest rate in a decade; and we have around a million fewer workless households and a record low 730,000 children in workless households. That is a record that we should be proud of. The hon. Gentleman talks about zero-hours contracts, but they account for 2.7% of the labour market and work very well for many people.

**Suella Braverman (Fareham) (Con):** With average weekly earnings having risen by 3.4% compared with last year, and with the national living wage set to receive its largest cash increase in April, does my hon. Friend agree that the Conservative party and this Conservative Government can rightly claim to be fighting poverty for hard-working Britons?

**Will Quince:** I thank my hon. Friend for that question. She is absolutely right that real wages have risen for over a year—22 months in a row. Total wages have risen by 3.2%, but we want to go further, which is why the Chancellor announced that the national living wage will rise to £10.50 by 2024 as part of our drive to end low pay.

**Stephen Crabb (Preseli Pembrokeshire) (Con):** Trapping families in welfare year after year, which was a key feature of the last Labour Government's welfare policy, never got anybody out of poverty. Does the Minister agree that the surest foundation on which to build a true anti-poverty strategy is to have an expanding workforce and increasing incentives for people to work?

**Will Quince:** My right hon. Friend is absolutely right. The Institute for Fiscal Studies slammed Labour's pledge to scrap universal credit as uncosted and "unwise...expensive, disruptive and unnecessary."

We believe that work should always pay. We need a welfare system that helps people into work, supports those who need help and is fair for everyone who pays for it. Let us remember that no Labour Government have ever left office with unemployment lower than when they started.

**Andrew Bridgen (North West Leicestershire) (Con):** Can the Minister confirm that this Government's numerous increases to the personal allowance since 2015-16 have taken a further 1.74 million people out of income tax altogether?

**Will Quince:** Absolutely. Income inequality has been falling under this Government in real terms, and the national living wage will rise to £8.72 in April and to £10.50 by 2024. My hon. Friend rightly points out that our tax changes have made basic-rate taxpayers over £1,200 better off than in 2010. We have doubled the free childcare available to working parents of three and four-year-olds to 30 hours per week, saving them up to £5,000 per year per child.

### Universal Credit Roll-out

10. **Justin Madders (Ellesmere Port and Neston) (Lab):** What recent assessment she has made of the effectiveness of the roll-out of universal credit. [900402]

**The Parliamentary Under-Secretary of State for Work and Pensions (Will Quince):** A record 32.9 million people are in work in this country, up by over 3.8 million since 2010. Universal credit has successfully rolled out and is now available in every jobcentre, with a caseload of 2.8 million claimants. We continue to build evidence on the experiences of claimants through our ongoing programme of research and evaluation. The next phase of delivery is to learn how to safely move people across from legacy benefits, which we are doing through our "Move to UC" pilot.

**Justin Madders:** I have some extra information for the Minister's research and evaluation. A problem regularly raised in my constituency surgeries is that claimants who receive two payslips in one month find themselves in real difficulty the following month. That is happening far too often for it to be loaded on individuals. Can something be done to alleviate these difficulties?

**Will Quince:** The hon. Gentleman characteristically asks a very good question. Universal credit is based on real-terms earnings information, so it is a complex problem. We are subject to litigation on this matter, so I

1. [Official Report, 30 January 2020, Vol. 670, c. 8MC.]

cannot go into too much detail, but I would be happy to meet him at a later point to discuss this issue further. I am keen to find a solution.

**Margaret Greenwood** (Wirral West) (Lab): The Government pushed through regulations on the managed migration of universal credit pilot only days before the summer recess without giving Members of this House a vote, as promised. In October, the Secretary of State said she was “surprised” by the small number of people who transferred in the pilot. How many claims have now been processed, and how can a pilot of up to 10,000 households possibly give a realistic picture of how transferring more than 2 million people could work?

**Will Quince:** Universal credit provides a safety net but, importantly, does not trap people in welfare. The hon. Lady is right that we are running a pilot in Harrogate. The numbers are relatively small at the moment: just under 80, with around 13 having moved on to universal credit. *[Interruption.]* I can see that she is shocked, but it has been rather deliberate. My clear instruction to officials was to take this slow and steady, and to go at the pace the claimant requires. I want us to ensure that we have the information necessary to roll out universal credit without leaving anybody behind. We have to get it right.

**Mr Robert Goodwill** (Scarborough and Whitby) (Con): The hon. Member for Ellesmere Port and Neston (Justin Madders) raises an important point. This often occurs at Christmas, when helpful employers want to pay their staff early so they can afford to pay for all the things they need. Can the Minister assure me that the system will be fixed by next Christmas at the latest?

**Will Quince:** As much as I would love to give my right hon. Friend that assurance, I cannot do so, but I assure him that I am working on it. Universal credit is based on real-time earnings data, so it is a tricky issue. No one loses out over the course of a year—that is an important point—but I understand that it causes budgeting issues for claimants.

**Virginia Crosbie** (Ynys Môn) (Con): I thank the Secretary of State for recently visiting staff at the jobcentre in Holyhead on Ynys Môn. Can the Minister please confirm that universal credit will be more generous than the system it replaces?

**Will Quince:** I thank my hon. Friend for that question, and I welcome her to her place. Compared with the system it replaces, universal credit will, in total, give claimants an extra £2.1 billion a year once fully rolled out. Around 1 million disabled households will receive, on average, around £100 more per month, and 700,000 families will get the extra money to which they are entitled. In short, the answer is yes.

#### Benefits: Administrative Errors

11. **Mike Hill** (Hartlepool) (Lab): What assessment she has made of trends in the level of administrative errors made in the processing of applications during the roll-out of (a) universal credit and (b) personal independence payment in Hartlepool constituency. [900403]

**The Minister for Disabled People, Health and Work (Justin Tomlinson):** Each UC or PIP application is judged on its own merit, taking into account the information provided by the claimant, and robust quality assurance processes are in place to reduce administrative errors.

**Mike Hill:** My constituency was a pilot and trial area for UC, and my office is still receiving complaints about simple administrative errors that have resulted in constituents losing money. When will the Department get its act together on this?

**Justin Tomlinson:** Last year, administrative errors in UC fell from 2.3% to 2.1% in respect of wrong payments. We recognise that this is still a relatively new system, and we will continue to work with claimants, charities and stakeholders to make sure that UC can continue to offer personalised, tailored support to unlock all people’s potential.

**Margaret Greenwood** (Wirral West) (Lab): The day after the general election, the Government had the audacity to sneak out the fact that more than 650,000 disabled people lost out financially when transferring from the disability living allowance to PIP, which is 46% of all former DLA complaints. This should not be swept under the carpet, so will the Secretary of State explain why the Government have cut support for more than half a million disabled people?

**Justin Tomlinson:** The reality is that under PIP 32% of claimants now receive the highest rate of support compared with just 15% under the legacy system—that is worth £15.05 per week—and there are now 257,228 more people benefiting from PIP than did so under the legacy system.

**Damian Hinds** (East Hampshire) (Con): UC smooths the transition into work and it smooths progression in work. Since it became the default benefit for newly unemployed people, we have had month after month after month of positive employment news. Is it not bizarre that Opposition Members want to scrap that system and return to the Labour system that saw millions of people either trapped in the 16-hour economy or shut out of work altogether?

**Mr Speaker:** Obviously this is all tied in with Hartlepool.

**Justin Tomlinson:** I thank my right hon. Friend for what he says, and it is absolutely clear to someone who visits a jobcentre anywhere in the country: for the first time, work coaches feel empowered to offer personalised, tailored support, working with external agencies to provide as much opportunity as possible. We must remember that under the legacy benefits £2.4 billion per year went unclaimed because the system was too complex for some of the most vulnerable people in society. That was not acceptable.

**Jamie Stone** (Caithness, Sutherland and Easter Ross) (LD): Some 45% of disabled claimants in my constituency have, as was mentioned in a previous question, lost out when they have moved from DLA to PIP. I ask the Government: has a target been given to assessment centres to take money off the disabled?



**Justin Tomlinson:** I can confirm that there is absolutely no target, and on PIP, DLA and attendance allowance combined we are now spending an £6 billion more than we did in 2010 and rightly so.

### Pregnancy and Maternity Discrimination

12. **Marco Longhi** (Dudley North) (Con): What recent discussion she has had with Cabinet colleagues on protecting employees that are (a) pregnant and (b) eligible for maternity leave against discrimination at work.

[900405]

**The Parliamentary Under-Secretary of State for Work and Pensions (Mims Davies):** I remind everyone in the Chamber that the law is clear: pregnancy and maternity discrimination against women in the workplace is unlawful. This area is led by the Department for Business, Energy and Industrial Strategy. I can confirm that this Government want to do more and we have set out plans to boost vital legal protections.

**Marco Longhi:** By some margin, Dudley North is not showing the same fantastic rate of progress we are making with people on employment in the black country and around the country. Will the Minister use all the business-friendly measures she can, such as promoting shared parental leave, to encourage people back to work?

**Mims Davies:** Whether it is shared parental leave or flexible working, we need to do everything to get more people into work and progressing. In a recent survey, four in five employers felt that it was in their interests to support pregnant women and bring them back to work. I remind the House that, under this Government, unemployment, in all nations and regions, has fallen since 2010, with 80% of employment since then in higher-skilled occupations—we are talking about 3.1 million people. If my hon. Friend is not seeing this in his constituency, I am keen to meet him to explore why.

### Universal Credit: Monthly Assessment Period

13. **Jeff Smith** (Manchester, Withington) (Lab): What steps her Department is taking to ensure that the monthly assessment period for universal credit is able to reflect a claimant's fluctuating income.

[900406]

**The Parliamentary Under-Secretary of State for Work and Pensions (Will Quince):** Monthly assessment periods align to the way the majority of employees are paid and also allow UC to be adjusted each month. They scrap the “cliff edges” that blighted the legacy benefits system and mean that if a claimant's income falls, they will not have to wait several months for a rise in their UC.

**Jeff Smith:** Salary payments that do not align with assessment periods have caused real problems for my constituents, not only in respect of the actual money that they receive but in respect of cash flow. Why will the Government not follow the recommendation of Unison and the Child Poverty Action Group and allow people to adjust the dates of their assessment period when they are paid very close to the end of the month?

**Will Quince:** As I have already said in answer to two other colleagues, the amount of universal credit paid to claimants reflects as closely as possible the actual circumstances of a household during each monthly assessment period, so over the course of a year it levels out and people do not lose out. I appreciate, though, that there is a budgeting issue, and I am keen to find a solution.

### Universal Credit: Personal Finances

14. **Yvonne Fovargue** (Makerfield) (Lab): What recent assessment her Department has made of the effect of the roll-out of universal credit on the personal finances of claimants.

[900407]

**The Secretary of State for Work and Pensions (Dr Thérèse Coffey):** In total, universal credit is £2 billion a year more generous than the legacy system it replaces. For those who can work, universal credit ensures people take home more of their earned income and are supported to work more hours, whereas for those who cannot work, the higher disability element is more generous, meaning that 1 million disabled claimants will gain, on average, £100 a month.

**Yvonne Fovargue:** Last week, a report from the debt charity StepChange found that 65% of clients said that universal credit had made it harder for them to budget and manage their finances. Given the DWP's oversight of the UK financial wellbeing strategy, what will the Department do to ensure that universal credit helps people to recover from debt and does not make the problem worse?

**Dr Coffey:** I know that the hon. Lady has focused on this issue for a lot of her professional career, as well as for a lot of her parliamentary career. We do important work through the Money and Pensions Service to make debt advice available, and that is an important avenue to which people can be referred. We also work closely with Citizens Advice on the Help to Claim service, to help to provide that alternative holistic approach for which we fund the CAB.

### Contracted-out Health Assessments

15. **Mary Glendon** (North Tyneside) (Lab): What recent assessment her Department has made of the (a) accuracy and (b) efficiency of contracted out health assessments for (i) employment and support allowance and (ii) personal independence payment.

[900408]

**The Minister for Disabled People, Health and Work (Justin Tomlinson):** We are committed to ensuring that individuals receive high-quality assessments that are used to decide entitlement. Providers are monitored against a range of measures, including independent audit, to improve accuracy of the advice they provide.

**Mary Glendon:** Atos, Capita and Maximus constantly fail to meet their targets for acceptable standards of assessment, and many claimants in North Tyneside have suffered as a result. Will the Minister tell my constituents how his Department will remedy such failures

and explain why the Government have seen fit to reward those companies with extended multimillion-pound contracts?

**Justin Tomlinson:** As I have set out in previous answers, we are now spending an additional £6 billion through personal independence payments to support some of the most vulnerable people in society. Under the work capability assessment, we have 92% satisfaction, and under PIP it is 82%. We are ambitious for more and will continue to work with claimants, stakeholders and charities to improve the experience.

#### Universal Credit: Transitional Support

16. **Kevin Hollinrake** (Thirsk and Malton) (Con): What steps she is taking to provide support for people who require additional help transitioning to universal credit. [900409]

20. **Andy Carter** (Warrington South) (Con): What steps she is taking to provide support for people who require additional help transitioning to universal credit. [900415]

**The Parliamentary Under-Secretary of State for Work and Pensions (Will Quince):** The Department is working with a range of organisations to support claimants transitioning to universal credit, building on the success of the Help to Claim scheme, which is delivered by Citizens Advice and has helped more than 180,000 people. From April 2020, a new £10 million transitional fund will provide extra help to the most vulnerable, improving access to welfare and labour market opportunities.

**Kevin Hollinrake:** If someone is on a four-weekly payment cycle, they will be paid twice in one month every year. That cocks up their universal credit claim as well as their cash flow. Until we fix the system, would a simple solution not be to give an interest-free loan to tide them over that period?

**Will Quince:** I am getting a strong steer that Members would like me to take a good look at this policy area, and I thank my hon. Friend for his suggestion. As he knows, we are always looking at ways to improve the UC system. The amount of UC paid to claimants reflects as closely as possible the actual circumstances of a household during each monthly assessment period, and those periods align to the way that the majority of employees are paid. I am of course willing to look into the issue, though, and am happy to meet my hon. Friend in due course.

**Andy Carter:** The Minister will know that Warrington was one of the first pilot towns to move to universal credit, back in 2013. Today, the town has record levels of employment. However, problems have been reported to my office: new claimants often have to wait beyond a reasonable timeframe to access help. Will the Minister come to Warrington to work with me to identify changes that will speed up the process for claimants, so that we can help even more people back into work?

**Will Quince:** I thank my hon. Friend for that question and welcome him to his place. He is a strong local champion, hence his election. I would of course be very happy to visit Warrington.

**Nadia Whittome** (Nottingham East) (Lab): Universal credit and transitioning to universal credit are causing real hardship in Nottingham, with more than 26,000 people

using food banks for emergency supplies in the past year alone. Will the Minister accompany me to my constituency to see for himself the destitution and desperation caused by his Department's policies?

**Will Quince:** I visit constituencies all around the country. Only last week I was in Scotland visiting numerous jobcentres.

**Hon. Members:** We were not notified!

**Will Quince:** SNP Members were certainly notified that I was coming.

If I get the opportunity, I would very much like to visit the hon. Lady's constituency. It is important to say that, once fully rolled out, universal credit will give claimants an additional £2.1 billion a year. It is a more generous system and I would be happy to work with her and her jobcentre to see how it is working with her constituents.

**Janet Daby** (Lewisham East) (Lab): In 2013, I set up a food bank with various community leaders, not only because of the poverty and deprivation that existed, but because, at that time, there was the impending prospect of universal credit. Do the Government see food banks as a long-lasting feature for those of our population who happen to be dependent on universal credit?

**Will Quince:** I do not want anyone to feel that they have no choice but to visit a food bank. What is really important for me is understanding the drivers of food bank use. I work very closely with the Trussell Trust and independent food bank providers. Representatives of the Trussell Trust, whom I regularly meet, tell me some of the issues involved, and we are looking at addressing them. Also important for me is understanding food insecurity, as it is the key to tackling the root causes of the problem. We have also put a question on the family resource survey, which launched in April.

#### Benefits: Tribunal Awards

19. **Mr Philip Hollobone** (Kettering) (Con): How many and what proportion of applications for (a) disability living allowance, (b) employment and support allowance and (c) personal independence payment that were considered by a tribunal resulted in a benefit award. [900414]

**The Minister for Disabled People, Health and Work (Justin Tomlinson):** These are the figures for the most recent period for which data is available: DLA 69%; ESA 77%; and PIP 76%.

**Mr Hollobone:** These numbers are far too high, and I suspect that one of the reasons that they are so high is that requisite paperwork is not provided until it reaches the tribunal stage. What can the Minister do to ensure that the paperwork from the applicants is provided earlier?

**Justin Tomlinson:** My hon. Friend is absolutely right. It is often the case that additional written and oral evidence is presented at the tribunal stage, which is why we have made significant changes to the mandatory reconsideration stage where we proactively contact claimants

to try to assist in gathering that data. We rolled that out halfway through last year. It is now in all the mandatory reconsideration assessments, and we have seen a significant uplift in the number of appeals overturned at the MR stage, and that is a good thing.

**Patricia Gibson** (North Ayrshire and Arran) (SNP): Since PIP was introduced, 30,000 people in Scotland have had to undergo stressful appeals, with 21,000 people having to go to court to receive their correct entitlement. Will the Minister's Department overhaul the PIP assessment so that it works for disabled people, and not against them, or does the Minister intend to wait until Scotland can fix that for itself?

**Justin Tomlinson:** I have just set out the answer. The hon. Lady does not need to wait. We actually made significant changes last year to gather that missing additional written and oral evidence proactively, making a huge difference, and we will continue to work with claimants, stakeholders and organisations to identify other areas to improve the experience.

### Topical Questions

T1. [900417] **Laura Farris** (Newbury) (Con): If she will make a statement on her departmental responsibilities.

**The Secretary of State for Work and Pensions (Dr Thérèse Coffey):** In the week that we leave the European Union, I am pleased to say that our labour market continues to thrive. Employment has reached a new record high of 76.3% matched by a record number of people in work, pulling Britain forward into the new decade. That includes 15.5 million women—more than ever before—and 1.3 million disabled people have joined the labour market since 2013. This shows a bright outlook for our buoyant economy as we continue to grow and enhance the labour market in this new era for our country.

**Laura Farris:** Discrimination against women during pregnancy or periods of maternity leave remains a particularly problematic form of workplace discrimination, and it has affected many of my constituents. What steps is the Minister taking to improve the take-up of shared parental leave to remove the onus and the spotlight from new mothers at that particularly vulnerable period in their working lives?

**Dr Coffey:** My right hon. Friend the Secretary of State for Business, Energy and Industrial Strategy leads on this issue. I assure my hon. Friend that we encourage people to take up the options and we support their efforts. We will continue to do more with our work coaches on helping people to get the most out of working.

**Jack Dromey** (Birmingham, Erdington) (Lab): The Government have said that the aim of the Pension Schemes Bill is to support pension saving, putting the protection of people's pensions at its heart. However, this weekend, we learned that the Financial Conduct Authority is preparing to write to just over three quarters of firms that advised individuals on pensions between 2015 and 2018 about "potential harm" in their defined benefit transfer advice. How can the Government claim to have a joined-up pension policy when pension freedoms

can be exploited, giving licence to rogue financial advisers to put at risk people's savings for retirement? Some have paid a terrible price, impoverishing them for years to come.

**The Parliamentary Under-Secretary of State for Work and Pensions (Guy Opperman):** The hon. Gentleman will realise that FCA rules already require an individual to seek independent advice when making a DB transfer, but I urge the FCA both to crack down on transfer scammers and to ensure that the quality of advice is fit for purpose. I welcome the FCA's action at this stage.

T7. [900423] **Rob Roberts** (Delyn) (Con): With take-up of entitlements such as pension credit and attendance allowance sitting at about 60% nationally, what material does my hon. Friend have to increase awareness of the benefits locally, and thus increase the number of claimants?

**Guy Opperman:** My hon. Friend is right to raise that important point. We already publicise pension credit as much as we can, but we are working hard to get material into jobcentres and local authority premises to ensure that take-up is as high as possible.

T2. [900418] **Stephen Timms** (East Ham) (Lab): Benefit claimants are two and a half times more likely to need a food bank if they are on universal credit than if they are on one of the predecessor benefits, and the main reason is the five-week delay after applying for universal credit compared with seven working days in the past. Will the Minister look at significantly shortening that delay, which is doing such harm?

**The Parliamentary Under-Secretary of State for Work and Pensions (Will Quince):** As I said earlier, no one has to wait five weeks for their first payment. People are able to get their initial payment on day one, repayable over 12 months—16 months as of next year. We have the two-week roll-on of housing benefit and a further two-week roll-on of additional benefits starting next year. I am considering other measures we might take, all of which will require Treasury approval, but I am happy to meet the right hon. Gentleman to discuss any ideas he has.

T10. [900426] **Stephen Crabb** (Preseli Pembrokeshire) (Con): As my right hon. Friend knows, EU structural funds have been used extensively to support training programme in constituencies such as mine in west Wales. What progress is the team making in discussions with the Welsh Government about how to use the shared prosperity fund to continue to support high-quality training and skills programmes?

**Dr Coffey:** My right hon. Friend is right to point to the creation of the shared prosperity fund. Discussion is ongoing within the Government. I know that the Wales Office is already engaged in conversation; we will engage in due course, once we have got through the initial design internally.

T3. [900419] **Daniel Zeichner** (Cambridge) (Lab): My constituent Anna Ward has been waiting five months for a PIP home assessment, but it has been cancelled twice at very short notice. Atos tells me that currently there are no appointments for home visits available in



the Cambridge area. In any other walk of life, that would be totally unacceptable, so why do the Government think it is okay to treat disabled people so badly?

**The Minister for Disabled People, Health and Work (Justin Tomlinson):** The hon. Gentleman flagged up that issue with me earlier. We are investigating urgently, because that should not be the case.

T4. [900420] **Shabana Mahmood** (Birmingham, Ladywood) (Lab): There are now more than 84,000 people on universal credit in Birmingham, including more than 9,000 in my constituency. They include large numbers of disabled, unemployed and single-parent claimants, which is exactly the profile of claimants that the Resolution Foundation found will be worse off on average once the benefit is fully rolled out. If the Government are serious about levelling up economic outcomes across the country, why are they so determinedly ignoring the true impact of universal credit in areas such as mine?

**The Parliamentary Under-Secretary of State for Work and Pensions (Mims Davies):** I recently visited a jobcentre in Birmingham, where I found an incredibly vibrant and positive labour market, particularly ahead of the Commonwealth games, working with women in construction and reaching out for youth employment opportunities. I am happy to speak to the hon. Lady if that is not her experience, but I implore her to pop into the jobcentre, where she will hear a very different, vibrant message.

T5. [900421] **Zarah Sultana** (Coventry South) (Lab): Coventry South is home to one of the largest food banks in the country, which provided more than 20,000 emergency food packages last year. I pay tribute to the food bank and its volunteers, but the need for food banks is a national scandal. There are more food banks in Britain than there are McDonald's restaurants—a company that I know recently paid off its fired British boss with roughly £30 million. Does the Minister accept that it is a gross injustice that nurses are forced to use food banks while fat-cat bosses receive obscene pay-outs?

**Dr Coffey:** The hon. Lady is right to praise volunteers at her local food bank who support vulnerable people in their area. I visited a similar food bank in my own constituency that has been working together with food redistribution schemes. Marrying the two is a perfect way to try to address the challenges that people face at difficult times in their lives. The hon. Lady will be aware of the work that we have been trying to do with the Trussell Trust, and I am pleased to say that we will also be having a roundtable of independent food banks to understand how we can help them and their customers to move forwards.

T6. [900422] **Colleen Fletcher** (Coventry North East) (Lab): Many constituents have raised concerns with me about their PIP assessment, and the accuracy of the information contained in the assessor's report. All too often they say that the report does not accurately reflect how their condition affects them or what happened at the assessment. Can the Minister tell me what mechanisms

are in place to ensure that assessments are carried out appropriately, so that we can be sure that the correct decisions are made on people's claims?

**Justin Tomlinson:** We rightly welcome the fact that we are now providing an additional £6 billion to some of the most vulnerable people in society through the PIP system, but we recognise that more needs to be done to gather evidence early. Through the forthcoming Green Paper, we will be looking at how we can work better with claimants to ensure that as much evidence is presented as early as possible in order to get the right decision first time.

T8. [900424] **Mrs Emma Lewell-Buck** (South Shields) (Lab): In August 2018, leaked documents from the DWP showed that the Department was conducting a study into factors driving food bank usage. This appeared to show that at long last the Government were acknowledging the widespread rise of UK hunger as a direct result of their cruel welfare reform policies. I have since had it confirmed that the study is now complete. Where is it?

**Dr Coffey:** To be open, I am not aware of the study to which the hon. Lady refers. I will find out about it after questions, so I can send her an answer in writing. As I have mentioned to the House before, food bank use is not what we want to see in the long term. The best way to get out of poverty is through work, which is why we will continue to help people up the escalator of career progression.

**Alex Norris** (Nottingham North) (Lab/Co-op): Disability Direct in my constituency has a success rate of more than two thirds when helping claimants to overturn disability-related assessment decisions. Do Ministers not recognise that a welfare system that is so wrong so often is simply broken?

**Justin Tomlinson:** The proof is in the pudding. Under PIP, 32% of claimants get the highest rate; that figure was only 16% under the legacy benefit. However, we have rightly identified that the majority of people whose cases have to go to appeal are providing additional written and oral evidence, which is why we are now more proactive at the mandatory reconsideration stage. That is already making a significant and welcome difference for claimants.

**Martin Docherty-Hughes** (West Dunbartonshire) (SNP): The Scottish Government have used 15% of social security that has been devolved to Holyrood to exempt the war disablement pension from the assessment of income, meaning that our veterans get the full worth of that pension in Scotland. When will the Department and the Secretary of State make the same commitment for all social security benefits?

**Dr Coffey:** The Scottish Government are already undertaking a series of policy changes that they recognise will take some time to work through the system, while they also create their own. I think it is best to ensure that those policies are well established before we consider any further devolution.



**John Cryer** (Leyton and Wanstead) (Lab): Will the Secretary of State assure the House that there are no plans to reintroduce employment tribunal fees?

**Dr Coffey:** I am not aware, because as the hon. Gentleman will know, employment tribunals are basically managed by the Department for Business, Energy and Industrial Strategy, rather than the Department for Work and Pensions. I therefore encourage him to table a written question to BEIS instead.

**Anne McLaughlin** (Glasgow North East) (SNP): My constituent did not wait five weeks for a universal credit decision. She waited five months and then started to receive payments, but there has been no mention of the backdated five months or whether a decision has been made. Will the Secretary of State urgently look at that case? If she lets me know the next time she sends one of her Ministers to my area, I will take him along with me and he can explain to my constituent why she nearly went bankrupt.

**Dr Coffey:** I suggest that the hon. Lady lets the Minister for Disabled People, Health and Work, my hon. Friend the Member for North Swindon (Justin Tomlinson), know directly about her constituent's particular circumstances so that he can follow up on that individually. I know that he believed that he had let hon. Members know about this matter. We take the issue seriously, and we will check after Question Time what happened regarding the communication.

**Chi Onwurah** (Newcastle upon Tyne Central) (Lab): Greggs in Newcastle has, as we know, given its workers a £300 bonus to share in its success as a company. Does the Secretary of State agree that that is the right thing for employers to do? Does she see why so many of the employees who are on universal credit will lose so much of that bonus because it is treated as a monthly income rather than an annual income, which is what it is?

**Will Quince:** It is a one-off payment, so, in effect, it is treated as income as it would be for tax purposes. Over the course of a year it would of course balance out. It is important to stress that under the legacy benefits system it would have attracted a marginal tax rate of 91% maximum as opposed to only 75% under universal credit.

**Mr Toby Perkins** (Chesterfield) (Lab): The Secretary of State's answer to my earlier question about homeless people's universal credit payments going to their landlords missed the point completely. Many people who are homeless have alcohol or drug abuse issues. Giving the money to them directly is not solving the problem; it

needs to go to the landlord. Rather than saying that it is a choice for them, that choice should, in many cases, be made for them.

**Dr Coffey:** I will have to repeat the answer: that can happen.

**Alison Thewliss** (Glasgow Central) (SNP): On a point of order, Mr Speaker.

**Mr Speaker:** I am going to take points of order. This is exceptional—it would not normally be the case—but the Minister wishes to respond so it makes a lot more sense.

**Alison Thewliss:** Thank you very much, Mr Speaker. As my hon. Friend the Member for Glasgow North East (Anne McLaughlin) pointed out, the Under-Secretary of State for Work and Pensions, the hon. Member for Colchester (Will Quince), was in several of our constituencies last week and did not give any of us the courtesy of informing us. I would suggest to the Minister that rather than gadding about eating deep-fried Mars bars and patronising us, he might want to meet the Glasgow Disability Alliance, whose hustings I attended during the election campaign. Its fury at Tory incompetence on the benefits system is well known in the region, and he should meet it rather than disrespecting all of us.

**Chris Stephens** (Glasgow South West) (SNP): Further to that point of order, Mr Speaker. The Minister was also at Ibrox stadium in my constituency, where he met the Rangers Charity Foundation, and again we were not notified. For the benefit of new Ministers, can you inform the House of the protocol for Government Ministers visiting constituencies for which they are not the home Member?

**Mr Speaker:** The protocol is that all Members—whether they are Ministers, shadow Ministers or Back Benchers—who are carrying out political business in those constituencies should inform the MP that they are going there. I think it is wrong to break that protocol. I do frown upon it. It is not good practice, and it is a practice that I do not want to see happening again. In fairness, I am going to allow the Minister to come back on this, but we certainly know my position.

**Will Quince:** Further to that point of order, Mr Speaker. I have now checked with departmental officials and I apologise unreservedly that such notification was not given. I think that the hon. Members know me well enough to know that such notification would have been given. In fact, they would have been very welcome to join me on those visits, which were very interesting and very informative. When I return, I will certainly be giving notification and inviting them along.

## 5G Network and Huawei

3.32 pm

**Tom Tugendhat** (Tonbridge and Malling) (Con) (*Urgent Question*): To ask the Minister to make a statement on Huawei's involvement in the UK's 5G network.

**The Parliamentary Under-Secretary of State for Digital, Culture, Media and Sport (Matt Warman)**: I thank my hon. Friend the Member for Tonbridge and Malling (Tom Tugendhat) for this question. I know he has a deep interest in this issue, and my right hon. Friend the Secretary of State has corresponded with him about it over the past few months. She will address this issue herself in the other place later today.

New telecoms technologies and next-generation networks like 5G and full fibre can change our lives for the better. They can give us the freedom to live and work more freely, help rural communities to develop thriving digital economies, and help socially isolated people to maintain relationships, so the security and resilience of the UK's telecoms networks is of paramount importance. The UK has one of the world's most dynamic digital economies, and we welcome open trade and inward investment. However, our economy can prosper and unleash Britain's potential only when we and our international partners are assured that our critical national infrastructure remains safe and secure.

As part of our mission to provide world-class digital connectivity, including 5G, my Department carried out a cross-Whitehall evidence-based review of the telecoms supply chain to ensure a diverse and secure supply base. That review's findings were published in July 2019 and set out the Government's priorities for the future of our telecommunications. Those priorities are strong cybersecurity across the entire telecommunications sector; greater resilience in telecommunications networks and diversity across the entire 5G supply chain. It considered the UK's entire market position, including economic prosperity, the industry and consumer effects, and the quality, resilience and security of equipment.

However, in July, the review did not take a decision on the controls to be placed on high-risk vendors in the UK's telecoms network. Despite the inevitable focus on Huawei, that review was not about one company or even one country. We would never take a decision that threatens our national security or the security of our allies. The Government's telecoms supply chain review is a thorough review into a complex area that made use of the best available expert advice and evidence, and its conclusions on high-risk vendors will be reported once ministerial decisions have been taken.

The National Security Council will meet tomorrow to discuss these issues. This work is an important step in strengthening the UK's security frameworks for telecoms and ensuring the roll-out of 5G and full-fibre networks. I know that Members on both sides of the House feel strongly about this issue, and the Government will make a statement to the House to communicate final decisions on high-risk vendors at the appropriate time. We will always put national security at the top of our agenda.

Several hon. Members *rose*—

**Mr Speaker**: I am aiming to run this urgent question for around 45 minutes.

**Tom Tugendhat**: Thank you, Mr Speaker. The interest shown in the House demonstrates the interest that many of us have in this question. As the Minister made clear, a decision will be made tomorrow which we will not have any further say on. That decision may or may not nest a dragon in our critical national infrastructure, and it will not be reversible by a future Government with any ease; we will live with this decision for the next 10, 15 or 20 years. That is why this question is so urgent and why I am so glad that you allowed time for it to be asked, Mr Speaker.

The question for us has to be: is the risk worth it? We know the stories about Huawei's co-operation with the state apparatus of China in countries such as Uganda and Ethiopia. We know stories about its connections to the intelligence services and the police state currently running in Xinjiang. We know that there are strong accusations effectively of tech-dumping, with market subsidies allowing Huawei to compete against other companies on an unfair basis. That might be an example of charity by the Chinese Communist party, but if even the Communist party in Vietnam decides to reject Huawei and set up its own network, perhaps we should beware of strangers and the gifts they bear.

This is a really important decision not only for the UK but for our allies. Today, Germany is making a similar decision. New Zealand and Australia have already made decisions. The Czech Government have already rejected Huawei. Over the coming months, more Governments will be looking at our stance on China when considering the threats that some of their institutions face.

Of course, we must work with China and find ways of co-operating in areas such as environmentalism, energy policy and technology, but when we see China's aggressive moves towards the UN bodies that control the regulation of information and the way in which subsidies are used to take control of important networks, we should be concerned. I hope that the Minister will understand the concern that the whole House feels about Huawei and the idea of nesting that dragon and allowing a fox into the hen house when we should be guarding the wire. I hope that he will see his responsibility clearly.

**Matt Warman**: I agree with some of what my hon. Friend says. He is right that this is a serious and important decision, and it will not be taken lightly by any means. I know that he does not think that I take this matter lightly, and neither does the Secretary of State. He is also right that Parliament should have its say. We are talking about this issue today, but the Intelligence and Security Committee has been writing reports on this since 2013 and made statements as recently as July last year. There have been UQs, and we have had debates in this Chamber and in Westminster Hall. It is right that Parliament expresses its view.

My hon. Friend is right to say that our agencies look carefully at how best we manage this situation and its effects on the global landscape. Britain is in a unique position, so comparisons with other countries can only go so far, but he is right to make those comparisons. I can only reinforce that this decision will be taken with the utmost seriousness.

**Tracy Brabin** (Batley and Spennings) (Lab/Co-op): I congratulate the hon. Member for Tonbridge and Malling (Tom Tugendhat) on securing this important urgent question, though I am deeply dismayed that the Prime Minister is not making a statement on this matter, which is of critical national importance. It is difficult not to agree with my right hon. and learned Friend the Member for Holborn and St Pancras (Keir Starmer) that the Prime Minister is “doing a runner”. Can the Minister confirm that the Prime Minister will take full responsibility for any decision reached at tomorrow’s National Security Council meeting, and not seek to hide behind his Ministers or the civil service?

Any decision to allow Huawei’s involvement in building our 5G network will require concrete assurances about the integrity and safety of the network. The most recent report from the company oversight committee concluded that it had made “No material progress” on these issues. That was last March. Since then, what assurances have the Government received that the situation has changed? If, as has been reported, the Government’s solution is to limit the company’s involvement to non-core parts of the network, how will that be enforced?

According to Mobile UK, any restriction on Huawei’s involvement could result in an 18 to 24-month delay to the 5G roll-out, at a cost to our economy of up to £6.8 billion. How then will tomorrow’s decision affect the Government’s ambition for the majority of the UK to have 5G mobile coverage by 2027? Part of the reason why the delay would be so long is Huawei is already embedded in our 4G network, so where are our alternative homegrown suppliers? What are the Government doing to build the sector, and does the Minister accept that chronic lack of investment and leadership from the Government has brought us to this parlous situation? Finally, what is he doing to ensure that we are never again dependent on foreign powers to secure our critical national infrastructure and security?

**Matt Warman:** There were a number of sometimes contradictory strands in that statement, but I will attempt to address them all. The hon. Member asked whether the Prime Minister will take responsibility for the decision that is made. Of course he will. The Prime Minister not only takes responsibility for his Government; he takes responsibility for an election campaign in which Labour’s position on national security was profoundly rejected by the British people.

The hon. Member asked how we will enforce any decision. We will enforce it in the same way that we have enforced previous decisions. She also asked what this Government are doing to make sure that we have further investment in our own cyber-security. She will know, as the shadow Secretary of State, just how much this country is investing in cyber-skills, cyber-security and digital skills, and in a whole host of the aspects that have made sure that this is the fifth largest digital economy. I am completely reassured that our position on that will continue to drive such progress.

On the substantive matter, however, it is of course right that we make sure that we address this situation with all the seriousness that it deserves, that we take all the advice from our allies and from our agencies that has been offered, and that we come to a conclusion tomorrow. National security will always be at the top of that agenda.

**Dr Julian Lewis** (New Forest East) (Con): The Minister hinted at a possible way out of this impasse for the Government when he referred to the Intelligence and Security Committee. I am the only Conservative Member of the House to have taken part in the previous full-scale investigation of Huawei, and we reported in 2013. It is true that there was a statement in July 2019. I have just looked it up, and it was three pages long. Surely the Intelligence and Security Committee is the body that is tailor-made to represent the concerns of this Parliament through an in-depth study and report—both publicly and, in the classified version, privately, as we did before, to Parliament and the Prime Minister, respectively—so that we can come up with a robust, rigorous and resilient solution.

**Matt Warman:** I pay tribute to the 2013 Malcolm Rifkind report; it was a thorough piece of work for that period. And of course my right hon. Friend is right that the ISC is one of many forums that could look at this issue. *[Interruption.]* For instance, the Select Committee on Foreign Affairs has also looked at our relationship with China. He is right, too, to say that the ISC as an independent body could choose to look at this, and the Government would of course welcome and co-operate fully with any such inquiry.

**John Nicolson** (Ochil and South Perthshire) (SNP): I thank the hon. Member for Tonbridge and Malling (Tom Tugendhat) for raising this crucial issue. He was right, of course, to say that sovereignty extends beyond land and also includes information. Members from all sides of the House have expressed very grave concerns about establishing such a fundamental part of our digital infrastructure with a Chinese-owned technology giant.

With reports that the Prime Minister will be seeking to include only core parts of the network in any ban, will there be any clear guidance as to what is and is not included in that definition, and in the absence of the Secretary of State—who does not seem to be in the Gallery; I thought she might give us another hand signal to tell us what she feels—what assurances have the UK Government sought to answer concerns on the impact that this could have on the security and autonomy of data in the UK and what measures are in place to ensure that these are completely credible? Is it really the case that this is the only firm capable of providing this technology, and does this heavy reliance on one company not give the Government cause for concern in the event of any future escalation of geopolitical tension or disagreements between the United Kingdom and China?

**Matt Warman:** The hon. Gentleman will of course know that I cannot pre-empt any decision that could be taken tomorrow.

**Chris Bryant** (Rhondda) (Lab): Go on.

**Matt Warman:** I won’t, but am grateful for the invitation.

The hon. Member for Ochil and South Perthshire (John Nicolson) is also right to say that maintaining the security of this country’s data is one of the many important ways in which we preserve our national security. On his final and most important question, the hon. Gentleman is absolutely right to say that this is by no



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means the only company that Britain looks to for this sort of infrastructure. That is one of the reasons why we talk about high-risk vendors, rather than one individual company. Success in many ways over coming years looks like a more diverse, more competitive market supplying these things. We already use other companies in UK networks; we should continue to do so to a greater extent.

**Crispin Blunt** (Reigate) (Con): The strategic goal of our policy towards China must be interdependence, not isolation, in order to reduce the risk of future conflict, so will the Minister confirm that a proper security risk assessment has been made and will continue to be made about Huawei's role in our adoption of 5G? Will he also confirm that, unless the Americans can make a legitimate security case, we should quietly ignore their current public position that thinly disguises a protectionist trade position built on supposition, and proceed on the evidence? We should also gently let our American friends know that we are not leaving one dependent economic relationship on Friday to immediately enter another?

**Matt Warman:** My hon. Friend invites me to stray perhaps further than my DCMS brief and into global geopolitics. However, he is right to say that we should make this decision with an eye on what our allies have advised us as well as what our agencies suggest, and of course on the global situation.

**Mr Kevan Jones** (North Durham) (Lab): As a member of the ISC up to the last general election, I can say that the Committee has looked at this. Unfortunately, the ISC is not in being at the moment; it is up to the Prime Minister to call and set up the new Committee? My personal point of view, from the briefings and information that I have seen, is that any risks can be mitigated by our current services. The bigger issue however, which I think does need addressing, is around sovereign capability. In the new defence and security review, what emphasis will be put on sovereign capability, not just in this area, but in a host of other areas? To date, this Government have not been good at investing in sovereign capability. That should be considered rather than simply looking at price as a factor in making decisions.

**Matt Warman:** The right hon. Gentleman is right to highlight the evidence to which the ISC has pointed, and of which I hope the House will take note. When it comes to sovereign powers, when we assess our national security, there are of course some industries that we should consider of strategic importance. We do that in some areas; I suspect that in future we will consider whether we should do it in others.

**Sir Iain Duncan Smith** (Chingford and Woodford Green) (Con): I congratulate my hon. Friend the Member for Tonbridge and Malling (Tom Tugendhat) on his urgent question. Given that we are, in a sense, at war—there is a cyber-war going on in which China is arguably the biggest participant; maybe Russia as well—the idea that we should think of giving a company that is heavily subsidised by China, a country that has set out to steal data and technology non-stop, the right to be in what is essentially a very delicate area of our technology seems

utterly bizarre. I was led to believe that the Government would not make that decision. I hope that they will now reject Huawei immediately.

**Matt Warman:** I cannot pre-empt the decision, as my right hon. Friend knows, but it is important to say that our agencies have managed the relationship that he talks about over a number of years and will continue to do so. We should of course pay tribute to them, and I look forward to seeing a decision made that fully engages with all their advice.

**Mr Ben Bradshaw** (Exeter) (Lab): Can the Minister assure me that this decision, the one on the digital tax and all the other important decisions facing our country will be based on what is in our national interest and not on threats and bullying from the White House?

**Matt Warman:** I can assure the right hon. Gentleman that this Government will always make decisions in the national interest.

**Bob Seely** (Isle of Wight) (Con): Why is it argued that we can limit Huawei to the periphery of the network, when Australia and the United States do not agree and when the head of Australia's cyber-agency says that "the distinction between core and edge collapses in 5G," and that

"a...threat anywhere in the network"

is a threat everywhere? Why is it said that the risks are manageable, when our allies say not? Why have previous Ministers claimed that Huawei is a private firm, when in no way is that true? Why are we told that there are no alternatives, when there are? Why are we told that the quality of Huawei's work is high, when its Cell in Banbury says that its work is sloppy? Why do we need high-risk vendors in our network at all? Whoever controls 5G will significantly affect our rule of law, our data privacy, our security and our freedom to support our allies. We have had so little parliamentary debate on this issue.

**Matt Warman:** There are a number of questions there. My hon. Friend is right to allude to the fact that there are alternatives to Huawei, and we would of course seek to use them as much as possible. He is right to say that we have to consider the unique nature of a 5G network, and that is precisely what our agencies will do when they offer advice to Government. He is also right to say that we have to look at this decision in the round, and that is what we will do.

**Daisy Cooper** (St Albans) (LD): In addition to legitimate security concerns, the human rights implications of granting access must not be ignored. Huawei has been implicated in mass oppression in China, selling infrastructure that has allowed it to build a surveillance state and disseminate disinformation and racially charged propaganda. To ensure that we continue to defend human rights here and abroad, what steps will the Government take to ensure that all foreign firms wanting to bid for public contracts in the UK or run critical infrastructure are subject to the most stringent human rights impact assessments and also that those assessments consider information provided by our key allies, including the Five Eyes alliance?



**Matt Warman:** Although the hon. Lady raises issues that are not directly related to national security, she is absolutely right to do so. This country has ensured that it has a robust relationship with all our partners and allies, and with every other country around the world, so that we can have precisely the sorts of conversations that she asks for, because we know just how important they are.

**Jeremy Wright** (Kenilworth and Southam) (Con): It would be wrong to suggest, would it not, that this decision is simple. It is far from straightforward, but can I ask my hon. Friend to give us two pieces of reassurance about how it will be made? First, will he reassure us that it will be made in accordance with, and not in contradiction to, the advice given by our intelligence agencies? Secondly, will he reassure us that the Government will have considered, and will be able to share with the House, their assessment of the long-term commercial viability of Huawei equipment, given the entity listing decisions of the US Administration?

**Matt Warman:** My right hon. and learned Friend very much invites me to pre-empt the decision. I can, of course, say with absolute certainty that any decision will be made after intense engagement with the advice of the agencies. That will, of course, by its nature, have to consider the long-term consequences of the decision, so the short answer to his question is: yes, and yes.

**John Spellar** (Warley) (Lab): I am puzzled by the accusations of US protectionism, because European companies, such as Ericsson and Nokia, have a long record of technical expertise. Is not the real problem the Treasury's short-term doctrine of cheapest is best, even if the company is heavily subsidised and supported by its Government? Why are we putting our security and our economic relationship with long-term allies at risk just to save a few bob?

**Matt Warman:** The right hon. Gentleman is right on one level—there is a cost component to any of these decisions—but these decisions are made primarily by commercial organisations, when it comes to the roll-out of their networks. The Government have a crucial role to play in making sure that they have the best possible advice. As I said, we as a Government will always put national security as the top consideration.

**Sir Bernard Jenkin** (Harwich and North Essex) (Con): Is not the long-term strategic question: why have we come to a point where we have no recourse to sufficiently viable and cheap technology of our own, or from any of our allies? Should we not have been developing that for the last 20 years? *[Interruption.]* A lot happened under the last Labour Government, if I may say so—Huawei got into BT under the last Labour Government. What are the Government going to do now to reverse the trend of technological dependency on China, which is not an ally of ours in upholding western values and western democratic institutions?

**Matt Warman:** It is reasonable to ask how we got here, and one of the answers is decisions made under the Labour Government. However, it is right to say that we have to make sure that the decision that is made tomorrow produces, over the coming years, a more

diverse landscape that means that more options are available to this and future Governments. In that context, it is right that we consider our investment in research and development and in building the UK's home-grown capabilities.

**Stewart Hosie** (Dundee East) (SNP): It is true that there are clearly documented risks in dealing with certain Chinese companies, including intellectual property theft, theft of industrial secrets, and pressure on Chinese citizens in third countries. Huawei has been involved in our 2G, 3G and 4G networks and it clearly has the capacity to be involved in the 5G network, particularly if any potential risks are mitigated. Will the Minister tell the House if he is aware of any potential risk of Huawei being involved in the non-core part of the 5G network that cannot be mitigated?

**Matt Warman:** In a sense, I think the hon. Gentleman is asking me about an unknown unknown, so I hesitate to get into the detail. However, the principle point he is making about the extent to which we can be confident about our future abilities to mitigate potential problems is at the core of the decision that will have to be made tomorrow.

**Mr Tobias Ellwood** (Bournemouth East) (Con): We are in a period of constant conflict. The character of war is changing, with terrain being replaced by the digital as the prize. This question is not about today; it is about long-term security and where China is going. In our lifetimes, it will become more militarily, technologically and economically powerful than any other country in the world. It is already causing the splintering of the internet. Does not the issue of Huawei raise bigger questions about where China is going and about the need for greater transparency on the international stage?

**Matt Warman:** My right hon. Friend is very experienced in these matters and gets right to the heart of the issue. The issue of this country's relationship with other countries of varying friendliness around the world will only become more pressing. We have to make the right decision now.

**Darren Jones** (Bristol North West) (Lab): I declare my interest as set out in the Register of Members' Financial Interests.

The issue of internet-connected devices in our critical national infrastructure is related not just to 5G and Huawei, but to water, electricity and supermarket food distribution systems—every part of our way of life. Yet we are caught in the middle of a China, European Union and United States policy approach to developing these technologies. The Minister has been asked a few times today—he has not quite answered the question—what representations he has made to the Department for Business, Energy and Industrial Strategy to include in the Government's industrial strategy sovereign capability in the manufacturing of technologies. We want absolute reassurance that technologies are safe in our critical infrastructure.

**Matt Warman:** I hoped that I had hinted at an answer earlier. The hon. Gentleman is absolutely right that Britain has to have an eye on the importance to our strategic interests of certain areas of our economy and

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of certain small companies growing in this country. We will continue to do that. It is a statement of the obvious that the areas where we will have to take an interest will grow over time.

**Harriett Baldwin** (West Worcestershire) (Con): I invite the Minister, in making this technical assessment, to look at the work of the Worcestershire local enterprise partnership, which has been running a 5G testbed in Malvern for the past two years. In making the security and diplomatic assessment, I ask the Minister to urge the Foreign Secretary to make sure that we have an ambassador in Washington as soon as possible.

**Matt Warman:** My hon. Friend is right that this country is already doing important work in our 5G testbeds and trials programme; Malvern is one of the excellent examples of that. Britain, of course, makes sure that it has the best possible diplomatic network around at all times.

**Graham Stringer** (Blackley and Broughton) (Lab): Huawei bought its way into the 2G, 3G and 4G networks by bidding to sell at only a quarter of the price of its competitors. Clearly, that was China trying to take control of the market. Where is the Minister's scepticism? Not only will our security be at risk from a hostile power if Huawei is allowed into the network, some of which it could switch off even if it was not spying; it wants to control the commercial market as well. Where is his scepticism?

**Matt Warman:** Sometimes when things look too good to be true, be they economic or security-related, we should realise that they in fact are too good to be true.

**Mr Owen Paterson** (North Shropshire) (Con): I find this absolutely extraordinary. Sir Richard Dearlove, formerly of MI6, has said that there is such a risk, and we know that there is a risk of losing key intelligence from our closest allies. What is the overwhelming advantage of the equipment that makes us consider taking the risk?

**Matt Warman:** As my right hon. Friend will know, a number of eminent former Government employees have spoken out on this issue in the past weeks and years. It is a hugely complex area, but he is, of course, right to imply that we should not put any one interest above our national security.

**Chris Bryant** (Rhondda) (Lab): We are talking about 5G, but a lot of my constituents would quite like to see some 4G—or, frankly, any G at all.

In China, we face a political party, running a country, that believes it is perfectly acceptable to mount regular cyber-attacks on the network of the House of Commons and on key infrastructure in the UK. It frequently decides to engage in state-sponsored industrial espionage. It is difficult to see that it is a fair and honest broker for us to do business with.

**Matt Warman:** I thought for a moment that the hon. Gentleman was going to welcome the shared rural network that we announced the other week, but he

missed that opportunity. He is, of course, absolutely right that we have to put national security at the top of this agenda. That is what we will continue to do. Sometimes, we have to beware of some of the particular concerns around countries such as China.

**Damian Collins** (Folkestone and Hythe) (Con): The report last year from the Huawei oversight board to the Cabinet Office cited serious and systemic failings in cyber-security in the current Huawei network; even though those had been highlighted to the company, it had no credible plan to put things right. Does the Minister still share today the concerns raised by the oversight board? If the Government do share those concerns from advice they seek, why are they prepared to give a company such as Huawei more work? There are still serious concerns about the work it has already done.

**Matt Warman:** It is the existence of bodies such as the oversight board that demonstrates just how concerned the Government are. That is one of the many aspects that will inform the decision that could be made tomorrow. My hon. Friend is absolutely right: when it comes to the penetration of the network by any one vendor, we should be sceptical about a decision that could look too good to be true.

**Jim Shannon** (Strangford) (DUP): I agree with the Minister about the necessity of national security above all else, but will he outline the impact on current 5G networks that make use of Huawei equipment, and will he tell us how much influence the United States dossier has had on his decision?

**Matt Warman:** The hon. Gentleman has invited me to pre-empt a decision that has not yet been made, but I can say with absolute certainty that the Government pay very close attention to the advice of all our allies and will continue to do so. As for the impact of Huawei on the current network, the oversight board, and other organisations that were mentioned earlier, will of course ensure that any potentially adverse impact of one vendor or another is managed as well as it possibly can be.

**Alicia Kearns** (Rutland and Melton) (Con): The first and foremost job of Governments is to keep their people safe. Can my hon. Friend assure me that this Government will always prioritise national security? Has he noted that China allows no foreign involvement in its critical national infrastructure, and does he agree that that should at least give us pause for thought?

**Matt Warman:** I absolutely agree with my hon. Friend. She has a background of real expertise in this area, and she is an asset to the House in that respect. We should of course put national security at the very top of the agenda in all cases, and we should consider the approaches that all countries take to their own critical national infrastructures.

**Martin Docherty-Hughes** (West Dunbartonshire) (SNP): Let me first thank the hon. Member for Tonbridge and Malling (Tom Tugendhat) for organising what seems to be an unofficial hustings for the Foreign Affairs and Defence Select Committees. It was very good of him. I think that the importance of this issue to both Committees, and to those standing for election as their Chairs, is that

the Government have put freedom of religion and belief at the heart of their foreign policy. How, therefore, can they justify granting their investment to a company owned by the Communist party of China, who have been complicit in the brutal suppression of an ancient minority religious group, namely the Uighur Muslims?

**Matt Warman:** I think that some candidates here will be disappointed that the hon. Gentleman thinks it is a hustings for just one Select Committee. However, he is absolutely right to focus on the incredibly important issue of human rights, which is a cornerstone of this country's foreign policy and will continue to be so. In this instance we will, of course, put national security at the very top of our agenda, but we should never, and will never, forget the very important issues that the hon. Gentleman has raised.

**Mr Jonathan Djanogly (Huntingdon) (Con):** If Huawei were to obtain the 5G contract and if it were to breach our national security, presumably the priority would be to ensure that the future contract, whoever obtained it, would be at the cost of Huawei. Would it therefore be sensible to seek some kind of bond—if Huawei were to obtain the contract—to ensure that it would pay for someone to replace it quickly if that were necessary?

**Matt Warman:** I think that the hon. Gentleman is inviting me to enter into contractual negotiations already, which I am reluctant to do. However, he is of course absolutely right to say, or to imply, that the decision that will be made will have ramifications for many years. He is right to take that strategic long view, which is what the National Security Council will also do.

**Jonathan Reynolds (Stalybridge and Hyde) (Lab/Co-op):** Any Members who chose to visit China—and I encourage all colleagues to do so—would, for instance, be advised by our security services not to take their smartphones. They would be told that even if the phones were turned off and the batteries were taken out, they would be compromised immediately upon landing on the Chinese mainland. In that context, how can we explain to our constituents that the Government are even considering allowing Chinese state-backed entities further access to critical UK infrastructure?

**Matt Warman:** The hon. Gentleman is right to refer to that guidance, but it is of course the case that this country is profoundly different from China, and indeed any other country, in that we manage our relationships with mobile phone networks and technology in a very different way. Our agencies will continue to do that, and it is the right thing to do. However, I understand why the hon. Gentleman has raised the comparison, and I know that the National Security Council will consider it during its own deliberations.

**Damian Green (Ashford) (Con):** I hope, not least in the light of these exchanges today, that when the Cabinet comes to consider the NSC's recommendations—the Minister talked about the NSC making a decision, but actually the Cabinet should take this decision—it will in this instance decide that security considerations outweigh economic ones. Can my hon. Friend assure me that this country still has the capacity to provide a significant part of its own communications infrastructure?

**Matt Warman:** My right hon. Friend is right to point out that this is technically a recommendation. He is also right to say that it is hugely important that we continue to provide large chunks of our own expertise, in regard to personnel as much as to the kit itself, and over the coming years, thanks to the investment of this Government in R&D, we will be providing more.

**Geraint Davies (Swansea West) (Lab/Co-op):** Huawei surveillance technology, as practised in Xinjiang, represents a massive public security cloud that is oppressing hundreds of thousands of Muslims in what can only be described as a repressive dystopian police state. How do we justify importing tools of mass surveillance and mass oppression that could still have foreign control? It just does not seem right.

**Matt Warman:** To a certain extent, the hon. Member pre-empts the next urgent question that you have granted, Mr Speaker, but the principle of what he is talking about underneath that is that 5G is a revolution in a huge number of aspects. We need to get that right when it comes to everything from surveillance to industrial opportunity.

**Neil O'Brien (Harborough) (Con):** A report in *Bloomberg Businessweek* in 2018 revealed how Chinese firms had illicitly placed tiny chips on server motherboards intended for other countries. This revealed the impressive and terrifying capabilities of the Chinese state. Does the Minister agree that sometimes strong fences make good neighbours, and that we might legitimately want to trade and have good relationships with China but retain some core capabilities in our own state, in exactly the same way that it does?

**Matt Warman:** My hon. Friend's quote from a great American poet emphasises that it is important to get these decisions right, but it is also important to ensure that we get the boundaries right, and that is what we have to do, not just for now but for the years to come. That is what the National Security Council will recommend to Cabinet, I hope tomorrow.

**Alex Norris (Nottingham North) (Lab/Co-op):** Each day in this place, a Minister talks from the Dispatch Box about the importance of building a high-skilled economy, but it does not say much about the Government's industrial strategy that we are not even considering our own domestic provider in this case. The Minister has said that that will change in time. What year?

**Matt Warman:** I am tempted just to say “a coming year”, but the hon. Member is absolutely right to say that when it comes to growing our own talent, we have to look around the world and ask what countries other than Britain have done to deliver huge advances in infrastructure such as 5G. We also need to ask how we can ensure that, when it comes to 6G and 7G, a British company is on that spectrum as well.

**Richard Drax (South Dorset) (Con):** Surely it is essential that we stand shoulder to shoulder with our allies. Huawei is already involved in our telecommunications network, so if the Government decide not to go further, how on earth do we get it out?



**Matt Warman:** My hon. Friend is absolutely right to suggest that we have to pay due regard to the great relationship that we have with the US, but we also have to pay attention to the unique position that we are in now, in order to determine the best way to manage this not just for the moment but for the long term. I know that that is what the National Security Council will be thinking about tomorrow.

**Ronnie Cowan** (Inverclyde) (SNP): Let's cut to the chase. Can the Minister offer this House a 100% cast-iron guarantee that the resilience and security of digital connectivity in the UK will not be compromised by any future deal with Huawei?

**Matt Warman:** The Government will always put the interests of our national security at the very top of their agenda.

**Andrew Bridgen** (North West Leicestershire) (Con): Does the Minister agree that, however cheaply Huawei is offering this country the benefit of its 5G technology, if as a result of its participation in the project we risk jeopardising our position within the Five Eyes or our access to shared intelligence, Huawei's price will be too high for us to pay?

**Matt Warman:** My hon. Friend articulates well the value of our national security. This is not just about Britain, but about Britain's place in the world among our allies. That starts in many ways with Five Eyes, but it goes a lot further. When we make this decision, we must ensure that those considerations are put at the top of the agenda.

**Wera Hobhouse** (Bath) (LD): Away from security concerns, many communities across the UK, including my constituency, have concerns about the risk to human health. Is the Minister aware of any way in which Huawei is addressing such concerns?

**Matt Warman:** The hon. Lady provides me with an opportunity to point to Public Health England and World Health Organisation advice that properly implemented 5G technology does not pose any significant risk to human health. The often genuinely worried people who have raised such concerns should be pointed to that advice, because the roll-out of 5G will not be done in a way that poses any risks to human health, regardless of the manufacturer involved.

**Henry Smith** (Crawley) (Con): Robust exchanges have obviously taken place with the United States and we know its opinions, but what discussions have the UK Government had with other Five Eyes allies, such as Australia and New Zealand, which have blocked the use of Huawei in their future 5G network, and Canada, which is still considering its options?

**Matt Warman:** My hon. Friend is right to point to a whole host of countries. Germany is another one that is having a similar conversation, and I was there last week. Such conversations will be ongoing, but we should bear in mind that Britain starts in a unique position. International comparators are valuable, and the words of our allies

should be given close attention, but none of them is in the unique position that the United Kingdom stands in at the moment.

**Tim Loughton** (East Worthing and Shoreham) (Con): From Hong Kong to the horn of Africa, China and its front companies have form in using technology for espionage and cyber-disruption. Given that some of our most important major allies have said no thanks to Huawei, and given that the costs of cyber-attacks can ultimately far outweigh the outlay on networks and hardware, what exactly is the downside of shopping around for a low-risk vendor from a country we can call an ally?

**Matt Warman:** My hon. Friend highlights the dilemma that everybody faces in a world in which there are not as many vendors of this kit as we would all like. We have to balance the primary interest in national security against other things. He is right to say that we must consider the long-term consequences when it comes to cyber-attacks and the reputation of this country's infrastructure around the world.

**Virginia Crosbie** (Ynys Môn) (Con): Will my hon. Friend assure me that rural areas and islands such as Ynys Môn will not be left behind as we roll out 5G across the country?

**Matt Warman:** That question provides me with the opportunity to welcome my hon. Friend to her place representing that great constituency. Our 5G test beds and trials programme looked at rural areas and constituencies such as hers, so that we ensure that Britain leads the world when it comes to rolling out this technology.

**Kevin Hollinrake** (Thirsk and Malton) (Con): The Minister quite rightly supports the case for open trade, but do we not also need fair trade? When making such decisions, should we not take into account the fact that companies such as Huawei receive significant financial support from the state, which puts western companies at a competitive disadvantage?

**Matt Warman:** My hon. Friend is right to underline just how complex the decision will be, and that is yet another aspect to be considered. It is also important to say that national security will come top of the agenda.

**Gary Sambrook** (Birmingham, Northfield) (Con): Many Birmingham businesses are hugely excited by the roll-out of 5G, especially because of the productivity and job creation opportunities, but they are also nervous about what they read in the press. Will the Minister assure me and businesses in Birmingham that he will do everything within his power to ensure that the 5G network will be sufficiently safe?

**Matt Warman:** I have spoken to Andy Street, the great Mayor of the West Midlands, about precisely this topic. The roll-out of 5G in the west midlands will bring huge potential benefits to businesses, but of course it will bring no benefit at all if people doubt the security of Britain's infrastructure, which is why we will always put it at the very top in Birmingham and beyond.



## Automated Facial Recognition Surveillance

4.19 pm

**Sarah Olney** (Richmond Park) (LD) (*Urgent Question*): To ask the Secretary of State for the Home Department if she will make a statement on police use of automated facial recognition surveillance.

**The Minister for Crime, Policing and the Fire Service (Kit Malthouse)**: The Government are supporting the police and empowering them with the tools they need to deliver on the people's priorities by cutting the crime that is blighting our communities. We have already pledged 20,000 more officers, new powers and the biggest funding increase in a decade, but embracing new technology is also vital and we support the use of live facial recognition, which can help to identify, locate and arrest violent and dangerous criminals who may otherwise evade justice.

Live facial recognition compares the images of people passing a camera with a specific and predetermined list of those sought by the police. It is then up to officers to decide whether to stop and speak to those flagged as a possible match. This replicates traditional policing methods such as using spotters at a football match. The technology can make the search for suspects quicker and more effective, but it must be used strictly within the law.

The High Court has found that there is an appropriate legal framework for the police use of live facial recognition, and that includes police common-law powers, data protection and human rights legislation, and the surveillance camera code. Those restrictions mean that sensitive personal data must be used appropriately for policing purposes, and only where necessary and proportionate. There are strict controls on the data gathered. If a person's face does not match any on the watchlist, the record is deleted immediately. All alerts against the watchlist are deleted within 31 days, including the raw footage, and police do not share the data with third parties.

The Metropolitan Police Service informed me of its plans in advance, and it will deploy this technology where intelligence indicates it is most likely to locate serious offenders. Each deployment will have a bespoke watchlist made up of images of wanted people, predominantly those wanted for serious and violent offences. It will also help the police to tackle child sexual exploitation and to protect the vulnerable. Live facial recognition is an important addition to the tools available to the police to protect us all and to keep murderers, drug barons and terrorists off our streets.

**Sarah Olney**: We must not allow the UK to become a society in which innocent people feel as though their every movement is being watched by the police. We must not throw away UK citizens' right to privacy or their freedom to go about their lawful business without impediment.

An independent review of the Met's facial recognition trial was published last July, and its conclusions are damning. Does the Minister agree with the report that the legal basis for this roll-out is questionable at best and is likely to be in conflict with human rights law? According to an analysis of the Met's test data, 93% of supposed matches in the four years of trials have been

wrong. As well as being inaccurate, facial recognition technology has been shown to be much less accurate in identifying women and ethnic minorities than in identifying white men. This means that women and black, Asian and minority ethnic people are much more likely to be stopped without reason than white men. Given that a black person is already 10 times more likely to be stopped and searched than a white person, does the Minister share the Liberal Democrats' concern that this technology will increase discrimination and further undermine trust in the police among BAME communities?

The biometrics commissioner, the Information Commissioner and the surveillance camera commissioner have all raised concerns about facial recognition surveillance, and all three have argued that its impact on human rights must be resolved before a wider roll-out. What steps has the Minister taken since those warnings to examine and address the human rights issues they raise?

**Kit Malthouse**: The hon. Lady rightly raises a number of issues that need to be addressed in the operation of this technology. I assume she is referring to last year's statement by the Information Commissioner's Office. The commissioner reviewed the Met's operation and raised some concerns about how it was operating the pilot of live facial recognition. Happily, the ICO put out a statement on Friday saying that it is broadly encouraged by the fact that the Met has adopted some of its recommendations in this deployment, although she is right that the ICO remains concerned about the legal basis.

Since the ICO report was published, we have had the judgment in a case brought against South Wales police's deployment of this technology, in which the High Court found there is an appropriate legal basis for the operation of facial recognition. However, I understand that there may be an appeal, and there is a suspended judicial review into the Met's operation, which may be restarted, so if Members do not mind, I will limit what I say about that.

As for disproportionality, there is no evidence of it at the moment; the Met has not found disproportionality in its data in the trials it has run, and certainly a Cardiff University review of the South Wales police deployment could not find any evidence of it at all. The hon. Lady is, however, right to say that in a country that prides itself in being an open and liberal society, we need to take care with people's impressions of how technology may impinge upon that. As she will know, live facial recognition has an awful lot of democratic institutions looking at it, not only this House: the London Assembly has a policing ethics panel; we have the Surveillance Camera Commissioner and the Information Commissioner; and there is a facial recognition and biometrics board at the National Police Chiefs' Council, which brings people together to look at these issues. There is lots of examination to make sure that it is used appropriately, and I am pleased to say that the Met will be operating it on a very transparent basis. As I understand it, the Met will be publishing information about which data was gathered and the success rate, and other information that will allow the public to have confidence that where the technology is deployed to identify wanted criminals it is having the effect intended.

**Sir Desmond Swayne** (New Forest West) (Con): If I am wanted for questioning, what difference does it make to my rights if I am fingered by a police officer or a bit of software?

**Kit Malthouse:** In his usual pithy manner, my right hon. Friend puts his finger on the button. As Members will know, the police have used facial recognition since their establishment. There is an analogue version—a wanted poster. We will have seen those and they crowdsource the identification of wanted criminals. The only question here is whether a human being does it, such as a spotter at a football match, or a machine does it. We acknowledge that if a machine is doing it, more circumspection and democratic control are required, and that is what we will be providing.

**Ms Diane Abbott** (Hackney North and Stoke Newington) (Lab): Facial recognition technology is potentially an important crime-fighting tool, but not without the correct safeguards, and the Minister has failed to persuade the House thus far that all the correct safeguards are in place. Does he accept that the random use of facial recognition technology requires not just a High Court judgment, but a specific legal framework and specific arrangements for scrutiny? After all, when blood, saliva or hair samples are provided, they are done voluntarily or under compulsory detention and charge. Facial recognition evidence is given involuntarily. He will have heard different reports about the unreliability of the evidence. Does that put people at risk of being wrongly accused of a crime? He will have heard the reports that the facial recognition technology finds it difficult to recognise black people and women, and that the technology deployed is often inaccurate. To bring in technology that might be inaccurate and mean that the guilty go unapprehended and the innocent are wrongly identified would be a spectacular own goal, leading to a breakdown of the bond of trust between the police and public.

**Kit Malthouse:** The right hon. Lady is right to say that the police must deploy technology so as to increase the trust of those they seek to protect, rather than to diminish it. We certainly believe that the use of this technology could, as she said, have enormous potential for crimefighting, if deployed in the correct way. She asked whether the random use of facial technology could undermine that confidence. It might, but of course we are not intending to use it in a random way and the police are not doing so. In effect, they will be operating it in a very specific intelligence-led way, with lots of notification in the area in which it is to be deployed against a known list of wanted suspects or criminals; a specific area will be identified where the police have intelligence that that person might be passing through. Those very specific and focused arrangements will be authorised by a very senior officer above commander rank.

As for unreliability, as technology is rolled out it obviously becomes more and more effective and reliable—*[Interruption.]* Well, I am the lucky owner of a telephone that allows me to make banking payments on the basis of recognising my face. That technology was not available in the last iteration of the phone—it is an iPhone—which used my thumb instead. So there are developments in technology. South Wales police found in trials that there was a 1:4,500 chance of triggering a false alert and more than an 80% chance of a correct alert. It is worth bearing in mind that even when the system does alert the police to a possible identification, the final decision as to whether to intervene with an individual is still taken by a human being.

**Rob Butler** (Aylesbury) (Con): Will my hon. Friend explain how the proportionate use of facial recognition technology could help to tackle the offences, such as county lines drug offending, that are the scourge of many communities, including those in my constituency?

**Kit Malthouse:** My hon. Friend raises an extremely important point. The British people want to see the technology used, as he rightly says, in a proportionate way. It is certainly the intention that live facial recognition is used against the most violent and serious criminals, who are often wanted urgently when the police are having problems locating them. One key area of LFR governance will be the surveillance camera code, one of the key tenets of which is that LFR is used proportionately to the offence committed and, specifically, that it is absolutely necessary—that is, the police have no other way of locating that person or have had trouble locating them in the past. We all have a duty to monitor this development carefully, see how it is rolled out and judge it by its results, which we hope will be spectacular.

**Joanna Cherry** (Edinburgh South West) (SNP): As we have heard, there are huge concerns about the impact of automated facial recognition technology on privacy and freedoms such as the freedom of assembly, and about the danger of bias and discrimination because, as the hon. Member for Richmond Park (Sarah Olney) said, there is evidence that AFR technology can disproportionately misidentify women and BAME people, which means that they are more likely to be wrongly stopped and questioned. Those concerns are widely held, including by the independent Biometrics and Forensics Ethics Group, which advises the Home Office on facial recognition.

The Scottish Government are employing an approach that involves a comprehensive, up-to-date legislative framework and a regularly updated code of conduct with strong oversight through a commissioner. In that way, my colleagues in Edinburgh hope to ensure that the use of the technology is proportionate, necessary and targeted, and that it respects human rights, privacy and data protection rules. Will the Minister follow suit?

Finally, so far as I am aware, there is no evidence that the use of this technology in the manner contemplated is effective in fighting crime. If I am wrong about that, will the Minister direct me to the evidence that says that it is effective? If not, why not employ less risky measures, such as following the Scottish Government's example and employing more police officers in a meaningful way?

**Kit Malthouse:** The identification of individuals at large, by any method, is a standard policing technique—whether it is done by a human, a machine or, indeed, a member of the public—so increasing its effectiveness is absolutely key. I am pleased that the Scottish Government are mirroring many of the arrangements that are being put in place in the rest of the United Kingdom to deal with this technology because, as the hon. and learned Lady said, it has enormous potential for us. We have seen the successful use of the technology in pilots elsewhere. I was even told of an occasion on which a police force—I forget which it was; it might have been South Wales police—advertised the use of live facial recognition at a rock concert where in the past there had been significant problems with what they call “dipping”, which is in effect the pickpocketing of wallets and phones. The mere advertising of the technology resulted in there being no offences committed.

**Tim Loughton** (East Worthing and Shoreham) (Con): If it is subject to the appropriate ethical controls and privacy requirements, I see this technology more as a benefit than a threat. It is another tool in the police toolbox for fighting crime. Does the Minister envisage its application in order to deal with the more than 300,000 people in this country who went missing last year, who were predominantly children? Speed is of the essence in locating them for their own safety.

**Kit Malthouse:** My hon. Friend highlights an extremely important opportunity for us. As he quite rightly points out, many, many people go missing every year. Some people want to disappear for various reasons, but, often, young people do not want to do so. Where it is proportionate, necessary and in line with the code, the identification of missing vulnerable people, particularly young people, would certainly be an incredibly good use of the technology.

**Darren Jones** (Bristol North West) (Lab): I welcome you to your place, Madam Deputy Speaker. I have not yet had the chance to congratulate you on your new role.

In the previous Parliament, the Science and Technology Committee looked at this issue as part of the biometrics and forensics strategy review. All of the key stakeholders recognised that a biometrics strategy that was not fit for purpose and not of the quality required to provide a regulatory framework for facial recognition technology was at the root of the issue. Can the Minister confirm whether that strategy has been updated since last April?

**Kit Malthouse:** The hon. Gentleman is quite right to raise concerns about the framework, and I will have to get back to him on whether the strategy has been updated. I do not think that it has, but I will check and make sure. He will be pleased to know that, at the recent general election, the Conservative party manifesto did contain a commitment that, while we wanted the police to use the ever-increasing capabilities that technology was presenting to them, we wanted them to do so within a strict legal framework. We will be giving consideration over the months to come about what form that will take.

**Robert Halfon** (Harlow) (Con): Does my hon. Friend not agree that liberty also means freedom from crime and antisocial behaviour? That is why I strongly welcome these measures. Will he expand on how the technology will deal with antisocial behaviour and drug running, on which he has touched before, as we face those problems in my constituency of Harlow?

**Kit Malthouse:** At the moment, this technology is being deployed only by the South Wales police and the Metropolitan police. However, as I explained earlier, where the police do have a wanted, serious and violent criminal who they believe may be moving around in a particular location, they will deploy this camera and a wanted list and, hopefully, identify that individual. For areas that surround London, which often suffer from the movement of violent criminals mainly to deal in drugs, their identification as they move through particular areas and therefore their apprehension will no doubt pay benefits to many towns such as his and, indeed, such as the one in my constituency that exist around the capital.

**Chi Onwurah** (Newcastle upon Tyne Central) (Lab): Like all artificial intelligence, and unlike the spotter in a football crowd that the Minister cites, facial recognition technology automates the prejudices of those who design it and the limitations of the data on which it has trained. If it is not diverse by design, it will be unequal by outcome, so what minimum standards is he placing on this technology before it is rolled out?

**Kit Malthouse:** The hon. Lady is quite right to raise what has been a concern in the media, but none of the evidence from the trials thus far—*[Interruption.]* Okay, the concern has been elsewhere as well. However, none of the evidence in trials thus far is pointing to that disproportionality. One of the key things that the Met will be doing, however, is that, after every deployment—*[Interruption.]* Madam Deputy Speaker, I am trying to answer the hon. Lady's question, but she is still barracking me from a seated position. I would like, if possible, to explain it. I understand that it is a very sensitive issue, but we are, nevertheless, dealing with very serious crime and this may help the police in apprehending those people. Frankly, if the police were seeking to apprehend the killer of my child, I would want them to consider using this technology. We owe it to people to make the police as effective as possible. However, the Metropolitan police will be publishing the results of every deployment on their website. The democratic scrutiny will be exposed through the London Assembly and, indeed, I am sure, through this place. As the technology is rolled out and we consider what changes may be needed to the legal framework so that it operates in a position of confidence with the public, no doubt Members here will have their say.

**Alex Chalk** (Cheltenham) (Con): Policing sporting events such as the Cheltenham festival, which will soon be upon us, presents unique challenges for the police. How does the Minister see this technology, once appropriately considered and reviewed, acting to assist the police to ensure that those who might wish to do harm to large numbers of people can be properly apprehended?

**Kit Malthouse:** My hon. Friend, in his usual way, raises an extremely important point. It is worth reiterating that there is no intention of our having random surveillance using live facial recognition. The deployment of a camera will be against a known wanted list and against intelligence that an individual is likely to be in a particular location and is either wanted or is intent on harm and causing a crime or, indeed, perpetrating some sort of awful event in a large crowd. This is a tool we would be foolish to neglect, given its potential, but we in this House have a duty to set a framework that strikes a balance between protecting our invaluable civil liberties and keeping the public safe.

**Jim Shannon** (Strangford) (DUP): I thank the Minister for his answers so far. Does he agree that although personal privacy is a right, anything that is used in the correct manner to prevent crime and apprehend those who have committed a crime must be considered and utilised where appropriate?

**Kit Malthouse:** I do. It is worth repeating what I said at the beginning about how the system works. If an individual passes in front of a camera and there is no match, the information that that individual is there is instantly deleted; if there is a match, the information will be retained for 31 days and then deleted; and even if



[*Kit Malthouse*]

there is a match, it is for the police officer on the scene at the time to decide, on viewing the evidence, whether to stop the individual. We will see how this goes over the next few months and years, but we hope and believe it will be of enormous benefit in fighting crime.

**Mr John Whittingdale** (Maldon) (Con): Does my hon. Friend not accept the view of the surveillance camera commissioner, who has said that the guidelines are insufficient at present and there is no transparency? Do the Government plan to update the guidelines to take account of developments in technology?

**Kit Malthouse:** I am grateful to my right hon. Friend for his question, which points to the heart of the matter. As he knows, there is a facial recognition and biometrics board, which is soon to have a new chair. As part of that renewal of leadership, we will review the board's terms of reference and its mission, especially in the light of technological developments. What emanates from that, and whether it is a change in the terms of the code, we will have to wait and see, but as I said at the start, I am very aware of the duty we have in this House to strike the right balance between security and liberty.

**Daniel Zeichner** (Cambridge) (Lab): The approach of trying it out and seeing how it goes is exactly the wrong way to maintain public trust. Many of my constituents use King's Cross railway station, and last year they discovered that they were, in effect, being spied on. The legal framework is not in place. When even the head of Google is saying we should move more slowly, because we need to keep the public with us, is it not right that we follow the example of the European Union and put it on pause while we work out the right way to proceed?

**Kit Malthouse:** No, it is not right. The hon. Gentleman is incorrect to say that there is no legal framework, and in saying that he disagrees with the High Court, which only last year certified in a case that there was and therefore the police could roll it out. The Information Commissioner looked at this and issued a report, and the Met has adopted many of recommendations of that report. Like every development in crime fighting, the technology is not static; we have to be agile and sensitive to its use. For example, the past 100 years have seen enormous developments in fingerprint technology—in detection and retrieval and in the identification of individuals using fingerprints. We keep fingerprints in a way that we do not keep facial recognition information, and there are good reasons for that, but these things should be kept under review at all times, and that is what we intend to do with LFR.

**Vicky Ford** (Chelmsford) (Con): Whether it is county lines gangs or cyber-fraudsters, we know that criminals are using technology to spread crime. People expect us to ensure that our police can use the best technology to tackle crime. Will the Government work with expert organisations such as the Ada Lovelace Institute on ensuring that we develop world-class ethics governing how best to use technology to tackle crime?

**Kit Malthouse:** Of course we want to maintain public confidence in the use of the technology, and that means that we have to be as transparent as possible about both its deployment and the results obtained from it, but we must get this in proportion. Those who believe that the

technology should not be used at all must ask themselves why we publicise the faces of wanted criminals on programmes such as “Crimewatch”, and use the wisdom of crowds to identify criminals as quickly as possible. There are circumstances where the police have a duty to try to find people quickly, effectively and efficiently, and this will help them to do that.

**Geraint Davies** (Swansea West) (Lab/Co-op): We are aware that facial recognition is used in Xinjiang in China for mass oppression through mass surveillance. People who oppose war or the climate crisis are concerned that their assembly will be systematically recorded and used, or misused, against them—that liberty will be oppressed in the name of security. What assurances can the Minister give to people who want legally to participate in such assemblies that we will not go down the road of mass surveillance and oppression under a new, more authoritarian regime?

**Kit Malthouse:** As I understand it, the use of this technology in such circumstances would be illegal, and we are the guardians of what is legal in this country.

**Dr Julian Lewis** (New Forest East) (Con): In the age of smartphones, automated number recognition and especially CCTV, is it not already virtually impossible to preserve one's privacy when one is out in public? As it is only a matter of time before CCTV becomes pin-sharp, is it not inevitable that this technology cannot be stopped, because we are already going to be recorded on systems that will provide exactly the same technique for identifying people for whom the authorities are rightly searching?

**Kit Malthouse:** It is definitely the case that in a world where identification technology of all types is accelerating, one of the challenges we face is the preservation of our privacy, and there have been many debates in this House and in the public realm about how we do that. We believe that we have a good, strong and transparent framework in which data can be gathered legally but then kept private, and through which individuals can seek their own privacy by way of the deletion or amendment of data. As I said earlier, we are the guardians of the system. This House is the crucible in which the decisions are made, so we must look sharp about it and not assume that these technological developments are outwith our control.

**Abena Opong-Asare** (Erith and Thamesmead) (Lab): Congratulations on your election to the Chair, Madam Deputy Speaker.

Has the Minister seen the concerns raised by the think-tank Future Advocacy that the deployment of this technology may infringe upon the rights of Muslim women who wear the niqab, and wider concerns about technology being less accurate, particularly with women and ethnic minorities?

**Kit Malthouse:** I understand that that specific issue has been raised with the Metropolitan police, and they have made it clear that nobody will be required to remove their niqab or other facial coverings. It is worth remembering what the police are seeking to do with this deployment. They are looking for wanted criminals, suspects in crimes, and possibly missing persons. When the system makes a match, it is then for a human being to decide whether intervention is proportionate or not. It is not a kind of conveyor belt. Human judgment is still required, as it will always be in sensitive and proportionate policing.

**Mr Jonathan Djanogly** (Huntingdon) (Con): There are clearly data privacy and human rights issues bound up with facial recognition technology, which I admit will be very useful for solving crimes. However, technology moves on quickly, and it is my understanding that bodily recognition is already being developed, in which faces will not actually count as the cameras will look at people's movement. Are we not just behind the curve on all this? As a Parliament, should we not be looking to put in place a framework that will envelop all the new technologies as they move on, rather than being one step behind? I think we should be doing a little bit more, proactively.

**Kit Malthouse:** My hon. Friend raises an extremely important and useful point. He is quite right that the acceleration of technology needs to be embraced by the House in a way that perhaps it has not been in the past. Both he and I stood on a manifesto that contained a commitment to the enabling of technology in a strict and controlled legal framework, and we will be thinking about that over the next few months. Some years ago, I came across a company that was working on online financial security. It had a system that identified someone not only from their password when they entered it, but from the way in which that person typed their password, because apparently the way we type is very characteristic. Those are the sorts of technologies we can deploy to great effect, but with democratic control.

**Neil O'Brien** (Harborough) (Con): This technology is potentially a very powerful tool to fight crime, including serious crimes like knife crime where deprived and minority ethnic communities are, sadly, disproportionately likely to be the victims. It could also help to clear up cases like the awful recent murder and aggravated burglary in my constituency. However, will the Minister reassure the House that we will use this powerful new technology only in a proportionate way?

**Kit Malthouse:** I can absolutely give that assurance. The police, who are of course operationally independent and have devised the system themselves, have reassured me that there is, first, no mass retention of movement data. As I say, if there is no match on the system someone's presence in the area is instantly deleted, and any other data is deleted after 31 days unless evidential requirements are taken forward. There is no intention that we should use this other than for the apprehension of the most serious and violent criminals which, as my hon. Friend says, will pay benefits across the country.

**Richard Fuller** (North East Bedfordshire) (Con) *rose*—

**Madam Deputy Speaker (Dame Eleanor Laing):** And the prize for patience and perseverance goes to Richard Fuller.

**Richard Fuller:** The usual prize—thank you, Madam Deputy Speaker.

The hon. Member for Newcastle upon Tyne Central (Chi Onwurah) made an important point. The embedding of bias in technology is a major issue that will worsen with the early widespread adoption of artificial intelligence. The Government will inherit these biases as a user of these technologies, so will my hon. Friend, noting that the American studies show that the disproportionality of false recognition for ethnic minority women was between 10 and 100 times that for Caucasians, look seriously at how those technologies are improving as he progresses the adoption of this technology?

**Kit Malthouse:** Of course I will. I recognise the possible controversy that my hon. Friend points to. As I say, in the trials and deployments thus far there is no evidence of bias either way that we can see, but in a world where technology is to come under democratic control, we all have a duty to watch for these unintended consequences and correct them when they occur—and he has my undertaking that we will do exactly that.

## Point of Order

4.52 pm

**Alex Cunningham** (Stockton North) (Lab): On a point of order, Madam Deputy Speaker. In response to my question about health inequality and the need for a new hospital in Stockton, the Prime Minister told MPs that the gap in life expectancy “is a disgrace.” He then added:

“None the less, it is coming down, and it will come down.”—  
[*Official Report*, 22 January 2020; Vol. 670, c. 300.]

*The Independent* newspaper reminded us on Friday that in fact official statistics last March showed that the discrepancy between men in the richest and poorest areas has actually widened by about three months. I remind the House that there is 14 years’ difference between men in parts of my constituency and those in parts of the Prime Minister’s constituency. We know, Madam Deputy Speaker, that the Prime Minister likes to make things up on the hoof, but is there anything that you can do to have him come to the House, admit his mistake and apologise?

**Madam Deputy Speaker (Dame Eleanor Laing):** The hon. Gentleman knows very well that what Ministers, or even the Prime Minister, say in this Chamber is not a matter for the Chair. I appreciate that the hon. Gentleman wanted to make his point and make it publicly, and he has done so. He knows that if he wishes to ask a question of the Prime Minister, he will find a way of asking that question of the Prime Minister, who will of course be here as usual on Wednesday.

## Speaker’s Statement: Select Committee Chairs

4.53 pm

**Madam Deputy Speaker (Dame Eleanor Laing):** The House will be aware that the deadline for nominations of Select Committee Chairs was 4 pm today. The following Committees received a single nomination, and therefore the following candidates will be elected unopposed:

<i>Committee</i>	<i>Elected</i>
Backbench Business	Ian Mearns
Business, Energy and Industrial Strategy	Rachel Reeves
Education	Robert Halfon
Environment, Food and Rural Affairs	Neil Parish
Exiting the European Union	Hilary Benn
Home Affairs	Yvette Cooper
Housing, Communities and Local Government	Mr Clive Betts
Public Accounts	Meg Hillier
Scottish Affairs	Pete Wishart
Standards	Kate Green
Treasury	Mel Stride
Welsh Affairs	Stephen Crabb
Women and Equalities	Caroline Nokes

I congratulate all Members who have thus been elected. The ballot for the remaining posts will take place on Wednesday 29 January between 10 am and 4 pm in Committee Room 16, and a final list of candidates and their supporters will be available shortly in the Vote Office.



## NHS Funding Bill

### Second Reading

4.56 pm

**The Secretary of State for Health and Social Care (Matt Hancock):** I beg to move, That the Bill be now read a Second time.

With your permission, Madam Deputy Speaker, before turning to the Bill I would like to update the House on the ongoing situation with the Wuhan coronavirus. The chief medical officer continues to advise that the risk to the UK population is low and that, while there is an increased likelihood that cases may arise in this country, we are well prepared and well equipped to deal with them. As of 2 pm, there are currently no confirmed cases in the UK. We are working night and day with the World Health Organisation and the international community and are monitoring the situation closely. Our approach has been guided by the chief medical officer, Professor Chris Whitty.

As I set out in my statement on Thursday, coronavirus presents with flu-like symptoms including fever, a cough and difficulty breathing, and the current evidence is that most cases appear to be mild. However, this is a new disease, and the global scientific community is still learning about it. I have therefore directed Public Health England to take a belt-and-braces approach, including tracing people who have been in Wuhan in the past 14 days. Coronaviruses do not usually spread if people do not have symptoms. However, we cannot be 100% certain.

From today, as concerns have been raised about limited pre-symptom transmission, we are asking anyone in the UK who has returned from Wuhan in the last 14 days to self-isolate—to stay indoors and avoid contact with other people—and to contact NHS 111. If you are in Northern Ireland, you should phone your GP. If you develop respiratory symptoms within 14 days of travel from the area and are now in the UK, call your GP or ring 111, informing them of your symptoms and your recent travel to the city. Do not leave home until you have been given advice by a clinician.

Public Health England officials continue to trace people who have arrived in the UK from Wuhan. Having eliminated those who we know have since left the country, we are seeking to locate 1,460 people. The Foreign Office is rapidly advancing measures to bring UK nationals back from Hubei province. I have asked my officials to ensure that there are appropriate measures in place upon arrival to look after them and to protect the public. If you are in Hubei province and wish to leave, please get in contact with the Foreign Office; there are details on the gov.uk website.

The UK is one of the first countries in the world to have developed an accurate test for this coronavirus, and PHE is undertaking continuous refinement of that test. PHE has this morning confirmed to me that it can scale up, so we are in a position to deal with cases in this country if necessary. I want to stress that the NHS remains well prepared. The NHS has expert teams in every ambulance service and at a number of specialist hospital units with highly trained staff and equipment, ready to receive and care for patients with any highly infectious disease, including this one. The NHS practises and prepares its response to disease outbreaks and follows tried and tested procedures, following the highest

safety standards possible for the protection of NHS staff, patients and the public. Specific guidance on handling Wuhan coronavirus has been shared with NHS staff.

This is a timely reminder of why it matters to have a world-class healthcare system—to be able to plan and prepare for such situations.

**Jonathan Ashworth (Leicester South) (Lab/Co-op):** I am grateful to the Secretary of State for updating the House and for letting me intervene at this point, before we move on to the substance of today's debate. First, could he offer some further clarification? According to the newspapers, there are suggestions that France, the United States and Japan are airlifting their citizens out of Wuhan tomorrow. I emphasise that I am going off newspaper speculation and I appreciate that that is not his portfolio, but how advanced are the Foreign Office's plans? Secondly, could he update the House about whether it is correct that the treatment of coronavirus would need a number of extra corporeal membrane oxygenation beds to be open? ECMO beds are in high demand in winter. Could he update the House on how many ECMO beds are currently open, and on what preparations the NHS is making on that front?

**Matt Hancock:** The Foreign Office is working with international partners both in America and other EU countries, keeping open about the procedures and what it will do for the estimated 200 UK citizens who are in the area in China in which this is currently contained. On the point about the readiness of the NHS here, four centres are stood up and ready should there be a need. The centres are in Guy's and St Tommy's, Liverpool, Newcastle and the Royal Free, and there is a further escalation if more beds are needed. So we are ready, but of course we keep all these things under review.

**Geraint Davies (Swansea West) (Lab/Co-op):** The Secretary of State will know that we are all looking forward to lots of celebrations of the Chinese new year. What communication has he had with Chinese organisations that are arranging these, so that they can get in contact with people who may have come from Wuhan so as to try to identify risk and pre-empt problems?

**Matt Hancock:** We are using all possible means to get in contact with the 1,460 people whom we need to contact, and who we know have travelled to the UK from Wuhan and who have not as far as we know left the country. We are collaborating with Border Force, the airline and others, including universities, schools and cultural organisations to try to make contact.

**Seema Malhotra (Feltham and Heston) (Lab/Co-op):** My constituency borders Heathrow, and many of my constituents will be working at Heathrow with the airlines and in many other roles. I appreciate that the risk may be low, but could the Secretary of State update the House on whether advice has been given to Heathrow and airlines on how to give advice to their staff who may have come into contact with people who might be affected so that everybody can be assured that all is being done and that any support they may need is available?

**Matt Hancock:** The hon. Member is quite right to raise this. There is a Public Health England unit or hub at Heathrow to meet all flights from China now; it met

[*Matt Hancock*]

the one flight that has come from Wuhan directly since news of this outbreak reached the level it did last Wednesday. The advice is clear to anybody who is worried about having coronavirus, and that is to call 111. If they have travelled to Wuhan or elsewhere in China recently, they should declare that to the 111 service when they call, and the 111 service has the full advice available. It is important for them to call 111 or to call their GP rather than going to a GP or to A&E, for exactly the reason that we want people to self-isolate if they have been to the region or if they think that they may have the virus.

I will now move on to the Bill. As we have been highlighting with the NHS work on the coronavirus that originated in Wuhan, few things in life are certain. However, it is the job of Government to plan for the future, even though we cannot fully see it. We do not know for instance exactly how many babies will be born in four years' time, but we can anticipate demand for maternity services. We do not know exactly how many people will make a 999 call in four years' time, but we can and must plan for that. Indeed, we do not know if the Labour party will have a competent leader in four months' time, let alone four years' time, but I hope for the country's sake to see the hon. Member for Leicester South (Jonathan Ashworth) on the Opposition Front Bench well into the next decade. There is one institution that, with this Bill, knows it will get the funding it needs in 2024, and that is the NHS, because this Bill injects the largest and longest cash settlement ever granted to the NHS and will enshrine it into law—£33.9 billion extra a year by 2024.

**Robert Halfon** (Harlow) (Con): Does not this excellent Bill ensure that people will never again be misled into thinking that we are selling off the national health service to Donald Trump? Does the Secretary of State also agree that the money guaranteed in this funding Bill will ensure that places such as Harlow will have a new hospital, as has been guaranteed by my right hon. Friend?

**Matt Hancock:** Yes, I am delighted to be able to assure my right hon. Friend that, on both counts, he is absolutely spot-on. This Bill makes it clear that we will be funding the NHS with its long-term plan and making this long-term commitment as a minimum. The election result put paid to the scaremongering put about by Opposition Members in relation to the NHS in trade deals, because the NHS is not on the table. When it comes to Harlow, my right hon. Friend and the people of Harlow well know that I am delivering: we will have a new hospital in Harlow.

**Sir Geoffrey Clifton-Brown** (The Cotswolds) (Con): On the same theme as that raised by my right hon. Friend the Member for Harlow (Robert Halfon)—privatising the NHS—will the Secretary of State confirm that the disastrous private finance initiative deals done by the last Labour Government were not only the largest privatisations the NHS has ever seen, but that they cost various NHS trusts billions of pounds? Will we be reversing that, and will the money go into the local NHS trusts?

**Matt Hancock:** Yes and yes; my hon. Friend anticipates my whole section on Mr PFI sitting over on the Opposition Front Bench. During his time in the Treasury, the hon. Member for Leicester South, managed to sign off some of the worst PFI deals. [*Interruption.*] The hon. Gentleman sighs, but I do not think he understands the damage he has done.

This Bill confirms that spending on the NHS will rise from £115 billion last year to £121 billion this year, to £127 billion, then £133 billion, £140 billion and £148 billion in 2023-24.

**Dr Philippa Whitford** (Central Ayrshire) (SNP): To clarify the point, are the Government committed to buying out the PFIs that are currently a burden on health boards and trusts?

**Matt Hancock:** We absolutely will be looking at doing that where we can. Unfortunately, that is difficult to do, because, over time, and especially during the time that the hon. Member for Leicester South was in the Treasury, the legal on these PFI deals got tighter and tighter. There are 106 PFI deals in hospitals and we are going through them. We will work towards making them work better for patients, and if that means coming out of them completely, I will be thrilled.

**Sir Bernard Jenkin** (Harwich and North Essex) (Con): My right hon. Friend might know that I am a vice-president of Combat Stress, the charity for the mental welfare of our armed servicemen and veterans. Until recently it had a very tiny contract compared to the vast sums he has just announced—£3.1 million a year—and was treating some 250 patients a year with PTSD and other mental illnesses related to combat stress. Combat Stress is now having to discontinue taking referrals because the contract has come to an end. What prospect is there that there will be a new contract as soon as possible so Combat Stress can carry on its brilliant work?

**Matt Hancock:** I am very glad that my hon. Friend has raised this matter, because I was concerned to read the reports in the newspapers and have had a briefing this morning. There is work on a new contract to replace the old one, and I very much hope that that is settled and agreed as soon as possible.

**Dean Russell** (Watford) (Con): First, I thank my right hon. Friend the Secretary of State for visiting Watford during the election, when he came to Watford General Hospital with me and very kindly met the chief executive. As part of that, he assured me that we would get £400 million of investment from the Government for West Herts trust, primarily to secure a new Watford General Hospital, one of six new hospitals—and many more—over the next few years. Given press speculation about the money being a loan and not funding from the Government, will he reassure my Watford constituents that that is not the case?

**Matt Hancock:** Yes, that is exactly right. I enjoyed visiting Watford at the invitation of my hon. Friend. It is fantastic that Watford will get a new hospital. Watford General Hospital needs to be rebuilt and it will be rebuilt with a grant from the Government. The money will go to Watford general—to the trust—as he mentions. It will not be a loan; it will be a grant. I know that there

has been some speculation about that. I do not know where it came from, but it is not true. The money will come as a grant.

**Several hon. Members** *rose*—

**Matt Hancock:** Let me make a little progress, because so many people want to speak.

The purpose of the Bill is to set a minimum amount for the money going into the NHS. I want to set out what the funding in the Bill will be used for and what it will pay for, and also what we are adding on top of that, because the distinction is important.

**Jim Shannon** (Strangford) (DUP): The Minister heard earlier from another Member about mental health issues, which do not just affect adults but also affect children—those from 10 to 12 or in their teenage years. A great number of children suffer from mental health issues at school. What has been done to help those schoolchildren to address those issues, which needs to happen early?

**Matt Hancock:** The hon. Gentleman is right to raise what is an incredibly important issue. We are rolling out support for mental health practitioners in schools across England. We have just given the new devolved Northern Ireland Government a big funding increase to enable them to roll out those services. Obviously this is a devolved issue, so exactly how they do that is up to them, but we will ensure that the roll-out continues across England and that children get the support they need.

**Marco Longhi** (Dudley North) (Con): Having worked in the health economy for a couple of decades, I know that commissioners and providers will be absolutely delighted at the long-term approach that my right hon. Friend is taking to revenue funding of the NHS. However, patient experience and patient outcomes also rely on the delivery of capital projects, not least at Russells Hall Hospital in my constituency, where we really need extra capacity, not least in A&E and our car parks. Will my right hon. Friend or one of his Ministers meet me to discuss these issues?

**Matt Hancock:** Yes, of course. The Minister for Health, my hon. Friend Member for Charnwood (Edward Argar), is responsible for the roll-out of additional capital for car parks, which we committed to in the manifesto. More broadly, we will both be very happy to talk to my hon. Friend about what more we can do for Dudley. It is incredibly important, and he is already such a powerful advocate for it.

**Several hon. Members** *rose*—

**Matt Hancock:** I will give way to the hon. Member for Swansea West (Geraint Davies) and then the hon. Member for Nottingham South (Lilian Greenwood).

**Geraint Davies:** The Secretary of State knows that NHS funding increases in recent years have averaged about 1.4%. His plan is for 3.4%, yet the last Labour Government delivered average increases of 6% a year—almost twice as much—so how can he be saying that this is enough? It is clearly too little, too late.

**Matt Hancock:** No, it is the largest and longest funding settlement in history, and we can fund a strong NHS only if we have a strong economy. We had this debate during the general election, and the general public saw straight through promises that cannot be funded because of other policies that would crash the economy. We will fund the NHS properly. This Bill places a legal duty on the Government to uphold a minimum level of NHS revenue funding over the next four years. This point is very important. The legislation explicitly states that the Bill establishes a floor, not a ceiling, for how much we spend on our vital and valued public service and on the revenue budget, which means the day-to-day running costs of the NHS.

**Vicky Ford** (Chelmsford) (Con): One of the fantastic things that we have seen in the NHS in the past few years has been the opening of new medical schools, such as the one in my constituency—I refer to my entry in the Register of Members' Financial Interests and declare that I am now on the board. Will some of the new funding go into more training, in particular training of more nurses?

**Matt Hancock:** The funding for training more nurses comes on top of what is in the Bill—the Bill is for the day-to-day running costs of the NHS—and it has already been committed to. The Bill will help us to create 50 million more GP appointments every year so that we can reduce the time that people have to wait to see their GP. It will help to pay for new cancer screening and faster diagnosis so that we can save tens of thousands of lives of people suffering that terrible disease. It will help to pay for the prevention, detection and treatment of cardiovascular disease so that we can prevent over 100,000 strokes and heart attacks. At its heart, the funding will help us to create more services in the community, closer to home, with pharmacies playing a much bigger role. For the first time in a generation, the proportion of NHS funding going to primary and community care will increase, shifting resources to the prevention of ill health, because prevention is better than cure.

**James Cartledge** (South Suffolk) (Con): My right hon. Friend and neighbour talks about how we pay for the NHS, and he said that we cannot know what will happen in future, but does it give him good heart that in the last 24 hours, Ernst and Young has predicted that our growth will be higher than expected on the back of the election of a Conservative Government, which we all have confidence will deliver the growth that we need to fund the NHS?

**Matt Hancock:** Yes. That just shows how sensible the British people were to elect a majority Conservative Government. The funding will also allow the NHS to invest in innovative technology, such as genomics and artificial intelligence, to create more precise, more personalised and more effective treatments. That will help the life sciences industry, which is one of our fastest growing industries, and in turn, help to support growth.

**Grahame Morris** (Easington) (Lab): I want to make a point about new technologies and what is not in the Bill—namely, capital and training budgets. That is vital to address our woeful performance on cancer outcomes,



[Grahame Morris]

which I want to touch on in more detail later. Specifically, what will the Secretary of State do about the under-investment in advanced radiotherapy? We are spending £383 million but we should be spending considerably more if we are going to provide a world-class service.

**Matt Hancock:** The hon. Gentleman is absolutely right that we need earlier diagnosis of cancer—I entirely agree. Rolling out the 200 extra diagnostics facilities and increasingly making them available in the community, rather than just in big hospital centres, is an absolutely mission-critical part of that. The funding will also allow us to upgrade our outdated frontline technology—that is tied to what he just called for—which will save time for staff and save the lives of patients. Within the financial settlement, mental health spending will increase the fastest so that we can transform how we prevent, diagnose and treat mental ill health across the country. Within that allocation, funding for children’s mental health will go up faster still.

**Ian Paisley** (North Antrim) (DUP): I welcome the points that the Secretary of State has just made, particularly on Northern Ireland. As he knows, Northern Ireland has the most disastrous waiting lists. Will he commit to keeping his eye on what is happening in Northern Ireland even though there is a devolved settlement, because clearly the eye has been taken off the ball and patients are suffering?

**Matt Hancock:** The hon. Gentleman is absolutely right that the three years without an Administration in Northern Ireland have led to all sorts of difficulties. I have already spoken to my new Northern Ireland counterpart twice and offered all the support that we can give. The extra funding will help an awful lot, but it is sadly true that there are over 10,000 people waiting more than a year for a procedure in Northern Ireland. The number in Wales—run by the Labour party—is over 4,000, and the number in England is just over 1,000. We have to make sure that we get the very best treatment across the whole of the UK. Even though I am responsible for the NHS in England, I am also the UK Health Secretary. For instance, on the public health emergencies that we have been talking about recently, we have to engage across all four nations and make sure that the Northern Irish health system improves, as do the Welsh system—which is in a terrible state in many places, despite the amazing effort of the staff who work in it—and the problems that we well know about in the Scottish system.

**Lilian Greenwood** (Nottingham South) (Lab): The Secretary of State has set out many commitments relating to what he wants to deliver with the extra funding in the Bill. However, the funding in the Bill is purely in cash terms. Will he make a commitment here and now that if inflation rises, such that £33.9 billion does not equal £20.5 billion in real terms and therefore does not deliver the real-terms increase that he has promised, he will exceed the amounts that are set out in the Bill?

**Matt Hancock:** We are already exceeding those amounts with the additional funding that I mentioned to do with training and capital, both of which are critical. Of course the budget is set out in cash terms: cash is what the NHS spends. Part of what the NHS has to do is

make sure that it spends the money getting the best possible value for money. I am acutely aware that, while we are spending £33.9 billion extra and the total budget is almost £150 billion, every single pound of that is taxpayers’ money. We have to be acutely aware of the value we get from it.

**Sir Desmond Swayne** (New Forest West) (Con): We have said that there will be parity of esteem between mental and physical health. What is the mechanism for ensuring that the money that my right hon. Friend has announced is actually spent on mental health, as desired, rather than elsewhere?

**Matt Hancock:** That is clearly set out in the operational guidance to the NHS—that it must be. That will be auditable, and I am sure that my right hon. Friend will look to ensure that that has happened. This is an issue where the levers from the Secretary of State’s office to the NHS frontline are extremely well connected.

**Richard Drax** (South Dorset) (Con): One way to ensure that patients can be best served is to make the software more compatible, and I know that my right hon. Friend is doing a huge amount to make that happen. Can he brief the House about where we are when it comes to making the system more compatible throughout the whole UK?

**Matt Hancock:** Yes. My hon. Friend makes a really important point. The issue is not just the quantity of money but how we spend it. Making sure that we get the best value for every pound put in is incredibly important. One way to do that is by using the best modern technology—ensuring that the different systems are required to talk to each other, for instance. We will be introducing a system with standards of interoperability mandating that the only systems that can be used are those that allow the information—appropriately and with appropriate privacy safeguards—to flow between different NHS organisations. People have had the experience so many times of informing one part of the NHS about what is going on and having to say everything all over again to another part of it. I want to end that.

**Several hon. Members** *rose*—

**Matt Hancock:** I want to finish this section, Madam Deputy Speaker. The crucial thing in this Bill is the certainty: the Bill provides everyone in the NHS with the certainty to work better together to make long-term decisions, get the best possible value for money, increase the productivity of the NHS and improve how the health system is organised and delivered. That is not just tied to what has been done in the past, but is driven by a clear view of what the NHS needs to do in future, exactly as my hon. Friend the Member for South Dorset (Richard Drax) said.

**Patrick Grady** (Glasgow North) (SNP): If the Secretary of State is so proud that these figures represent a floor and not a maximum, why have the Government tabled such a restrictive money resolution? It means that it will be impossible for Members to table their own suggestions about higher amounts—bringing UK health spending in line with per capita spend in Scotland, for example, despite the fact that the Bill is subject to the English votes procedure.

**Matt Hancock:** I would be careful about making that argument if I were the hon. Gentleman. Over the last decade, the Scottish Government have increased spending on their NHS slower than we have in England. I will not take second best—I will not take the retrograde Scottish National party attitude. No wonder the SNP bangs on so much about its dream of breaking up this country—it cannot defend its record on the NHS.

**Mr Robert Goodwill** (Scarborough and Whitby) (Con): The Secretary of State has already mentioned the 50 million additional GP appointments, but are not 13 million GP appointments and 6 million nurse practice appointments already missed annually—not to mention the people turning up at A&E who are neither accidents nor emergencies? Can we do more to make sure that the money spent is spent more effectively?

**Matt Hancock:** Yes, absolutely. If we use technology to set up a better booking system for GPs, it turns out that we reduce by a third the number of times people do not attend.

**Thangam Debbonaire** (Bristol West) (Lab): Oh, come on!

**Matt Hancock:** Somebody on the Opposition Front Bench just shouted, “Oh, come on!” when I talked about saving huge amounts of money by reducing by a third the number of people who do not attend a GP appointment. They should get with the programme, and use the best technology to support our staff in the NHS.

**Andrew Bowie** (West Aberdeenshire and Kincardine) (Con): My right hon. Friend brought up the issue of Scottish funding. Does he share my regret and frustration that if the Scottish Government had matched our funding at the levels that we are spending in England, the NHS in Scotland would have £505 million more to spend on frontline services? The fact is that they are investing more slowly, and less, than we are south of the border.

**Matt Hancock:** Exactly. That is precisely true, and what is so frustrating is this—perhaps my hon. Friend knows the answer to this question: what did they do with the half a billion pounds that they did not put into their NHS? It is a disgrace.

**Debbie Abrahams** (Oldham East and Saddleworth) (Lab): As well as the question of what the money will be spent on—and I welcome the extra investment—there is the question of—*[Interruption.]*

**Madam Deputy Speaker (Dame Eleanor Laing):** Order. There is a separate Scottish debate going on, and, however interesting it might be, it is not good if I can hear that and cannot hear the hon. Lady.

**Debbie Abrahams:** I could not hear myself, Madam Deputy Speaker.

It is also a question of who and where. We know that life expectancy is flatlining, that healthy life expectancy is flatlining, and that in some parts of the country, including the north-west, it is actually going backwards. How are we to ensure that we target the money where it is most needed?

**Matt Hancock:** I am glad that you gave us a chance to listen to the hon. Lady, Madam Deputy Speaker, because that was a very important intervention. Life expectancy is rising, but I will not accept rising inequality in life expectancy, and the hon. Lady should expect that to be a major focus of our work in the Department when it comes to where the money goes.

**Several hon. Members** *rose*—

**Matt Hancock:** I need to make some progress.

Let me turn to what is happening on top of the funding in the Bill. The revenue budget does not cover the budgets for training and for infrastructure investment, so the increase in the training budget and the money for new infrastructure will be in addition to the £33.9 billion for the core day-to-day running costs. We made clear in the manifesto that we would have more nurses in the NHS—50,000 more—and I am delighted that the latest figures, released last week, show an increase of 7,832 over the last year,

**Janet Daby** (Lewisham East) (Lab) *rose*—

**Matt Hancock:** If the hon. Lady wants to welcome that increase of over 7,000, she is more than welcome to do so.

**Janet Daby:** I thank the Secretary of State for giving way, and of course I welcome more nurses in our NHS. Why wouldn't I? My mum was a nurse in the NHS. However, I want to ask the Secretary of State about the increase for the recruitment and retention of mental health nurses, and whether he will agree to ring-fence new mental health funding to ensure that it goes to the Department to which it is meant to go.

**Matt Hancock:** I can guarantee that the mental health funding will be ring-fenced; and I want us, from the House, to pay tribute to the hon. Lady's mum.

We are going to have more nurses, and I am delighted that we already have a record number of registered nurses, a record number of midwives, a record number of nursing associates and a record number of nurses in training. If the current trends continue, 36,000 nurses will join the NHS each year from the domestic and overseas workforce, which means that we will have more than 140,000 new nurses by 2024. However, we need more nurses now, and we will have 50,000 more by the end of this Parliament. That is a critical manifesto commitment on which we intend to deliver.

We need the right number of nurses and we need them to have the right skills, with nursing increasingly becoming a highly skilled as well as a caring role. From September this year, we will give every student nurse a training grant worth at least £5,000 to support them in their studies and ensure recruitment and retention. We are also expanding the routes into nursing with more nursing associates and nursing apprenticeships, making it easier to climb the ladder to become a fully registered nurse, and prioritising the care of our nursing staff to encourage more of them to stay in the NHS.

Of course, that training grant will also apply to midwives, paramedics, dieticians and all allied health professionals. Too often, the media use “doctors and nurses” as shorthand, and sometimes, if I am honest,

[*Matt Hancock*]

we do that in this House, too. We should instead recognise the essential contribution of our allied health professionals, without whom our NHS family is incomplete and on whom our increasing move to multidisciplinary teams depends. This £2 billion training package is in addition to the funding contained in this Bill.

Finally, as well as revenue and training, the NHS also needs more money for infrastructure. On that point, I will give way to the hon. Member for Rhondda (Chris Bryant).

**Chris Bryant** (Rhondda) (Lab): My question is not about infrastructure. It is about the Secretary of State's last paragraph, on the training element. He referred to the fact that we often refer just to "doctors and nurses". Actually, radiologists are absolutely vital to ensuring, first, that you get a swift diagnosis of cancer and, secondly, that you get swift and proper treatment for it. The Royal College of Radiologists reckons that we will be 2,000 radiologists short by 2023. How are we going to fill that gap?

**Matt Hancock:** As in so many other areas, we are hiring. My response to hearing about problems of shortages is, of course, to use all the tools available to ensure that we help those who are currently working in the NHS—for instance, with new technology—but also to hire and train more.

**Steve Brine** (Winchester) (Con): My right hon. Friend will know that, as well as financial clout from No. 11, it is important to have political will from No. 10 around prevention. He has mentioned this already, but can he assure me that during this new Parliament we will focus relentlessly on prevention, and especially on the obesity challenge? Obesity is leading to preventable cancers, and we did so much good work in the last Parliament—some of which I did with my right hon. Friend—so will he please double down on this? It is so important that we prevent the illnesses that we know we can prevent, through positive interaction from Government.

**Matt Hancock:** Yes. My hon. Friend should know that, on this as on so many things, he and the Prime Minister are absolutely as one. Prevention is an incredibly important part of our plan. After all, prevention is better than cure.

**Several hon. Members** *rose*—

**Matt Hancock:** I want to make as much progress as I can, Madam Deputy Speaker, as I know that many people want to speak.

Another new addition to the policy agenda that has been brought in by the Prime Minister is that NHS infrastructure has gone right up the agenda and is a huge priority for this new Government. Modern buildings with cutting-edge facilities and equipment are essential to delivering the NHS that people deserve over the next decade, so we will deliver 40 new hospitals across the country, with £2.7 billion for the first six hospitals alone, £850 million for 20 hospital upgrades and £450 million for new scanners and the latest in AI technology. That is on top of the record capital budget this year.

**Helen Hayes** (Dulwich and West Norwood) (Lab): King's College Hospital in my constituency has the largest level of debt of any hospital trust in the country. That debt has come about because of the policies of the coalition Government and then the Conservative Government over the past 10 years, yet there is no investment for King's in the Secretary of State's list of hospitals receiving capital investment, and no proposal to write off the unsustainable level of debt. What message am I to take back to the hard-working, life-saving staff at King's College Hospital who are currently struggling in impossible financial circumstances?

**Matt Hancock:** If the hon. Lady votes for this Bill, increased resources will be going into the NHS, including into King's—mark my words!

**Shaun Bailey** (West Bromwich West) (Con): One of the examples of this Government's commitment to hospital infrastructure is the Midland Metropolitan Hospital that we are going to see in Sandwell, which many of my constituents will benefit from. Will my right hon. Friend assure me that, while we will obviously prioritise that, the existing infrastructure will still be prioritised as well? Will he meet me to discuss existing needs in west Sandwell in my constituency?

**Matt Hancock:** I am happy to meet my hon. Friend to discuss the needs of that hospital. It was started as a PFI, but I brought it on to the balance sheet to ensure that we can absolutely deliver it. This shows why people do not trust Mr PFI with the NHS.

**Ben Everitt** (Milton Keynes North) (Con): I am sure that my right hon. Friend agrees with me on the need for hospital capacity to grow as our growing cities add to their populations. Will he commit to meeting me to discuss how we can bring forward and accelerate the infrastructure improvement plans for Milton Keynes Hospital?

**Matt Hancock:** Yes, I absolutely will. Milton Keynes hospital is extremely well run by fantastic staff. I did a night shift there a few months ago and—this is a really good example—the porters have redesigned their own system to make their job more efficient, and the management absolutely embraced it. It is an example of how good hospitals should be run. Perhaps on this point I can bring my speech to a conclusion—

**Several hon. Members** *rose*—

**Matt Hancock:** I will give way briefly before I conclude.

**Mr Philip Hollobone** (Kettering) (Con): I thank the Secretary of State both for his commitment to fund the new £46 million urgent care hub at Kettering General Hospital and for including the hospital on the list for HIP2 funding from 2025 onwards. When will the hospitals on that shortlist get the seed funding to develop their plans?

**Matt Hancock:** The funding will be paid to the hospitals imminently, but it is definitely coming, so they can get on with planning for it.



**Kate Green** (Stretford and Urmston) (Lab): A running theme throughout the Secretary of State's speech has been an integrated approach to prevention and care. May I draw his attention to the need for dental care for cancer patients? There is no automatic route, as far as I can see, for oncologists to refer cancer patients for dental check-ups, and yet chemotherapy can have a deleterious effect on dental health, and patients also struggle to find NHS dentists due to a shortage of staff. Will the Secretary of State or one of his ministerial colleagues be willing to meet me to discuss that concern, which has been raised by my constituent Michelle Solak-Edwards, whose petition has been signed by many tens of thousands of others?

**Matt Hancock:** Of course. The Under-Secretary of State for Health and Social Care, my hon. Friend the Member for Bury St Edmunds (Jo Churchill), is responsible for prevention and primary care, which covers both cancer and dentistry, so I hope that she will be able pull those two parts of the NHS together.

This Bill is short and straightforward. It represents certainty for the NHS about a minimum funding level over the next four years and certainty for the 1.4 million colleagues who work in our health service, so that they have the confidence and capability to deliver the long-term plan, safe in the knowledge that we will support them every step of the way. Frontline staff have helped to shape this shared vision of the future of healthcare in this country—more preventive, more high-tech, with more empowered people—giving the NHS the tools it needs to rise to the challenge of increasing demands from a growing and ageing population. Doing nothing is not an option, and neither is simply pouring money in without a plan that embraces innovation and improvement. The long-term plan has precisely those principles at its heart. A vote for this Bill is a vote to give our NHS colleagues the certainty and assurance they need. This Government backs our NHS, and my party is the party of the NHS.

5.37 pm

**Jonathan Ashworth** (Leicester South) (Lab/Co-op): This is not a serious funding Bill; it is an underfunding Bill. It is a political gimmick of a Bill. The Secretary of State hoped that the Bill would signal the Tories' commitment to the NHS, but it actually reveals their lack of commitment to the NHS. I remind the Secretary of State that the last Labour Government, who I did indeed work for, did not need a piece of legislation to increase NHS funding by record levels—6% extra a year. We just got on and delivered record investment in the NHS in spending review after spending review. That record investment delivered the lowest waiting times, the highest satisfaction ratings, and 44,000 more doctors and 89,000 more nurses. He is unable to match that record.

This Bill essentially caps NHS funding—[HON. MEMBERS: "No it doesn't."] It certainly does because, as the Secretary of State outlined, the amounts in the Bill are in cash terms, not real terms, which is what the previous Secretary of State presented to the House in summer 2018. The amounts in the Bill are in cash terms, and when my hon. Friend the Member for Nottingham South (Lilian Greenwood) asked the Secretary of State whether the NHS will get the real-terms increases that the previous Secretary of State outlined should inflation run at unforeseen levels, he could not give that commitment.

The Secretary of State could not give my hon. Friend the cast-iron commitment needed by the NHS chief executives on the ground because this Bill outlines only the cash figures. If inflation runs at a higher level than expected, the NHS will not get the extra money that the Secretary of State boasts about from the Dispatch Box unless we have that commitment. As the hon. Member for Glasgow North (Patrick Grady) said, the money resolution has been tightly drawn to restrict hon. Members from tabling amendments to give the NHS the levels of funding it needs. This Bill is a political stunt.

The Bill attempts to enshrine revenue spending in law, but the test will be whether the uplift outlined by the Secretary of State, albeit in cash terms, is sufficient to deliver on the promise made by the Prime Minister at the Dispatch Box two weeks ago:

"We will get those waiting lists down."—[*Official Report*, 15 January 2020; Vol. 669, c. 1015.]

That means reversing the significant deterioration in care under this Government over a decade of decline.

This Bill fails the Prime Minister's test, because the level of health expenditure that the Secretary of State is asking the House to put into law will not drive down waiting lists or drive up A&E performance to the levels our constituents deserve. The level of expenditure that the Secretary of State presents as an act of great munificence are not sufficient to enable the NHS to deliver the aspirations of its long-term plan. What he says is not what NHS Providers, the British Medical Association, the Health Foundation, the Institute for Fiscal Studies, a whole host of think-tanks and staff representatives are saying about the Bill.

**Matt Hancock:** It is what the British people say.

**Jonathan Ashworth:** That is pretty dismal by the Secretary of State's standards. [*Interruption.*] I am aware that his party won the general election, but it does not mean he is correct about NHS funding.

The Secretary of State is not prepared to put it in the Bill, but let us suppose he delivered on the real-terms increases outlined by the previous Secretary of State—around a 3.3% annual uplift for NHS England revenue. The problem is that NHS activity usually increases by 3.1% a year. We have an ageing population with a wide variety of complex conditions and a wide variety of co-morbidities, and we have seen years of austerity for which the Secretary of State was responsible as George Osborne's right-hand man. We have seen health inequalities widen, needs increase and demands on the NHS rise, which is why health experts, including the IFS, the Health Foundation, NHS Providers, the BMA and a whole range of Royal Colleges, have said that health expenditure should rise across the board—not just in NHS England but in capital, education and public health—by 3.4% just to maintain current standards of care.

If we are to start driving down waiting lists, improving performance in A&E and driving down GP waiting times, as the Prime Minister promised on the steps of Downing Street, the NHS needs at least a 4% increase across the board. As the Health Foundation has said, investing in modernising the health service, as set out in the NHS long-term plan, requires around a 4.1% uplift a year. The Government are not giving the NHS 4.1% a year.

**Feryal Clark** (Enfield North) (Lab): In my constituency and the borough of Enfield, almost 16,000 people do not have access to a GP. Does my hon. Friend agree that the chronic GP shortage in this country is an absolute disgrace?

**Jonathan Ashworth:** The Secretary of State talks about recruiting all these new GPs. The Tories fought the 2015 general election on delivering 5,000 extra GPs, but GP numbers have gone down. Now he is imposing pension tax arrangements that are driving GPs and other doctors out of the NHS or driving them to cut back on their shifts. He has no solution to that and, again, it was another one of George Osborne's ideas—the Secretary of State probably came up with it when he was George Osborne's bag carrier—so I do not believe anything he says on recruiting extra GPs.

The 4% increase is the historic increase that the NHS used to get throughout its 61 years until the coalition Government were elected. That is why we tabled an amendment in the debate on the Loyal Address calling for the 4% increase. Every Tory Member voted against it, but a 4% increase is what the NHS traditionally got—indeed the previous Labour Government gave it 6%. Instead, we have now had a decade of decline where it received an uplift of about 1.5%. This Tory decade of decline with 1.5% increases is why the funding settlement is inadequate, because it simply cannot make up for that decade the NHS has gone through. This Bill simply cannot make up for the decade of decline in which those gains in quality care and outcomes made by the last Labour Government have been squandered by this Tory Government. The Bill cannot make up for the decade of decline where these Ministers forced the NHS through the tightest financial squeeze in its history, which has left hospital trusts with deficits of £571 million and billions in debt, and left the NHS facing a repair bill of £6.6 billion, leaving hospitals with roofs leaking, pipes bursting, equipment faulty, IT systems breaking and ligature points in mental health trusts deeply unsafe. This decade of decline means the NHS is short today of 106,000 staff and our brilliant NHS staff are being pushed to the brink every week, working a million hours extra than they are contracted to work. They are working every hour God sends to make up for the austerity these Ministers have imposed.

The speech we have just heard from the Secretary of State bears no resemblance to the realities of what is happening on the ground after the decade of decline under the Tories. Month after month, week after week, we see NHS performance data showing our hospitals recording the worst performance on record against the four-hour standard for accident and emergency. Month after month, we see the number of people on the waiting lists for routine surgery and treatment rising—it is now risen to 4.4 million. More than 690,000 of our constituents are waiting beyond 18 weeks for treatment. That is an increase of more than 185,000—a 37% increase—since this Secretary of State took up his post. Waits for diagnostic tests are at their highest levels for a decade, cancer waiting times are their worst on record and we are bottom of the league for cancer outcomes.

Since 2010, more than 17,000 beds have been cut. Hospitals are dangerously overcrowded. Patients are left languishing for hours as trolley waits, being moved from cubicle to corridor in need of a bed. We read in the

newspapers about 90-year-old war veterans left for hours upon hours on trolleys. We see photos of toddlers treated on floors or sleeping in makeshift beds on chairs. Trolley waits are not some inconvenience for patients; they lead to increased mortality in our hospitals. Research from the Royal College of Emergency Medicine shows that almost 5,500 patients have died in the past three years because they have spent so long on a trolley waiting for a bed in an overcrowded hospital. That is utterly unacceptable.

**Eddie Hughes** (Walsall North) (Con): Given the vision the hon. Gentleman has just created of the NHS in such a parlous state, why does he think the British public chose not to hand over the management of it to the Labour party?

**Jonathan Ashworth:** We lost the general election, but that does not give Tory Members a free pass on the state of the NHS. We have seen an increase in trolley waits in hospitals in December of 65%, and trolley waits in the past year, on this Secretary of State's watch, have risen to 847,000—the highest number of trolley waits in hospital corridors on record.

**Siobhain McDonagh** (Mitcham and Morden) (Lab): Is my hon. Friend aware that twice in the past fortnight St George's Hospital in Tooting has been on OPEL—Operational Pressures Escalation Level—alert in A&E? It has been one level below having to close its doors to all emergencies because the hospital was so full. Such a closure would have a devastating impact on south-west London.

**Jonathan Ashworth:** My hon. Friend speaks movingly about the situation in her local trust. Of course, St George's is one of the trusts that has a high maintenance backlog of around £99 million. The reason why hospitals such as St George's have maintenance backlogs, which mean that they cannot get the flow through the hospital that is needed so that my hon. Friend's constituents are treated on time, is because capital budgets have been raided repeatedly. The underfunding of the NHS has been such that NHS chiefs have had to shift money from capital budgets into the day-to-day running of the NHS. That is what Tory austerity has done to our NHS. That is what Tory austerity means for my hon. Friend's constituents.

**Janet Daby:** Does my hon. Friend agree that we have a crisis in respect of mental health nurses, who are not being recruited and supported in the way in which they should be? Not only is that putting strain on the mental health nurses who are there, but it will affect patient care as well.

**Jonathan Ashworth:** My hon. Friend is absolutely right. Of course, we are short of 44,000 nurses across the whole national health service. One of the most damaging policy decisions that George Osborne made—probably another of the Secretary of State's ideas—was to cut nurse training places in 2011 and get rid of the training bursary. The Government say that they will bring back a grant, but they are not going to go the whole hog, are they? They are not going to get rid of tuition fees. They still expect people to train to be nurses and build up huge debts, because the nature of the training that they have to go through means that they will not be able to take a job on the side. I do not believe that is the way we

should recruit nurses for the future; we should bring back the whole bursary for nurses, midwives and allied health professionals.

**Seema Malhotra** (Feltham and Heston) (Lab/Co-op): My hon. Friend is making an important speech and has just made reference to the cuts to capital budgets. Does he agree that it is staggering that since 2014 we have seen five consecutive switches from capital budgets to revenue budgets, totalling about £4.29 billion? The consequences are now being felt by all our constituents throughout the country.

**Jonathan Ashworth:** My hon. Friend is absolutely right. Because of the austerity that the Government have imposed on the NHS, its leaders—trust bosses and clinical commissioning group bosses—have had to raid capital budgets repeatedly and transfer from capital to revenue, as my hon. Friend said. These sorts of smash-and-grab raids, which have happened five times, have taken around £5 billion out of the capital budgets, which is why so many of our hospitals now have this huge £6.6 billion-worth of repair backlog, with sewage pipes bursting and roofs falling in.

It is all very well for the Secretary of State to stand there and talk about 40 new hospitals, even though he has not outlined a multi-year capital settlement at all. He just went around the country telling Tory candidates, who have now become MPs—congratulations to them—that he will build a hospital here and they will have a new hospital there. I lost count of the number of times that he committed to new A&E departments and new hospitals that were not on any list that he has published in the House of Commons. We do not actually have a multi-year capital plan to deal with the more than £6.5 billion backlog that faces our hospitals. This is not a serious way to make policy for the national health service. Our trusts' chief executives need certainty on capital, which is why we need to see the multibillion-pound capital plan. We do not even know whether we are going to get one in the Budget. We do not know when it is coming: the Secretary of State has given us no detail or clarity on that whatsoever.

Whether it is waiting for pre-planned surgery, for cancer treatment, for test results, in A&E or on trolleys, thousands of our constituents wait longer and longer in pain, agony and distress, thanks to years of austerity that the Secretary of State designed. As George Osborne's right-hand man and chief bag carrier, he designed the years of austerity and is now asking the House to endorse the continued underfunding of the NHS.

**Sarah Atherton** (Wrexham) (Con): I refer the hon. Gentleman to the NHS in Wales, which is run by the Welsh Labour Government. In north Wales, Betsi Cadwaladr University Health Board has been in special measures for five years, and it is run by the Welsh Labour Government. Last year, in north Wales alone 6,600 people waited more than 12 hours to be seen in A&E. I would like to hear the hon. Gentleman's comments.

**Jonathan Ashworth:** It is unacceptable, and sadly it is happening constantly in the English NHS. Of course, on certain performance targets there is improvement in Wales; there is no improvement on any performance targets when it comes to A&E or electives in the English

NHS. I welcome the hon. Lady to her place and she is right to raise that issue, but I hope she will also raise with the Secretary of State his poor leadership on performance data for the English NHS.

The long-term plan rightly calls for more investment in areas of the NHS that have been neglected for many years, particularly mental health services, community health services and primary care. We endorse the approach outlined in the long-term plan. Mental illness represents around 23% of the total disease burden, but only 11% of NHS England's budget. Mental health patients are some of the most let down by the decade of decline in the NHS. We regularly read heartbreaking reports in the newspapers of patients forced to wait up to 112 days for talking-therapy treatments, when we know that people are supposed to get an improving access to psychological therapies appointment in six weeks. We regularly read of the shortage of mental health beds, which means that too many people—often young people—are sent hundreds of miles across the country. They are often young people in desperate circumstances, sent away from their family and friends, often receiving ineffective care in poor-quality private providers. The rationing of care for children in particularly desperate circumstances has seen more than 130,000 referrals to specialist services turned down, despite those children showing signs of eating disorders, self-harm or abuse. It is totally unacceptable.

The long-term plan calls for increased investment in mental health services, which we welcome. Had we won the general election, we would have gone further and invested more to deliver parity of esteem for physical and mental health, and we would have legislated to ensure health and wellbeing in all policies with a future generations wellbeing Act. None the less, we welcome the ambition in the long-term plan to increase the proportion spent on mental health. In the past 10 years, under intense financial pressures because of underfunding and austerity in the NHS, commissioners have had to raid budgets, especially child and adolescent mental health services budgets, to fund the wider NHS. In the past 10 years, mental health services have often lost out because of financial pressures in the system so, if such an amendment would be in scope, we will seek to amend the Bill to ensure guarantees for mental health funding and that mental health funding can be ring-fenced. We will also seek look to ensure that there is a framework of accountability, under which the Secretary of State would come to the House, perhaps once a year, to update it on mental health funding and where it is being spent.

We endorse the increased funding for mental health, community services and GP services at a faster rate. If the Government are genuinely committed to that, and if at the same time the NHS is to live within its 3.3% uplift, that means that by definition less money will remain for growth in funding for the acute sector. The Secretary of State will need to moderate the rate of growth in acute demand, because if he cannot, there is a risk that either the money that he is allocating to mental health services will be diverted back to hospitals, as has happened in the past 10 years, or waiting times will have to increase and A&E performance will have to worsen ever further.

The problem is that the Secretary of State will not be able to drive up performance and moderate need without a fully funded plan for the whole of the health and social care sector. That is why the Bill is fundamentally inadequate. When in June 2018 the previous Secretary of State, the



[Jonathan Ashworth]

right hon. Member for South West Surrey (Jeremy Hunt), came to the House to outline the funding settlement, he quite rightly said that he would not be able to fix the various problems facing the NHS if that did not happen alongside a funded staffing plan, a funded multi-year capital plan and a funded social care plan. The previous Secretary of State was correct. The problem with the Bill is that, as the Secretary of State conceded, it excludes key areas of health spending, such as public health; health visiting; the training of doctors and nurses; the capital budgets to build and maintain hospitals; and the capital budgets for community health facilities. That is before we even get on to social care funding, which is another issue that has in effect been kicked into the long grass by the Secretary of State.

We all know that public health services are crucial services that keep people well, prevent ill health and keep people out of hospital. A year ago, the Secretary of State would do interviews to tell us that public health and prevention was his big, No. 1 priority. I remember his interview in *The Sunday Times* in which he said that he had ordered the behavioural insights team to target those who are obese, smokers and people who drink to excess. He said he would “not rule out” using social media to target people to change their ways. Pregnant smokers would get emails to encourage them to stop smoking. This is my favourite; this is what he actually said—well, it is quoted in the article:

“Those in hospital with ailments related to alcohol abuse will be targeted for a ‘stern talking to’”.

That is what he said on prevention a year ago. What did we get instead? We got more cuts to smoking cessation services, more cuts to alcohol addiction services, and more cuts to drug misuse services. That is what we have had in the past 12 months, because budgets have been cut as part of the wider £870 million cut to the public health grants. The Secretary of State did not mention public health in his remarks. We still do not know what the public health allocations will be for this year. He is asking the House to legislate for a funding allocation that the previous Secretary of State outlined to the House 18 months ago. He cannot even tell us the public health allocations beyond the next three months. That just reveals what a ridiculous political stunt this Bill is.

**Kevin Hollinrake** (Thirsk and Malton) (Con): In his earlier remarks, the hon. Gentleman mentioned social care. He will be aware that the Health and Social Care and the Housing, Communities and Local Government Committees recommended in a joint report a range of options, one of which was a social insurance premium. Will he agree to cross-party talks, and does he think that all those different options laid out in that report should remain on the table for discussion?

**Jonathan Ashworth:** I am grateful to the hon. Gentleman for his intervention. He is a considered authority on these matters, and I appreciate the spirit in which he has made his intervention. We are not convinced that a social insurance model will work. In those countries where there is a social insurance model—I think in Germany and in Japan—they have largely been building on a social insurance model for their healthcare delivery. In Japan—I may be wrong on this, and I will correct the record if I am wrong—there is a taxation element as well.

We believe that there is a degree of political consensus on the future funding of adult social care. We agree with the House of Lords Committee, which includes people such as Michael Forsyth and Norman Lamont, that we need a form of free adult social care paid for by taxation. There is a version of it in Scotland and in Northern Ireland. We believe that, if the Government are prepared to talk to us on those terms, we could find political consensus, but at the moment the Secretary of State stands outside that political consensus.

**Kevin Hollinrake:** The hon. Gentleman makes some interesting points, but is it not the case that the best way forward is not to have a precondition about the subject of those talks, and that we should simply have a cross-party discussion? In that way, he can find out more of the detail behind the Japanese system, which he says he is lacking. Why does he need to make preconditions to those talks?

**Jonathan Ashworth:** The Government have no proposals whatsoever. They have been talking about bringing forward a social care plan for years now. As I have said before in the House, Members are more likely to see the Secretary of State riding Shergar at Newmarket than see a social care plan. The truth is that, if the Government want to put forward some proposals, we will always be happy to talk to them. We are clear that taxation is the best way to fund adult social care, and that we need a version of free personal adult social care. That is what we have put in our manifesto, and that is what the House of Lords has proposed, and, as I have pointed out, there are some very Thatcherite Tories on that Committee in the House of Lords—they are by no means red in tooth and claw socialists. They have looked at all these different options and came to the conclusion that a taxation-funded system is the best way to go, but, of course, we are prepared to have discussions. I am grateful to the hon. Gentleman for the way in which he put his question. He is a very thoughtful figure in the House and he has done a lot of work on this matter, and Members on both sides of the House appreciate that.

As I was saying, the Secretary of State cannot tell us the allocations for public health budgets beyond the next three months. We have talked about capital, but we still do not have a multi-year capital settlement. We still do not know whether the Secretary of State will rule out the capital to revenue transfers that have taken place over the past 10 years. If we can find an amendment in scope, we will put it down to rule out capital to revenue transfers. If he agrees that capital to revenue transfers are not in the interests of our hospitals that desperately need to deal with their repair backlog, I hope that he will support such an amendment.

The Bill does not provide a proper costed plan for the workforce. There is nothing in the Bill on training budgets, when every single trust chief executive reports that understaffing is their biggest challenge, and a hindrance to delivering safe care. The numbers employed by trusts over the past decade have grown at half the rate of 2000, and this is at a time of increasing need. As I have said, with vacancies numbering more than 100,000, the situation across the NHS is chronic. Staff shortages mean overcrowded wards, lengthening queues in A&E, cancelled operations and exhausted, burned-out staff with low morale who feel that they must do more with less. Perhaps we should not be surprised that the numbers leaving the NHS citing bad work-life balance has trebled under this Government.

In these circumstances, the Government expect to retain 19,000 nurses and recruit an additional 31,000, although they are not actually bringing back a full bursary to do so. At the same time, vacancies for nursing today stand at about 44,000, so the Government are hardly going to resolve the crisis in nurse vacancies that our trusts are facing. Not only have the Government failed to train enough nurses, they have not dealt with the taxation changes affecting doctors. On diagnostics, one in 10 posts are vacant in England, so if the Government are to meet their promise to diagnose three in four cancers at an early stage by 2028, we need to see significant growth in the NHS cancer workforce as well. We have no funded workforce plan, even though it was promised by the Government when they announced these funding allocations back in summer 2018.

This all matters, because the NHS will simply not be turned around without the investment in public health that is needed, without recruiting the extra staff that are needed, without modernising buildings and equipment and without fixing our broken social care service. The Secretary of State will not be able to improve performance across the NHS and level up health outcomes while the Government continue to pursue their austerity agenda.

We have seen a decade of cuts, which has seen child poverty rising—it is set to rise to record levels—increasing rough sleeping on our streets, insecure work becoming the norm, poor quality housing becoming commonplace, local services being cut back and closed, and an increase in air pollution. All of these things determine the health of our constituents.

Austerity means that the advances in life expectancy that we have come to expect since the second world war have begun to stall. Infant mortality rates have increased three years in a row. The last time that that happened was during the second world war. We are seeing increasing mortality rates for those in their 40s—so-called deaths of despair from suicide, drug overdose, and alcohol abuse—and the gap between the health of the richest and the health of the poorest getting wider and wider. Not only have we seen in this decade of austerity widening inequalities in health outcomes, but we are now seeing widening inequalities in access to health services—the poorest wait longer in A&E, the poorest wait longer for a GP appointment because there are fewer GPs in poorer areas, the poorest have fewer hip replacements, and the poorest are less likely to recover from mental ill health.

**Siobhain McDonagh:** Is my hon. Friend aware that there is also a tendency for capital funding in new schemes to go to those areas that are far more wealthy than those with the greatest health inequalities? Let me give my own experience of Epsom and Saint Helier Trust, where the local NHS is consulting on moving all acute services to Belmont.

**Madam Deputy Speaker (Dame Eleanor Laing):** Order. The hon. Lady will have her chance to speak for quite some time later in the debate, and I think that the hon. Gentleman is just concluding his speech.

**Jonathan Ashworth:** My hon. Friend's point is absolutely right, and she is right to raise it.

The point is this: those most in need of health services now experience the poorest quality of care. It is an absolute disgrace. This political stunt of an underfunding

Bill will not deliver the scale of improvements that our constituents deserve. We will not divide the House tonight, but instead seek to amend the Bill. Let us be clear: the Government should have brought forward a fully funded financial settlement for our NHS and social care. The ever lengthening queues of the sick and elderly in our constituencies deserve so much better.

**Several hon. Members** *rose*—

**Madam Deputy Speaker (Dame Eleanor Laing):** Order. It will be obvious to the House that a great many people wish to speak this evening and that there is limited time. We will begin with an immediate time limit of nine minutes, but I give notice that that is likely to be reduced later in the evening. I also point out to new Members that, because the time limit is nine minutes, it is not required that they take up the whole of the nine minutes. Brevity is, and always will be, the soul of wit.

6.9 pm

**Jeremy Hunt** (South West Surrey) (Con): It is a pleasure to see you in your place, Madam Deputy Speaker. I refer hon. Members to my entry in the Register of Members' Financial Interests as a trustee of the charity Patient Safety Watch. I also wish to correct a detail in the last speech I gave in the House in which I said there were four instances of wrong site surgery every day; I should have said every week. It is still an enormous number, but it is important to get the record absolutely right.

I congratulate the Health Secretary on putting the NHS front and centre of the Government's agenda. When I was in his job, I fought two general elections with Prime Ministers who were rather keen not to talk about the NHS. The second of the two did want to talk about the social care system, and I think both of us, with the benefit of hindsight, rather regret that. But if the Conservatives want to be the party of NHS, we have to talk about it, and my right hon. Friend is doing precisely that.

I thank my right hon. Friend for putting into law the deal for the future of the NHS that I negotiated in May 2018. It is the challenge of the holder of his job—formerly mine—to stand at the Dispatch Box and constantly say that the NHS has enough money, when in reality it very rarely does. One of the most difficult challenges for Health Secretaries of all parties is meeting people who are denied access to a medicine that is not available on the NHS. He did that with the Orkambi families just before the election, and he did a brilliant job in securing access to that medicine, which will transform the lives of many families. I hope that he will now use the same magic to get access to Kuvan for sufferers of phenylketonuria, including Holly and Callum, the children of my constituent Caroline Graham, who kindly agreed to a meeting.

On funding, the central issue of this debate has been whether the amount the Government propose is enough. The facts are relatively straightforward: we spend 9.7% of our GDP on healthcare, and the EU average is 9.9%—almost the same. Our spending is almost identical to the OECD average and slightly less than that of the majority of G7 countries. Those numbers only reflect the situation today, though. We are in the first year of a five-year programme whereby spending on the NHS will rise by about double the growth in GDP, so we are heading toward being in the top quartile of spenders on health as a proportion of GDP among developed countries. That is a significant increase.

**Dr Whitford:** The right hon. Gentleman's overall figure for health spend is correct, but the public health spend—as opposed to private patients—is only 7.5% of GDP, and that is the figure the public are interested in, not the figure including people who can afford to go private.

**Jeremy Hunt:** I suggest to the hon. Lady, whom I greatly respect, that the overall figure is actually what counts. I agree that public health spending matters, but it is absolutely the case that we are heading to being one of the higher spenders in our commitment to health. That is very significant and should not be dismissed.

Often, the debate about funding can distort some of the real debates that we need to have about the NHS. One of those is the debate on social care. If we do not have an equivalent five-year funding plan for social care, there will not be enough money for the NHS. That is because of the total interdependence of the health and social care systems. It is not about finding money to stop people having to sell their homes if they get dementia, important though that is; it is about the core money available to local authorities to spend on their responsibilities in adult social care. I tried to negotiate a five-year deal for social care at the same time as the NHS funding deal we are debating today. I failed, but I am delighted to have a successor who has enormously strong skills of persuasion and great contacts in the Treasury. I have no doubt that he will secure a fantastic deal for adult social care to sit alongside the deal on funding, and I wish him every success in that vital area.

The second distortion that often happens in a debate about funding is that while everyone on the NHS front line welcomes additional funding, their real concern is about capacity. The capacity of staff to deliver really matters. I remember year after year trying to avert a winter crisis by giving the NHS extra money, and most of the time I gave the money and we still had a winter crisis, because ultimately we can give the NHS £2 billion or £3 billion more, but if there are not doctors and nurses available to hire for that £2 billion or £3 billion, the result is simply to inflate the salaries of locum doctors and agency nurses and the money is wasted. Central to understanding capacity is the recognition that it takes three years to train a nurse, seven years to train a doctor and 13 years to train a consultant, so a long-term plan is needed. It is essential that alongside the funding plan, we have in the people plan that I know the NHS is to publish soon an independently verified 10-year workforce plan that specifies how many doctors, nurses, midwives, allied healthcare professionals and so on we will need.

**Victoria Prentis (Banbury) (Con):** Will my right hon. Friend give us his views on the maternity safety training fund, which I understand is up for renewal soon, and its importance to the midwives of the future?

**Jeremy Hunt:** When we talk about the workforce, training is vital. We know from the 2018 “Mind the Gap” report on the issues at the Shrewsbury and Telford and the East Kent trusts, among others, that only 8% of trusts supply all the care needs in the saving babies’ lives bundle, so the maternity safety training fund is essential. I hope the Health Secretary will renew it, because it makes a big difference.

It is vital that we have an independent figure for the number of doctors and nurses the NHS needs, not a figure negotiated between the Department of Health and Social Care and the Treasury because the Treasury will always try to negotiate the number down and we will end up not training enough people. I know the Health Secretary is on the case.

The final distortion when we talk about funding for the NHS is the link between funding and the quality of care. It is totally understandable that many people think that the way to improve the quality of care is to increase funding, but in reality the relationship is much more complex. As the Health Secretary knows well, we pay the same tariff to all hospitals in the NHS, and with the same amount of money some of them deliver absolutely outstanding, world-class care and others do not. Almost without exception, hospitals rated good or outstanding by the Care Quality Commission have better finances than those rated as requiring improvement or inadequate, which are often losing huge sums. The reason for that, as every doctor or nurse in the NHS knows, is that poor care is usually the most expensive type of care to deliver. A patient who acquires a bedsore or an MRSA or C. diff infection, or has a fall that could have been avoided, will stay in hospital longer, which will cost more. It will cost the hospital more, it will cost the NHS more, and finances will deteriorate. Invariably, the path the safer care is the same as the path to lower cost. That is why it is so important that we recognise that the safety and quality agenda is consistent with the plan to get NHS finances under control.

It is also why it is important to remember that the Mid Staffs scandal happened in a period of record funding increases for the NHS. So when it comes to NHS funding, transparency, openness, a culture that learns from mistakes, innovation and prevention are every bit as important as pounds and pence.

6.19 pm

**Dr Philippa Whitford (Central Ayrshire) (SNP):** Having spent 33 years as a surgeon at the very sharp end of the NHS, I welcome the multi-year funding because it should allow better planning, but it does come after a decade of drought. Between 2010 and 2015, the average annual uplift was 1.1%. Between 2015 and 2018, it was only 2%. That means that over that period of eight years—during a time of inflation, and particularly rising demand with an ageing population—the NHS in England faced a real-terms cut, which is why quoting the spend per head is actually more realistic and more accurate. Scotland spends £136 a head more on health, which is why the Secretary of State is forever claiming that Barnett consequentials are not passed on in Scotland. Every penny of resource consequentials are passed on, but here is a little explanation of percentages: if the starting amount is bigger, the same amount will be a smaller percentage. We have explained this before, but we keep hearing this nonsense. In actual fact, if the Scottish Government used the same per capita spend on health as the UK Government does for England, Scotland would be £740 million worse off.

**Patrick Grady:** I have raised with the Minister the concern about the cap that the Government have put on the spending figures through the use of the money resolution, but the whole Bill is going to be committed to the English Legislative Grand Committee, so Members



from Scotland are not going to be able to table amendments to pursue exactly such points with the Government. We are not going to be able to inquire, as other Members from the rest of the UK will be able to do, table probing amendments or question the impact of the Government's spending. Does my hon. Friend agree that that really undermines the point of this being a sovereign UK Parliament?

**Dr Whitford:** The whole issue of English votes for English laws applying to Bills that have direct Barnett consequential for the three devolved Governments is obviously complete nonsense, and certainly makes all devolved MPs second class.

The Government are committed to £33.9 billion a year in cash terms by 2024. As has already been pointed out, that is actually just the same £20 billion that was promised in 2018. It is not extra, new money. It is not on top of the £20 billion. It is the same amount. It has been described as a 3.4% increase in real terms, but the Health Foundation has already suggested that, due to inflation, it is actually only 3.3%, and the Institute for Fiscal Studies predicts that it will be only 3.1%. The key problem of making a commitment in cash terms is that if inflation rises post Brexit—by which I mean at the end of 2020—as is likely, the commitment would simply wither on the vine. It should be front-loaded because the urgent need is now, and it should be in real terms; otherwise, talking about 2024 in cash terms is actually just pie in the sky. The three main health think-tanks and the British Medical Association think that 4% is required to restore the service to the performance that is expected. More than that would be required for service redesign, to match the shopping list we heard the Secretary of State recite.

I am glad that the Secretary of State has moved away from talking about apps. The idea that people are going to rub a mobile phone over their tummy to diagnose appendicitis is for the birds. People need doctors. Healthcare is delivered by people, and the idea that an app on our phones can replace that is just nonsense. However, I was glad to hear the Secretary of State talking about internal IT in the NHS in England because, frankly, it has fallen behind since the Care.data scandal. There is a lot that could be done IT-wise to utilise the existing workforce in a much better way. In Scotland, radiologists can view any X-ray anywhere in Scotland through the picture archiving and communications system. We have electronic prescribing, which is not only efficient, but a patient safety issue because doctors cannot prescribe a drug to which the patient is allergic. These are things that should be focused on, rather than gimmicky apps on mobile phones. Again, this is just money focused on the NHS revenue funding.

The NHS long-term plan, exactly like the 2015 five-year forward plan—we are seeing a bit of a theme here—was predicated on game-changing investment in both public health and social care. The public health grant for local authorities that is currently proposed is only expected to rise by 1%. That means a significant real-terms cut, on the back of £850 million of cuts that have already happened, resulting in a reduction in smoking cessation, sexual health and addiction services. That does not make sense, as even the Secretary of State admits that prevention is better than cure.

**Alison Thewliss** (Glasgow Central) (SNP): My hon. Friend is making a very good point about cutting away at prevention services. One of the services in England that has seen huge cuts is breastfeeding support. If such services are properly invested in, they can be a huge investment for the future of health, as well as for the here and now.

**Dr Whitford:** My hon. Friend does a lot of work on this topic. There is no doubt that a lot of investment must go into children's earliest year, because our risk of so many conditions in later life is actually laid down between conception and the age of two. Energy and funding should therefore be focused at that point.

We have been waiting for three years for the promised Green Paper on social care, and there was absolutely nada in the Queen's Speech. But this is a discussion about how to come up with an innovative system of raising the funds for social care. It is not an argument about whether social care needs to be funded. The answer is quite simple: it does. The gap is currently more than £6 billion. As well as spending more on health in Scotland, we also spend £130 a head more on social care, but that allows us to provide free personal care, which allows people to stay in their own homes and live their later life with dignity, where they want to be—where we would all want to be if we needed support. Last April, this care was extended to people under the age of 65 who need it because they have degenerative conditions such as Alzheimer's, multiple sclerosis or motor neurone disease. This would be a worthwhile investment for the UK Government to consider, because we simply cannot fix the NHS without fixing social care.

The Prime Minister enjoys trumpeting his 40 new hospitals, when we know that there will actually be six, but there is no mention of additional capital funding to cover the more than £6 billion backlog in maintenance and repairs that the shadow Secretary of State described so vividly; one could almost smell some of the problems he was describing. This backlog built up when NHS trusts slid into £2.5 billion of debt after the introduction of the Health and Social Care Act 2012, because the transactional costs—the bidding and contracting—were taking so much money away from the frontline. Year after year, we saw this repeated movement from capital to resource just to keep services afloat. That has to be stopped.

The biggest challenge in all four health services is workforce shortages, and that challenge is already being made worse both by Brexit—with a 90% drop in European nurses and European dentists coming to this country—and by the issues around pension tax reforms that are driving senior clinicians, particularly doctors, to cut their hours and their shifts. These factors are making workforce shortages an acute issue. In their manifesto, the Government committed to 50,000 extra nurses, and we saw the Secretary of State leaping up and down in delight, boasting about it. We are to expect the extra nurses over the next five years, but the problem is that we are still waiting for the 5,000 extra GPs that were promised for the last five years, and there are actually 1,000 fewer GPs in England than there were five years ago.

Everyone should welcome the expansion of the nursing workforce from 280,000 to 330,000, whether it is done through recruitment or training, or whether it is due to retention; I do not have an issue with that. But this expansion was costed in the manifesto at £879 million.

[Dr Whitford]

Now, I am sure that everyone welcomes the return of the nursing bursary, even if it is only half of that which we provide in Scotland. Unlike in Scotland, nursing students in England will still have to pay tuition fees, which is likely to deter some mature students, who have a tendency to specialise in mental health and learning difficulties—areas of huge nursing shortage. It is not clear what the £879 million is actually for. Surely it cannot be for the salaries, because they would each cost only £17,500 a year, which is not even the real living wage. If it is for training and the bursary, have the Government forgotten to add the salaries into this Bill, because 50,000 extra nurses is a significant hike in the NHS salary bill? If it is the former and they are planning to recruit on a salary of £17,500 a year, then good luck with recruiting anybody.

This Government simply need to reverse the real-terms cuts they have made over the past decade. On a point of principle, they also need to go back to discussing funding of the Department of Health and Social Care in the round, not picking out the NHS in England to make it sound like a big number while cutting everything else. It is critical to invest in prevention and in social care, so a return to departmental spending and departmental investment would be very welcome. In all of this, they need to make sure that they are wrapping services around the patient. The patient is the person who should be at the centre of NHS and social care.

6.30 pm

**Anne Marie Morris** (Newton Abbot) (Con): It seems to me that the NHS Funding Bill is really just the beginning. If the Government are serious about identifying specifically how much money they will commit to particular parts of the NHS budget, that is to be welcomed, and certainly any increase in any part of NHS spending is welcome. A 3.4% increase compared with what we have had during the very challenging period of the past three to four years is therefore very welcome. I believe that it actually is a floor, not a ceiling. I totally understand the interpretation, which I think is correct, of the money resolution, but that relates specifically to amendments to this Bill. My reading of the money resolution is that we can, in further Acts, expand and increase these amounts.

My real concern is trying to get to the bottom of how these figures have been arrived at. There has been an assumption that it is all about inflation and looking at comparative figures, but there are three pieces to this. What are the assumptions underlying the decisions that have come to these figures? What assumptions have been made about inflation, because Brexit has changed much since these figures were first arrived at? How are we looking at demand and need? Do the Government really understand what the unmet need is? Certainly, reports by the Public Accounts Committee indicate that the Government do not really have a grasp of that. That then leads me to question whether these are the right figures to do what everyone in this House wants, which is to meet the needs of all our citizens for good healthcare and, ultimately, good social care, which is not part of this Bill. I think the Government have missed a bit of an opportunity here. It would be helpful if they had set out how they will flex if the assumptions with regard to savings and efficiencies changed, if the inflation rate changed, or if demand changed. The bits missing from

this Bill are a formula to calculate the increase and some honesty about the basis on which the Bill has been put together.

As we have heard, some specific promises have already been made in a five-year plan. We have said that mental health spending will go up by £2.3 billion, which is a 4.6% increase a year; that mental health spending for children and young people will grow faster as a part of that budget; and that there will be an increase in primary and community healthcare spend in the areas of highest health inequalities. But as yet we do not have any mechanism for an annual statement on exactly where we are on this spending. In addition to a formula that explains how we got to this magic figure, there should be an annual statement on these figures so that we can see how the 4.6% a year increase for mental health has actually been delivered and whether children and young people are actually getting the biggest chunk.

It has been said, quite rightly, that in this Bill we are looking at only part of our total health and care ecosystem. We must look at what we do about infrastructure—hospital—spending. The £2.8 billion hospital infrastructure promise in the spending review last year was very welcome, but, as the hon. Member for Central Ayrshire (Dr Whitford) pointed out, what about the repairs? With regard to the training budget, the spending review refers to a 3.4% increase. Is that really going to cover it? How are we going to measure whether it is actually spent? The hon. Lady referred to the 1% increase in public health grant. Can that really be enough? For me, what is really needed is an annual report on all health spending. The biggest challenges to getting this right—I am not the first and I will not be the last to say it in this Chamber—are stopping the slippage from revenue budgets to capital budgets and the slippage that will inevitably occur if social care is not properly funded. We absolutely have to fix the social care challenge, and this Bill is not enough, and cannot stand alone, in terms of solving these issues.

This Bill is welcome, but it is in many ways a missed opportunity. We need to see the total picture. We need to have proper accounting. We need to have proper visibility of the numbers so that we as a House can demonstrate clearly to the great British people that we are delivering on what we have promised and what they need.

**Dr Caroline Johnson** (Sleaford and North Hykeham) (Con): Does my hon. Friend accept that the purpose of the Bill is not to set out the absolute detail of every single possible thing that could happen over the next few years, but simply to provide assurance to the NHS in England of the minimum funding that it could possibly receive, and the massive increase that we are giving it, so that it can continue to plan for the future?

**Anne Marie Morris:** My hon. Friend is absolutely right that we should provide a long-term plan and a long-term budget. However, if we are to be honest with the public and with ourselves, we need to measure what we are doing and be clear and accountable to the public that what we have said we will spend delivers the outcome we have promised.

This is about openness, transparency and accountability, and that is the missed opportunity. It may well be that this sum is right and that the savings that have been promised can be made to enable it to be adequate, but there is some serious doubt about that. Without openness,

honesty and the figures being reported on each year, we cannot put our hand on our heart and say that we are doing what we promised the British people we would do. There is a saying that what gets measured gets done, so let us measure this. Let us get to the crux of this spending and prove to the British people either that we have got it right or, if not, that we have a formula to get it right so that we can do what is right. We need a plan to monitor the 10-year plan, which is great in ambition but needs to be properly scrutinised and properly monitored so that not just the Government and the Conservative party can be held accountable, but all of us in this House can be held accountable, because it is for all of us to get this right. It is not just down to the Government: it is for all of us to ensure that we deliver what people, frankly, need and deserve, and what we have promised.

6.38 pm

**Lilian Greenwood** (Nottingham South) (Lab): In the recent election, the issue of the NHS was frequently debated in the media. Our constituents often say things like, “Can’t you take the party politics out of it?” I completely understand why they feel that way, but the truth is that our parties do not always agree about NHS funding, and there is good reason for that.

I obviously welcome the extra funding set out in the Bill for the national health service, but I worry that it is rather more about presentation than dealing with the very real needs of our constituents and the health service that they rely on. I cannot help wondering whether the cash increase of £33.9 billion is preferred to the real-terms increase of £20.5 billion just because it sounds like more, when actually it is potentially exactly the same, but not necessarily.

My constituents just want to be sure that high-quality services will be there when they and their family need them. For many of them, their experience of using the health service in recent years tells them that it is under real and rising pressure. They tell me that it is increasingly difficult to get an appointment to see their GP, that they have been waiting a long time to see a specialist or that their much-needed operation has been cancelled. They ask for my help when they cannot access the mental health support they need or when an elderly parent is not getting the social care they need to enable them to stay in their own home. NHS staff tell me that they are working under intolerable pressure, that there are too many vacancies and that too many colleagues are off sick or leaving the service altogether as a result of workplace stress. My conversations with my constituents are no doubt similar to those of other Members across the House, and my concerns echo many of those already described in the debate.

Of course, the funding in the Bill is welcome, but it is simply not enough, and my hon. Friend the Member for Leicester South (Jonathan Ashworth) set out precisely why. One of the reasons why funding is so badly needed and why this is not enough is that the system has been allowed to get into a state of crisis. My hon. Friend has been tireless in challenging the Government on these issues, and unfortunately the symptoms of recent under-investment are there for everyone to see.

Health Ministers may not believe my hon. Friend, but here is what doctors in the NHS say. The British Medical Association’s briefing for today’s debate tells us:

“A decade of underfunding... has led to a serious deterioration in the NHS’s ability to provide safe and effective care to patients”.

It notes that the A&E waiting time target has been missed for 53 months in a row, having not been met since July 2015; that the proportion of A&E patients seen within four hours is the lowest on record; that there are over 4.42 million people waiting for elective treatment; that in November 2019 there were 145,800 delayed days due to delayed transfers of care; and that 78% of doctors say that NHS resources are inadequate, which “significantly affects” the “quality and safety” of patient services. If Ministers will not listen to Opposition Members, I hope they will listen to the doctors working in our national health service.

This is also not enough money because we have a growing population, and people are living longer. The development of medical science means that new procedures and treatments are becoming possible, and those developments generate additional pressures on the system. The national health service needs real-term funding increases every year just to stand still, and the lack of sufficient extra resources in recent years has added to those pressures. There is a gap to fill.

The problem has already been made worse by wider changes to Government policy, and a number of Members have made reference to this. The policy of austerity has led to deep cuts in funding for a whole range of local services, and in particular social care, which puts additional pressure on the national health service. That investment in social care needs to be not only forthcoming but properly and fairly distributed on the basis of need, and it must be sustainable. I heard from Nottingham City Council about the fact that so much of the funding is provided on a single-year basis, and it is non-recurrent grant funding. Unless that changes, the council cannot make the best use of the money available. Adding a precept on to council tax means that places with a lower tax base—those with the greatest levels of deprivation and need—receive the least available funding.

I am concerned that this extra funding is not sufficient and will not allow us to catch up, particularly if there is not investment in social care. I am also concerned that it is expressed in cash terms, because that leaves the NHS with a lack of certainty about what funding will be available in real terms and therefore what can actually be delivered. I am disappointed that the Secretary of State would not commit to providing additional funds to ensure that the £20.5 billion in real terms will definitely be delivered.

I want to briefly touch on mental health. I welcome the commitment that mental health funding will grow at a faster rate than the overall NHS budget, but how will the Secretary of State ensure that the funding set out in the Bill goes where it is required and leads to increased investment in mental health in every local area? How will he address the urgent shortages in the mental health workforce? Workforce issues are the largest risk to the delivery of the NHS long-term plan, and the challenges are especially acute in mental health.

Finally, I want to turn to the issue of capital funding, which many Members have mentioned. Many parts of the NHS estate need extra investment. I remember visiting the Meadows Health Centre in my constituency and hearing from patients, GPs and staff how a relatively small amount invested in their building had made a big difference to the services they are able to provide. I want



[Lilian Greenwood]

to focus on the needs of Nottingham University Hospitals NHS Trust, which is one of the biggest and busiest acute teaching trusts in the country and a big centre for specialist services in the east midlands. It has a leading university teaching hospital, a regional trauma centre, cancer centre and heart centre and is one of the most research-active trusts outside of London, Oxford and Cambridge. We are really proud of our hospitals and grateful to our dedicated and caring staff, but there is huge concern about the fabric of our three hospital sites.

NUH was included in the list of 21 trusts that will be allocated a share of £100 million seed funding, but that was announced in September, and the trust still does not know how much it will receive. There is no certainty, even once it has drawn up those plans, that they will be funded and delivered. That future funding may help us, but £1 billion of capital funding is needed to provide new and refurbished facilities, and our trust has the highest critical infrastructure risk in the entire NHS outside of London, adding up to £104 million. I have previously raised with Ministers the concerns that the city hospital still has coal-fired boilers, which are both polluting and totally inadequate. Some £24 million over two years is needed to replace those boilers—when will that funding come forward? I raise that yet again and hope to get an answer.

The hospital trust has made a number of priority requests for funding needed to ensure the quality of patient care, including £10 million, or £22 million over two years, for the redesign and partial consolidation of the maternity and neonatal service, since many Nottinghamshire mums and premature babies are currently sent to other places to be treated; increased paediatric intensive care capacity; ward renewals; and funding for backlog maintenance. We need that capital investment, and we need certainty, not just in this year but in future years.

Several hon. Members *rose*—

**Madam Deputy Speaker (Dame Rosie Winterton):** It is a pleasure to call Peter Gibson to give his maiden speech.

6.47 pm

**Peter Gibson (Darlington) (Con):** The people of Darlington voted for Brexit in 2016 and, fulfilling my promise to them at the general election, we will be delivering on that this coming Friday. It is an honour to follow in the footsteps of others who have represented Darlington. My immediate predecessor, Jenny Chapman, served for almost 10 years, and many in this House have told me how she was respected and liked here. While she and I agreed on very little, Mrs Chapman stuck to her guns on her Brexit position and was a passionate campaigner.

Sir Michael Fallon, in his first two Parliaments, and Alan Milburn, a former Secretary of State for Health, also represented the town. Further back in time, Joseph Pease was the first Quaker to take his seat in this House. Joseph's family produced many Members of this House who represented Darlington and other neighbouring constituencies. Other notable MPs include Ossie O'Brien, who won a by-election in 1983 but served for one of the shortest periods on record when he lost his seat at the subsequent general election. Perhaps our most exotic

representative was a Liberal MP elected in 1910 who went by the name Trebitsch Lincoln, and he was a convicted fraudster.

Darlington is the birthplace of the railways. We are the home of Locomotion 1, the engine that pulled the first passenger railway in 1825. Many will have read last week of the cultural vandalism seemingly imposed upon us in planning to relocate our most precious historical asset to another place. The retention of Locomotion 1 in our town is a fight I will continue on behalf of the people of Darlington. It is no longer good enough for decisions about the north to be taken by quangos here in London, with no consultation or consideration for the people that they affect. As it is a railway town, I will be continuing to campaign for further investment in our mainline train station, as we gear up for better train services in the north and ready ourselves for the 2025 bicentenary of the railways.

Our marketplace in Darlington is graced by the beautiful 12th-century church of St Cuthbert, along with buildings designed by notable architects, including the famous Alfred Waterhouse. He was responsible for our Market Hall clock tower, which was in part inspired by the Elizabeth Tower of this Palace. Indeed, I am told that the bell in our clock tower is in fact the sister bell to Big Ben. Our clock and our bell are in full working order, and I am quite sure we will be able to act as a stand-in for the 11 pm slot this coming Friday should a substitute be needed.

Darlington is an ingenious town, notable for engineering too. Cleveland Bridge, which built the Sydney harbour bridge, has its home there. Cummins the engine manufacturer is there too, as is Subsea Innovation and many more besides. We are also home to a large EE workforce, the Teachers' Pensions service and the Student Loans Company. Amazon is coming to Darlington, with over 1,000 jobs being recruited now. We have much to celebrate, but more work to do in bringing more investment and more jobs to this fantastic town.

We enjoy excellent transport links, spanning three junctions of the A1(M). Our ring road is not quite complete, but I am continuing to press my right hon. Friend the Secretary of State for Transport for the final piece of the jigsaw with the Great Burdon to A1 link, which will open up the A1 direct to the Tees valley. We are also connected by air via Teesside International airport, thanks to the intervention of our combined authority Mayor, Ben Houchen. Indeed, only on Friday last week I was delighted to attend the announcement of seven new routes from Teesside airport, including a direct daily flight to London City. Devolution has reinvigorated our region and rejuvenated our pride.

For the past 20 years, I have practised as a solicitor, and for the 13 years up to August last year, I established and built a regional high street law firm. I am also proud to have served as a trustee of a hospice for almost 10 years, and it is my intention in this place, through the all-party parliamentary group, to promote the work of the hospice movement. Hospices provide an important service not only to those at the end of their life, but to their loved ones' families, and it is right that we do all that we can to support them.

Historical figures, buildings and companies are important, but it is the hard-working people and the fantastic community groups who make our town. I pay tribute to those valiant campaigners in Darlington who

have saved our beautiful library, another gift from our town's Pease forefathers. I pay tribute to the work of the 700 Club and First Stop, which work hard to ensure that no one need ever sleep rough in our town, and I pay tribute to the work of Firthmoor community centre, building a shining example of what a community centre can be. There are many examples in Darlington of service above self, right across town, and I look forward to working with them and for them all.

I welcome the NHS Funding Bill, which we are debating today, enshrining in law our commitment and pledge to our national health service. Darlington Memorial Hospital, at the heart of my constituency, is a fantastic hospital. It is loved by the community I represent. It holds a special place in my heart too, as the place where my mother, years before I was born, began her nursing career. I want to thank the Secretary of State for his visits to Darlington during the general election—two of them—and I look forward to welcoming him back on a visit and a tour of Darlington Memorial Hospital very soon. I have promised the people of Darlington that I will do everything in my power to preserve, protect and progress our precious memorial hospital, and by supporting this Bill today, I will be furthering that promise.

As a working-class boy, educated in a comprehensive school in the north of England, I never dared to dream that one day I would be elected as a Conservative MP for a great northern town, watched from the Gallery by my husband. It is a dream realised; an ambition fulfilled. Our country has changed, and so too have these Benches—from the places we represent to the backgrounds of our newly elected hon. Friends: a truly one nation party. The privilege and position that the people of Darlington have given me will not be wasted as I do all I can to serve them to the very best of my ability in the years ahead.

**Several hon. Members** *rose*—

**Madam Deputy Speaker (Dame Rosie Winterton):** Order. I am aware that a large number of right hon. and hon. Members have come into the Chamber to hear the maiden speeches, quite rightly, but it is important that we also listen to other contributions. There was a bit of chatter going on before, so it would be very respectful if we all listened to each other's speeches.

6.56 pm

**Seema Malhotra** (Feltham and Heston) (Lab/Co-op): It is an honour and pleasure to follow the hon. Member for Darlington (Peter Gibson), and to be the first to congratulate him on his excellent maiden speech. It was a delight to hear about his life and experience in the constituency, and also to hear his very generous tribute to the very highly regarded and excellent Jenny Chapman, as well as about his other predecessors. He made a very passionate speech, highlighting the issues of transport, the economy, education and health. I am sure the way he did it—with such confidence and such style, and with humour—will have been heard by his constituents. I wish him great success in his work in this House.

At the outset, I want to thank the British Medical Association, Mind, NHS Providers and others that have sent briefings for this very important debate.

It is a very small Bill—two clauses on five pages—which will put into legislation the current long-term funding settlement for the NHS, as set out 12 months ago. It sets a minimum that must be paid to the NHS for revenue

spending in each year until 2023-24, when the provisions will cease to have effect. One might note that that is also likely to be the next election year. It came as a slight surprise to me that the Bill was drafted in this way. If spending needs to be locked in by legislation, it is almost as if the Government are seeking to prevent future Conservative Chancellors in this Government from making cuts to the NHS budget. That is a novel approach for a Prime Minister when the Government, as the House of Commons Library has noted, already have control over their own spending.

I want to focus on two areas that go beyond the Bill specifically and into the Government's strategy for funding and the NHS. The first is capital funding, and the urgent support that is needed in my constituency to get the rebuild of the Heston health centre back on track. The second is community health services and social care, and the specific issue of neurocognitive rehabilitation services.

It is a matter of great concern for the medium and long-term health of our NHS that the NHS capital budget, which invests in our buildings, beds, equipment and IT, is today lower in real terms than it was in 2010-11. That has already been mentioned; indeed, we have had five consecutive switches from the capital budget to the revenue budget for the day-to-day running of the NHS since 2014 totalling over £4 billion. The consequence is that buildings and equipment are being left outdated, affecting increasingly the quality of patient care and the reliability of appointments. Poor buildings and equipment also have a knock-on effect on the morale, recruitment and retention of key NHS staff. The Minister has intimated that there will be additional funding for infrastructure, but we await further details.

I want to raise the important issue of the Heston health centre, because my constituents will not be the only ones to have been affected by changes in Government policy over the last few years. At the end of August I wrote to the Health Secretary and NHS England about Heston health centre when my local CCG contacted me. Among all London CCGs, Hounslow has the fourth highest number of patients per permanent qualified GP, while the amount of funding per registered patient is 7% below the London average and 12% below the England average.

The chair of Hounslow CCG has described the current Heston health centre as unsuitable to deliver 21st-century primary care. The buildings date from the 1970s, are in need of major repair and are no longer compliant with disability legislation. The proposed new development is desperately needed to provide patients with the quality of care they deserve, offering four GP services in one and providing disabled access as well as a more attractive place for GPs.

Hounslow CCG has been working on this development since 2014. In 2015 the project was the subject of a discussion between the Department of Health, Community Health Partnerships and NHS Property Services, at which the CCG, the LIFTCo and NHS England were all represented. At that meeting it was concluded that CHP would work with the West London Health Partnership, the LIFTCo, to take forward the project as a public-private partnership funded scheme. The problem, however, is that after that decision funding was cut and the CCG was informed in June 2014 that, following the Chancellor's commitment in 2018, new off-balance PPP-funded infrastructure projects would not be taken forward.

[Seema Malhotra]

I was fortunate to be able to raise this issue with the Chancellor in September, and I am grateful for his offer of having officials meet me. However, having originally been given the green light to go ahead—the project was identified by the Department of Health as the best value funding option—currently we are in limbo: we do not know how the project is going to go forward and there is no clear sense of direction for my CCG and therefore my constituents. I would be grateful if the Minister could still agree to a meeting with me so that direction can be given for a project that is desperately needed.

As we have also heard in this debate, NHS providers and others have also highlighted how funding is to be allocated under the Bill and what will be further funded. I make reference here to community healthcare and social care, particularly in relation to the urgently needed increase in public health budgets following an almost £1 billion reduction in real terms under this Government. I want to raise not just the issue of prevention but recovery from illness and make particular reference to post-stroke and brain-damage related services. Neurocognitive rehabilitation is a particularly underfunded service.

Too often we respond to brain damage as a result of illness or even early dementia with slow diagnosis and medication, when research suggests that better and more structured brain activity could help improve memory, planning skills and basic safety in performing day-to-day tasks that we currently take for granted. We are grappling with this in Hounslow, and I am grappling with it with my own mother, who had a stroke two years ago. At the weekend I was very moved when a constituent came to me and said, “What can I do, because I feel like I am starting to lose my memory, but there are no services available to help me? My daughter has said it is just part of getting old.” We must see whether more can be done not just in prevention but to help through these important services with rehabilitation for all our constituents.

Today’s debate is important; it goes beyond whether the Bill is actually needed into how the Government are going to be spending our collective resources on the NHS, because going forward we need a plan which funds the NHS properly and provides a comprehensive strategy, addressing all our sectors. I look forward to meeting officials about the Heston health centre, and to working with the Government on how we can ensure that the other essential services we need are delivered.

Several hon. Members *rose*—

**Madam Deputy Speaker (Dame Rosie Winterton):** It is a pleasure to call Lee Anderson to make his maiden speech.

7.5 pm

**Lee Anderson (Ashfield) (Con):** Thank you, Madam Deputy Speaker, for allowing me to make my maiden speech; as we would say in Ashfield, “Thank you, mi duck.”

I am bursting with pride as I stand here as the newly elected Member of Parliament for Ashfield, but I want to pay tribute to my predecessor, Gloria De Piero, who was the MP for Ashfield for nine years. I am sure

everybody in the Chamber will agree that she was well respected on both sides of the House. I also want to pay respect to my seven colleagues in Nottinghamshire, who were all elected on the same day as me last month. They did a fantastic job and I make special mention of my good friend, my hon. Friend the Member for Bassetlaw (Brendan Clarke-Smith), who overturned a 5,000 deficit and won a 14,000 majority, and saw the largest swing in the country. He is a modest man—

**Eddie Hughes:** He hasn’t mentioned it at all.

**Lee Anderson:** This is my speech; thank you, Eddie.

My hon. Friend the Member for Bassetlaw has only mentioned his 14,000 majority on one occasion to me—sorry, once a night as we go home across Westminster bridge. He tells me every single night, but I pay him great respect—he certainly has raised the bar.

Ashfield was once voted the best place in the world to live—by me and my mates one Sunday afternoon in the local Wetherspoons. It really is the best place. Ashfield is a typical mining constituency. To the south of the constituency we have Eastwood, birthplace of D.H. Lawrence, to the north we have Nuncargate, birthplace of our most famous cricketer, Harold Larwood, and further north we have Teversal, which is where D.H. Lawrence wrote probably his most famous novel, “Lady Chatterley’s Lover”—a book I have read several times. We have many other great towns and villages in Ashfield, such as Sutton, Kirkby, Annesley, Selston, Jacksdale, Westwood, Bagthorpe and Stanton Hill, but the place that is closest to my heart in Ashfield is the place where I grew up, a mining village called Huthwaite.

Like with many villages, when I was growing up in the 1970s most of the men in Huthwaite worked down the pits. I went to a school called John Davies Primary School, and I was always told at school in the ’70s, as many of us were, “Work hard, lad, do well, take the 11-plus, go to grammar school and you’ll not have to go down the pit like your dad and your granddad and your uncles.” Unfortunately, a couple of years before we were due to take our 11-plus, the Labour Government at the time withdrew it from our curriculum, so I was unable to go to grammar school, and none of our school went as a consequence of that. Just a few years later I was down the pit with my dad—working at the pit where my granddad and my uncles had worked. I did that for many years and I am sure my dad, who is watching this right now—a decent, hard-working, working-class bloke—did not want me down the pit. He wanted better for me, but that was taken away. I cannot help but think that, had children in my day had the chance to go to grammar school, they would have had more opportunities and probably a better life. Because I am telling you now, when I worked down those pits in Nottinghamshire, I worked with doctors, with brain surgeons, with airline pilots, with astronauts—with all these brilliant people who never a chance. The Prime Minister is quite right when he says that talent is spread evenly across this country but opportunity is not, and my constituency is living proof of that.

People of Ashfield are a straight-talking bunch—a bit dry, a wicked sense of humour, a bit sarcastic sometimes—but that is borne out of our tough industrial past. You have to remember that we were the people who dug the coal to fuel the nation. We were the people



who sent our young people—our young men and women—to war to die for this country. We were the people who made the clothes that clothed the nation. And we were the people who brewed the beer that got us all persistently drunk every single weekend.

In 1993, under a Conservative Government, we reopened the Robin Hood line in Ashfield, and all through the county of Nottinghamshire, which created endless opportunities for passengers to travel for work, for play and for jobs. Standing here as a Conservative MP in 2020, I am proud to say that this Government are once again looking at extending our Robin Hood line to cover the rest of the county. They are also looking at reopening the Maid Marion line, which will again carry passengers to the most isolated and rural areas of our country. It is all well and good having good education and good training, but transport means just as much to the people in my community.

My friends, family and constituents have asked me every single day what it is like to be down here in Westminster. I say, “It’s brilliant—amazing. We’ve got great staff—the doorkeepers.” Every single person who works here has been absolutely brilliant to me. It is an amazing place. I have met all these famous people—I have met MPs, Lords and Ministers—but the best moment for me was last Wednesday night, when I got invited to Downing Street, to No. 10, for the first time ever in my life. I walked through that door and there he was, the man himself—Larry the Cat. [*Laughter.*] Told you we were funny.

I was born at the brilliant King’s Mill Hospital in Ashfield. King’s Mill was built by the American army during world war two to look after its injured service personnel. After the war, the American Government gave King’s Mill Hospital—the buildings and equipment—to the people of Ashfield as a thank-you gift. What a wonderful gift that is from our American cousins—absolutely stunning. I cannot praise the current staff and management at King’s Mill highly enough. They have really turned things around. Just 20-odd years after the American Government gave King’s Mill Hospital to the people of Ashford, I was born there, and later my children were born there.

It is not just our hospital in Ashfield that means a lot to me; it is the fact that it has saved my wife’s life for many, many years now. My wife was born with a condition called cystic fibrosis. She was not diagnosed until she was 18, and for anybody, to be told that they have cystic fibrosis is like getting an early death sentence. But undeterred, my wife—my beautiful wife—went to work for a year. She then went to university, she studied, she became a teacher and she taught for 10 years, until she got to her early 30s, when she could not really carry on any more and gave up work. All that time, our brilliant NHS staff looked after her and kept her alive—I cannot thank them enough—but things got really bad in her mid-30s and she had to go on the list for a double lung transplant. She was on that list for two years, and we had five false alarms before we finally got the call on 19 December 2016. The operation was 14 hours and she spent three days in critical care. I thank my lucky stars for our brilliant NHS. They looked after her, they have kept her alive, and last year she was elected as a Conservative councillor in our home town.

I am incredibly proud, and when people say that this party is a party of privilege, I say to them, “I’m privileged to be in this party.”

**Madam Deputy Speaker (Dame Rosie Winterton):** It is a pleasure to call Neale Hanvey to make his maiden speech.

7.14 pm

**Neale Hanvey** (Kirkcaldy and Cowdenbeath) (Ind): Thank you, Madam Deputy Speaker, for the opportunity to make my first speech, in this important debate. I would like to pay tribute to the hon. Member for Ashfield (Lee Anderson), who had quite a lot of good lines. I do not think I am going to match his humour, sadly. I would also like to pay tribute to the hon. Member for Darlington (Peter Gibson) for making his maiden speech tonight.

Being elected here to represent the communities that I grew up in is an extraordinary and humbling honour. To do so today in the presence of my partner Lino and our children makes it especially memorable. The honour of representing my constituency carries with it a significant responsibility to be my constituents’ voice and advocate on matters both here and at home, and to endeavour to serve the best interests of every constituent.

As a new Scot and a pragmatist, I am a product of this Union. Born in Northern Ireland and raised in the east of Scotland, I forged my professional career for the most part here in the heart of London. My apologies to hon. and right hon. Members from Wales: I landed in Cardiff airport once for refuelling, and I am not sure that counts, but hopefully I will remedy that as soon as possible.

If, to go by the Prime Minister’s repeated assertions, this is the most successful political union in the world, why have I and so many others never felt that to be true? Could this be an example of the iniquity that my predecessor, Lesley Laird, rightly focused on in her maiden speech, as she began her service to the constituency, from May 2017 until December of last year? Indeed, she lamented that the arguments for economic equity and social justice had been a theme not just of hers, but also of her predecessor, Roger Mullin. On this matter they have no quarrel with me.

From the coalmining communities of Benarty and Keltly, through to our largest conurbation, the Lang Toun of Kirkcaldy, and the picturesque coastal towns and villages stretching from Dalgety Bay to Dysart, the constituency I serve is bursting with ambition. That potential has been damaged by the ravages of Thatcherism and restricted in many respects by the limitations placed upon my constituency—and, indeed, Scotland as a whole—by politicians in this place who have not won an election in Scotland since 1955. All these communities have a proud history of hard work and great intellect and a strong sense of community. That sense of community has somehow withstood the imposition of political and economic policies that neglect, ignore, dismiss and sometimes extinguish the hopes, aspirations and potential of so many. While some Members of this Parliament may jeer at, dismiss and deny the potential of Scotland, I will not tire of giving voice to those aspirations and the hope of a better, independent future that works for all of Scotland.

[*Neale Hanvey*]

As the UK turns in on itself, wrapped in the false promises of a Brexit that Scotland did not vote for, this Government have shaken the magic money tree to give cash-strapped public services some of the funding that they have been denied over 10 long years of neglect. This brings me to the subject of the debate and my reflections on it. While I readily agree that the proposed funding in the Bill is preferable to ruinous austerity economics, we must never forget that that was initiated by those on the Government Benches, aided by the Liberal Democrats and eased into being by the abstention of many members of the Labour Opposition.

If the English NHS is the patient, then this Bill is a fig leaf, treating the symptoms and not the cause of the English NHS's woes. The cause is, of course, pernicious and has proven deadly for many—Tory economic and social policy—but the Government must know that. Why else would they refuse to publish their own impact assessment on universal credit and the two-child cap? What are they afraid of—the truth? In Scotland, many of us on these Benches have been working on a remedy for some time, but this Government are withholding consent and, at the same time, they ignore the refusal of consent to this damaging folly from the devolved Parliaments. We must take our Brexit medicine regardless.

In 2014, the people of Scotland voted for a status quo that no longer exists. They were promised equal status, respect and greater autonomy. That vow lies shattered, as does Scotland's trust in this place. If Scotland is not equal, if it is not respected and if it is not listened to, are we to assume that we are hostages in our nation, forever prone to the wiles of our larger neighbour? Well, let me say this: that is neither right nor, indeed, honourable. The health of a nation cannot be improved using honorific titles in this place. It requires right, and right honourable deeds, not words. If this is the most successful union in the history of the world, why is it that we need to measure deprivation, poverty and homelessness? Whether I support this EVEL policy or not, I am denied a vote, despite the consequences for Scotland.

In closing, I will—like my predecessors—turn to the words of one Adam Smith *fae* Kirkcaldy, in the hope that this will be the final time they need to be said in this place:

“No society can surely be flourishing and happy, of which the far greater part of the members are poor and miserable.”

The Government should publish the impact assessments. Thank you, Madam Deputy Speaker.

7.21 pm

**Mrs Natalie Elphicke** (Dover) (Con): I congratulate the hon. Member for Kirkcaldy and Cowdenbeath (*Neale Hanvey*) on his maiden speech. I pay tribute to him for the passion he expressed for his community and to all those whose maiden speeches we have heard so far tonight.

I speak in this Second Reading debate on NHS funding to acknowledge that this Conservative Government are committed to delivering record funding for the NHS to secure world-class healthcare. However, healthcare is not just about how much money goes in—it is also about how it is spent. I welcome the Bill's intention, which is to provide financial certainty to secure

improvements on prevention and detection, as well as the treatment of patients. I believe that the focus on prevention should apply to every new baby life coming into our world. Even though a hospital may be state of the art, as my local Buckland Hospital in Dover is, if proper procedures are not followed, avoidable deaths and serious injury are the result. World-class healthcare is therefore also about leadership, standards and strong procedures. It is about culture—accepting responsibility when things go wrong, ensuring that there is accountability when life is unnecessarily lost, and showing compassion to those who have suffered when mistakes are made.

I would like to take a moment to share an avoidable and sad event with the House. An experienced mother attended Buckland Hospital in Dover last January after becoming concerned about changes in the movement of her baby at 36 weeks. The baby was well developed at over 7.5 lb. The mother was in a higher-risk category, having miscarried before, as well as having other gynaecological factors. At the hospital, she was put on the standard foetal baby monitoring under the supervision of a long-standing midwife. The midwife had a student with her that day.

The mother reports that during the monitoring process, the midwife left the mother and baby at times in the sole care of the student, that the student was having difficulties getting a reliable reading and that this was raised with the midwife on more than one occasion. The reading continued to be unreliable and incomplete. However, the midwife decided to stop the foetal monitoring and signed the monitoring sheet, noting that it was a defective and poor-quality reading, before discharging the mother and baby. Baby Tallulah-Rai Edwards died shortly thereafter, within 48 hours of being discharged from hospital. She died of hypoxia, which is suffocating to death in the womb because of a lack of oxygen.

Tallulah-Rai's mum, Shelley, and her dad, Nicholas, have come to my surgery to ask me to raise with the Minister their serious concerns about the avoidable death of Tallulah-Rai. In doing so, I acknowledge the dignity and tenacity with which Tallulah-Rai's family have looked for answers so that other families do not experience such a loss.

Tallulah-Rai's parents maintain that she died as a result of inadequate foetal monitoring at Buckland Hospital, which is part of the East Kent Hospitals University NHS Foundation Trust. There can be no doubt that mum Shelley should not have been sent home on 23 January 2019 without the proper procedures being followed and completed. This was confirmed in writing by a very senior consultant at the trust.

This incident is all the more shocking because the unnecessary death of Tallulah-Rai was far from an isolated incident. Last Friday saw the conclusion of the coroners' inquest on baby Harry Richford, a death in 2017 at another east Kent trust hospital. I pay tribute to my right hon. Friend the Member for North Thanet (*Sir Roger Gale*) for his sympathy and support for baby Harry's family, as well as their dignity in their distress and their desire to ensure that lessons are learnt from the unnecessary and tragic death of their baby son.

Inadequate foetal monitoring and wider problems in local maternity services have been highlighted in the inquest proceedings as well as in Care Quality Commission investigations in 2016 and 2018. Indeed, there was even a damning secret report commissioned by the trust as far back as 2015, which has only recently come to light.

As one of the local Members of Parliament in east Kent, I cannot be fully assured that foetal monitoring in every case, and without exception, is being conducted to the right standards in our local hospitals, nor can Tallulah-Rai's parents, Nicholas and Shelley. They know that nothing can bring their baby daughter back, but they want changes to the law and the administration of healthcare to ensure that no other parent suffers an unnecessary loss.

They want to see, first, immediate action taken at our local maternity services, so that there is no risk of another baby dying where inadequate foetal monitoring is an issue, or procedures are not followed, or there is unclear or inadequate advice to patients. This cannot wait for a lengthy public inquiry—it needs action now. Secondly, the culture of the trust should be made subject to a further and detailed review. Tallulah-Rai's parents are still trying to get answers about their daughter's death, yet in the latest draft report to them, more than a year on, the trust has not even bothered to get their baby's name right. The trust needs to stop hiding behind paperwork and process; it should take responsibility right now so that Tallulah-Rai's family can mourn and move on. Thirdly, they want the right to a coroner's inquest to be extended to all baby deaths, whenever that death occurs, be it before or after the birth date. I know that the Government were bringing forward changes to this before the election and I ask the Minister for an update on how the measures are being progressed to ensure that there is a right to an inquest in these circumstances.

This important Bill provides record funding for the NHS, but money is not everything. Effective management and oversight, responsibility and accountability, and diligence, respect and compassion are all essential features of a world-leading healthcare service. I hope that the Minister will support me and my hon. Friends from across east Kent as we look for urgent and immediate improvements locally to give mums and dads-to-be the greatest possible confidence in our maternity services right here and now.

7.29 pm

**Grahame Morris** (Easington) (Lab): It is a pleasure to follow the hon. Member for Dover (Mrs Elphicke), who made powerful arguments in support of improving maternity services in her area, as well as other hon. Members who made their maiden speeches this evening. I am sure that we will hear a lot more from them.

I want to make a familiar argument about access to and funding of radiotherapy services. The Minister for Health, the hon. Member for Charnwood (Edward Argar), has heard this argument on previous occasions, but I am going to make it again because I am not convinced that the Secretary of State understands it. It is not rocket science: in the United Kingdom, radiotherapy accounts for just £383 million of the NHS resource budget, despite the fact that one in four of us is going to need it at some point in our lives. In his opening remarks, the Secretary of State referred to the Government's commitment to invest in new diagnostic equipment and scanners. I very much welcome that, but he did not seem to get—I did not hear the penny dropping—the important link between diagnosis and treatment.

I must declare an interest: I am vice-chair of the all-party parliamentary group on radiotherapy. I am a cancer survivor myself and have benefited from this

particular treatment. Basically, I want to make three points. I want to cover the cancer challenge, to briefly discuss the current state of radiotherapy and to set out a future vision for NHS radiotherapy. I am talking in the context of the Bill. I have tried to make key points in interventions about how vital workforce planning and capital budgets are. This is not just a case of replacing hospital car parks; it is about vital equipment. It is essential to improve cancer outcomes for our patients.

About 50% of people develop cancer at some time in their lives, and I am sure that even those fortunate enough to be spared the disease will all have a loved one who has been touched by cancer. I am not arguing from a completely selfish point of view, here—putting a case for me, my constituency or my region. As a magnanimous sort of individual who recognises the sentiment in the House, I am arguing that we should improve cancer services across the whole country. Access to world-class cancer treatment really matters to every single one of our constituents in every constituency in the United Kingdom.

I want to take issue with a statement that the Secretary of State has made on more than one occasion about cancer survival rates. Figures comparing nine comparative countries were published in *The Lancet* in November last year, just before the election. They showed that the United Kingdom had the lowest survival rates for breast cancer and colon cancer and the second lowest for rectal cancer and cervical cancer. Some 24% of early-diagnosed lung cancer patients are not getting any treatment at all.

In truth, although our cancer survival rates are improving—the Secretary of State is not telling a lie—we still have the worst cancer outcomes in Europe; the baseline is very low. I welcome the Government's commitment to considering ways to improve cancer diagnosis, with a plan to set new targets so that patients receive cancer results within 28 days. That is great. But we still need to address issues of staff capacity and there is a desperate need for more radiologists and more skilled people in the imaging teams to address shortages in endoscopy, pathology and the vital IT networks.

Unlike chemotherapy, which I have also had on a couple of occasions, which impacts the entire body with chemicals, advanced radiotherapy targets tumours precisely, to within fractions of millimetres, limiting damage to healthy cells in close proximity to the tumour. Improved radiotherapy technology allows us to treat cancers previously treatable only with surgery, chemotherapy or a combination of both. Radiotherapy is also cost-effective for patients, the NHS and Ministers, who are obviously very keen to ensure that we get value for money. A typical course of radiotherapy costs between £3,000 and £6,000—far less than most chemotherapy and immunotherapy cures—and patients experience very few side effects.

The problem is that access to radiotherapy centres and this life-saving treatment is not evenly distributed across the United Kingdom. A 2019 audit showed that 32% of men with locally advanced prostate cancer in the UK had been potentially undertreated, with 15% to 56% of trusts in the survey not offering the sort of radical radiotherapy that those patients really required. In England, advanced curative radiotherapy is actively restricted for no good reason, with only half the 52 centres having been commissioned by NHS England to deliver advanced radiotherapy—stereotactic ablative radiotherapy,



[Grahame Morris]

or SABR. That is despite the fact that its use is specifically recommended by the National Institute for Health and Care Excellence.

We are coming up to World Cancer Day on 4 February. The Minister understands this issue because we have spent a deal of time on it. I want him to make a commitment on behalf of the Government that the UK will become a world-class centre for patient-first radiotherapy so that we can improve our cancer survival rates. That will require an increase in investment. We need to address the issue of capital funding. Currently, radiotherapy gets 5% of the cancer treatment budget; we need that to be closer to the European average of 11%. There is an immediate need for £140 million of investment to replace the 50 or so radiotherapy machines—the old linear accelerators—that are still in use despite being beyond their recommended 10-year life by the end of 2019. We need investment in IT and to help establish the 11 new radiotherapy networks, which the Minister touched on. Again, that comes under capital and workforce training.

The all-party parliamentary group's manifesto for radiotherapy is calling for a modest increase in the annual radiotherapy budget, from 5% to 6.5% of the revenue budget, and for the Government to establish some basic standards to secure our vision for radiotherapy. We need to recruit and train highly skilled clinicians, radiographers, medical physicists and healthcare professionals and to guarantee that every cancer patient has access to a radiotherapy centre within a 45-minute travel time. In 2020, the Government should set themselves a 2030 target for the UK to go from having the worst cancer outcomes to the best cancer survival rates in the world. We could do that, and we could make a start by delivering a world-class radiotherapy service.

**Madam Deputy Speaker (Dame Rosie Winterton):** I am afraid that I have to reduce the time limit to eight minutes.

7.38 pm

**Derek Thomas (St Ives) (Con):** It is a great honour and privilege to speak about the NHS, which is a fantastic institution. There is no one in this building who has not had some experience of the NHS in some form or another. As I was particularly reminded during the election, the truth is that, in most cases, people's experience is fantastic—they are treated in a timely, effective and caring way. It is always good to commend the work that many people do in our NHS. However, I heard about the experiences that my hon. Friend the Member for Dover (Mrs Elphicke) referred to; in Cornwall, we have had similar experiences, which cause considerable strain on families and the NHS in the area.

I welcome the NHS funding commitment in the Bill, and the fact that it is here to deliver our NHS 10-year plan. It provides the certainty that the NHS and all who work in it need in order to make their own plans. However, as others have already said, it is essential for us to get this right. I hear of countless instances in which NHS care and treatment have been excellent, beyond expectations and timely, but there are two areas in which patients in Cornwall—particularly children and vulnerable people—are being failed by the current provision. Those areas, which are especially relevant to

the NHS workforce plan, are the diagnosis and treatment of children, young people and adults with autism, and the shortage of NHS dental appointments.

My heart goes out to the parents and families of children who have autism. They love and care for their children with every ounce of their bodies, but they often have to fight, fight, fight for a diagnosis, for access to adequate support and therapies, and for an understanding of what autism is and what impact a lack of that understanding has on their children's development. In the past few weeks I have met several parents who are in crisis because they cannot obtain a diagnosis, an education, health and care plan, or adequate support for their children at school, and have little or no access to child and adolescent mental health services.

As I prepared for the debate, I was encouraged to read that the National Autistic Society was looking to the NHS 10-year plan to address, finally, the fact that people wait for many months—even years—for an autism diagnosis, the poor support for autistic people's mental health, and the insufficient understanding of that learning disability or condition. It is great that the long-term plan recognises the autism diagnosis crisis and announces the NHS's intention to reduce waiting times, but it would be good to hear from the Minister how the NHS plans to achieve that, and what progress is being made.

**Elliot Colburn (Carshalton and Wallington) (Con):** In my local borough of Sutton, the council has received a damning Ofsted report on its services for children with special educational needs, and parents have formed a crisis education, health and care plan group. Does my hon. Friend agree that councils should work with their local NHS trusts to ensure that there is early diagnosis and that problems do not develop into something far worse?

**Derek Thomas:** That is exactly the commitment made by the NHS plan: early diagnosis, followed by proper, wraparound support from not only the NHS but local authorities. The potential gains are significant. The opportunity to transform thousands of lives, reduce pressure on our schools and unlock the potential of people who have autism is there to be had, and I urge the Department to step up its work in that regard.

The response to a question that I asked last March was that NHS England had a legal duty to commission national health service primary care dental services to meet local needs, but the truth—and NHS England accepts it—is that that is not the case in Cornwall. The six of us who represent Cornwall constituencies have worked closely on this. We have been told that NHS England is working with local commissioners to investigate how widespread the problem is and is keeping it under active review, but there is a shortage of NHS dentists in west Cornwall—indeed, throughout Cornwall—and it is not a new problem. The waiting list was two years on average in 2015, and remains roughly the same now. The number of units of dental activity has increased from roughly 80,000 to roughly 90,000, but the average number of people having to wait is lower than the national average. About 50% of adults are not seeing an NHS dentist, and about 60% of children have not seen one in the last 12 months.

Having spoken to NHS dentists, I know that children and their families are likely to take better care of their teeth and to have healthier diets if they have a regular

relationship with their dentists. My primary concern, which I believe is becoming a critical problem in Cornwall and other rural areas, is the inability of children, from a very early age, and vulnerable adults to obtain NHS dental appointments, which both groups have reported to me.

When my colleagues and I met representatives of NHS England last year, they explained the difficulties that were being experienced, describing recruitment and retention in areas such as west Cornwall as a key concern. The NHS has made it clear that dentists in Devon and Cornwall are increasingly unable to meet their contracts. Funding for NHS dentistry in Devon and Cornwall was being returned to NHS England. That suggests that commissioned capacity is sufficient, and that funding is not the primary issue. The key difficulty reported by practices is the recruitment and retention of dentists.

We in Cornwall are fortunate to have a dental college in Truro where residents can have access to treatment. It is based at the Peninsula Dentist School, part of Plymouth University, where graduates learn their skills for careers in dentistry. However, students who are training to be dentists often return to their home towns afterwards, citing poor transport, high housing costs and a lack of opportunities in the south-west as reasons for not staying in the area.

As I have said, the Cornwall MPs have been working together closely, and I pay particular credit to our former colleague Sarah Newton, who led the way. However, it is unclear what progress is being made in ensuring that we care for the teeth of our young and vulnerable people so that they can avoid the many problems that would otherwise have to be picked up by the NHS in the future. May I take this opportunity to request a review of NHS dental provision, and an urgent exploration of what is needed to recruit and retain dentists, especially in rural areas such as west Cornwall?

The 10-year plan clearly sets out, among other things, its intention to integrate care and prevent healthcare problems from arising later. Getting diagnosis and care for people with autism right, and providing the dental treatment that people need, would help to deliver in that respect, and to reduce demand both now and in the future.

7.46 pm

**Munira Wilson** (Twickenham) (LD): Along with my Liberal Democrat colleagues, I naturally welcome all commitments to additional expenditure on the NHS, and we will not be opposing the Bill. The questions that need to be addressed, which other Members have touched on, are whether the minimum expenditure enshrined in the Bill is sufficient, and why the Government have singled out NHS England's revenue budget for protection without also prioritising other extremely important areas of the Department's budget, which have a huge impact on revenue expenditure, such as public health, capital investment, workforce development and, of course, social care.

The NHS has been chronically underfunded for a number of years. As we have already heard from many other Members, our healthcare system in England is in crisis. We have a crisis in waiting times, a workforce crisis and an infrastructure crisis. However, the funding committed in the Bill will enable the NHS only to stand still in the coming years, maintaining the level of service

that it currently provides. Those crises will continue. As we have heard, in real terms the additional £34 billion equates to only £20.5 billion when adjusted for inflation, and that equates approximately to a 3.3% increase every year. As we have also heard, many respected commentators and NHS leaders have said that some 4% extra a year is needed to transform services.

I fear that the hon. Member for Nottingham South (Lilian Greenwood) did not receive a response to her excellent intervention when she asked the Secretary of State what assurances the Government would provide that, should the rate of inflation increase owing to unforeseen circumstances—or, indeed, owing to Brexit, which, unfortunately, we face at the end of this week—the promised real-terms increase in NHS spending would be protected.

The crises to which I have referred are clearly epitomised in the challenges faced by NHS mental health services. The mental health system has experienced decades of underfunding and neglect, resulting in services and facilities that are all too often substandard and sometimes dangerous. Mental illness represents up to 23% of the total burden of ill health in the UK, but only 11% of NHS England's budget. In terms of waiting times, the most mentally unwell are often left waiting the longest for treatment. I am particularly concerned that children and young people are being especially let down. We know that 81% of trust leaders say that they are unable to meet demand for community CAMHS, and only three in 10 young people with a mental health problem were able to access specialist services in 2017-18. In my own constituency, Off The Record, an excellent local charity that does sterling work to support young people with mental health problems, is often told by users of its service that access to local CAMHS is possible only if they are suicidal when they present themselves. That cannot be right.

The Secretary of State has given assurances today on his commitments to increase mental health and CAMHS spending, but we know that this is not always getting through to the frontline in an equal way. There is a lot of variability across the country and we need proper, accountable public tracking of expenditure to ensure that every area across the country can—[*Interruption.*] The Under-Secretary of State for Health and Social Care, the hon. Member for Mid Bedfordshire (Ms Dorries), is mouthing at me, but if she looks at Mind's analysis of the variability of mental health spending across parts of the country, she will see that there is huge variability. We need to track it publicly to ensure that that priority investment is getting through. We have heard much from the Government about levelling up, and I hope that Ministers will accept that mental health, and CAMHS in particular, needs to be a priority area for levelling up.

**Elliot Colburn:** I am grateful to my south-west London colleague for giving way. She makes a passionate case for mental health spending. Will she join me in welcoming the Trailblazer programme that has been launched in schools in her borough and mine in south-west London? It puts mental health support workers into our local schools to help the children she has rightly identified.

**Munira Wilson:** I thank the hon. Member for his intervention, and I completely agree that we need more support for our children and young people, not only in schools but in universities for students who are suffering mental health crises.

[Munira Wilson]

On the workforce crisis, we know that there are more than 100,000 vacancies across NHS trusts in England. I met a nurse on the doorstep in my constituency during the election campaign who works at West Middlesex Hospital. She was in tears because of the strain that she and her colleagues are under in that hospital. Workforce is arguably the largest risk to the delivery and implementation of the NHS long-term plan, yet the funding in the Bill does not include education and training. Again, we heard assurances from the Secretary of State that money would be forthcoming for this, but it is not guaranteed. That leads me to wonder whether this is not a priority area, and whether it could be cut, should spending come under pressure in other areas.

The mental health workforce has experienced little growth over the past decade. Gaps are often filled with temporary staff, which is not only expensive but undermines continuity of care and relationships. A recent survey by the British Medical Association revealed that four in 10 mental health staff found their workload either unmanageable or mostly unmanageable. If we are to achieve the laudable mental health ambitions in the long-term plan, we need to see substantial investment in expanding the mental health workforce.

The crisis in NHS infrastructure is acute and growing. The budget in the Bill does not commit to addressing the need in capital spending, either in buildings or in technology. The NHS's annual capital budget is now less than its entire £6.49 billion maintenance backlog, which is growing at 10% per annum. That means that leaky roofs, broken boilers, ligature points in mental health facilities and outdated technology cannot be repaired or updated. The Wessely review described the mental health estate as some of the worst the NHS has, which is impacting on the quality of care. The review showed how dilapidated buildings and poor facilities are hindering treatment and recovery for patients. Will the Government use the 2020 Budget to set out a major multi-year capital investment programme to modernise the mental health estate in particular?

The Bill is fine as far as it goes, but frankly it does not go very far. If we want to progress from the status quo and truly transform our NHS services, the real-terms increase needs to be around the 4% mark that many respected commentators have called for, and we need a more holistic approach across the whole departmental budget, not just in selected areas. We heard from the hon. Member for Central Ayrshire (Dr Whitford) about the huge cuts in public health grants to local authorities, and my fear is that public health spending could be cut further, as it sits outside the protected budget on the face of the Bill. That would be a false economy that puts further pressure on NHS budgets. And of course, until a solution to the social care crisis is in sight, the NHS will continue to shoulder the costs of inadequate social care provision.

This Bill is an opportunity to put mental health services on an equal footing with physical health in order to deliver true parity of esteem. I hope the Government will provide more guarantees that mental health, and CAMHS in particular, will not be overlooked, and that guaranteed funding will get through to the frontline. Liberal Democrats will be supporting what is largely a symbolic gesture in the Bill—a political gimmick

to write into law what the public were promised more than a year ago. Is this a Government who trust themselves so little that they have to legislate to keep their promises?

7.55 pm

**Gary Sambrook** (Birmingham, Northfield) (Con): I congratulate those Members who have made their maiden speeches today, particularly my hon. Friends the Members for Ashfield (Lee Anderson) and for Darlington (Peter Gibson), and the hon. Member for Kirkcaldy and Cowdenbeath (Neale Hanvey), who all made excellent contributions. I look forward to further contributions from them in the future.

I fully support the Government's approach to our NHS and to enshrining in law the commitment to this budget. I have a daily reminder of how precious the NHS is, because when I was two weeks old, I nearly died in hospital. I have a scar right across me, which reminds me every day of that time. I had a stomach problem and, ironically, nearly died of malnutrition, but I have made up that for since. Just last week I had another example of how precious the NHS is when one of my little sisters—she is not so little any more; she is in her mid-twenties—gave birth to her first child, my nephew, little Freddie, who is an absolute bundle of joy. The staff at City Hospital in Birmingham did us all proud in helping her to deliver her first child.

It is testament to the professionalism of our NHS staff that they can provide a fantastic service for things such as the birth of a child, which are great news for families, and at the same time offer professional services to people at the saddest time in their family's life. I am reminded of the NHS staff who supported my mother and my stepfather, Dave, in his final days as he fought his battle with cancer. It is the staff of the NHS who do so much for so many families across the country. I declare an interest in that my stepmom, my sister and a couple of my cousins work in the NHS, from cardiology department to hospital porter, all playing their role in that precious institution that we should protect for many years to come.

It is because of my experiences in the NHS that I passionately believe that the NHS long-term plan should be clinically driven. Professional NHS staff have requested that the Government do certain things, and it is this Conservative Government who are delivering on that, with 40 new hospitals, 50,000 new nurses, 6,000 more doctors, 6,000 more primary care professionals, 50 million more GP appointments and free car parking for those in most need. Those are all things that we are delivering on, and I am proud to say that I am part of helping to deliver them. The NHS budget for last year was £114 billion. By 2024, it will be £148 billion, an increase of 30%. That will secure those excellent services that we are used to for many years to come.

My first official visit this year as a Member of Parliament was to the Royal Orthopaedic Hospital in my constituency, and it was a pleasure to meet Jo Williams, the chief executive. She enthusiastically showed me a picture on the wall of the improvements that the Royal Orthopaedic had made over the last couple of years. Back in 2014, a chart from the Care Quality Commission report had lots of red and amber categories, but I am pleased to say that only one of the 36 categories is now amber, which is testament to her and her team in that hospital. They made all those improvements and provide an excellent service to the people of south Birmingham.



We must also be mindful, as my hon. Friend the Member for Dover (Mrs Elphicke) so eloquently put it earlier, that the NHS does not always get things right. There are bad apples in every organisation. People can get things wrong, accidents can happen, and systems and processes do not always adapt as quickly as we would like. We must do everything we can as a Government to ensure that things are fixed as quickly as possible when they do go wrong.

I am mindful of health inequality in my Northfield constituency. Although life expectancy has improved over the past couple of years and is above average for Birmingham, it is still below average for the rest of England, and we need to be mindful of that as we go about implementing the long-term plan for the NHS. The three biggest contributions to premature mortality in Northfield are coronary heart disease, lung cancer and alcoholic liver disease, and I am going to be looking further into all three on my constituents' behalf to ensure that we can further improve life expectancy.

The Prime Minister often rightly says that we need to level up our economy, but we also need to level up health across the country. It is not just the economy that sees huge disparities between the south, the north, and the midlands, because health sees the same. I am confident that this Government, under the leadership of our Prime Minister and the Department of Health and Social Care team, will be doing just that, and I look forward to working with them over the years to come.

8.2 pm

**Chris Bryant** (Rhondda) (Lab): I agree with many of the things that the hon. Member for Birmingham, Northfield (Gary Sambrook) just said, and I congratulate him on his speech. I slightly differ with him on the stewardship of the NHS under the present Prime Minister and the rest of the health team, but I am not going to stray too far into partisan politics because, to be honest, I have a profound worry about the future of the NHS. I think we politicians are sometimes too proud of the NHS. We puff out our chests and say, "What a wonderful nation we are. We have the best NHS in the world," but too often we are not prepared to look at the nitty-gritty of whether we are really delivering for people around the country. I say that equally about Wales, England, Scotland or, for that matter, Northern Ireland.

Statistics never tell the whole story, but some of them show that we do not have the best NHS in the world. Cancer care has obviously already been referred to several times in the debate, and we have worse outcomes than nearly all the equivalent countries with a free health care system in the world. Australia, Canada, Denmark, Ireland, New Zealand and Norway produce markedly better survival rates for pancreatic cancer, lung cancer and rectal cancer. Even more markedly, the gap between us and those other countries, although we are improving, is not getting any smaller. Our complacency about the NHS is sometimes our biggest downfall.

There are all sorts of reasons why our cancer survival rates are not as good as they might be. Sometimes patients do not present early enough, for example. We in the UK, men in particular, are worse at presenting. In working-class areas, such as my constituency, men are much more reluctant to take things to their GP than others might immediately spot as being potential cancer

symptoms. Likewise, GPs in many parts of the country are too reluctant to send people on for tests when they would have been sent for further examinations in other parts of the country or in other countries.

This country has half the number of MRI scanners per 100,000 people compared with all the comparators everywhere else in the world. It has already been mentioned that we need more radiologists, but we need more MRI scanners and other equipment, too. Wales has only one PET scanner, but if we were measuring ourselves against other countries, we would probably have seven or eight. We also have a shortage of radiologists. I said to the Secretary of State earlier that the Royal College of Radiologists reckons that we will need an extra 2,000 radiologists by 2023 just to cope with the demand that we currently know about. At this instant, there are more than 1,000 vacancies for consultant radiologists in England alone, meaning that people are being seen later than they need to be, scans are taking longer, people are getting their results later, and it is more difficult to provide treatment on time.

Three fifths—60%—of consultant radiologist vacancies in England have been vacant for more than a year. That also applies to histopathologists—the people who cut up the biopsy to check whether cancer is present—and only 3% of pathology labs in England reckon that they have enough staff at the moment, with 45% of them are relying on locums and agency staff. That, in the end, is neither good practice nor economically sustainable, because it is more expensive for the NHS. The figures can be replicated in so many other areas. There is a 10% shortage in consultant psychiatrists. One in six eating disorder posts are vacant across the UK—one in three in England—one in eight CAMHS consultant vacancies have existed for more than a year, and 25% of perinatal psychiatric posts in the west midlands are vacant as I speak.

The same situation applies to A&E. We simply do not have enough A&E consultants, and we are short of 1,500 across the whole UK. The Royal College of Emergency Medicine reckons that hospitals need to double their number of emergency consultants in the next few years, which means increasing the number of training places to at least 425. The Government have no plan to get anywhere near there at the moment.

All this has an impact on constituencies such as mine, even though it is in Wales, because we do not have enough A&E consultants. We should have roughly one for every 4,000 admittances. England is getting along with something like one for every 10,000 admittances. Some 180,000 people go to the three A&Es that are close to my constituency in Wales, so that should mean 45 consultants, but we have 10 and a half. In my local hospital, the Royal Glamorgan, there is one consultant, and he is leaving at the end of March, which means that our local A&E will be completely unsustainable.

The plans that the South Wales programme came up with in 2014 are undeliverable. We are going to end up with the most-used A&E on my patch, which sees 65,000 admittances every year, closing simply because there are no staff to staff it. It is not because there is no money, but because there are no staff. My patch has some of the worst levels of deprivation across the whole UK and some of the worst levels of health need in the whole of Europe, with high levels of ischaemic heart disease, high levels of diabetes, and poor health in every regard—every single measure of the health need that

[Chris Bryant]

one can imagine. On top of that, we have the lowest number of people who have cars and are able to transport themselves to an A&E and mountains that are impassable in the winter. All that is going to make for an impossible situation for my constituents if the A&E at the Royal Glamorgan closes.

I am not laying blame anywhere. All I am saying is that we have to believe more in our national health service so that more people want to work as radiologists, pathologists or receptionists—the receptionist is sometimes the most important person in the cancer clinic, because they make sure everyone calms down and gets to their appointment when they are needed so that no time is wasted, and all the rest of it. We need to believe far more in our NHS if we are really to transform it in the years to come.

8.9 pm

**Victoria Prentis (Banbury) (Con):** It is a pleasure to follow such a great speech and to see the hon. Member for Rhondda (Chris Bryant) looking so well.

There is no complacency on this side of the House, but there is a feeling that this is an upbeat debate. I am thrilled to support the Bill and, indeed, to support the great Health team. It is hard to choose a favourite among them, because I have so many asks.

No one will be surprised that I start with the exciting developments at Horton General Hospital. First, we have a new award-winning, nurse-led clinic for deep vein thrombosis. It is a one-stop diagnostic clinic for patients who need urgent treatment, and it is up and running now. Secondly, we have the Horton hip fracture clinic, which has been named as one of the best in the country for the past seven years in a row. Thirdly, we have a new chemotherapy service, launched last September, for children aged up to 19. The service provides intravenous chemo for patients who would otherwise travel to Oxford. We are now in a good place at Horton General Hospital.

We are recovering from that dreadful period in which I was first elected, when we all went to court against the clinical commissioning group. There was a botched consultation and relationships fractured. It was town versus city, and all was not a happy place. We have worked hard on repairing those broken relationships. Lou Patten, the head of our clinical commissioning group, deserves a special mention. Sadly, she moves on in March, but I spoke to her this morning and we have high hopes that her successor will continue to take things forward. We are united in our desire to make sure the Horton is fit for the future.

We have plans for a new modular building, and the Department will be hearing from us on those plans very shortly. I say to colleagues that it is worth working together to rebuild those fractured relationships. We are making real progress locally.

There is certainly no cause for complacency on primary care. GP appointments continue to be an issue, and the Horsefair surgery is in the local news a great deal at the moment. We have a great campaigning local journalist, even though she has stood against me at several general elections, and this is one example of how we can work together to put things right. Following those stories, and following the complaints I have received from

constituents, I spoke this morning to the clinical commissioning group, which told me that it will investigate the issues that have been raised.

The Horsefair surgery recently changed ownership, and it is moving from the locum model to having more employed GPs, which can only be good, but bravery is needed to tackle the systemic difficulties in how GPs operate, particularly in areas of the country where the building's ownership can make a real difference to a practice's sustainability.

We have been hearing a great deal about palliative care in the national news this week, with our brilliant Katharine House hospice featuring heavily. We have real concerns about the funding model for palliative care. We want to enable people to die at home, or as near to home as possible, and I will be writing to the Department further about this.

I have been involved with the all-party parliamentary group on baby loss since the beginning, when I was vice-chairman because it seemed to me that other Members had more current stories to tell. This afternoon, those other Members either having left this place or having moved to ministerial office, I was elected as chairman. The hon. Member for Washington and Sunderland West (Mrs Hodgson) and I have always been involved with the APPG, and we all share in its extraordinary success so far.

I would like to claim some credit for how the APPG bolstered the Government's ambition to reduce stillborn and neonatal deaths and also for Jack's law, which is about to be enacted in April, but we have much more to do. My hon. Friend the Member for Dover (Mrs Elphicke) spoke very movingly about Tallulah-Rai, and we must make certain such mistakes do not happen again.

I have two specific requests of the Department this evening. The first is for data. The Department has an ambitious target to reduce the number of stillborn and neonatal deaths. We need to see what we have been doing for the past five years and we need to see what works to enable us to take forward the "Saving Babies' Lives" care bundle in the most strategically useful and efficient way, so I will be writing to the Department on behalf of the APPG specifically to ask for data.

My second major ask is about the national bereavement care pathway. I am glad to say that only nine trusts, a very small number, have not engaged with the APPG on this at all. I will be naming them in the future, so I strongly advise them to engage pretty soon. Many trusts are starting to establish services, but the APPG is calling this year for the Department to support the roll-out of the national bereavement care pathway. We want both policy and financial support and real oomph behind this initiative.

I am particularly grateful to the Department for telling CQC inspectors that the national bereavement care pathway has to be part of the maternity section of their inspections. Can the pathway also be included in the A&E and gynaecology sections? Only if hospitals have to consider this on a nitty-gritty level will they insist that it is taken forward seriously.

I have trespassed long enough on your indulgence, Mr Deputy Speaker, but I welcome this initiative, and I really think there is hope for the future.

8.16 pm

**Elliot Colburn** (Carshalton and Wallington) (Con): I begin by declaring an interest, as I recently worked in the NHS—[HON. MEMBERS: “Hear, hear!”] Thank you very much.

We have heard passionate speeches about some of the benefits that will come about in our national health service as a result of this additional investment, and I will focus on the improvement to the NHS estate. This additional investment will build new hospitals and improve existing ones.

My constituency of Carshalton and Wallington is home to St Helier Hospital, which is older than the NHS itself—it is over 80 years old. Many battles have been fought over the decades to prevent partial downgrading or even total closure, which has been dangled in front of St Helier for so long. Thanks to the Conservatives in government, however, we now have £500 million-worth of investment going into our local NHS trust, and I thank my hon. Friends the Members for Sutton and Cheam (Paul Scully), for Reigate (Crispin Blunt) and for Wimbledon (Stephen Hammond) and my right hon. Friend the Member for Epsom and Ewell (Chris Grayling) for their work before my arrival in this place and for supporting me since I got here in campaigning for the same.

This investment represents the long-term future of St Helier Hospital, and it has, in fact, already begun with more than £100 million having been pumped in to do things such as doubling the size of the accident and emergency department and to build a brand-new renal unit, which really is world class. I invite Health Ministers to come to visit the new renal unit at St Helier. It really is fantastic.

Perhaps most excitingly, this investment means we will have a brand-new third hospital within the catchment area of Epsom and St Helier University Hospitals NHS Trust. That means that, for the first time, we have a plan for local healthcare that means people will not have to travel to Croydon or Tooting to access the healthcare they need when they are most vulnerable.

The investment will also mean that over half of the hospital estate covered by Epsom and St Helier that is currently too dangerous to be used to provide healthcare can be brought back into use, which means we will no longer hear stories of people having to pull beds away from the walls because the walls are either damp or leaking. It also means we will not have stories of ambulances being used to transport patients from the back of St Helier to the front because the lifts are too small for a modern hospital bed.

Most importantly, the investment means we will have not one, not two but three local hospitals providing world-class healthcare to local patients. The consultation on the site of that third hospital has just launched, and it is open until 1 April, so I encourage all residents of Merton, Sutton and Surrey to have their say—I have a copy of it here for video reference. Residents should log on to [improvinghealthcaretogether.org.uk](http://improvinghealthcaretogether.org.uk) to have their say about where they want the exciting future of our healthcare provision to be located.

This is about more than just St Helier. I have worked in the NHS before, and this Bill presents an opportunity to accelerate progress in delivering the NHS long-term plan. It will provide the NHS with the funding, staffing

and infrastructure it needs to deliver better patient outcomes, which of course must be the primary driver to future-proof our NHS. This investment must also go hand in hand with a change of healthcare delivery in this country, and I am delighted to see the commitment from the Health Front-Bench team on things such as social prescribing, empowering local pharmacies and prevention. All this and more will mean that our NHS will be better equipped to tackle the healthcare challenges of the future, particularly the scourges of illnesses such as dementia and cancer, levelling up mental health investment and continuing to provide excellent care for all of us, when and where we need it.

**Several hon. Members** *rose*—

**Mr Deputy Speaker (Mr Nigel Evans)**: I call Andrew Bowie.

8.20 pm

**Andrew Bowie** (West Aberdeenshire and Kincardine) (Con): Thank you very much, Mr Deputy Speaker. I was not expecting to be called this early. [*Interruption.*] It is unusual for me to be called this early. I am getting used to this new age.

**Alex Chalk** (Cheltenham) (Con): He has not written his speech yet.

**Andrew Bowie**: I am perfecting it. I am delighted to be called to speak at this time in this debate on a Bill that demonstrates our commitment to implementing our promise to the British people in the last election to invest in our NHS: to invest a record amount in our NHS. In fact, we are talking about the biggest cash increase in the history of the NHS, delivering new hospitals, more nurses, more doctors, more primary care professionals in general practice and millions more appointments in GP surgeries every year across England; we are demonstrating once and for all that the NHS is safe in the Conservatives' hands and putting an end, I hope, to the disgraceful, lazy, scaremongering trotted out every election by the parties opposite, which is in place of—in fact, caused by—a dearth of realistic policy proposals that appeal to the British people.

This is a debate about NHS funding. It has been rightly certified as relating exclusively to England, as this matter is fully devolved, and it has focused on the areas—how and where—the extra money will be best spent south of the border. However, it would be remiss of this House to let this Bill pass on Second Reading today without at least mentioning the effect that this transformative amount of money being invested in the NHS, coupled with decisions on funding in education, local government and policing taken by this Conservative Government, will have north of the border in Scotland.

Thanks to this Conservative Government, the block grant to Scotland will increase by an unprecedented £1.1 billion this year, to £29.3 billion, with £635 million of that increase due to our commitment, cemented here today, to boost spending on health to record levels, as it could be transformational. Indeed, it needs to be, for despite the bluff and bluster of the Scottish National party—or, in fact, because of the bluff and bluster of a Scottish National party obsessed with stoking division and grievance, and foisting upon the Scottish people another referendum that they do not want—the health service in Scotland is suffering.



[Andrew Bowie]

Before I go on, I wish to put on record my thanks to the amazing people who work in NHS Scotland, particularly those at NHS Grampian. They do incredible work, going above and beyond to serve the people of Scotland and north-east Scotland. Their service and sacrifice are something that everybody in this Chamber is grateful for, and I include the hon. Member for Central Ayrshire (Dr Whitford) in that, not just for her service in Scotland, but her service overseas. My admiration for what she has done in Palestine knows no bounds. However, I do think that health service workers are being let down by the Scottish Government, for whom everything—investment in our NHS, the education of our children and the delivery of policing—plays second fiddle to the obsession of separation from the rest of the United Kingdom.

The story of the SNP's management of Scotland's NHS is, sadly, one of underfunding. Spending on the NHS in England increased by 17.6% between 2012-13 and 2017-18, whereas it increased by only 13.1% in Scotland in the same period.

**Dr Whitford:** The hon. Gentleman was not in his place when I spoke earlier to point out the fact that if the global funding in Scotland is higher, the Barnett consequential makes a smaller percentage. Scotland spends £136 more per head on health and £130 more per head on social care. I think he should go and work out a little bit of mathematics, because percentages relate to what the starting point is.

**Andrew Bowie:** I thank the hon. Lady for her intervention, but my figures were from the Scottish Parliament Information Centre, and that is a Parliament oft quoted by SNP Members. Moving away from funding, the story of the SNP's record on the NHS in Scotland is also one of failed waiting time targets. The 12-week treatment time guarantee unveiled by Nicola Sturgeon when she was Health Secretary in 2011 has never been met—not once. For the quarter ending September 2019, just shy of 30% of in-patient and day cases were not treated within 12 weeks. The situation is even worse for my constituents living under the NHS Grampian umbrella, where more than a quarter of patients—34.6%—were not seen within the mandated 18-week referral time in the month ending September 2019. That is not the fault of the amazing people at NHS Grampian; how can they hope to meet targets when they are being so chronically underfunded by the SNP? According to the Scottish Parliament Information Centre, the 2019-20 cash allocated to the NHS Grampian health board was £7.7 million short of the target set by the NHS Scotland Resource Allocation Committee. The total shortfall over the decade for NHS Grampian is estimated to be £239 million.

I am sorry to say that the cancer waiting times are little better, with a fifth of people with urgent cancer referrals waiting more than two months for treatment. The target is that 95% of patients with urgent referrals are seen within 62 days, but this was met for only 83.3% of patients in the quarter ending September 2019. We have a GP crisis in Scotland—a shortage. It is shameful that the Royal College of General Practitioners expects a shortfall of 856 doctors across Scotland by 2021. There are delays to the promised Inverness medical centre, and fears over the same happening at the Aberdeen

cancer and maternity units. There is a completed children's hospital in Edinburgh, but it is sitting empty due to "ongoing safety concerns". We also face a shameful, tragic situation at Queen Elizabeth University Hospital in Glasgow, where children have died and it has emerged that Health Protection Scotland reports had identified contamination risks as far back as 2016, with dozens of individual cases.

**Chris Bryant:** The hon. Gentleman says that in Scotland the figure is 82% in respect of people meeting the cancer treatment target, yet the figure in England is only 75%. I am not sure that throwing party political stuff around is going to make the blindest bit of difference to delivering for those people.

**Andrew Bowie:** I thank the hon. Gentleman for his intervention, and I tend to agree with him, but I have deliberately avoided getting into, "England is better than Scotland."

**Dr Whitford** *indicated dissent.*

**Chris Bryant** *indicated dissent.*

**Andrew Bowie:** I am agreeing with the hon. Lady and the hon. Gentleman; I am trying not to get into that debate. What I am saying is that it could be better in Scotland. The SNP has been responsible for more than 10 years for the NHS in Scotland and it is missing its own targets and the service is underfunded. When SNP Members come into this Chamber to harangue, castigate and berate this Government for the record investment they are giving the NHS south of the border, perhaps they should look closer to home and sort the problems in Scotland, where they are failing to meet their own targets.

I know that Members from all parties, and especially on the SNP Benches, care deeply for the health and wellbeing of the Scottish people, as do I, but I ask them to bear in mind the record of the Scottish Government when they attack this Government, who are investing record amounts in the health service. I ask them to join me in welcoming the record boost to the block grant and calling for the NHS in Scotland to be funded to a level equivalent to the funding we are putting in here in England.

I welcome the Bill and hope that when the Scottish Government receive the unprecedented boost to the block grant made possible by Conservative decisions, they spend it wisely and where it is needed, fix the health service where it is broken up north, and invest in our healthcare workers, so that throughout the United Kingdom—in England, Wales, Scotland and Northern Ireland—we can have an NHS that all the British people deserve.

8.28 pm

**Tom Hunt (Ipswich) (Con):** This is the second time I have addressed the House since my maiden speech. I wish to touch on the important issue of NHS funding and the need to ensure that my constituents in Ipswich get the best possible deal. I welcome the Bill, which will give our NHS the biggest cash increase in its history. The money will support the delivery of our NHS long-term plan and the 40 new hospitals, 50,000 more nurses and 6,000 more doctors that we promised in our manifesto. Of course, all that will be built on solid Conservative economic foundations.

I will work hard to ensure that Ipswich receives its fair share of the funding, which is so important because the disparities between Ipswich and East Anglia and the rest of the country are real and often pronounced. CCG funding per patient is more than £100 lower in Ipswich and East Suffolk than the average in England. We must keep an eye on the funding formula to ensure that areas including Ipswich get the funding for the services they need. That includes GP services, in respect of which our GP-to-population ratio has fallen behind and many local residents say that they struggle to get an appointment when they need one.

In this Parliament we have a unique opportunity to make a real difference to parts of the country that have felt left behind. I will do everything I can to ensure that that message is heard loud and clear.

**Dehenna Davison** (Bishop Auckland) (Con): Does my hon. Friend agree that as part of that levelling-up priority, it is really important that we restore some of our services and existing hospitals, such as the A&E at Bishop Auckland Hospital?

**Tom Hunt:** Absolutely. The levelling-up agenda touches many parts of the country, including not only the north of England but East Anglia. I agree with my hon. Friend.

I wish to take this opportunity to touch on a recent CQC inspection report on the East Suffolk and North Essex NHS Foundation Trust. The trust was formed following the merger of Ipswich and Colchester hospitals in July 2018. The inspection gave the trust a rating of “requires improvement”, which is of course disappointing, but had just one of the 80 inspection criteria been different, the trust would have received a “good” rating. We should hesitate before we draw direct comparisons between the previous inspection five years ago, which rated Ipswich Hospital “good”, and the latest inspection, which also covered Colchester Hospital, which was previously rated as “requires improvement”. Nevertheless, the report’s recommendations for improvement will be important to bear in mind as we consider health funding going forward.

The report mentioned cutting referral waiting times, improving capacity for emergency mental healthcare, and ensuring that staff have the right training to provide patients with the correct care. All those aspects must be priorities, so I welcome the provision in the NHS long-term plan for better training opportunities for NHS staff, as well as additional staff and funding for mental health services. I trust that the Government will closely consider the specific needs of Ipswich and East Anglia as the plans are moved forward in the interests of levelling up the whole country.

Planning permission has recently been approved for a brand-new £35 million A&E department at Ipswich Hospital, which is expected to open in spring 2020. I look forward to an invitation to cut the ribbon. The new department will make a real difference for the more than 100,000 people it will treat every year. I hope the Government will recognise that and continue to support further significant upgrades in Ipswich.

Investment has been confirmed for a new orthopaedic centre in the East Suffolk and North Essex Trust area by 2024, and I know that many in Ipswich are concerned that it may be located in the centre of Colchester. I want my constituents to know that I will closely monitor the

developments around the new orthopaedic centre to ensure that they will be able to access services smoothly and with minimal disruption. I will endeavour to ensure that if the orthopaedic centre is located in Colchester, patients will have to go there only for main operations, and that all other appointments should be made in the hospital closest to them.

The key point is that those twin investments—the A&E department in Ipswich and the new orthopaedic centre, wherever it may be located—may not have happened had a merger into a single trust not taken place. The merger of Ipswich and Colchester hospitals has the potential to provide a critical mass when it comes to delivering the resources that local people need for their health and wellbeing. A further example of that is that, since the merger, radiotherapy treatments for cancer patients in Ipswich have been maintained in Ipswich at the same rate, when there were fears that they might have been moved elsewhere. In addition, the staff vacancy rate, which was 12% before the merger, is now 9%.

I call on the Government to further communicate the benefits of the merger, to give people confidence in the system and to give them every reassurance that both Ipswich and Colchester hospitals can improve together. Rather than there being a situation in which one hospital drags another down, it must be the case that when two hospitals come together, the good one drags up the one that is struggling. It must not be the other way round. I will continue to have a watchdog role in respect of the merger. Some of the initial improvements, particularly the new A&E department in Ipswich, are positive, but I will not hesitate to question any developments that may not be in Ipswich residents’ interests.

Before I move on from the recent inspection report, it would be remiss of me not to congratulate our local NHS staff in Ipswich, who have been identified as delivering outstanding practice in critical care, maternity services and community health in-patient services, as well as good levels of practice in many other areas.

I also wish to pay particular tribute to members of the Indian community in Ipswich, who fill many roles in our local NHS services. Their commitment and dedication to their work is unquestionable. The role that the Indian community plays in our local NHS is one of the driving reasons why I wish to express my wholehearted support for the Government’s plan to attract the top talent from around the world to work in the NHS after Brexit, to help provide vital services on which we rely every day.

It is important that we prioritise those who have the most to contribute. I am glad that the Government have identified this as a priority component of a new Australian-style points-based immigration system that we will bring in, with a preferential visa system for those seeking to work in the NHS.

I recently met the chief executive of Ipswich hospital and have been invited to visit the hospital shortly to meet all the hard-working staff. I look forward to hearing further about how we can work together to improve the hospital that we all care for so passionately.

I wish to make one final key point on NHS resources, which is incredibly important to my constituents and to the public as a whole. Earlier, I mentioned Ipswich’s new A&E department. The business case for this project took almost a year to approve, when it should have taken a matter of months. For every month of delay, I

[Tom Hunt]

understand that the cost to the taxpayer was around £167,000, which is mainly due to inflation and increased building costs. I am well informed that the approval process for big NHS capital schemes is too archaic and that part of the problem is a merger of NHS Improvement and NHS England and that the new organisation has not had time to streamline its approvals process.

As well as additional investment, we must ensure that hard-earned taxpayers' cash is being used efficiently at every stage of healthcare provision. I urge the Government to take this into account, too, as we Conservatives continue our long and proud stewardship of the NHS.

**Mr Deputy Speaker (Mr Nigel Evans):** Order. The time limit is six minutes with immediate effect.

8.36 pm

**Peter Aldous (Waveney) (Con):** It is an honour to follow my hon. Friend the Member for Ipswich (Tom Hunt), as Ipswich is both my birthplace and my football club.

The main provision of the Bill is to enshrine in law the Government's commitment to increase NHS spending by at least £34 billion by 2023-24. Some may say that this is just gesture politics, but it provides the NHS with the certainty that it needs to make long-term plans and strategic investment in front-line services. This contrasts with operating on a hand-to-mouth short-term basis, as it has often done in the past.

If this approach is successful, then in future, as suggested by the King's Fund, the Government should look at pursuing this approach with other items of health spending, such as capital investment, public health and staff and education training. It is one of these latter items that I wish to highlight—investment in NHS buildings and infrastructure, which is so important in providing a high-quality environment for patients and health professionals.

As well as making commitments to revenue funding, the Government have undertaken to invest in hospital buildings—six new hospitals now and seedcorn funding to work up the plans for 38 more such developments. One of the latter is the James Paget Hospital on the Lowestoft Road in Gorleston in the constituency of my right hon. Friend the Member for Great Yarmouth (Brandon Lewis). The James Paget serves his and my constituencies as well as part of that of my right hon. Friend the Member for Suffolk Coastal (Dr Coffey).

The James Paget is at the heart of our local health economy, and thus this investment is extremely welcome. I understand that the seedcorn funding is due to be paid over to the hospital very shortly, and that it is already mapping out its plans for the future. It has moved quickly since the announcement of the seedcorn funding was made in the autumn. Its board, liaising with the Great Yarmouth and Waveney clinical commissioning group and the Norfolk and Waveney sustainability and transformation plans, is working up its development plans. Although at an early stage, these include developing a health and social care campus, encompassing acute community primary care, mental health and care facilities, it also wishes to expand its education training, investing in its health and care staff, and also to improve its digital services.

As the plans for the James Paget are worked up, it is important to have in mind three requirements. First, it is important that the needs of the people who use the hospital are taken fully into account. Ours is an area with an ageing population that places pressure on local health services. In Lowestoft and Yarmouth, there are deep pockets of deprivation with serious inequalities, which must be addressed. We are a popular tourism area, which puts additional demands on the hospital and its services.

Once the James Paget has fully worked up its provisional plans, a wide-ranging and full public consultation should take place so that the views of local people can be fully considered.

Secondly, while the board of the James Paget is taking the lead in working up the redevelopment plans, it is important that all those involved in health and social care services in the area have their say as we, quite rightly, move towards an integrated health and social care system in which all those involved collaborate and work together. The James Paget recognises this, and doctors, mental health and social care professionals, the CCG, the mental health trust and the county and district councils must be fully involved, as well as the voluntary sector and patient representative groups. Thankfully, the silo mentality of the past is gradually being knocked down.

Thirdly, attracting health and medical staff to the Waveney and Great Yarmouth area continues to be a challenge. The redevelopment of the James Paget provides an exciting opportunity to address that by providing centres of excellence in specialisms for which there is a need in the area. The importance of working with the University of East Anglia and the University of Suffolk cannot be underestimated. The former has a medical and health science faculty that includes the Norwich medical school, which provides clinical rotations at both the Norfolk and Norwich and the James Paget hospitals. There is also a science faculty that includes biological science and pharmacy courses. The University of Suffolk, which is more recently established, includes a school of health sciences, which has courses in adult nursing, mental health nursing and radiography, and postgraduate courses in public health nursing and advanced clinical practice. It would be great if in future more of those courses could be delivered on the Lowestoft and Great Yarmouth campuses of East Coast College.

The seedcorn funding for the James Paget is extremely welcome. We now need to ensure that the hospital's redevelopment takes place in a timely manner and that bespoke, high-quality facilities are provided for local people that meet their needs. By doing that, we can ensure that we have a resilient district general hospital serving the Waveney and Great Yarmouth area for many years to come.

8.42 pm

**Dean Russell (Watford) (Con):** I would like to talk a little bit about the future of the NHS. Quite rightly, we have talked a lot about funding, bricks and mortar, nurses and porters, which is fabulous, but we also need to look at where we are heading over the next 10, 20 or 30 years. I think that technology has a big role to play, so I am pleased that the Health Secretary has a great legacy in the digital world. That brings great power to the direction in which the NHS is headed.



Look at how the world has changed. It is no longer just about infrastructure; although that is key, the data we use and how we consume it are also important. We have heard brilliant speeches today about prevention, but prevention is not just about leaflets telling people not to shake hands if they have a cold or the flu; it is about understanding what is happening in the world around us and connecting the dots of data on patient health. Many people in the Chamber probably wear a watch that tracks how many steps they take. Sadly, I never quite hit my target, but the truth is that we are constantly gathering data on what we do and where we go—health statistics. The beauty of this in relation to the NHS in the coming years is that if we overcome the fear of creepiness versus convenience when it comes to data, we can start to think about how data can offer a powerful way to prevent illness, to connect the dots between patients and see trends, to analyse. If we no longer see such data as scary or as a threat to privacy in the way we heard about in the earlier debate about Huawei, we can think about what it might mean in terms of prevention.

There are many opportunities in the future, but there is also a risk of jumping in with innovation that costs a lot of money but gets us nowhere. About 10 years back, in my business capacity, I was involved in a review of every single NHS website in England and Wales. Hon. Members might think that 10 years ago there were perhaps 20 or 30. In fact, there were 4,121 NHS websites. I did a financial calculation as part of that review. This was all in the *Health Service Journal*. Sadly, my name was not against it, but now it will be—in *Hansard*. I remember sitting up late doing the analysis, and checking it over and over again. What I found was that the Labour Government back then were spending between £87 million and £121 million a year just to keep those sites live; although, to be fair, it was about innovation. We can look at the way the digital economy is driven and the way the digital world has shifted, but we have to ensure that we are not wasting money. We need to look at outcomes and impact, and how we can use them to prevent, but we also need to look at how we can prevent future illness and issues.

The use of technology in today's world is going to be a core part of the way we are investing, and of the future of the NHS. We cannot ignore the conversation about demystifying people's fears around providing their own health data. People are currently very happy to give away their own information by clicking on an ad to buy something at a discount, but they are very fearful of giving their data away for health reasons or sharing it with their GP. Over the next few years, there has to be a really big demystification, if there is such a word—that is one for *Hansard* to work out.

**Matt Western** (Warwick and Leamington) (Lab): I welcome the hon. Member to his place. He is making an important point. I think most of us recognise the crucial opportunity for the UK given that the NHS has a massive pool of data over many decades, but does he share my concern about the future ownership of that data in any free trade deal?

**Dean Russell**: The key part is understanding the single patient view—how we best use it, and where that data is held and stored. I am very confident that privacy

and the risk described by the hon. Gentleman will be very high on the Government's agenda. I am in no doubt about that.

My point is that we should look at how we can break down the barriers so that we are not generating fear through people having a lot of concerns about where their data is going to go. We do need safeguards, but we also need to look at technology as the way forward so that we can, for example, reduce cancer risks because we spot the ailments earlier. That is really powerful. We used to swallow tablets to get better; now we can use them in the Chamber and elsewhere, to check out apps and find out more about improving our own health.

I am very fortunate that Watford is getting a new hospital at Watford General in the coming months and years, but as part of that project we need to look at where we head next, what that means, how we can use technology and how we can provide freedom for everybody to have ownership over their single patient view, and take those ideas forward.

8.47 pm

**Simon Hoare** (North Dorset) (Con): Let me be clear from the start that the Conservative party is clearly the party of the national health service, and the British public have trusted us with it for another five years as from December. The crucial point made by my right hon. Friend the Secretary of State, which I think is worth repeating, is that people can add noughts here, there and wherever they like, but new spending can only come from a firm, solid and growing economy. People can make all the promises they like about what they are going to do, but if the economy tanks, those promises are made out of pie crusts. I think that is why the British people have entrusted us with the health service.

I very much welcome the Bill, and hope that I can influence the Minister and his colleagues to think about where some of the new money can be spent. Let me canter through the North Dorset wishlist, if I may. For too long, health at the centre has ignored and underplayed the importance of rural community hospitals.

**Richard Drax**: My hon. Friend may canter as long as he likes, so long as he does not canter on to my patch.

**Simon Hoare**: I would not be seen dead in my hon. Friend's patch. I have enough issues with my own.

There are two community hospitals in my constituency: Westminster Memorial in Shaftesbury and the excellent Blandford Community Hospital. I am a friend of both, and both friends' organisations do a huge amount of vital fundraising work. The Minister is well apprised of the important role such hospitals play, particularly in rural settings after discharge from A&E, just before people can go home. Community hospitals need support and fresh attention.

Likewise—I am pleased that the Department prioritised this earlier in the year—community pharmacists play a huge and important role. I am told by our CCG that it is almost a cardinal sin to even consider this, but I would love to see a representative of the community pharmacies on the boards of each CCG, by mandate, because they have a vital role to play in our NHS family. As the previous chairman of the all-party parliamentary group on multiple sclerosis, may I also urge a greater rapidity with regard to the prescribing of medical cannabis?

[Simon Hoare]

NHS dentistry needs a fillip. I am often contacted by constituents about this—indeed, I was contacted by a lady from Stalbridge the other week who has now been trying to get on an NHS dentist waiting list for two years. That is simply not good enough when dental health is coming under pressure.

Speaking with another APPG hat on, I know that my right hon. Friend the Secretary of State is alert to the need for a speedy renewal of the health grant for those suffering as a result of thalidomide. That takes place in 2022-23. We all know the story of thalidomide; I am not going to rehearse it. We owe the victims of that scandal our support, and I hope that the grant will be renewed, either from new money from the Treasury in the comprehensive spending review or from the current NHS budget.

This is an opportunity to think about the future of the national health service, as my hon. Friend the Member for Watford (Dean Russell) said. We would all hold it in even greater esteem if all of us, as patients, were alert to the cost—the actual cost—of our medicines and our treatments. There would be far fewer medicines flushed down the loo and far fewer appointments missed if people knew the true cost to them, as taxpayers.

A number of hon. and right hon. Members have referenced the need to bolster preventive health still further. There is far more that we can do. Very often, the NHS is a national ill-health service; it merely picks up the problems that a more proactive preventive agenda could have solved. In that regard, I make a plea, in particular, for bowel cancer and prostate cancer—indeed, for the male cancers generally, which often get overlooked.

**Dr Whitford:** In a debate in August 2017, the Minister at the time agreed to reduce the starting age for bowel cancer screening in England from 60 to 50—as it has always been in Scotland—but here we are, two and a half years on, and there is no sign of that. Does the hon. Gentleman agree?

**Simon Hoare:** I do. The stasis of the past few years, as we have wrestled with and resolved the issue of Brexit, has almost pushed everything else out of public attention and political action. I rather hope that now, having got Brexit done, we can move on, with a comfortable majority, to deliver on exactly these things. Forgive me, Mr Deputy Speaker, but I should have declared an interest, although non-remunerative, as a trustee of a bowel cancer research charity.

Representing North Dorset, a heavily rural constituency, I know that we are all alert to—I do not think anybody has the solution to this in short term—how we are going to address the demographic time bomb of huge numbers of rural GPs retiring.

**Fay Jones (Brecon and Radnorshire) (Con):** Will my hon. Friend give way?

**Simon Hoare:** Will my hon. Friend forgive me if I do not? I just want to make two final points because I know that other people wish to speak.

We need to focus resolutely on delivering GPs in rural areas and trying to find innovative ways to make general practice in a rural location attractive, with a very clear career path. If we do not, it will be a continuing problem and all our constituents will suffer.

Mental health is an issue, irrespective of age, that is often exacerbated in a rural setting due to isolation and loneliness. We must tackle that. My hon. Friend the Minister is now rushing for a separate sheet of paper to take a more detailed note of what I am calling for—wishing, I am sure, that I had not been called to speak in this debate.

Every Member of the House will have their pressing concerns. There will be an awful lot of overlap in the Venn diagram of pressure on the Department. However, this is a golden opportunity. Let us not just fritter it away on what is easy, but do the long-term thinking to find sustainable, sensible solutions to some of our health issues and problems in rural North Dorset and across the country—and then the Minister and his team will be thanked.

8.54 pm

**Siobhain McDonagh (Mitcham and Morden) (Lab):** I am really grateful for the opportunity to participate in this debate, because it has particular relevance to my constituency. My mum came from Ireland to London in 1948 to train in the first generation of NHS nurses. She spent her whole working life as a state-enrolled nurse in large, long-stay mental health hospitals. She loved her patients. She loved the NHS. She loved her country, which gave her the opportunity to work and raise her family. The same cannot be said for her views on Mrs Margaret Thatcher, who she blamed for making her redundant in the early 1980s, when my sister Margaret and I were still at university.

My mum had a phrase: “Much gets more”—those who have get more, and those who have little get least. We know that the life expectancy of more well-off people is getting longer, with longer periods of good health. We know that the life expectancy of poorer people is going down—in the 21st century!—and the period that they live in ill health is getting longer. We also know that those who are well off have better GP services. We know that poorer people access the NHS in different ways, often via A&E, so one would have thought that the moneys for acute services would be allocated to the poorest areas.

That brings me back to my mum’s phrase “Much gets more”, because in my constituency, my local NHS trust is still consulting on a plan that moves the A&E, the maternity unit, paediatric services and in-house surgery from St Helier Hospital to Belmont. To those who have more, more will be given. So what is the answer? The answer appears to be, from the trust’s deprivation research, to be partial with the truth.

The Minister will know that our constituencies are broken down into areas called lower layer super output areas, which are ranked by levels of deprivation, so that those relocating health services can consider the impact that their decision will have on the most deprived communities. The latest consultation in my area acknowledges that requirement and has even produced a deprivation impact analysis. The title is promising, but the contents are utterly bewildering.

The statistical reality is that, of the 51 most deprived lower layer super output areas in the catchment area, just one is nearer to the site in Belmont than the NHS wants. Meanwhile, 42 out of 51 are nearer to St Helier Hospital, which affects my constituency. Does the Minister

agree that acute hospital services should be based where they are most needed and that deprived communities must not be negatively and disproportionately impacted? If so, now that I have put the flawed evidence on record, does he agree that the consultation should review the deprivation analysis before proceeding further? What is more, the consultation assumes that my constituents will travel to the new site, regardless of where it is, but they will not. These plans will put severe pressure on St George's and Croydon University Hospital, both of which are regarded as having too many people arrive at them right now.

Let me make this clear: I am providing concrete examples of missing and flawed evidence in the consultation analysis, and yet that same analysis has been used to determine Belmont as the preferred site for capital funding. Will the Minister meet me urgently to discuss these proposals? I appeal to him to step in before another penny of taxpayers' money is spent on this bogus consultation. I hope that my mum's phrase "Much gets more" is not true of the NHS in south-west London, but Breda was normally right about everything.

8.59 pm

**Richard Drax** (South Dorset) (Con): It is a pleasure to take part in this debate. May I congratulate those who have made their maiden speeches? May I also praise all those who work in the NHS in South Dorset and in Dorset generally? I concur with many of the things that my friend and colleague my hon. Friend the Member for North Dorset (Simon Hoare) said. I congratulate the Secretary of State, not least on his endurance capability. He was sitting on the Front Bench for so long and listening to us all, for which I am grateful, as I am sure all other colleagues are too.

My hon. Friend the Member for North Dorset rightly mentioned community hospitals, which are so important, certainly to rural constituencies. I know they are important everywhere, but they are particularly important to us. We struggled to keep open Swanage, but we have won that battle. Sadly, we have lost the beds on Portland, and all the facilities have gone to the hospital in Weymouth. The Portlanders—they are fiercely independent, and rightly so—jealously guard all that they have, and they are very sad that the beds have had to move. That was entirely due to the lack of trained staff, so that is one case highlighting the urgent need for more trained nurses.

In Poole, although it is not in my constituency, a decision was made by the clinical commissioning group to move the A&E to Bournemouth. For those who live in Swanage, that means a considerably longer journey—sometimes through rush-hour traffic in Bournemouth, which can be bad—or, alternatively, going to Dorset County, a journey that is slightly longer. I stress to the Minister that what we need down in Dorset is money to keep ambulances in their local towns and villages? For example, Swanage has an ambulance station. It was under threat, as I understand it; it is now not. That ambulance must remain in Swanage and available to Swanage people, so that it is not called from, say, Wareham, which would be a 20-minute journey down and a 20-minute journey back, making it over an hour to A&E, which simply is not on. I am working with the CCG to try to ensure that that is the case.

Finally, I will speak briefly—it is all the time I have anyway—about the Dorset County Hospital and its plans for a new A&E, which is desperately needed. I am

afraid the figure is eye-watering: £62 million is needed completely to refurbish Dorset County Hospital A&E. What it has now—it is low roofed, there is no space and there is a shortage of places to move more beds to—means that people are really working in conditions that are not suitable for the demand placed on this hospital. Its budget is in balance, I am glad to say. It reckons it is going to draw even this year, but it is forecasting a loss of about £3 million to £5 million next year. What we would love from the Government is a little bit of attention to our rural acute hospitals, which seem to suffer because of the funding formula and various other things, and just a little bit more money. Let us face it, £3 million, £4 million or £5 million, when we are talking about a budget of billions, is not actually that much, but it would mean so much, certainly to our constituents in Dorset and to a vital hospital that everybody loves.

**Matt Western:** The hon. Member makes a very important point about rural provision and the difficulty for so many communities of accessing these services, particularly when people are dependent on public transport. My father and my mother used to live in South Dorset, near Swanage, and it took two hours to get to Bournemouth.

**Richard Drax:** Regrettably, we have had one or two cases where that has been repeated. The ambulance service has had a huge investment of 70 new vehicles, and I think 140 new staff are being trained as paramedics right now, all of which is very good news. The rurality issue—it is so often not taken into account when it comes to funding—has all too often been forgotten by Governments of all colours. Dorset has been at the bottom of many funding pools for a long time. On behalf of my constituents and all the constituents in Dorset, I implore the Minister, who is patiently sitting on the Front Bench, for a little bit more attention and just a tiny bit more money. That would make all the difference.

9.4 pm

**Bob Seely** (Isle of Wight) (Con): I have spoken at length in this Chamber before about the prospects of an Island deal on the Isle of Wight, and I was delighted when on 25 September last year the Prime Minister spoke of the Island deal that we will do. I would like to come to that, but first I want to come to the crux of the Bill.

I very much welcome the Bill. I feel a little guilty about barracking Ministers earlier today about Huawei, so I want to go out of my way to congratulate Ministers, and indeed the entire Health Front-Bench team, who I have a great deal of time for, on putting together this Bill. I thank in particular the Minister present, my hon. Friend the Member for Charnwood (Edward Argar), because he and I have talked on various different occasions about the Isle of Wight, and I apologise for that; he is extremely knowledgeable not only about his constituency, but about many others as well, and I know he does his job.

I like the levelling up idea behind a lot of what the Government are going to do, because, just as we have heard from my hon. Friend the Member for South Dorset (Richard Drax), my patch has also lost out in funding in many different ways in the past 10 or 15 years. I spoke briefly with the Secretary of State last week about some concerns in relation to the Isle of Wight NHS Trust. We have an increase in serious incident



[Bob Seely]

reporting, which was reported by the *Health Service Journal* under freedom of information requests last week, and I congratulate the journalist responsible for that work. I have to say that in part the increase in reporting is because that was encouraged by the new management, and I am very supportive of the new management, which is trying to turn things around in the hospital.

Sadly, our staff morale tends to be at the bottom of the NHS staff morale charts, and we have issues about recruitment, somewhat because we are an Island, and that feeds into morale issues and the use of locums, and there is less time for patient treatment.

We are now graded as requiring improvement rather than in special measures. When I was talking with the Secretary of State last week, he specifically said, “Focus on the management,” and I said “You’re absolutely right, Secretary of State, to focus on management issues and how we need to support the management team on the Isle of Wight and all our senior doctors—our consultants—as well as all the NHS staff.” But there is also an issue of funding, which I would like to remind my hon. Friend the Minister of in the couple of minutes I have left.

My hon. Friend knows about this, as I have talked to him about it, and I have spoken to the Secretary of State, who admitted in July that the Isle of Wight is

“unique in its health geography, and that there are places in this country—almost certainly including the Isle of Wight—where healthcare costs are higher”.—[*Official Report*, 1 July 2019; Vol. 662, c. 943.]

I just want to remind the Minister of that and say that I wrote to the Prime Minister and forwarded the letter to the Department of Health and others.

Working with the Isle of Wight NHS Trust, we estimate that the additional cost of providing NHS services on the island to the same standard as on the mainland is approximately £11 million. There are many academic studies, both internationally and nationally, to do with Scotland and to do with England that show that the costs of providing public services are greater specifically on islands, because there is severance by sea. Academics give various sophisticated names to that—such as diseconomies of scale and island factors. Basically however, it means that on the Isle of Wight we have a district general hospital—I thank all the staff who work there; they do a great job in sometimes difficult circumstances—but we have only half the population base of district general hospitals, so we do not get the same tariffs, and as a result of that everything costs more; it is very difficult to get the same efficiencies and economies of scale. We estimate that the additional cost of providing the same standard of acute care on the Island as against the mainland is £8.9 million a year. It would be great to meet with either the Minister or the Secretary of State to discuss that. The additional cost of providing an ambulance service, which includes a coastguard helicopter ambulance, is about £1.5 million, and we need to add to that the cost of patient travel by ferry—which can be uncomfortable and difficult for those going for repeated treatment on the mainland, such as to Southampton for cancer care—which works out at about £560,000 a year.

The Secretary of State is right that there has been a management issue, and we are trying to confront it, and that has fed into lots of other problems with HR, low morale and difficulty in recruiting consultants, but we are in a vicious financial cycle as well. If we cancel an operation due to lack of beds, we do not receive the tariff from that operation, and we have doctors, and consultants and senior doctors, who are not using their talents for the greater good. I will leave that point there, because I know that we need to wrap up, but I remind my hon. Friend the Minister and those on the Front Bench of the additional costs, which we have worked out and presented to the Government, of providing NHS care to the same standard as on the mainland. I am not asking for golden elephants or anything over and above what my excellent hon. Friends on this side of the House or Members on the other side receive, but we estimate that providing us with the same standards costs us an additional £11 million a year.

**Several hon. Members** *rose*—

**Mr Deputy Speaker (Mr Nigel Evans):** Order. If Members speak for four and a half minutes or so, everybody will get in.

9.10 pm

**Henry Smith (Crawley) (Con):** I will try to be as quick as possible, Mr Deputy Speaker.

I am grateful to be called in this debate. The mood in this Parliament, since the general election, has been completely lifted compared with the last Parliament, because we are delivering on the promises we made to our constituents—at the end of this week, the promise to deliver their vote for Brexit, but reflecting too the importance that our constituents place on the national health service. I very much support enshrining an increase in funding in law. That £33.9 billion by the end of 2024 will go a long way towards ensuring a sustainable health service for the future.

That is in stark contrast to when we had a Labour Government. Crawley Hospital’s maternity unit closed in 2001 and its accident and emergency department closed in 2005. Since 2010, services have been returning. We have a new urgent care centre, which is open 24 hours a day, seven days a week, and a new ward with new beds, but ultimately Crawley needs a new hospital because the nearest major hospital, East Surrey, is almost 10 miles away, up congested roads and with poor public transport links. Crawley is the natural population centre, so I would put in a bid to those on the Front Bench for a new Crawley hospital whenever that is possible.

One of the additional challenges we face in Crawley is GP capacity, so I was particularly pleased to hear the Secretary of State talk earlier about the importance of ensuring that more GPs come into our system and about the number of clinicians being recruited. We have a number of surgeries where the lists have been closed, yet we have huge pressure from additional housing, so I am grateful for the focus on that area. I am also appreciative of the focus on mental health provision. Many people come to my surgeries, as they do to those of all hon. and hon. Members, in cases where mental health is an issue, and access to mental health care, particularly for children, can be a particular concern, so continuing with the investment in that area is important.

Putting mental health on a par with physical health, as we did in the last Parliament, was important, but we need to continue that drive.

Earlier today, I was very pleased to reconstitute the all-party parliamentary group on blood cancer. It is a group that I was pleased to set up in the 2015-17 Parliament, and we are now restarting the genomics inquiry that we launched just before the Dissolution of Parliament in November. I encourage Members, and indeed the wider public, to contribute to that. We hope to report later this year.

Briefly, before I finish and allow others to talk about the importance of the NHS in their constituencies, I should say that I was grateful for the Secretary of State's update on coronavirus and on some of the measures being taken and the resilience being built. Mention was made of flights coming into Heathrow airport from China being individually received and screened. There are also flights from Chinese airports to Gatwick, in my constituency, so I would request that the Secretary of State for Health liaise with the Secretary of State for Transport and others to ensure that similar screening is available there as well.

**Several hon. Members** *rose*—

**Mr Deputy Speaker (Mr Nigel Evans):** Order. I am putting the clock on five minutes.

9.14 pm

**Dehenna Davison** (Bishop Auckland) (Con): I pay tribute to my colleagues who made some excellent maiden speeches today, including my hon. Friends the Members for Darlington (Peter Gibson) and for Ashfield (Lee Anderson), both of whom I am very pleased to call friends. I am pleased that this excellent Bill is being spearheaded by my right hon. Friend the Health Secretary. I hope that he remembers as fondly as I do his trip to Bishop Auckland in December and how warm the responses were on the doorsteps. I hope, too, that he remembers the strength of feeling locally about the future of Bishop Auckland hospital.

As I said in my maiden speech, the NHS is at the very heart of the Conservative party and I am proud to support this Government, who are responsibly stewarding the NHS as they have done for 44 of the 71 years that the NHS has existed. Whatever the Opposition may try to peddle on Facebook, under a Conservative Government the NHS will always remain free at the point of use for all those who need it.

I welcome the record NHS funding from the Government and the bold step to enshrine that funding in law with this Bill. The additional £33.9 billion funding increase represents a 30% increase between 2018 and 2024, which will help to secure the long-term future of our NHS, and demonstrates the Government's commitment to funding our NHS and public services properly. This landmark investment has been possible only as a result of the Government's efforts to build a strong economy over the last 10 years. Let us not forget that it was the Labour Chief Secretary to the Treasury who left a note saying:

"I'm afraid there is no money."

Let us also not forget that it was Labour who maxed out our credit cards with crippling private finance initiative deals that our local NHS trusts are still struggling to pay off.

I welcome the NHS long-term plan, which has prevention at its heart. That is why the biggest uplift in spending will be an extra £4.5 billion for primary medical and community health services. On top of that, the long-term plan commits to improving detection, with more targeted screening and rapid access diagnostic centres, so that in 10 years' time, these measures will help 55,000 more people to survive cancer each year and the prevention of up to 150,000 heart attacks, strokes and dementia cases. I also welcome the fact that the NHS long-term plan will deliver on our manifesto commitments to build 40 new hospitals across the country, as well as investing in hospital upgrades with the biggest investment in hospital infrastructure in a generation.

There are areas where we must also ensure that we use our existing infrastructure efficiently. Locally, one of the best things that Labour did was to build Bishop Auckland hospital, but undoubtedly the worst thing that it did was to allow services to be stripped away, including shamefully, allowing the trust to close the A&E in 2009. As a result, in Bishop Auckland and Barnard Castle, our local hospitals sit with empty, unused wards, while Durham and Darlington see frequent overcrowding and patients struggling for beds. These underused hospitals are not draughty, old, imposing buildings on their way out, but bright, shiny, airy buildings that have a welcoming and warm environment.

Due to the strength of public feeling, I put local healthcare provision at the centre of my election campaign. Bishop Auckland hospital should be a focal point for healthcare in our community, where a wide variety of healthcare services are available for residents right across our area. That is overwhelmingly what residents want, but the ongoing removal of services does precisely the opposite.

**Mr Richard Holden** (North West Durham) (Con): I support my hon. Friend and neighbour in her campaigning for Bishop Auckland hospital—I am behind her 100% on that. Will she also mention the support that she will be giving me for our rural services, particularly Shotley Bridge hospital, which needs an urgent rebuild as well?

**Dehenna Davison:** Absolutely—that is exactly why I talked about making sure that we make the most of our existing infrastructure. I would love to work with my hon. Friend on that, too.

I am committed to fighting the tide of the removal of services wholeheartedly, because Bishop Auckland hospital is a lifeline for my constituents, especially those in our rural communities. At the weekend, I attended the local NHS trust consultation on moving the award-winning stroke rehabilitation unit. It would move to an overcrowded hospital and be combined with a busy, stressful acute ward that is not conducive to recovery. Frontline staff have contacted me to express their opposition. The public are expressing theirs and I was proud to stand up at the meeting and express my opposition and how I will fight against the ward closure.

I am really grateful to my right hon. Friend the Health Secretary for meeting me to talk about this issue, and I will continue to work with him to ensure that part of the increased funding provided in the Bill will go to Bishop Auckland hospital and enable it to become the local focal point of healthcare again. Bishop Auckland residents should know that I will fight tooth and nail to

[Dehenna Davison]

save our services and restore our A&E. The Bill will certainly help in that fight, and I am delighted to speak in favour of it.

9.19 pm

**Craig Mackinlay** (South Thanet) (Con): I am delighted to see you in your place, Mr Deputy Speaker; it is the first time we have been in the Chamber together since you were elected—congratulations to you.

I am pleased to support the Second Reading of the Bill, which displaces any doubt that the Conservatives' commitment to the NHS is absolute. It will be cast in legislation, and the budget will rise way into the future. The Bill reflects what we have: an ageing population; even more advanced, very expensive machines, which one has only to go round a modern hospital to see; procedures that were not even thought about just a generation ago; and pharmaceutical products that are advancing and by their very nature expensive. In the future, the NHS will be even more important. As we advance into an age of gene and DNA mapping, insurance providers will know the conditions that we are likely to have in 40 to 50 years' time—we may not want to hear about some of them. The NHS will be much more at the heart of everyone's healthcare.

However, I have concerns about throwing money out unless there is proper administration and great care about looking after it. I fear that NHS trusts may simply reach out again for the locum hotline and that the money will not be spent where it ought to be on the frontline. In South Thanet, we have an issue with GP numbers—just one GP per 2,500 of population. That is among the worst figures in the country: the average is one per 1,600. It is little wonder that our A&E departments find themselves under stress. The GPs issue is complex: it is about retention, early retirements and morale. We have tried to implement an international recruitment scheme, but it has not gone as well as many of us would have hoped.

I am particularly worried about procurement. A couple of years ago, I launched an extensive freedom of information request aimed at NHS trusts and clinical commissioning groups, police and fire authorities, and even universities, across the entire country. I published the results with The TaxPayers' Alliance in January 2018. I asked a simple question: how much did they pay for a ream—500 sheets—of 80 gsm photocopy paper, which every institution uses by the pallet load? Any one of us could probably go to the high street and pick up a ream for £2.50. The average NHS trust procures 25,000 reams a year.

I found that the highest price paid by a CCG was Wokingham CCG at £5 a ream; the lowest price—very well done—was paid by Haringey CCG at £1.62. The lowest price paid per ream by an NHS trust was £1.40, by Colchester Hospital University NHS Foundation Trust; the highest was £4.65 by Portsmouth Hospitals NHS Trust. That was a simple issue to ask questions about, and one wonders what else is being procured badly. How much are trusts paying per kilowatt-hour for electricity? What do they pay for their telecommunications, their medicines and everything else?

**Dean Russell:** One of the big challenges as we move into the digital economy is the procurement of advertising, especially social media advertising. Facebook, Google

and so on all take huge amounts but in small pockets across the country—not just from NHS trusts, but from all aspects of Government and businesses as well. I would love that issue to be looked at.

**Craig Mackinlay:** My hon. Friend makes a good point. How much do trusts spend on recruitment consultants? There is a whole panoply of expenditure on other things that the NHS, as a very big procurer, could get at competitive, keen prices.

My hon. Friend the Member for North Dorset (Simon Hoare) made a good point about the cost of medicines and repeat prescriptions. That has to be a major issue: across the country, £20 billion a year—nearly one sixth of the NHS budget—is spent on medicines, many of which are on free, repeat prescription. My wife, a pharmacist in the community, far too often sees bags full of expensive drugs come back to the pharmacy after the demise of a loved one. They have to be thrown away, and the money is completely wasted. We need to ask some difficult questions about the NHS. Let us not try to throw more money at it in the hope of a better outcome, because we need to be rather more clever. Great as it is—it has become a national institution, greatly loved—the NHS does not always do things perfectly.

**Jamie Stone** (Caithness, Sutherland and Easter Ross) (LD): I thank the hon. Gentleman for giving way, and I have been listening with great interest to the excellent contributions of new Members.

There is some evidence that NHS provision in Scotland is somewhat rickety. The hon. Gentleman has described the cost of bits of paper, and so on. Would it not be a good idea to apply the same tests to the delivery of NHS services in Scotland?

**Craig Mackinlay:** Obviously the hon. Gentleman takes a great interest in Scotland. This is a debate about England, but I think there should be a serious debate in every part of the country about whether the NHS is operating as we would operate if this were our own business, and I think that in many areas of procurement, whether the item in question is paper, telecommunications or power, the answer will be “Probably not.”

I have benefited from a couple of interventions adding to my time, but I will end by saying this. As I said earlier, the NHS does not always do things perfectly, and in that regard I reflect on the death of young Harry Richford at the Queen Elizabeth the Queen Mother Hospital maternity unit, and on what the coroner said last week. The coroner said that the death of young Harry—who died after a week, following a very difficult Caesarean—had been “wholly avoidable” and “contributed to by neglect”, and that “Harry was failed”.

We cannot just keep saying that we will learn from these things. We need to embed improvements so that our healthcare system in this country is much the best on the planet, and I am sure that the Government will deliver that.

**Several hon. Members** *rose*—

**Mr Deputy Speaker (Mr Nigel Evans):** Order. No more time can be added for any interventions.



9.26 pm

**Jo Gideon** (Stoke-on-Trent Central) (Con): I am delighted to contribute to this important debate.

I made several key commitments to the people of Stoke-on-Trent Central, not the least being that we would get Brexit done in order to get our money out of Brussels and into our NHS. We will meet the first part of that commitment on Friday, when, finally, we will honour the referendum result and leave the EU. The second part of the commitment requires us to pass this Bill.

Only a year has passed since the publication of the NHS long-term plan, and I am delighted that we are close to enshrining in law its commitment to ensuring financial sustainability. The plan sets out how the NHS will be taken forward in the coming decade, and it includes a hugely welcome commitment to more integrated care and a greater focus on prevention. Our NHS can be trusted to care and cure to the best of its ability, but if we can help people to avoid being hospitalised and to avoid falling ill, it will be a win-win all round. Particularly important for Stoke-on-Trent is the promise to target a higher share of funding towards geographies with high health inequalities, and to increase investment in primary medical and community health services as a share of the total NHS revenue spend.

One thing that I particularly want to highlight in the long-term plan is the commitment to ensuring that adult social care funding does not impose any additional pressure on the NHS, and that the NHS funding settlement that we are debating tonight takes that pledge into account. We really need, across the House, to work constructively to find future solutions to the pressing needs for adult social care, needs that are increasing as we live longer. We must welcome the fact that we now live longer, and meet that challenge.

I do not think that I will be alone in pushing the Treasury to reassert itself as an active partner by proving more generous than any of us has so far been led to expect; and, of course, I will still be keen to see the necessary capital resources available for improved and relevant health provision in Stoke-on-Trent. For instance, there is a need for building work at Royal Stoke University Hospital to improve the patient experience and the efficiency of care. The current hospital, in part, dates back to 1842, and has developed over that time as a pretty disparate set of buildings scattered across the site. To optimise the provision of acute beds, investment is needed in rationalising the campus.

I was grateful for the Prime Minister's announcement of capital funding for three new wards and scores of beds last August, but there is still more to be done. The Secretary of State was recently a welcome visitor to the Royal Stoke, and he will know that it is a wonderful hospital with superb, hard-working staff, but he will also know that it operates under a cloud of financial problems stemming from the PFI deal it was lumbered with by the Labour party. The financial consequences have forced the trust into special measures, with sanctions being applied that it cannot afford. I say to those on the Front Bench that a review of the sanctions placed on trusts that are clearly working to exit financial special measures would be welcome. I certainly applaud the Department for working with the trust to eliminate the deficit in this financial year, but I would be grateful if my hon. Friend the Minister confirmed that the Department

is actively looking at the genesis of this story—the sorry situation at the Royal Stoke as a result of Labour's shoddy PFI deal—so that it might finally be resolved.

In conclusion, this is a Government who get things done and who get things done for a purpose. After years of uncertainty for our public services and businesses, we are getting Brexit done and moving on to the long-term planning needed to meet the challenges of the 2020s. We are showing that, yes, we are getting our money out of Brussels into our NHS. The Bill is a hugely significant step in restoring public faith in our politics, and I shall be proud to support it tonight.

9.31 pm

**Andrew Lewer** (Northampton South) (Con): This Government have now committed £33.9 billion, the largest cash increase in the history of the NHS, and I am hopeful that the funding will go where it is needed most and that, when combined with the NHS long-term plan, it will help to provide direction and certainty. During the last Parliament, I sat on a Joint Committee of the Housing, Communities and Local Government Committee and the Health and Social Care Committee, which commissioned a report on adult social care that recommended various ways in which the funding of adult social care could be reformed.

As a former county council leader and as a vice-president of the Local Government Association, this matter has been of interest to me for a long time, and as an MP in Northamptonshire, that interest is even more acute. There is no point pretending that the weight of adult social care costs has not had a large part to play in the crises that that authority has experienced. In recent years, increases to adult social care funding have come, and they have been welcome, but they have been piecemeal, which can affect a local council's ability to plan for anything beyond the short term. This is why I am encouraged by the confirmed funding and the long-term plan covered in this Bill. Social care and public health funding need the same long-term certainty as NHS funding.

A joined-up approach between local authorities and NHS staff where both are working in tandem with each other is vital to delivering adult social care, especially in constituencies such as mine. This is an approach that I will continue to push for across Northampton South and Northamptonshire, and I have had several meetings with colleagues, council leaders and healthcare professionals to discuss an integrated joined-up approach to adult social care across the county. This could be a radical and exciting pilot—a blueprint, if you prefer—if handled with ambition and vision.

I am fortunate in having been able to go on numerous visits to Northampton General Hospital in my constituency, both publicly and for private meetings with staff. I have a very good relationship with Doctor Sonia Swart, the chief executive of NGH, and I am immensely proud when I meet the dedicated and hard-working NHS staff on my visits there. There is one thing I would like to see a commitment to, or have further discussions with Ministers about, and that is the £6.5 million funding for a new children's A&E facility in Northampton General Hospital. I have seen at first hand the brilliant work carried out by the staff there, but some of the facilities are in desperate need of updating, and this is something I am keen to help deliver. I believe that this Bill will help

[Andrew Lewer]

to deliver the funding and the commitments we made in our manifesto to transform patient care and to support those who use the NHS and those who provide first-rate care free at the point of delivery.

9.33 pm

**Jonathan Gullis** (Stoke-on-Trent North) (Con): I follow the words of my hon. Friend the Member for Stoke-on-Trent Central (Jo Gideon) by hammering home the point to the Front-Bench team that Stoke-on-Trent was left with a disastrous PFI deal—an albatross around our neck—by the previous Labour Government, costing us £15 million a year simply to service the debt. My Christmas wish list for the Minister is that the Royal Stoke University Hospital will get that PFI deal paid off, that money can go back to frontline services, that there will be investment in our staff, and that we get more hospital beds. The Opposition Front-Bench team forget that we were 200 beds short in Stoke-on-Trent when the Labour Government built a new hospital, but this Government and the previous Government have invested money to get over 140 new beds into the Royal Stoke. I hope to see that type of investment continue further down the line.

The Royal Stoke University Hospital was born out of the Mid Staffs disaster, which hangs as a dark shadow over the city of Stoke-on-Trent. I place on the record my thanks to Tracy Bullock, who met me this weekend. She was a frontline nurse and continues to deliver free vaccines across Stoke-on-Trent, so I firmly believe that she can help to turn the trust around and ensure that it gets back to where it once was.

I want to add funding per head to my wish list. Staffordshire's CCGs are underfunded compared with similar CCGs elsewhere. I had the honour of running in Washington and Sunderland West in 2017, and I found out that the city of Stoke-on-Trent received £224 less per head in 2017-18 than the city of Sunderland. It gets even worse in areas of my constituency that are not within the city confines, such as Kidsgrove and Talke, where the difference is £411 per head. Seeing money invested in Staffordshire to ensure that we are levelling up across the country, like the agenda says, will go a long way to help us with that.

Staffordshire has a problem with GP recruitment and retention. While I welcome the fact that the country will have 50 million more GP appointments, which Staffordshire desperately needs, the fact we are going to have 6,000 more nurses—[*Interruption.*] Sorry, I mean 50,000 more nurses and 6,000 more doctors. I will get a smack on the hand for getting that one wrong. We have a great opportunity to get those people to come to Staffordshire, but if we have more funding per head, coming to our area and investing in our services will be more attractive.

Finally, the Haywood walk-in centre was rated inadequate 18 months ago, and urgent care was rated inadequate even in September 2019. However, the service was rated good following the December 2019 inspection thanks to the previous Government's beneficiary funding going into the Haywood centre, including a multi-million-pound investment to make the centre an integrated care hub—one of four—that will provide a good practice for the people of Stoke-on-Trent, Kidsgrove and Talke.

I want to add all those things to my wish list, and I am sure that Minister is delighted. He probably has streams of paper to go back with so that he can deliver for everyone. I give my full and unwavering support to the Bill and to the Front-Bench team. I thank them for ensuring that we deliver much-needed investment into the NHS, for giving to the Royal Stoke, and for giving us the Haywood walk-in centre, but I look forward to even more coming our way so that we can truly deliver for the people of Stoke-on-Trent, Kidsgrove, and Talke.

9.38 pm

**Justin Madders** (Ellesmere Port and Neston) (Lab): We have had many Back-Bench contributions today, including from the right hon. Member for South West Surrey (Jeremy Hunt), my hon. Friends the Members for Nottingham South (Lilian Greenwood), for Mitcham and Morden (Siobhain McDonagh), for Feltham and Heston (Seema Malhotra), for Easington (Grahame Morris), and for Rhondda (Chris Bryant), and the hon. Members for Newton Abbot (Anne Marie Morris), for Darlington (Peter Gibson), for Ashfield (Lee Anderson), for Kirkcaldy and Cowdenbeath (Neale Hanvey), for Dover (Mrs Elphicke), for St Ives (Derek Thomas), for Birmingham, Northfield (Gary Sambrook), for Banbury (Victoria Prentis), for Carshalton and Wallington (Elliot Colburn), for West Aberdeenshire and Kincardine (Andrew Bowie), for Ipswich (Tom Hunt), for Waveney (Peter Aldous), for Watford (Dean Russell), for Bishop Auckland (Dehenna Davison), for South Thanet (Craig Mackinlay), for Stoke-on-Trent Central (Jo Gideon), for Northampton South (Andrew Lewer), for Stoke-on-Trent North (Jonathan Gullis), for South Dorset (Richard Drax), for North Dorset (Simon Hoare), for Isle of Wight (Bob Seely) and for Crawley (Henry Smith). As you would expect, Mr Speaker, time constraints mean that I will not be able to go through each of those contributions, but there are a few that I would like to pick up.

My hon. Friend the Member for Nottingham South expressed her concern that the Bill was more about presentation and substance, and she is absolutely right. She also said, as did several Members, that we need a sustainable long-term settlement for social care, and we will return to that later. My hon. Friend the Member for Feltham and Heston rightly pointed out that the real-term size of the capital budget is less than it was in 2010 and that there have been five raids on it in recent years. She neatly moved on from that to the need for a new health centre in her constituency.

Once again, my hon. Friend the Member for Easington made a compelling case for more funding for radiotherapy, and he is right to highlight the low survival rates for certain types of cancer and the need for more specialist staff in this area. My hon. Friend the Member for Rhondda also pointed out our poor record on cancer outcomes. Although, as he said, we are improving on survival rates, the gap between us and the best-performing countries is not narrowing. Both he and my hon. Friend the Member for Easington pointed out our huge shortages in radiologists.

It was startling to hear from my hon. Friend the Member for Rhondda that only 3% of pathology labs currently have enough staff. He took us through a list of specialisms in which the NHS has huge vacancy rates. There is no doubt that the workforce challenge is a huge challenge for the NHS.

My hon. Friend the Member for Mitcham and Morden is right to highlight the scandal of growing health inequalities in this country. We do not talk enough about that, and it will be interesting to hear the Minister's answers to her important questions.

The right hon. Member for South West Surrey gave a very thoughtful speech, but I wish he had been candid enough to admit that the NHS did not always have the funding it needed when he was Secretary of State. He is right that we need an equivalent plan for social care, without which this funding will not do the trick.

The hon. Member for Newton Abbot made some interesting points. She asked about the assumptions behind the underlying figures and how we know whether they are right. She also made an interesting suggestion about an annual report, to which we may return in Committee.

We have heard three excellent maiden speeches tonight. The hon. Member for Darlington spoke with great passion and sincerity about his constituency, which he clearly knows well. If he does half as good a job as his predecessor, Jenny Chapman, he will be able to consider himself a success.

The maiden speech of the hon. Member for Ashfield was characterised by a great sense of humour. I agree with him that talent is spread evenly across this country but opportunity is not. His predecessor, Gloria De Piero, would agree with that, too.

The hon. Member for Kirkcaldy and Cowdenbeath made a compelling, powerful and hugely impressive maiden speech. He will have a lot of contributions to make in the years to come.

As my hon. Friend the Member for Leicester South (Jonathan Ashworth) said, this Bill could not demonstrate more clearly the Government's lack of commitment to the NHS. I did not think it possible to get so much wrong in such a short Bill, but somehow the Government have managed it.

What is wrong with the Bill? First, after a decade of austerity, any increase in funding is positive, but the song and dance being made about this Bill could lead people to think the funding settlement will restore the NHS's fortunes and put an end to the dismal record of failure we have heard about this evening. We know the money on offer simply will not be enough.

The Health Foundation has said:

"Investing in and modernising the health service as set out in the NHS long term plan requires around 4.1% a year".

This settlement falls well below that. It is around 25% short of that 4.1%, which we should remind ourselves is not an outrageous, unrealistic figure but was the long-term average funding for the NHS prior to 2010. That matters, because every year we sell ourselves short is another year that the mountain gets a little bit higher to climb.

We will not even stand still on these figures. The awful performance targets we have heard about this evening could actually get worse, because the committed increase of 3.1% falls short of what the IFS and a host of other experts have said is needed just to maintain current levels of performance. The Government are setting out on a course of action that they know will, in the long run, lead to more misery for patients. The NHS deserves more ambition than we are seeing here. Let us be clear that the NHS is in crisis, and this is not the solution. Committing funds that will not even maintain the status quo is simply not good enough.

Secondly, the Bill is based on a set of inflation assumptions that even Mystic Meg would find hard to predict. That is an issue, because there is no commitment in the Bill to preserving the current real-terms increases should there be a sharp rise in inflation. We hope that does not happen but, of course, if it does come to pass, this inadequate settlement will become even worse. I note that when the Secretary of State was given the opportunity to provide reassurance, he pointedly failed to do so. We will need to return to that.

Thirdly, the Bill does not help the Government's aim, which we support, of achieving parity of esteem for mental health. As we know, mental health equates to 23% of demand but takes up only 11% of the budget—that is a long way off parity of esteem. We know that the Government plan to put an extra £2.3 billion a year into mental health by 2023-24, but that is not enough, and of course there is a risk that there will be further raids on the mental health budget, such as we have seen in previous years. Given those raids, it is not surprising that more than half of mental health professionals say that they are too busy to provide the level of care they would like to give to their patients. When the number of staff working in mental health services has fallen by nearly 8,000, despite demand rising, we know that it is not good enough. We need to see a commitment to ring-fencing in this Bill.

Fourthly, the Bill does not address existing NHS debt. As we know, trusts are about £14 billion in debt to the Government and, as we have heard, it is only short-term fixes that have stopped the situation getting worse. It is not clear what assumptions have been made about existing provider debt in these figures, and it would be a crying shame if much of this extra money being heralded by the Government as being for use in the NHS actually ended up going back to the Government in debt repayments.

The final issue is that the Bill looks at matters in isolation. If we are really going to get the NHS back to the level it was the last time Labour was in government, funding settlements should be looked at in the round, and that means including capital, training and public health as part of the picture. We know that the NHS capital budget is lower today in real terms than it was a decade ago and that the maintenance backlog has spiralled out of control, topping £6.5 billion. We have all heard the stories of ward ceilings falling in and of sewage pipes bursting, with the consequent delays to treatment. If this settlement is as good as the Government clearly think it is, surely they also need to fix the roof while the sun is shining.

Of course there is also concern about public health, which is excluded from the Bill, in an incredibly short-sighted decision. I know that Members will not need to be reminded of the savage cuts this Government have made in public health over the past decade—about £870 million in real-terms funding reductions. We are not going to solve the long-term challenges this country and the NHS faces if we do not prioritise prevention in this Bill, but it contains no commitment to funding in that area at all.

Another puzzling omission relates to the training budget. As we have heard many times tonight, workforce is one of the greatest challenges we have in the NHS, with more than 100,000 vacancies and huge pressures on workforce retention. We have 44,000 nursing vacancies,



[Justin Madders]

falling numbers of GPs, and professional associations such as the Royal College of Nursing, the Royal College of Physicians and the British Medical Association urging the Government to tackle unsafe staffing. There is plenty more we can do on that. There is a critical need for investment in the workforce, yet the training budget is apparently outside the scope of this Bill. That matters because the last Health Secretary was forced to scrap the nurse bursary, which exacerbated the workforce crisis, because the then Chancellor whipped a billion pounds out of Health Education England budgets. There is nothing in this Bill to prevent that sort of thing happening again.

It is a bit ironic that although there is a degree of consensus that we need greater integration in health and social care, this Government do not seem to be able, within this Bill, to join up existing NHS budgets, let alone integrate them with social care. A number of Members have referred to social care tonight, so let us remind ourselves of what the Health Foundation recently said:

“No plan for the NHS will work while social care remains the Cinderella service. Long overdue action on social care is needed to... reduce the pressures on the NHS.”

The NHS Confederation put it more succinctly:

“you can only fix the NHS if you fix social care”.

That is the gaping hole in the middle of these plans, so let us sort out social care as soon as possible.

In conclusion, the Bill fails to deliver the investment our NHS needs. It does not invest enough in cash terms; it has a paucity of ambition; it applies only to revenue and not to capital investment, training or other areas of spending; it does not account for inflation; and vital spending is not ring-fenced. We will not be opposing the Bill; we are not going to fall into the rather obvious trap the Government have laid for us, but we will hold them to account over their continued failure to properly fund the NHS and the adult social care system. Patients and staff deserve better than this.

9.49 pm

**The Minister for Health (Edward Argar):** As ever, this has been an excellent and wide-ranging debate, with constructive speeches from both sides of the House. As my right hon. Friend the Secretary of State has said, the NHS is the people’s priority and it is our priority. Today, we take another important step towards delivering on our manifesto commitment: our pledge to the people to enshrine in law the record funding for our NHS.

The NHS has a long-term plan to build a sustainable health and social care system that can rise to the challenges of the future. The NHS has told us how much funding it needs to deliver that plan and the Government are providing it. By 2023-24, the NHS will have an additional £33.9 billion to spend each year. I welcome the Opposition’s willingness to support the Bill, as indeed they should; it provides an iron-clad guarantee to deliver the NHS funding. In doing so, we are giving the NHS the certainty it needs to invest now for the long term.

**Mr Steve Baker (Wycombe) (Con):** As the Opposition Front Benchers are engaged in a conversation and not listening to my hon. Friend, will he repeat the point he made about the Government giving NHS England the money that it has asked for?

**Edward Argar:** I have already stated that at the Dispatch Box and my hon. Friend makes the point even more forcefully.

Let me turn to the shadow Secretary of State, the hon. Member for Leicester South (Jonathan Ashworth). Like the shadow Minister, the hon. Member for Ellesmere Port and Neston (Justin Madders), he is a good man and genuinely believes passionately in our NHS, and he campaigned passionately for his party. I have to say, though, that I was a little surprised by his comments suggesting that the Bill caps spending. Had he read the Bill, he would have found that, only four lines in, it states clearly:

“an amount that is at least the amount specified”.

That is a floor, not a cap.

More broadly, I suggest to the Opposition that they may want to be a little cautious when talking about the financial situation that we inherited. Labour’s legacy, as so wonderfully encapsulated in a letter by the former Chief Secretary to the Treasury, the right hon. Member for Birmingham, Hodge Hill (Liam Byrne), is that “there is no money”. It is this Government who have invested in supporting and rebuilding our nation’s finances to give us the strong economy that allows us to invest in our NHS.

**Jonathan Ashworth:** I am grateful to the Minister for his comments about me. He is a fellow Leicestershire MP and I know that he is passionate about the NHS as well.

If the Bill is not a capped-expenditure Bill, why are the numbers in it in cash terms and not the real-terms percentage increases that the previous Secretary of State, the right hon. Member for South West Surrey (Jeremy Hunt), set out to the House in June 2018?

**Edward Argar:** Because the cash set out in the Bill is the money that the NHS is going to be getting as a floor.

The shadow Minister rightly raised the issue of mental health. My right hon. Friend the Secretary of State was rightly clear that spending on mental health provision will increase the fastest under the proposals in the Bill, with spending on children’s mental health increasing the fastest of all. I am sure the Opposition will welcome that.

My right hon. Friend the Member for South West Surrey (Jeremy Hunt) rightly highlighted the quantum of spending and how that compares to other countries around Europe and, indeed, in the OECD. I pay tribute to him, because a lot of what we are talking about today is based on the foundations that he built when he did such a fantastic job as Secretary of State.

The hon. Member for Central Ayrshire (Dr Whitford) and my hon. Friend the Member for West Aberdeenshire and Kincardine (Andrew Bowie) rightly alluded to the Bill’s impact on Barnett consequential and spending in Scotland. As the hon. Lady will know, the Barnett consequential will apply. My hon. Friend highlighted the fact that not only the NHS in England but the NHS in Scotland faces challenges that we must all step up to meet.

My hon. Friend the Member for Newton Abbot (Anne Marie Morris) highlighted the need for us to focus not just on inputs but on outcomes and what we achieve with the money that we invest. That is exactly what the Secretary of State is determined to do.

The hon. Member for Nottingham South (Lilian Greenwood), a fellow east midlands Member, highlighted the need for capital investment in her local hospitals in Nottingham. I am happy to meet her to discuss that further, if that would be helpful to her.

Let me turn to maiden speeches. My hon. Friend the Member for Darlington (Peter Gibson) made an excellent maiden speech. As Members have said, his predecessor Jenny Chapman was respected and well liked in the House. I suspect that, given his speech, he will achieve exactly the same distinction. He spoke forcefully and powerfully on behalf of his constituents. I am sure that they will find him a doughty local campaigner in their interest.

My hon. Friend the Member for Ashfield (Lee Anderson) paid tribute to his predecessor, Gloria De Piero, who was my shadow when I was a Justice Minister. He was right to pay tribute to her, because she was a fantastic colleague to have in this House. None the less, he achieved a fantastic result. As a fellow east midlands MP, I know his constituency well. It is a fantastic place and his constituents are very lucky to be represented by him. He is a local man standing up for his community. He also spoke movingly of his journey—if I may put it this way—from pit to Parliament, and the power of social mobility, of aspiration and of opportunity. He reminded me of a former colleague of ours and a good friend of mine, Sir Patrick McLoughlin, who made the same journey. He ended up in the Cabinet, so I will be watching my hon. Friend's inevitable ascent carefully.

The hon. Member for Feltham and Heston (Seema Malhotra) touched on, among other things, Heston health centre. Again, as ever—as in my previous role—I am happy to meet her to discuss that. The hon. Member for Kirkcaldy and Cowdenbeath (Neale Hanvey), in an eloquent but forceful maiden speech, clearly put this House on notice that he will always speak up for his principles and his beliefs, and, while we may on occasion disagree on policy, I doubt we will disagree on his passion and determination to champion his constituents' interests.

My hon. Friend the Member for Dover (Mrs Elphicke) also focused on achieving outcomes. She touched on the tragic death of Tallulah-Rai Edwards. I extend my condolences to the family, but may I also say that my hon. Friend the Parliamentary Under-Secretary of State for patient safety will be happy to meet her to discuss that in more detail.

It is always a pleasure to meet the hon. Member for Easington (Grahame Morris) and to hear from him. We have met previously, and he and the Under-Secretary of State for Health and Social Care, my hon. Friend the Member for Bury St Edmunds (Jo Churchill), are due to meet again to discuss this matter in a few weeks' time when we will pick it up further.

Let me turn now to my hon. Friend the Member for Birmingham, Northfield (Gary Sambrook). May I pass on my congratulations to his sister on the birth of Freddie and pay tribute to all staff, as he did, working in our amazing NHS for the work that they do. Many hon. Members paid tribute to them, including the hon. Member for Rhondda (Chris Bryant), and my hon. Friend the Member for Banbury (Victoria Prentis)—I have no doubt that I will be hearing from her about the Horton on many occasions in the future. My hon. Friends the Members for North Dorset (Simon Hoare) and for South Dorset (Richard Drax) made powerful pleas for investment in their community hospitals and in their

local health infrastructure. I am a regular visitor to the constituency of my hon. Friend the Member for North Dorset, so I look forward to visiting both colleagues in due course.

As well as talking about Crawley Hospital, my hon. Friend the Member for Crawley (Henry Smith) highlighted the need for Gatwick airport to be included in the conversations on the coronavirus, and I know that my right hon. Friend the Secretary of State will have heard what he said, and is already factoring that in.

Before concluding, I will touch very briefly on two other contributions: my hon. Friends the Members for Stoke-on-Trent Central (Jo Gideon) and for Stoke-on-Trent North (Jonathan Gullis)—and indeed my hon. Friend the Member for Stoke-on-Trent South (Jack Brereton), who was not in his place. They have all highlighted the issue of the private finance initiative. I am happy to meet them to discuss it further.

Let me turn now to my hon. Friend the Member for Carshalton and Wallington (Elliot Colburn) and the hon. Member for Mitcham and Morden (Siobhain McDonagh). I have to say that my hon. Friend made a very strong case for the benefits that this investment will bring for all those who are served by his local trust. I encourage the hon. Lady to engage with this process and engage with the benefits that this investment will bring.

**Siobhain McDonagh:** Will the Minister give way?

**Edward Argar:** I am afraid that, with one minute to go, I will not give way.

The nation's health and social care is the people's priority and it is also our priority. Key to delivering on our long-term plan, and the NHS's long-term plan, is giving the NHS the investment that it needs. This Bill does exactly that. We are delivering on the people's priorities and on our pledges to the NHS, and I commend the Bill to the House.

*Question put and agreed to.*

*Bill accordingly read a Second time.*

### NHS FUNDING BILL (PROGRAMME)

*Motion made, and Question put forthwith (Standing Order No. 83A(7)),*

That the following provisions shall apply to the NHS Funding Bill:

*Committal*

(1) The Bill shall be committed to the Legislative Grand Committee (England).

*Proceedings in the Legislative Grand Committee (England), on Consideration and up to and including Third Reading*

(2) Proceedings in the Legislative Grand Committee (England) on the Bill, proceedings on Consideration and any proceedings in legislative grand committee on a consent motion shall (so far as not previously concluded) be brought to a conclusion three hours after the commencement of proceedings in the Legislative Grand Committee (England) on the Bill.

(3) Proceedings on Third Reading shall (so far as not previously concluded) be brought to a conclusion four hours after the commencement of proceedings in the Legislative Grand Committee (England) on the Bill.

(4) Standing Order No. 83B (Programming committees) shall not apply to proceedings in the Legislative Grand Committee (England) on the Bill or to proceedings on Consideration and up to and including Third Reading.

*Other proceedings*

(5) Any other proceedings on the Bill may be programmed.—  
(*James Morris.*)

*Question agreed to.*

### NHS FUNDING BILL (MONEY)

*Queen's recommendation signified.*

*Motion made and Question put forthwith (Standing Order No. 52(1)(a)),*

That, for the purposes of any Act arising from the NHS Funding Bill, it is expedient to authorise the payment of sums out of money provided by Parliament, provided that in the discharge of any duty under the Act to make a minimum allotment for each financial year specified in the table, such sums may not exceed the amount so specified.

The table is as follows—

#### Financial year Amount

Ending with 31 March 2021 £127,007,000,000

Ending with 31 March 2022 £133,283,000,000

Ending with 31 March 2023 £139,990,000,000

Ending with 31 March 2024 £148,467,000,000—(*James Morris.*)

*Question agreed to.*

## Business without Debate

### STATUTORY INSTRUMENTS (JOINT COMMITTEE)

*Ordered,*

That Dr James Davies, Eddie Hughes, John Lamont, Jessica Morden, Sir Robert Syms, Owen Thompson and Liz Twist be members of the Joint Committee on Statutory Instruments.—(*Bill Wiggin, on behalf of the Committee of Selection.*)

## PETITION

### Falkirk's Forgotten Villages campaign

10 pm

**Martyn Day** (Linlithgow and East Falkirk) (SNP): It is not often I get such a large audience for delivering a petition; it is as if I am the warm-up act for another event—which is actually entirely appropriate as the petition is about Falkirk's forgotten villages and a campaign for ending fuel poverty. I pay particular tribute to Claire Mackie and Fiona Gordon of Slamannan, who collected over 1,500 signatures on another petition on this issue to deliver to Falkirk Council and to Scottish Power.

Scottish Power's tariffs have doubled over a year, resulting in some of the residents of the villages paying as much as £150 a week to heat their homes—absolutely shocking. It will be of interest to many Members from across central Scotland, where there are some 230,000 people living in villages without gas. That brings me to the petition, which states:

The petition of residents of Linlithgow and East Falkirk,

Declares that concerns about the Thermal Flow Wet Electric Heating System that was installed in homes 2010/11 have reached an unacceptable level; notes that the unaffordability of the tie-in tariff has added food poverty and serious physical and mental health implications to fuel poverty suffered by those affected; also notes the resistance of Scottish Power, Neat Heat and Falkirk Council to address the problem; and further notes the wider implications of excessive UK energy costs.

The petitioners therefore request that the House of Commons urges the Government to liaise with Scottish Power to resolve this long-standing issue in any way possible; enforce accountability and recompense to those adversely affected; and consider legislation to energy prices.

And the petitioners remain, etc.

[P002553]



## Claim of Right for Scotland

*Motion made, and Question proposed,* That this House do now adjourn.—(*James Morris.*)

10.2 pm

**Patricia Gibson** (North Ayrshire and Arran) (SNP): Tonight, I rise to remind the House that the claim of right for Scotland is a principle that recognises that the people of Scotland have the sovereign right to determine the form of government best suited to their needs. This right is well established; it was first set out in the Declaration of Arbroath in 1320 and was most recently endorsed by Parliament in the Commons in a debate in July 2018—a debate in which I was privileged and proud to speak.

In Scotland, this House is not recognised as sovereign. The people of Scotland are sovereign, and they are angry that this House, this Government, are over-reaching themselves by trampling all over Scotland's devolution settlement, with repeated and concerted attempts by Tory Members to shout down Scottish National party Members when we dare to speak up on behalf of Scotland.

The debate tonight comes at a critical time for Scotland, with the UK on the cusp of withdrawing from the European Union—something which the people of Scotland rejected by a significant majority, but which is to be imposed upon them against their expressed democratic wish. However, if one accepts the European Union referendum result in England despite all the cheating and law breaking that we all know went on, because the democratic will of the people of Scotland is different from the democratic will of the people of England, then—too bad—Scotland is to be ignored, dismissed and dragged out of the European Union anyway.

With the Westminster power grab and the lack of consent given to this disastrous Brexit by the Scottish Parliament, the devolution settlement has been trampled underfoot by this Government—so much for a so-called union of equals; so much for Scotland leading the UK, not leaving the UK. How can this be a union of equals when the democratically devolved legislatures in Scotland, Wales and Northern Ireland have all refused to consent to this Tory Government's withdrawal agreement, which will damage our jobs, our prosperity and our relationships with our European partners? This Brexit, which may yet deliver a no-deal scenario, is to be forced on Scotland against her will, exposing for all to see the myth of the so-called union of equals.

In the general election a few weeks ago, the Tories in Scotland unequivocally urged voters in Scotland to vote Tory to stop indyref2. We in the SNP stood firmly and proudly on a platform of saying no to Brexit and saying yes to the people of Scotland's right to choose their own future. Scotland, by and large, did not vote Tory, but voted SNP in huge numbers. The SNP won 80% of the seats in Scotland, yet this Government still refuse to accept that the people of Scotland have made their choice—that they want Scotland to have the right to choose its own future because no one is better placed to make decisions for Scotland than the people who live in Scotland.

**David Mundell** (Dumfriesshire, Clydesdale and Tweeddale) (Con): I hear what the hon. Lady is saying, but in my constituency and other constituencies in the week of the general election, SNP candidates told voters

that the election was nothing to do with independence, but that they were to vote SNP if they were against Brexit or if they were against Boris. However, at 10 o'clock on 12 December, it was all to do with independence.

**Patricia Gibson:** This is the kind of wilful, fingers-in-ears attitude that we have come to expect. Not everybody in Scotland who voted SNP is yet persuaded of the argument for independence, but what they do want is the right to choose.

We know that the Minister will trot out well-worn phrases and lily-livered lines about the SNP not winning more than 50% of the popular vote in the election in 2019. However, he must consider that the first-past-the-post voting system that he supports is the one in which we are working. Further, the SNP in Scotland has won the council elections in 2016, the Holyrood election in 2016, the general election in 2017, the European elections in 2019 and the general election in 2019. Each of those five elections was contested on one proposition by the Tories: "Vote Tory to stop indyref2". The Tories in Scotland never mentioned any policies or discussed any other issues. They simply said, "Vote Tory to stop indyref2". And yet, still they could not get close to beating the SNP in these elections.

For anyone to deny the democratic right of Scotland to have a say over her own future path, or to try to shift the goalposts on what winning an election actually means or looks like, is deluded. Doing an impersonation of King Canute trying to hold back the tide simply shows the desperation and arrogance of this Government, who think that if they can just ignore the pesky Scots for long enough, they will just give up. We will not give up. We in Scotland have a right. We have a right which we claim in no uncertain terms, to choose our own future, and we will not be denied.

**Jim Shannon** (Strangford) (DUP): I commend the hon. Lady for her hard work on behalf of her constituents and recognise how much it means for her to come back to this House. Does she accept that while many people have voted for her because of who she is and her hard work, and for her party colleagues here as well, many of those who voted Scot Nats—or a certain proportion, anyway—do not accept the case for independence?

**Patricia Gibson:** What I accept is that the people who voted for the Scottish National party want to have the debate and want to have the choice, and that matters. It is our job to persuade them over the line.

**David Linden** (Glasgow East) (SNP): The hon. Member for Strangford (Jim Shannon), who comes into this debate with a degree of interest in it, may not be aware that there are now three Scottish Tory Members sitting in this House: the Minister, the right hon. Member for Dumfriesshire, Clydesdale and Tweeddale (David Mundell), and the hon. Member for Berwickshire, Roxburgh and Selkirk (John Lamont). Can my hon. Friend say whether their majority has gone up or down on the basis of their message saying no to indyref2?

**Patricia Gibson:** I do not wish to intrude on private grief, but I cannot help noticing that each of the three Tory MPs from Scotland rushed as though their behinds were on fire to leave Holyrood—Scotland's Parliament—to come to this House, and I have to question why that might be.

[Patricia Gibson]

If not winning over 50% of the popular vote is the only tool in the Government's arsenal to deny the people of Scotland the right to choose their own future, then where is the democratic mandate for this Government to press ahead with their version of a damaging Brexit—a Brexit born out of a very narrow referendum result, with the Electoral Commission itself saying that the referendum was characterised by law-breaking, cheating and dishonesty? In last year's general election, the Tories won 43.6% of the vote. If we follow the UK Government's logic on indyref2, this Tory Government most certainly do not have a mandate for their version of Brexit either. Therein is crystallised the unsustainability of the Tory Government's position. This might be a surprise to some Conservative Members, but the Government's position is so unsustainable that even some Front-Bench Tory MPs are admitting it secretly, off the record. If the Government continue to hold on to the unsustainable position that Scotland should be denied its claim of right to exercise its democratic will to determine its own future, this will, and can only, deepen the current constitutional crisis. There is no doubt that England's and Scotland's elected representatives have quite different and diverging constitutional mandates, but be in no doubt—each mandate is as valid as the other.

Let me turn to the tired and frankly insulting mantra trotted out too often by Conservative Members: that the people of Scotland voted no to independence in 2014. They did; there is no denying that. It appears that, according to the beleaguered and very absent Secretary of State for Scotland, it matters not how the people of Scotland voted in the past five elections or how they may vote in future elections, because he has decided that independence for Scotland can be put to the people of Scotland only once in a generation, regardless of any democratic choice they may choose to make—summarised as, “You'll have had your democracy, then.” This is quite frankly absurd and silly talk, and insulting to the people of Scotland.

The Secretary of State for Scotland has revealed that he either knows nothing of, or does not subscribe to, the claim of right for Scotland, or has clearly not read the report from the Smith commission—which is odd for a Secretary of State for Scotland. I wish I could say I am surprised about that. I hope that the Minister standing in for the beleaguered Secretary of State for Scotland tonight does not, when he gets to his feet, insult the House or the intelligence of the people of Scotland by repeating this once-in-a-generation nonsense. I draw his attention—he really ought to listen to this because it is important—to the final report from the Smith commission, and more specifically to paragraph 18 of chapter 2, which clearly states:

“It is agreed that nothing in this report prevents Scotland becoming an independent country in the future should the people of Scotland so choose.”

That seems pretty clear to me. No wonder the former Secretary of State for Scotland, the right hon. Member for Dumfriesshire, Clydesdale and Tweeddale, is blushing.

The unanimous verdict of the Smith commission was an implicit agreement that a second referendum vote was and is constitutionally valid. It is inconceivable that that would have been included in the final published report if the members of the Smith commission, a bare

two months after the first vote, thought that the matter had been kicked into the long grass for a generation. Democracy is not an event. It is a growing, living, evolving, organic thing, and an expiration date cannot be put on it by this or any other Government.

Let us not forget that the appetite for a second independence referendum is easy to understand. The people of Scotland voted no to independence in 2014 because they were fed lies, mistruths and fear. They were told that, in order to remain in the EU, they would need to vote no. They were told that if they voted yes, they would lose their pensions. I do not have time to go through all the broken promises and lies. But this time, when the independence referendum comes—and come it will—Scotland will make a different choice. The people of Scotland will see through the snake oil salesmen and the spivs who perpetrated those lies the last time round. The people of Scotland will say to Conservative Members, “When the facts change, I change my mind. What do you do, Sir?”

I urge the Minister to remember the words of former Tory Prime Minister John Major:

“no nation could be held irrevocably in a Union against its will.”

The myth of a union of equals has been hopelessly exposed, and the people of Scotland realise that Scotland's future must be as an independent nation. I urge this Government to do the right thing and respect democracy. Every day of denial only feeds the fire of independence and the case for a referendum on this issue, the momentum for which cannot be stayed.

I understand that this Government—whose Benches are empty—fear an independent Scotland building a more fair, more equal, more compassionate, more outward-looking country on their doorstep, but that is really a matter for them. No Westminster Government has the right to choose Scotland's path, and how dare it even try! This Government must prepare themselves for what is coming, because their arrogance, intransigence and contempt for democracy show that the UK is fatally disunited and is about to lose Scotland. A sovereign people will not be silenced. We will not go quietly. The clock is ticking. This Union's time is up, and well this Government know it.

10.17 pm

**The Parliamentary Under-Secretary of State for Scotland (Douglas Ross):** It is always a pleasure to debate issues of importance to Scotland, and it is a huge privilege for me to do so from the Dispatch Box. While I acknowledge the efforts of the hon. Member for North Ayrshire and Arran (Patricia Gibson) to secure the debate, the claim of right for Scotland did not come up much during the recent general election campaign that I fought in Moray. It was not the first issue out of people's lips when they were seeking to elect their representatives to this place. They did not say that they wanted to have a debate on constitutional matters led yet again by the SNP.

**David Linden:** Will the Minister give way?

**Douglas Ross:** I will allow the hon. Gentleman to intervene in a moment.

When I spoke to people in Moray on doorsteps, in hustings and at street stalls during the election campaign, they were interested in the fact that the Scottish economy

is growing slower than the UK economy. They were interested in the fact that Scotland's national health service has been underfunded and understaffed by the SNP Scottish Government—a Government who increased spending in the NHS in Scotland by 13.1% between 2012-13 and 2017-18, compared with increased spending of 17% in England by the UK Conservative Government. That shows the difference being made in Scotland when the SNP does not prioritise services that local people rely on. *[Interruption.]* The SNP has been clear just recently about how Parliament should respect all Members. Indeed, one of its MSPs said over the weekend that heckling and shouting was a form of discrimination. I hope that those on the SNP Benches consider those words when trying to shout down a Minister who is trying to respond to the debate.

**John Lamont** (Berwickshire, Roxburgh and Selkirk) (Con): I am grateful to the Minister for giving way during his excellent response. I wonder whether he is aware of a quite shocking tweet over the weekend from Paul Wheelhouse, the SNP Scottish Government Minister, in response to my tweet about a Burns supper, in which he questioned my Scottishness because I do not share his nationalist agenda. Does the Minister agree that that type of bullying and intimidation, which we see all too often from SNP Members, is not acceptable in this society? Does he also agree that it is perfectly possible to be a proud Scot and also a very proud Brit?

**Douglas Ross:** I absolutely agree with my hon. Friend. I have to say that SNP Members' mask is slipping at the moment. They do not like it when their comments and tweets are thrown back at them, but it was rather disgraceful, discourteous and, I believe, unbecoming a Scottish Government SNP Minister to tweet that a Scottish MP—someone who is as proud a Scot and as proud a Brit as I am—is any less Scottish because he does not support their plans for separation and the SNP's plans for independence.

**Several hon. Members** *rose*—

**Douglas Ross:** I will give way to the hon. Member for Glasgow East (David Linden) because he tried to come in first.

**David Linden:** I am grateful to the Minister for giving way, and he knows that he and I get on fairly well. I want to come back not on the back-fighting between the SNP and the Conservatives, but on his point about the claim of right for Scotland, which he said was not contentious during the course of the election in Moray, where of course his vote fell quite significantly. On the claim of right, he was not one of the Members in this House who opposed it—in fact, if I recall correctly, and I took part in the debate that night, no Member opposed that—so if it was not a contentious issue then, why is it a contentious issue for the Minister tonight?

**Douglas Ross:** I think if the hon. Gentleman reads the *Official Report* of this debate he will see that I did not say it was not contentious; I said it was not the pertinent issue. *[Interruption.]* Perhaps it was across Scotland, but certainly in Moray it was not the top issue that people were campaigning on and urging their politicians to raise if they were elected to this place. I think it is only right that we look at the key issues that people were discussing at the general election, and perhaps the hon.

Gentleman would agree that, even in his own seat in Glasgow, the claim of right was not the issue that people were queuing up to discuss.

**Several hon. Members** *rose*—

**Douglas Ross:** I will give way to the hon. Lady who secured the debate.

**Patricia Gibson:** May I just say to the Minister that, if Scotland's right to choose is not something that people were exercised about when he was out campaigning, why were all the Tory party leaflets in Scotland about “Vote Tory to stop #indyref2”? May I also ask him this? He has spent a lot of time tonight—for reasons I am not quite clear about, because the debate is on the claim of right for Scotland—talking about devolved issues. May I say to the three Scottish Members of the Tory party that if they wanted to discuss devolved issues, perhaps they should have stayed in the Scottish Parliament?

**Douglas Ross:** I am sorry that the hon. Lady thinks that healthcare in Scotland is not important enough for her and I am sorry that she thinks that the education system in Scotland is not important enough for her. However, we are elected as representatives of our constituencies, and Scotland is blessed to have two Governments, so when one Government are failing and letting it down, I think it is incumbent on all politicians to raise issues that affect our constituents day in, day out.

**Several hon. Members** *rose*—

**Douglas Ross:** I give way to the hon. Member for Caithness, Sutherland and Easter Ross (Jamie Stone), who has been trying to get in.

**Jamie Stone** (Caithness, Sutherland and Easter Ross) (LD): I think I am right in saying that I am the only Member of this place today whose name is actually on the claim of right. That is something I am very proud of indeed. The claim of right to which I put my name was about the Scots having control over their own destiny and over their own services, as it were. Surely, therefore, the standard of service delivery we see is what the Scottish Government will be judged against. Right now, we see—we all know: all of us and all of those in the Scottish National party know—that on the health front the Scottish Government are failing, and we know that on transport they are failing. *[HON. MEMBERS: “No!”]* Oh, yes we do, and on that the Scottish Government will be judged. If indyref2 ever comes to it, they will be judged accordingly, and I say to the Scottish National party, “Be careful what you wish for.”

**Douglas Ross:** I am grateful to the hon. Gentleman for that intervention. It has been quite telling, sitting on the Government Front Bench, to look at the face of the leader of the Scottish National party Members, who has been very considered in his reactions during this debate compared with some of the reactions of other SNP Members. Something that the right hon. Member for Ross, Skye and Lochaber (Ian Blackford) is very accustomed to saying in this place is that the people of Scotland are watching. I think if people back in Scotland are watching tonight, they are seeing an SNP parliamentary group who are obsessed with the constitution and simply want to speak about separation, but do not want to discuss the relevant issues for constituencies across Scotland.



**Several hon. Members** *rose*—

**Douglas Ross:** I have given way—*[Interruption.]* I am sorry that SNP Members continue to shout me down. I listened to the speech from the hon. Member for North Ayrshire and Arran with, I believe, consideration, and I have taken on board a number of her points. If I may, I will come on to the points made by the hon. Lady. *[Interruption.]* She is shouting across, “What about the leaflets?” That is one of the things I want to pick up on. Independence and separation never featured on an SNP leaflet; they did not want to tell people that the election was about that. Interestingly, a number of SNP MPs who were returned here—and I am looking particularly at the hon. Member for Angus (Dave Doogan), because his letter was put out in the public domain—were writing to Labour supporters to say, “Vote for me this time; you may be a traditional Labour supporter and a strong Unionist, but vote for me on this occasion not to support separation and independence, but just to stop the Tories getting in.”

**Several hon. Members** *rose*—

**Douglas Ross:** I will give way to the hon. Gentleman who wrote that letter to Labour supporters.

**Dave Doogan** (Angus) (SNP): I thank the Minister for giving way, particularly as he brings me into this debate. Yes indeed, we did write to non-SNP supporting members of the Angus electorate, and I am sure we did that elsewhere in Scotland. It was to invite them, notwithstanding their views on the constitution, to take a view on a more progressive way forward for the country of Scotland, and that is exactly the view that they took and I am pleased that we did that.

My hon. Friend the Member for North Ayrshire and Arran (Patricia Gibson), who secured the debate, said very clearly in her excellent speech that not everybody in Scotland is persuaded of the case for independence, and there is not a single SNP MP on these Benches who is not on that page. However, we will not be swayed from our priority to ensure that the case for independence is aired as clearly and manifestly as possible. My hon. Friend made the case that devolution is not an event, it is a process. What will the Minister and his Government do when they run out of concessions to make—because it will be independence?

**Douglas Ross:** I am grateful for the hon. Gentleman confirming in the House of Commons, so that it will be on the official record, that the SNP garnered votes at this most recent election on the pretence that it was nothing about independence—it was not supporting independence—but less than a month later we are here discussing constitutional issues, because it is all the SNP can bring forward.

I want to pick up on a number of points that the hon. Member for North Ayrshire and Arran made during her speech. She spoke about the absent Secretary of State for Scotland; I am just scanning around and I cannot see the shadow Secretary of State for Scotland anywhere in the Chamber either. The hon. Lady said that the people of Scotland have made their choice, and I agree; as the right hon. Member for Ross, Skye and

Lochaber said at Prime Minister’s questions last week, the people of Scotland said no—the people of Scotland said no in 2014.

The hon. Lady said that that 2014 referendum on independence was won on the back of lies and mistruths. I wonder whether the lies and mistruths she is speaking about were in the White Paper that the SNP put forward—the White Paper that promised us oil at \$100 a barrel and said that oil was going to pay for absolutely everything in Scotland. *[Interruption.]* Well, we are really getting animated now, but I will just try to finish my remarks—*[Interruption.]* We were told that the Scottish economy would be based on oil at \$100 a barrel, and we were told that the referendum was a once-in-a-generation event. That is not rhetorical flourish, as some in the SNP would now like to say; that is written in black and white in the White Paper they put forward for independence. That was their model for separation and therefore—

**Chris Stephens** (Glasgow South West) (SNP): On what page?

**Douglas Ross:** The hon. Gentleman is shouting from a sedentary position to ask what page that was on, but I can do better than that; it was in the sixth paragraph of their document to take Scotland out of the United Kingdom. They said very clearly it was a once-in-a-generation event.

The hon. Member for North Ayrshire and Arran also said that successive election results have proved that the SNP has support across the country, and she reeled off a number of elections in which the SNP has been successful. *[Interruption.]* The hon. Member for Airdrie and Shotts (Neil Gray) says, “Every single one,” but not in recent council by-elections. The final council by-election of the decade in Scotland was in my Moray seat, and I am delighted that the Keith and Cullen ward returned a Conservative councillor. Indeed, only last week, in the first council by-election of the decade, a Scottish Conservative was elected, and do you know what the percentage of the vote was for the Scottish Conservatives in that by-election, Mr Speaker? That Scottish Conservative councillor was elected with 62% of the vote, so it is no surprise at all that the hon. Member for North Ayrshire and Arran refused even to comment on those successes of the Scottish Conservative party. *[Interruption.]* I think that winning 62% of the vote is the big picture.

As I said at the beginning of my speech, there are many things that we should be focusing on in this Parliament, and indeed at Holyrood, that the public in all our constituencies can relate to and be assured that their politicians are dealing with. We should be focusing on issues such as the fact that the Royal Hospital for Children and Young People remains unopened by the SNP, because it has failed in its hospital building. Nor should we be dismissing concerns about the state of our Scottish police stations, which have been shown to be flooding, with water coming through the roofs. These are the issues that the people of Scotland expect our politicians to be dealing with, not constitutional wrangling, which we always get from the SNP. I think SNP Members should focus on that.

*Question put and agreed to.*

10.30 pm

*House adjourned.*

# Written Statements

Monday 27 January 2020

## DIGITAL, CULTURE, MEDIA AND SPORT

### Cairncross Review: Government Response

**The Minister for Sport, Media and Creative Industries (Nigel Adams):** My right hon. Friend the Secretary of State for Digital, Culture, Media and Sport, Baroness Morgan of Cotes, has made the following statement.

The Government are today publishing their response to the independent review into the sustainability of high-quality journalism in the UK, which was led by the journalist and academic Dame Frances Cairncross. The Government remain grateful to Dame Frances for her work on this review.

The Cairncross review looked at the overall state of the news media market; the threats to the financial sustainability of publishers; the impact of search engines and social media platforms; and the role of digital advertising. The Review identified a range of challenges facing the sector and made nine recommendations for government, regulators and industry.

Since the publication of the review, DCMS has engaged news publishers, online platforms, the BBC, Ofcom and other regulators to take their views into account in formulating the Government's response.

This Government are clear that newspapers play an invaluable role in the fabric of our society, and underlines its support for a free and independent press. News publishers remain uniquely placed to undertake the investigative journalism and scrutiny of public institutions, including local councils and our courts, which is vital to helping ensure a healthy democracy both nationally and at a local level. However, as society continues to move online, as the Cairncross review identified, the news publishing sector is facing significant challenges in transitioning to sustainable digital business models. These challenges include newspaper circulation figures and income from advertising falling dramatically, leading to large-scale closure of local papers and the number of full-time, frontline journalists dropping significantly.

The Government are committed to supporting the industry in its transition to a more sustainable footing. The Government therefore accept the majority of the Cairncross review's recommendations, apart from the proposal to establish an institute for public interest news. The Government will not be taking this recommendation forward as, while it acknowledges the value the proposed institute is intended to achieve, it is not for the Government to lead on this issue.

The Government has already started to take forward some of the interventions proposed in the review. We have worked with Nesta to develop a £2 million pilot innovation fund, which launched in October 2019 and seeks to invest in new technological prototypes, start-ups and innovative business models to explore new ways of sustaining the industry in this changing landscape. The Government will work with Nesta and other partners to evaluate and draw findings from the pilot fund to inform decisions on the full innovation fund ahead of the next spending review. The Government have also announced formally today that it is extending the £1,500 business rates discount for office space occupied by local newspapers in England for an additional five years, until 31 March 2025, as part of its efforts to support local and regional journalism. The Chancellor will consider the case for a range of potential tax incentives to support the news publishing industry this year, including policy options on VAT, notwithstanding recent litigation in this area.

There are many synergies between recommendations made by Dame Frances and this Government's wider programme of work to address the challenges raised by digital products and services, including in light of the findings of the "Unlocking Digital Competition Report of the Digital Competition Expert Panel", chaired by Jason Furman, and the online harms White Paper. In taking forward the recommendations from the Cairncross review, the Government will continue to take account of the connections between these areas to ensure a coordinated and coherent approach.

The Cairncross review and its recommendations were not aimed solely at the Government. For example, the review recommended that the Competition and Markets Authority (CMA) investigate the workings of the online advertising market to ensure fair competition. The CMA published their interim report in December 2019 and the Government look forward to considering the findings of the final report, which is due for publication in July 2020.

As announced last year following the publication of the Cairncross review, DCMS is also considering how online advertising is regulated in the UK. This work is looking at how well the current regime is equipped to tackle the challenges posed by developments in online advertising, aiming to foster fair, accountable and ethical online advertising that works for citizens, businesses and society as a whole. This work will complement and supplement other reviews underway in this area, including work by the CMA, the Information Commissioner's Office and the Centre for Data Ethics and Innovation. In this context, DCMS is today launching a call for evidence. DCMS welcomes views from participants engaged in all stages of the online advertising supply chain, as well as those who work in complementary or competing markets.

The Government also intend to go beyond the recommendations in the Cairncross review, including with a view to supporting the modernisation of court reporting, supporting transparency in the advertising supply chain and continuing to ensure a free and independent press, both in the UK and internationally. The Government will continue to engage with the sector and identify ways to support the news publishing industry as we take forward this work. The Government reiterates its commitment to champion our media and creative industries more widely.

To read the full response, please go to: <https://www.gov.uk/government/publications/the-cairncross-review-a-sustainable-future-for-journalism>

The call for evidence on online advertising is available at: <https://www.gov.uk/government/publications/online-advertising-call-for-evidence>

[HCWS67]

### Sport Broadcasting

**The Minister for Sport, Media and Creative Industries (Nigel Adams):** On Thursday 18 July 2019, my right hon. and learned Friend the Member for Kenilworth and Southam (Jeremy Wright), the then Secretary of State for Digital, Culture, Media and Sport, announced to the House that he was consulting with Channel 4, the BBC, S4C, Ofcom and the International Paralympic Committee on the addition of the Paralympic Games to the listed events regime. The Secretary of State for Digital, Culture, Media and Sport (Baroness Morgan) and I have carefully considered the consultation responses and have decided to add the Paralympic Games to Category A of the list of sporting and other events of national interest maintained under section 97(1) of the Broadcasting Act 1996.

The Secretary of State and I are satisfied that the Paralympic Games meets the criteria for listing as it is an event of 'special national significance' and provides a 'shared moment on the national calendar' that serves

to unite the whole of the United Kingdom. Having started in Stoke Mandeville in the 1940s, the event has a unique relationship with the UK. The increasing audience figures also demonstrate its clear importance to the UK. It is the pre-eminent international event in disability sport, involves the national team, commands a large television audience and has a history of broadcast on free-to-air channels.

The Secretary of State has also written to the European Commission to notify it of the change to the list as she is required to do under audiovisual media services directive.

The Secretary of State and I also consulted on the addition of the women's equivalents of men's events already on the list. The consultation closed on 11 December 2019, and the responses are being analysed. The Government will respond in due course.

[HCWS66]

## TREASURY

### Business Rates Reliefs

**The Financial Secretary to the Treasury (Jesse Norman):** The Government will increase the retail discount from one third to 50%, extend that discount to cinemas and music venues, extend the duration of the local newspapers office space discount, and introduce an additional discount for pubs.

The increase in the level of the retail discount from one third to 50% will apply in 2020-21 for eligible retail businesses occupying a property with a rateable value less than £51,000.

The extension of the retail discount is to those eligible music venues and cinemas with a rateable value of less than £51,000.

The extension of the £1,500 business rates discount for office space occupied by local newspapers will apply for an additional five years until 31 March 2025.

The pubs discount will provide a £1,000 discount to eligible pubs with a rateable value of less than £100,000 in 2020-21. This is in addition to the retail discount and will apply after the retail discount.

All reliefs are subject to state aid rules and apply in England only.

The Government confirm that they will fully fund local authorities for awarding these reliefs and provide new burdens funding to local authorities for administrative and IT costs.

Local authorities should start preparations to include these changes now, and act promptly to ensure eligible businesses receive the increased support in their rates bills at the start of the financial year.

The Government expect local authorities to ensure these changes are applied for the start of the 2020-21 billing period. The Government will publish amended guidance for the retail discount reflecting these changes as well as refreshed pubs relief guidance for local authorities.

The Barnett formula will be applied in the usual way. Consequential for the devolved Administrations will be confirmed at the Budget.

[HCWS64]

## ENVIRONMENT, FOOD AND RURAL AFFAIRS

### Agriculture and Fisheries Council

**The Minister of State, Department for Environment, Food and Rural Affairs (George Eustice):** The Agriculture and Fisheries Council takes place in Brussels on 27 January.

As the provisional agenda stands, the main item for agriculture will be an exchange of view between EU Ministers on the regulation on common agricultural policy transitional rules. The Commission will also present on the agricultural aspects of the Green Deal, followed by an exchange of views on this.

This will be followed by a presentation from the Croatian presidency on the work programme during the presidency.

[HCWS62]

## EXITING THE EUROPEAN UNION

### Exiting the European Union

**The Secretary of State for Exiting the European Union (Steve Barclay):**

#### *Signing of the withdrawal agreement*

On Friday 24 January, the Prime Minister signed the agreement on the withdrawal of the United Kingdom from the European Union and European Atomic Energy Community. The Presidents of the European Commission and European Council signed the agreement on behalf of the European Union on the same date. The withdrawal agreement must now be ratified by both parties by 31 January to bring the agreement into force from the point when the United Kingdom leaves the European Union. Ratification by the EU will take place after the European Parliament has given its consent to the conclusion of the agreement, which is expected to happen on 29 January.

Following ratification by both parties, the agreement will enter into force at 23:00 GMT on 31 January in the UK (00:00 on 1 February in Brussels).

#### *UK-EEA EFTA separation agreement*

On Tuesday 28 January the UK, alongside representatives from the EEA EFTA States (Norway, Iceland and Liechtenstein) will also sign the UK-EEA EFTA separation agreement. First published in December 2018, this agreement protects the rights of our citizens who have chosen to call each other's countries home, as well as resolving a small number of other issues arising from the UK's exit from the EU. The UK-EEA EFTA separation agreement broadly mirrors the terms of the UK-EU withdrawal agreement.

The UK-EEA EFTA separation agreement will be provisionally applied by the UK from exit day. The UK-EEA EFTA separation agreement will be subject to parliamentary scrutiny processes under the Constitutional Reform and Governance Act 2010, and will enter into force in respect of the UK following ratification by the UK and at least one other party.



*UKRep*

Following the United Kingdom's exit from the European Union, the United Kingdom's representation to the European Union (UKRep) in Brussels will become a third country mission to the European Union. Formally, the mission will be titled the United Kingdom of Great Britain and Northern Ireland's mission to the European Union and the European Atomic Energy Community. In practice, the mission will be referred to as the United Kingdom's mission to the European Union, shortened to UKMis Brussels.

This change will take effect from 1 February 2020.

[HCWS61]

**HOME DEPARTMENT****Gangmasters and Labour Abuse Authority: Annual Reports and Accounts**

**The Parliamentary Under-Secretary of State for the Home Department (Victoria Atkins):** The 2018-19 annual report and accounts for the Gangmasters and Labour Abuse Authority is being laid before the House today and published on [www.gov.uk](http://www.gov.uk). Copies will be available in the Vote Office.

[HCWS63]

**Terrorism Prevention and Investigation Measures**

**The Secretary of State for the Home Department (Priti Patel):** Section 19(1) of the Terrorism Prevention and Investigation Measures Act 2011 (the Act) requires

the Secretary of State to report to Parliament as soon as reasonably practicable after the end of every relevant three-month period on the exercise of her TPIM powers under the Act during that period.

The level of information provided will always be subject to slight variations based on operational advice.

TPIM notices in force (as of 30 November 2019)	5
TPIM notices in respect of British citizens (as of 30 November 2019)	5
TPIM notices extended (during the reporting period)	1
TPIM notices revoked (during the reporting period)	0
TPIM notices revived (during the reporting period)	1
Variations made to measures specified in TPIM notices (during the reporting period)	6
Applications to vary measures specified in TPIM notices refused (during the reporting period)	1
The number of current subjects relocated under TPIM legislation (as of 30 November 2019)	3

The TPIM review group (TRG) keeps every TPIM notice under regular and formal review. Third quarter TRG meetings took place on 4 September, 18 September and 1 October 2019. Fourth quarter TRG meetings took place on 9, 10 and 11 December 2019.

The section 9 TPIM Act 2011 judicial review of the TPIM against QT was heard at the High Court between 24 and 27 June 2019. In a judgment handed down on 14 October 2019 the Court upheld the necessity and proportionality of the TPIM notice against QT.

On 10 December 2019 former TPIM subject IM was sentenced to three years' imprisonment for breach of his TPIM notice that was in force between 20 June 2016 and 19 June 2018.

[HCWS65]



# Ministerial Correction

Monday 27 January 2020

## EDUCATION

### School Meals: Hull

*The following is an extract from the Adjournment debate on School Meals: Hull on 22 January 2020.*

**Dame Diana Johnson:** Unfortunately, Hull did not receive any of that funding for the school holidays. I am growing increasingly concerned about the problem of holiday hunger. Although it is great that money went to 11 local authority areas, many more local authority areas in the country need assistance. Can the Minister say anything about the plans for this year and whether additional funding will be made available?

**Michelle Donelan:** We have already announced the further £9 million. I completely agree with the hon. Member about the importance of tackling this issue. In

fact, our manifesto included a £1 billion fund for holiday activities, and we are working on what that will encompass—I believe it will encompass some of these issues.

*[Official Report, 22 January 2020, Vol. 670, c. 391.]*

*Letter of correction from the Under-Secretary of State for Education, the hon. Member for Chippenham (Michelle Donelan).*

An error has been identified in my response to the hon. Member for Kingston upon Hull North (Dame Diana Johnson).

The correct response should have been:

**Michelle Donelan:** We have already announced the further £9 million. I completely agree with the hon. Member about the importance of tackling this issue. In fact, our manifesto included a £1 billion fund for **wraparound and holiday childcare**, and we are working on what that will encompass—I believe it will encompass some of these issues.





# ORAL ANSWERS

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# MINISTERIAL CORRECTION

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