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**HOUSE OF COMMONS
OFFICIAL REPORT**

**PARLIAMENTARY
DEBATES
(HANSARD)**

Wednesday 30 March 2022

House of Commons

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The House met at half-past Eleven o'clock

PRAYERS

[MR SPEAKER *in the Chair*]

BUSINESS BEFORE QUESTIONS

INDEPENDENT REVIEW OF MATERNITY SERVICES
AT THE SHREWSBURY AND TELFORD HOSPITAL
NHS TRUST

Resolved,

That an humble Address be presented to Her Majesty, That she will be graciously pleased to give directions that there be laid before this House a Return of a Paper, entitled Findings, conclusions and essential actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust, dated 30 March 2022.—(*Amanda Solloway.*)

Oral Answers to Questions

WOMEN AND EQUALITIES

The Minister for Women and Equalities was asked—

Conversion Therapy Ban

1. **Kate Osborne** (Jarrow) (Lab): What the Government's timetable is for publishing a Bill on banning conversion therapy. [906377]

4. **Andrew Gwynne** (Denton and Reddish) (Lab): What the Government's timetable is for publishing a Bill on banning conversion therapy. [906380]

The Minister for Equalities (Mike Freer): With your permission, Mr Speaker, I would like to begin by acknowledging the enormously personal statement that my hon. Friend the Member for Bridgend (Dr Wallis) made this morning. I hope I speak for the whole House in sending our support. It is so important that people are free to be safe to be themselves, whoever they are and whoever they love.

We remain wholly committed to bringing forward proposals to ban conversion therapy practices. We recently concluded a consultation period on the proposals being analysed, based on which we will be developing legislation to be brought forward later this spring.

Kate Osborne: My best wishes also go to the hon. Member for Bridgend (Dr Wallis). The Minister will be aware that the Cabinet Office recently tendered a contract for the provision of a conversion therapy victim support service. Does he agree that including a consent loophole in the Government's proposals to ban conversion therapy will allow some of its worst practitioners off the hook, inevitably creating more victims who will need support?

Mike Freer: No, we do not agree. We believe that, in a free and open society, consenting adults—provided that there is appropriate advice and information so that people understand exactly what they are doing—should be able to take informed decisions for themselves.

Andrew Gwynne: May I echo the words of the Minister in respect of the hon. Member for Bridgend (Dr Wallis)? As the Minister rightly said, it has now been two months since the consultation on banning conversion therapy closed and almost three years since the Government made the pledge to ban this insidious practice. Why is it taking so long?

Mike Freer: Actually, I secured the first Westminster Hall debate on the subject in 2015. I have to tell the hon. Gentleman that, if it were easy, Governments would have done it before. We have taken time to analyse the results, and we have had a significant response. It is important that we get this right; that is why we are analysing the significant response and bringing forward the legislation later this spring.

Mr Speaker: I call the Chair of the Women and Equalities Committee.

Caroline Nokes (Romsey and Southampton North) (Con): I would also like to pay tribute to my hon. Friend the Member for Bridgend (Dr Wallis) for his incredible bravery. Can the Minister reassure me, and indeed the whole House, that legislation on conversion therapy will be introduced to this place prior to the conference that is scheduled to be hosted by the Government in the summer? Will he let us know how preparations for the conference are going?

Mike Freer: I can give my right hon. Friend the commitment that the Government remain committed to bringing forward the legislation. It is a matter for business managers when the exact parliamentary slot will be, but a Bill team has been stood up and we are progressing at pace.

Danny Kruger (Devizes) (Con): I very much understand the intentions behind the proposed Bill, but can my hon. Friend tell the House what evidence has come to light of unacceptable conversion therapy practices in the UK, by which I mean practices that are not already illegal, but that the Government think should be banned?

Mike Freer: My hon. Friend raises a very fair point. Both the national LGBT survey of over 100,000 LGBT people and the in-depth Coventry report demonstrated that violent and harmful talking conversion practices continue to take place. That is why we need to act.

Mr Speaker: We now come to the SNP spokesperson.

Kirsten Oswald (East Renfrewshire) (SNP): I would like to add my best wishes to the hon. Member for Bridgend (Dr Wallis). The Scottish Government are clear about the need to act to end conversion practices in Scotland. They have established an expert advisory group to inform their approach to banning this abhorrent practice. The group will include people with personal experience of conversion practice, representatives from

LGBTI organisations, faith communities, mental health professionals and academics; it will meet for the first time tomorrow and complete its work by the summer, reflecting the Scottish Government's recognition of the urgency of the issue. Given that the UK Government's consultation on their proposed ban ended on 4 February, can the Minister confirm that the UK Government's approach will be taken forward on a similarly inclusive and urgent basis?

Mike Freer: I can certainly confirm that we are taking it forward on an urgent basis. Since I took up the role with responsibility for LGBT+ issues, I have engaged with a wide variety of stakeholders, including those who have been victims of conversion therapy. I have engaged with all the stakeholders, listed by the hon. Lady, from whom the Scottish Government took evidence, from an England and Wales point of view.

People with Down Syndrome

2. **Tom Randall** (Gedling) (Con): What steps the Government are taking to help ensure equality and freedom from discrimination for people with Down Syndrome. [906378]

The Minister for Care and Mental Health (Gillian Keegan): The Government are proud to support the Down Syndrome Bill, which was introduced by my right hon. Friend the Member for North Somerset (Dr Fox). The Bill aims to tackle inequalities and ensure that services and support meet the unique needs of people with Down syndrome.

Tom Randall: I welcome the passage of the Down Syndrome Bill through Parliament. Will my hon. Friend commit herself to consulting people living with Down syndrome and other disabilities during the development of the guidance to ensure that their voices are heard?

Gillian Keegan: Absolutely. That is essential. People with Down syndrome and other disabilities, as well as their advocates, will be involved in each phase of the development of the guidance. There will be a national call for evidence, and a formal consultation on the draft guidance on gov.uk will be available to anyone who wants to share their views. We will provide details of the call for evidence shortly.

Jim Shannon (Strangford) (DUP): I thank the Minister for her response, and I thank the hon. Member for Gedling (Tom Randall) for posing the question. What steps is the Minister taking, in co-ordination with her counterpart in the Department for Digital, Culture, Media and Sport, to promote the appearance on television of our talented Down syndrome actors in order to ensure that programmes such as "Call the Midwife"—one of my favourites—are not one-offs, and that it becomes a normal part of life for children to see someone like themselves on TV and know that they too can fulfil their dreams with hard work and determination?

Gillian Keegan: The passage of the Down Syndrome Bill has given a platform to many people with the condition. I am sure that the hon. Gentleman greatly enjoyed meeting actors, models and many other people

with Down syndrome who showed how much they can achieve during the recent parliamentary events, and we look forward to continuing to showcase that.

Mr Speaker: I call the shadow Minister, Taiwo Owatemi.

Taiwo Owatemi (Coventry North West) (Lab): I, too, want to associate myself with the comments about the hon. Member for Bridgend (Dr Wallis).

A constituent recently contacted me about her struggle with the cost of living crisis. She is the sole carer of a young daughter and, after 25 years of misdiagnosis, she has been diagnosed with bipolar disorder. She is already struggling to make ends meet and now her energy bills are set to triple. Last week's spring statement included nothing about mental health and barely mentioned disabilities, whereas Labour has a plan to ease the cost of living and provide mental health services for 1 million more people each year. Where is the Government's plan to help the millions of people like my constituent?

Gillian Keegan: This issue would normally be covered by questions to a different Department, but, as the mental health Minister, I can tell the hon. Lady that we do have a plan. We are making a great deal of investment in mental health and making further investment in the catch-up programme. We also have a mental health strategy on which we have been working this year, and we will ensure that we address the issue of people with bipolar disorder in that strategy.

Social Mobility

3. **Antony Higginbotham** (Burnley) (Con): What steps the Government are taking to improve social mobility. [906379]

The Minister for Equalities (Kemi Badenoch): The Government believe that the circumstances of a person's birth should not determine life outcomes. We recently published our levelling up White Paper to address regional disparities across the UK and put more money into the pockets of those who need it most. We are also bolstering the Social Mobility Commission by appointing new commissioners who will help to improve public understanding of how opportunity is created and made accessible to all.

Antony Higginbotham: For too long, the focus on social mobility has been about what a person looks like and not what that person can offer. Can the Minister confirm that we will consign that approach to history, and instead focus on what everyday people can offer the country and ensure that they have the opportunity that they deserve?

Kemi Badenoch: My hon. Friend is right: social mobility is very much about the individual. He will be pleased to know that the Government are taking a new approach to equality which goes beyond the protected characteristics in the Equality Act 2010 and also takes account of socioeconomic and regional disparities. He will have noticed that we have released our strategy for racial equality, "Inclusive Britain", which is based on some of the principles to which he has referred.

Alison McGovern (Wirral South) (Lab): Social mobility is a laudable aim that everyone in the House agrees with, but this week I was shocked to see Action for Children report that nearly half of children surveyed from low-income backgrounds say that they worry about their families' finances. That kind of stress will help no child to do well at school and will help no child to succeed. We know that family finances and the ability to work are also constrained by childcare. So can the Minister say what she is doing in her role to work across Government to help on family finances and, in particular, to help parents who need to fund the cost of childcare?

Kemi Badenoch: I have another role as Minister for Levelling Up Communities, and the Department for Levelling Up, Housing and Communities recently invested £300 million in a flagship programme to support the families who need help the most. The hon. Lady will have heard from other Ministers in various Departments what we have been doing about the cost of living, and I refer her to their statements.

Careers in Science, Computing and Engineering

5. **Theresa Villiers** (Chipping Barnet) (Con): What steps she is taking to encourage more women to enter careers in science, computing and engineering. [906381]

The Minister for Equalities (Kemi Badenoch): We have seen good progress on increasing the number of girls studying science, technology, engineering and maths—STEM—subjects at school, but we know that too many women drop out of STEM careers because of caring responsibilities. That is why we recently announced a new scheme to help women into STEM roles after taking time out of work to care for their family. This will help organisations to recruit those who are too often overlooked because of a gap on their CV when providing employment support.

Theresa Villiers: Given the obvious labour shortages in construction, can I encourage Ministers to work with groups such as Women into Construction to encourage women to take on apprenticeships and careers in engineering and construction?

Kemi Badenoch: My right hon. Friend can consider Ministers suitably encouraged. I speak as an engineer who also had an apprenticeship, and I know how important organisations such as Women into Construction are. We will do everything we can to work with them and to support women into apprenticeships and engineering.

Equality Act 2010: Implementation by Local Authorities

6. **Neale Hanvey** (Kirkcaldy and Cowdenbeath) (Alba): What recent representations she has received on the implementation by local authorities of the provisions of the Equality Act 2010. [906382]

The Minister for Equalities (Kemi Badenoch): The Equality Act's provisions, including the public sector equality duty, apply to local authorities, and they are legally bound to implement them. The Equality and Human Rights Commission, an independent public body, is responsible for enforcing the Equality Act 2010

across the public sector, including in local authorities. The EHRC makes its own decisions on how it exercises its functions.

Neale Hanvey: I thank the Minister for that response. Women from my constituency and across Fife have had their coffee mornings cancelled by Fife Council officers for reasons that have not been adequately explained. Does the Minister agree that preventing women from lawfully organising and discussing matters of importance under the protected characteristic of sex forms part of an emerging culture of women being cancelled, intimidated and silenced and is deeply harmful? Does she further agree that all public bodies, including police services and local authorities, must observe the clear definition set out by the inner house of the Court of Session on the category of sex in the Equality Act, and that an attack on one protected characteristic should be considered an attack on all protected characteristics, and must be robustly challenged and cease?

Kemi Badenoch: I agree with the hon. Gentleman's sentiments. I do not think it right that women should be prevented from organising on the basis of their sex. Freedom of belief and speech are vital pillars of our democratic society and no one should be silenced from expressing their legitimately held opinions. Like any public body in this country, the hon. Gentleman's local council must have regard to its public sector equality duty in all its functions and decision making, including the case he refers to. He may wish to pick the issue up with the Scottish Government, as they are responsible for education policy of the kind we are discussing. I do not know the particular details of this case, but if he writes to me, I might be able to provide more information.

Mrs Maria Miller (Basingstoke) (Con): As the Minister has set out, local authorities have a duty to have regard to equality in all their work, and it is local authorities that facilitate our elections, so would the Minister agree that getting more information about who stands for election published might help us to ensure that our electoral system is as fair and open as it can be?

Kemi Badenoch: Yes, I would agree with that. Local authorities carry out the work of providing that information to the electorate, but if there is something specific that my right hon. Friend thinks they could be doing more of, I would be happy to look into that in my capacity as local government Minister.

Tonia Antoniazzi (Gower) (Lab): What urgent conversations is the Minister having with British Cycling to ensure that elite female athletes such as Dame Laura Kenny, a six-time Olympic medallist, and her team-mates will not lose their places and have their records broken because of British Cycling's inability to uphold section 195 of the 2010 Equality Act and implement the agreed guidance from the Sports Council Equality Group on transgender inclusion in sport, which was published in October last year?

Kemi Badenoch: The hon. Lady makes an important point. I have not had any specific discussions with British Cycling, but I am glad she has raised this issue with me. I will pick up the matter with my colleagues in

the Department for Digital, Culture, Media and Sport who look at sports guidance and see what we can do to provide clarity on the subject.

Investment for Businesses: Female and Minority Entrepreneurs

8. **Ruth Edwards** (Rushcliffe) (Con): What steps the Government are taking to reduce the barriers faced by female and minority entrepreneurs in seeking investment for businesses. [906384]

The Minister for Equalities (Kemi Badenoch): The Government's flagship start-up loans programme, delivered through the British Business Bank, has been instrumental in reducing access-to-finance barriers faced by all entrepreneurs, including those faced by female and minority entrepreneurs. Since the launch of the programme, around 40% of the loans issued, valued at approximately £320 million, went to female entrepreneurs. Black, Asian and ethnic minority businesses have received around 20% of the loans issued, valued at £160 million.

Ruth Edwards: A record 140,000 women started their own business in the last year, but research shows that only 1% of venture capital funding goes to businesses led by women. Will my hon. Friend agree to meet me and the #overbeingunderfunded campaign, run by my constituents Sarah King and Claire Dunn, to discuss how we can better use Government schemes such as the seed enterprise investment scheme to address this inequality?

Kemi Badenoch: The seed enterprise investment scheme is one of three tax-advantaged venture capital schemes that provide tax incentives to individuals who invest in companies at various stages of growth. I am grateful to my hon. Friend for giving me the opportunity to talk about the world-leading generosity of this scheme. I will find out whether a Minister in the Department for Business, Energy and Industrial Strategy or the Treasury is available to meet her and her constituents on this specific issue.

Energy Costs for Disabled People

9. **Wera Hobhouse** (Bath) (LD): What discussions she has had with the Secretary of State for Work and Pensions on energy costs for disabled people. [906385]

The Minister of State, Department for Work and Pensions (Chloe Smith): The Treasury recently announced £9.1 billion of support for energy customers, including a bill rebate, a council tax reduction and continuing support for the most vulnerable households. Furthermore, a doubling of the household support fund was announced in the spring statement, which is again getting help to where it is needed most.

Wera Hobhouse: On behalf of the Liberal Democrats, I commend the hon. Member for Bridgend (Dr Wallis) for his bravery in speaking out. We wish him all the best. I think I speak for everyone in the Chamber when I say that we are here to support him.

Disability charities estimate that the number of disabled people in fuel poverty could double this year. A constituent recently told me, "I stay in bed to keep warm and to keep up with my energy costs. I skip meals to cope with

my grocery costs." Will the Government and the Minister support our call to reinstate the £1,000 universal credit uplift and to keep in line—

Mr Speaker: Order. I call the Minister. Come on, this is far too long.

Chloe Smith: I assure the hon. Member for Bath (Wera Hobhouse) that I regularly meet many disabled people and disability organisations. I am aware of this issue and the natural anxiety about rising costs felt by many who live on a fixed income. That is why the Government are already acting in the way I set out.

HM Prison and Probation Service: Equality Assessment for Fitness Testing

10. **Justin Madders** (Ellesmere Port and Neston) (Lab): If she will undertake an equalities impact assessment of HM Prison and Probation Service's equality assessment for fitness testing. [906386]

The Parliamentary Under-Secretary of State for Justice (James Cartlidge): The HMPPS staff fitness testing policy was reviewed, updated and published in 2021. An equality impact assessment was undertaken in 2021, and it remains a live document. It will be reviewed and updated regularly as work in this area progresses. HMPPS staff networks, diversity and inclusion experts and trade unions were fully consulted during the policy review, and they contributed to the equality analysis.

Justin Madders: The Minister will be aware of concerns, particularly from the Prison Officers Association, that far more female officers than male officers are failing this test. Will he meet the Prison Officers Association to discuss this issue?

James Cartlidge: The hon. Gentleman takes a consistent interest in this point, and I am happy to mention his question to the Minister of State, Ministry of Justice, my hon. Friend the Member for Louth and Horncastle (Victoria Atkins). I can confirm that, since prison officer fitness testing resumed last July, 90% of female officers passed on the first attempt, and none failed by the third attempt.

Topical Questions

T1. [906391] **Munira Wilson** (Twickenham) (LD): If she will make a statement on her departmental responsibilities.

The Minister for Equalities (Kemi Badenoch): "Inclusive Britain" is the Government's response to the report by the independent Commission on Race and Ethnic Disparities, and it sets out a groundbreaking action plan to tackle negative disparities, promote unity and build a fairer Britain for all. This includes developing a new model history curriculum by 2024; working with a panel of academics and businesspeople to promote fairness in the workplace; and developing a new national framework for how the use of police powers is scrutinised at local level. The measures in the action plan will help to level up the country by tackling the drivers of persistent ethnic disparities in education, employment, health and criminal justice.

Munira Wilson: The Minister will be aware that a recent survey of 27,000 parents by Pregnant Then Screwed found that about two thirds are paying more for childcare than they are for their rent or mortgage. This is pushing many mothers out of the workforce or into working fewer hours. Does she agree that the Government need to address this as a matter of urgency if we want to keep women in the workforce and in well-paid jobs?

Kemi Badenoch: I agree with the hon. Lady that childcare is a very important issue if we want to keep women in the workplace. We have spent more than £3.5 billion in each of the past three years on our early education entitlement and we continue to support families with their childcare costs.

T3. [906393] **David Duguid** (Banff and Buchan) (Con): I welcome the Down Syndrome Bill and fully support its passage through Parliament. How will the Minister ensure that from the perspective of equality the Bill will not have the unintended consequence of prioritising support for Down's syndrome over other genetic and chromosome disorders? Some of those, although not as well-known, are thought to be just as prevalent, if not more so, and certainly no less impactful for the families affected, for example, 22q11.2 deletion syndrome. *[Interruption.]*

Mr Speaker: Order. I ask Members, please, not to walk in front of other Members while they are asking questions.

The Minister for Care and Mental Health (Gillian Keegan): The Government are committed to considering the overlaps and linkages of the experiences of people with Down's syndrome and those of people with other genetic conditions, such as 22q11.2 deletion syndrome, in the development of the guidance. The national call for evidence will ensure that the guidance also benefits people with other genetic conditions too.

Mr Speaker: I call the shadow Secretary of State, Anneliese Dodds.

Anneliese Dodds (Oxford East) (Lab/Co-op): Thank you, Mr Speaker. First, may I associate myself with the warm and supportive remarks made from all across this House to the hon. Member for Bridgend?

Women are bearing the brunt of the Conservative cost of living crisis. At the sharp end, as the Women's Budget Group has said, they are the "shock absorbers" of poverty, cutting essentials for themselves so that their kids do not go without. So will the Minister inform the House as to what assessment her Government have made of the financial impact of the Chancellor's autumn Budget last year and his spring statement last week?

Kemi Badenoch: The Treasury looks at all impacts in the round, and the financial statement the Chancellor announced last week would have had an equalities impact assessment, which would have taken into account all the various measures and their impact, based on protected characteristics.

Anneliese Dodds: In practice, it is disappointing that it did not include that analysis and the Minister does not appear aware of the impact of her Government's

policies on women. I can enlighten her: put together, the 2021 autumn Budget and the 2022 spring statement take £28 billion from the pockets of women over the next six years. That is £1,000 for every woman in the country. So why is her Government still refusing to impose a windfall tax to reduce bills for everyone and provide up to £600 for the households who need it, many of them run by women?

Kemi Badenoch: I simply do not recognise the figures that the hon. Lady is putting forward; it is not right to say that we are taking money out of the pockets of women. We have put forward a spring statement and a financial package that is looking after the interests of everyone in this country, because we look after people irrespective of their sex, gender, race; we look at people based on socioeconomic characteristics in particular and those who are most vulnerable or disadvantaged.

T4. [906394] **Dr Luke Evans** (Bosworth) (Con): I have been fighting hard to keep body image up the agenda. The Advertising Standards Authority has closed its call for evidence. The Select Committee on Health and Social Care has started an inquiry on this and the online harms Bill has the chance to address body image. That being said, what action has the Minister taken following the Select Committee on Women and Equalities report, "Changing the perfect picture: an inquiry into body image"?

Kemi Badenoch: I thank my hon. Friend for his continued work on this important issue. As we all know, poor body image can affect lifestyle choices, and physical and mental health, and is associated with lower confidence and low aspirations. So we have been taking steps to ensure that young people have the skills to keep themselves safe, through our work on media literacy and promoting understanding that the online environment is not always reflective of reality.

T2. [906392] **Gill Furniss** (Sheffield, Brightside and Hillsborough) (Lab): Hymenoplasty and so-called "virginity testing" are disgraceful forms of abuse against women and girls. I was therefore pleased when the Government committed earlier this year to banning them. Will the Minister update the House on when this legislation will be introduced so that women and girls are protected from these inhumane practices?

Gillian Keegan: The Government are committed to safeguarding women and girls, which is why on 18 November 2021 we tabled an amendment to the Health and Care Bill to ban virginity testing, which passed unopposed in the House of Commons.

T5. [906395] **Mrs Sheryll Murray** (South East Cornwall) (Con): There is no doubt that our first female Prime Minister led the way by showing women that they can reach the highest office and do the job well. What steps are the Government taking to encourage more women to seek elected office? Will the Minister consider a similar accolade to that of the Falkland Islands and celebrate a Margaret Thatcher day?

Kemi Badenoch: I would be very supportive of a Margaret Thatcher day, but I think that is more a question for the Prime Minister than for me. My hon.

Friend will know that all parties do quite a lot to support women into elected office and across the House we can agree that that is an important thing to continue.

Mr Speaker: Before we come to Prime Minister's questions, I would like to point out that the British Sign Language interpretation of proceedings is available to watch on parliamentlive.tv.

PRIME MINISTER

The Prime Minister was asked—

Engagements

Q1. [906363] Gareth Davies (Grantham and Stamford) (Con): If he will list his official engagements for Wednesday 30 March.

The Prime Minister (Boris Johnson): The whole House will have read the statement today from my hon. Friend the Member for Bridgend (Dr Wallis)—I know that the House stands with you and will give you the support you need to live freely as yourself.

I thank Donna Ockenden and her whole team for the compassionate approach she has taken throughout the distressing review of maternity care at Shrewsbury and Telford Hospital NHS Trust. Every woman who gives birth has the right to a safe birth, and my heart therefore goes out to the families for the distress and suffering they have endured. My right hon. Friend the Secretary of State for Health and Social Care will make an oral statement this afternoon to set out the Government's response.

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

Gareth Davies: While our focus is rightly on Ukraine, the Prime Minister will be aware of the great concern of many people across the Baltic states. Will he outline the role that the joint expeditionary force can play in countering Russian aggression and improving the defensive posture for our allies in the Baltics?

The Prime Minister: The joint expeditionary force, or the JEF, is an increasingly important grouping of the Nordic countries, the Baltic countries, the Dutch and ourselves, and we are committed to working together in an active way to counter Russian aggression and support our Ukrainian friends. We had a successful meeting a couple of weeks ago and will have further such meetings in the course of the next few weeks.

Mr Speaker: We now come to the Leader of the Opposition.

Keir Starmer (Holborn and St Pancras) (Lab): May I start by joining the Prime Minister in his remarks in relation to the hon. Member for Bridgend (Dr Wallis)?

Does the Prime Minister still think that he and the Chancellor are tax-cutting Conservatives?

The Prime Minister: Yes, I certainly do, because this Government have just introduced not only the biggest cut in fuel duty ever but the biggest cut in tax for working people in the last 10 years. Seventy per cent. of

the population paying national insurance contributions will have a substantial tax cut as a result of what the Chancellor did, and if we take together—*[Interruption.]* The Opposition do not like it, Mr Speaker, but it is true. They always put up taxes; that is why. We cut taxes. They love putting up taxes. If we take together what we are doing with income tax and national insurance, it is the biggest tax cut for 25 years, proposed by my right hon. Friend the Chancellor.

Keir Starmer: Cut the nonsense and treat the British people with a bit of respect. Let me take the Prime Minister through this slowly: 15 tax rises and the highest tax burden for 70 years. For every £6 the Government are taking in tax rises, they are handing only £1 back. Prime Minister, is that cutting taxes or is that raising taxes?

The Prime Minister: I do not know where the right hon. and learned Gentleman has been for the past two years, but even by the standards—*[Interruption.]* Yes, he has. Even by the standards of Captain Hindsight, to obliterate the biggest pandemic for the past century from his memory and to obliterate the £408 billion that we have had to spend to look after people up and down the country is quite extraordinary. This is a Government who are getting on with reducing the tax burden wherever we can. There is one measure that I think the right hon. and learned Gentleman should support, and that is the health and care levy to fund our NHS. That is the one that the Opposition oppose. They are all in favour of every other tax rise.

Keir Starmer: I can only hope that the Prime Minister's police questionnaire was a bit more convincing than that.

This year, the British people face the worst fall in living standards on record. While they are counting every penny, the Prime Minister is hitting them with higher taxes, but in 2024, when there just so happens to be a general election, the Government will introduce a small tax cut. That is not taking difficult decisions; that is putting the Tory re-election campaign over and above helping people pay their bills. How did he find a Chancellor as utterly cynical as he is?

The Prime Minister: What we have is a Chancellor who took the tough decisions to look after the UK economy throughout the pandemic, and who protected people up and down the land with £408 billion-worth of support. By the way, if we had listened to Captain Hindsight—and this is the truth—we would not have come out of lockdown in July last year. We would have stayed in lockdown over Christmas and new year, with the result that the UK economy would not be growing in the way that it is, so we would not be able to make the investments that we are now making. Under Labour, we would have to tax more and borrow more. It cannot be trusted with the economy.

Keir Starmer: The tough decisions—give me a break! We know who those two always ask to pay: income stealth tax—a tax on working people; the tuition fee raid—a tax on working people; the national insurance hike—a tax on working people. All of this while oil and gas companies see unexpected bumper profits. A windfall tax would raise billions and ease the burden on working

people. The former chief executive officer of BP, Lord John Browne, says a windfall tax is “justifiable”. The current CEO says that BP has, in his words, “more cash than we know what to do with.”

Why is the Prime Minister more interested in shielding oil and gas profits than supporting working people?

The Prime Minister: That is a classic example of what Labour got wrong during its period in office. The oil and gas companies are now investing £20 billion in ensuring that we have long-term energy supplies. I remember that the 1997 Labour manifesto actually said that there was “no economic case” for more nuclear power. We are now having to make good the historic mistakes of the Labour party by investing in our long-term energy supply. That is what we are doing. Everything that Labour is proposing would deter investment, meaning higher prices for consumers and households up and down the land being worse off.

Keir Starmer: There we have it: the Conservatives are the party of excess oil and gas profits; we are the party of working people.

Talking of parties, the Prime Minister told the House that no rules were broken in Downing Street during lockdown. The police have now concluded that there was widespread criminality. The “Ministerial Code” says that Ministers who “knowingly” mislead the House should resign. Why is he still here?

The Prime Minister: Hang on a minute. The right hon. and learned Gentleman has just changed his position. We do at least expect some consistency from this human weather vane. It was only a week or so ago when he said that I should not resign. What is his position, Mr Speaker? Of course the investigators must get on with their job, but, in the meantime, we will get on with our job. We are focusing on tackling the cost of living, and helping people through the spike in fuel prices—the £9.1 billion that the Chancellor has set out. I have mentioned nuclear power and I have mentioned tackling our energy supplies, which Labour totally failed to do, but, far more important perhaps even than that, we are tackling illiteracy and innumeracy in our schools. We are investing billions in tutoring. That is what we are focusing on, and that is what the people of this country want us to focus on.

Keir Starmer: There are only two possible explanations. Either the Prime Minister is trashing the ministerial code, or he is claiming he was repeatedly lied to by his own advisers and did not know what was going on in his own house and his own office. Come off it! He really does think it is one rule for him and another rule for everyone else—that he can pass off criminality in his office and ask others to follow the law, that he can keep raising taxes and call himself a tax cutter, and that he can hike tax during a cost of living crisis and get credit for giving a bit back just before an election. When is he going to stop taking the British public for fools?

The Prime Minister: This is the Leader of the Opposition who would have kept this country in lockdown and made it absolutely impossible. He has zero consistency on any issue, but one thing we know is that he would like to take us back into the European Union and take

us back into lockdown if he possibly could. Thanks to what this Government have done, we have unemployment back down to the levels it was before the pandemic, the economy bigger than it was and record vacancies. The difference between the Opposition and us is that they want to keep people on benefits and we want to help people into work. That is what we are doing, in record numbers. They want to raise taxes; we want to cut taxes, and that is what we are doing. We are tackling illiteracy; they did not give a damn.

We are getting on with making this country the best place to invest. The last time I updated the House on the number of unicorns in this country—that is, tech companies worth more than \$1 billion—I said we had 100. I can inform you now, Mr Speaker, that we have 120. The Opposition do not want to hear it, but let me tell you: that is more than France. It is more than Germany. It is more than Israel. It is more than France, Germany and Israel combined. That is what is happening under this Government. That is what is happening because of the tough decisions we have taken. We take the tough decisions. We deliver; they play politics.

Q4. [906366] Fay Jones (Brecon and Radnorshire) (Con): The UK Government’s work connecting rural areas such as Brecon and Radnorshire to superfast broadband will become a lot harder tomorrow, when the Welsh Government withdraw their matched funding for the scheme, forcing the cost of installation back on to homes and businesses in my constituency. Welsh Labour’s decision means that my constituents will lose out, as local authorities in England continue to fund the scheme. Does my right hon. Friend agree that broadband is critical to the growth of the rural economy, and will he double his Government’s efforts to connect my constituents, despite Welsh Labour’s letting us down yet again?

The Prime Minister: Yes. We are spending £69 million already to support the roll-out of superfast broadband in Wales. I wish the Welsh Government had not withdrawn their broadband scheme, but we will do our best to make up the difference as fast as possible.

Mr Speaker: We now come to SNP leader Ian Blackford.

Ian Blackford (Ross, Skye and Lochaber) (SNP): It is good to see the hon. Member for Bridgend (Dr Wallis) in the Chamber, and I commend him for his statement earlier today.

Last night, millions of families will have been desperately trying to figure out how they will possibly afford the £700 energy price hike that will hit them this Friday. At the very same time, Tory MPs were gathering across the street for a champagne bash in the Park Plaza. We all know that the Tories partied during lockdown, and now they are—[*Interruption.*]

Mr Speaker: Order. Mr Fabricant, Easter is upon us. I do not need you to ruin your Easter. Let us hear—[*Interruption.*] Order, all of you. Let us hear SNP leader Ian Blackford.

Ian Blackford: They shout and scream when we are raising the Tory cost of living crisis. We all know that the Tories partied during lockdown and now they are partying through the cost of living emergency.

Last week the Chancellor got it badly, badly wrong with the spring statement, and ever since the Prime Minister has been busy briefing against him, saying that more needs to be done. For once I agree with the Prime Minister. So if he really believes that more needs to be done, can he tell us exactly what he will order his Chancellor to do to help the millions of families who are facing a £700 price hike this Friday?

The Prime Minister: I think the right hon. Gentleman is in error in what he says about events last night, but he is, like me, a living testament to the benefits of moderation in all things. To get to his point, this week, for instance, the living wage is going up again by record amounts, and thanks to what the Chancellor has done we are putting £9.1 billion into helping people up and down the country. I might respectfully suggest that the thing the Scottish nationalist Government—with whom, as I say, we work increasingly well—could focus on for the long-term prosperity of Scotland is the educational system, where I am sad to see Scotland's once-glorious record falling behind.

Ian Blackford: What a load of absolute baloney. The Prime Minister is dangerously out of touch. Food banks are warning that people are having to choose their food based on whether they can afford the gas to boil it. Families are having to choose what rooms to heat or whether they can turn on the heating at all. Some in the Tory Cabinet clearly believe that better weather means that they can happily sit on their hands and do nothing until next winter. They obviously do not get, or do not care, that in many parts of Scotland the weather will barely reach above freezing over the next week. The Chancellor thinks his £200 loan, which is forcing people into energy debt, is somehow a solution, but it clearly is not. So before the Prime Minister and his Chancellor go off on their Easter holidays, will they, at the very least, turn this loan into a grant and finally put some cash into people's pockets when they need it, right now?

The Prime Minister: Of course we are doing everything that we can, with the £9.1 billion and the cold weather payments. The right hon. Gentleman is right to draw attention to the problem, and we are making huge investments in supporting people right now, with another £1 billion, by the way, through the household support fund to help vulnerable families. But when he talks about the cost of energy in Scotland, how absolutely preposterous it is that the Scottish nationalist party should still be opposed to the use of any of our native hydrocarbons in this country, with the result that the Europeans are importing oil and gas from Putin's Russia. It is totally absurd.

Mr Speaker: Just for the record, it is the Scottish national party.

Q7. [906369] Mark Fletcher (Bolsover) (Con): Following on from the publication of the schools White Paper, one of my most important campaigns is to secure provision of quality post-16 education within the Bolsover constituency, where there is currently none. Young people in my constituency have to travel long distances at considerable cost to access their education. Will my right hon. Friend meet me to discuss how we can right

this wrong for the young people of the Bolsover constituency and give them the education that they deserve?

The Prime Minister: I thank my hon. Friend, who is a great champion for Bolsover and for his constituents. Free and subsidised travel is provided to Bolsover students travelling, so far, to two of the three excellent colleges that are going to be offering T-levels from 2023, but I will make sure that he gets a meeting with my right hon. Friend the Education Secretary to discuss further what we can do.

Ed Davey (Kingston and Surbiton) (LD): During the second world war, my grandmother, like countless other people across our country, opened her home to evacuees, including two German Jewish boys. Over 70 years later, the British people want to shelter desperate refugees again. Two weeks ago, I was speaking to refugee families on the Ukrainian-Polish border at Medyka. Some desperately wanted to come to our country. One elderly couple told me that they had been told that it was just too complicated, and now the Government's own figures say the same. Paperwork is being put ahead of people. When wealthy businessmen from more than 50 countries can come to the UK visa-free, why does the Prime Minister insist that a traumatised Ukrainian mother and child must first fill out a visa form?

The Prime Minister: The right hon. Gentleman is right about the generosity of his country, and he is right to draw attention to his family's own generosity in this matter. Everyone is pulling together. The number of people who have come forward to offer their home is incredible, but I really do not think he should deprecate what the UK is offering. Some 25,000 people have already got visas. We are processing 1,000 a day. There is no upper limit to the number we can take. This is a country that has already been the most generous in taking people from Afghanistan, with 15,000 under Operation Pitting. We have 104,000 applications from the Hong Kong Chinese. This is a country that is overwhelmingly generous to people coming in fear of their lives. *[Interruption.]* Yes it is, and so are this Government.

Johnny Mercer (Plymouth, Moor View) (Con): I do not think anyone involved in partnering operations over the past 10 or 20 years could fail to be humbled by the extraordinary courage and commitment of the Ukrainian people in defending their country, aided and abetted by the lethal aid from this country. They are all appreciative of this Government and this Prime Minister being first out the door to deliver that. Does the Prime Minister agree that while others may now begin to tire, now is the time to double down on the aid we give to Ukraine? Actually, we might end up breaking a pretty poor Russian army and bringing peace to that part of the world, while consigning the likes of Vladimir Putin to the dustbin of history, where he belongs.

The Prime Minister: That is absolutely right, and I thank my hon. Friend very much for his bravery in going to see for himself only the other day. It is right that we should double down on military defensive support in the way that we are. By the way, can anyone imagine a Labour Government, eight of whose Front Benchers

voted to get rid of our nuclear deterrent—[*Interruption.*] Yes, they did, and recently. Can anyone imagine them doing the same? We will go on with that. What we will also do, and I hope we have the support of the Opposition in this, is ensure there is no backsliding on sanctions by any of our friends and partners around the world. In fact, we need now to ratchet up the economic pressure on Vladimir Putin, and it is certainly inconceivable that any sanctions could be taken off simply because there was a ceasefire. That would be absolutely unthinkable, in my view.

Q2. [906364] **Carol Monaghan** (Glasgow North West) (SNP): Households are experiencing soaring energy costs. We are in the middle of a global climate emergency. Against that backdrop, Norway can feed energy into our national grid at a cost of £1.36 per megawatt-hour. France pays 17p per megawatt-hour. Germany, the Netherlands and Luxembourg pay nothing to feed into our grid. Can the Prime Minister explain then why Scotland's renewables sector is being punished with grid connection charges of £7.36 per megawatt-hour?

The Prime Minister: Scotland's renewables sector is leading the world. I am grateful to the Scottish Government for all the help and support they are giving in developing that incredible resource in the North sea. By the way, I think there is also a role for hydrocarbons as we transition. We need to ensure that we have a grid that enables us to take that electricity onshore and transmit it around the country, and that is what I will be setting out in the British energy security strategy—the long-term investment that this country needs and that the parties opposite completely fail to address.

Greg Smith (Buckingham) (Con): Last week, following a huge resident and parish council-led campaign, the planning application for a new mega-prison in my constituency was refused. Does my right hon. Friend agree that with the proposals for that site being close to where HS2 and East West Rail cross, it is a matter of fairness that communities already suffering at the hands of the construction of big state infrastructure should not be asked to take more? Will he instruct the Ministry of Justice not to appeal that planning decision?

The Prime Minister: My hon. Friend is a doughty campaigner for his constituency. He has made an important point about a planning matter about which I do not think I should really comment, but I am sure that the relevant Ministers will have heard him loud and clear.

Q3. [906365] **Mary Glindon** (North Tyneside) (Lab): With the Government losing an estimated £4 billion to fraud in the furlough scheme, surely the Prime Minister should have tackled that fraud—especially when, in his own party in North Tyneside, furlough was claimed for a member of party staff even though he continued to work.

The Prime Minister: If the hon. Lady is really saying that we should not have rolled out the furlough scheme at the speed that we did, I think everybody in this country understands that it was a heroic thing. I remember that, two years ago, the Opposition were yammering and clamouring for us to go faster—and we did; we produced a fantastic scheme. And yes, fraudsters will be

hunted down: we have put another £100 million into tracking down fraud in this country. Some £23 billion a year was lost under Labour in fraud.

James Sunderland (Bracknell) (Con): I was delighted to learn this week that 37 of the 39 state schools in the Bracknell constituency are now graded good or outstanding. Will the Prime Minister join me in thanking our fantastic teachers, staff, governors and pupils? Does he agree that the new education White Paper offers a blueprint for our schools that we can all be proud of?

The Prime Minister: Yes, I do. I think it is a fantastic White Paper.

Q5. [906367] **Chris Stephens** (Glasgow South West) (SNP): Over 2 million tonnes of edible food is wasted on farms and in factories every year. Funding was introduced in 2019 to cover the costs of getting food to charities to reach those in need. The Prime Minister will know, however, that the Government have now cut that critical funding to zero. Funding for food waste diversion helps to support community projects such as the Threehills community supermarket in Glasgow, so can he explain why he is ignoring calls from Feeding Britain, Good Food Scotland and FareShare to continue that worthwhile initiative and is instead cutting off a lifeline to those struggling with the cost of living crisis?

The Prime Minister: I thank the hon. Gentleman very much. I think he is referring to the strategy that we have for food waste. As far as I know, we continue to support it, but I would be happy to update him by letter.

Lucy Allan (Telford) (Con): I thank the Prime Minister for his earlier remarks concerning the Donna Ockenden report into avoidable maternity deaths and injuries at the Shrewsbury and Telford Hospital NHS Trust. The report makes for devastating reading, the more so because women's voices were ignored. My constituent Hayley Matthews begged staff for a C-section throughout her 36-hour labour, but was forced into a natural birth. Her son Jack arrived blue and floppy and, within hours of his birth, he tragically died. Will the Prime Minister join me in offering heartfelt sympathies to all the families affected and grateful thanks to the 1,862 women who shared their experiences with the Ockenden review to ensure that maternity care is safer, kinder and more compassionate for the women who come after them?

The Prime Minister: I thank my hon. Friend for her question. I think everybody will thank the women concerned for taking up the issue in the way that they have and we extend our heartfelt sympathies to the victims and their families for what they have suffered. It is very important that people get the answers that they deserve and that we have the right approach to the issue in the future. That is why we are investing very substantially in maternity services and also, of course, very substantially in midwives and in our NHS altogether.

Q6. [906368] **Sarah Champion** (Rotherham) (Lab): Prime Minister, every day I hear from more and more of my Rotherham constituents who are struggling to put food on the table, to keep their lights on and to fuel their cars. The Office for Budget Responsibility estimates that the Government's measures will only offset falling living

standards by a third. This is the biggest financial squeeze since the 1950s. Prime Minister, do not blame Ukraine and do not blame covid. This is down to your Government's policies and your political choices. How do you sleep at night?

The Prime Minister: I do agree that people are facing a very tough time at the moment, and we have to do everything we can. I do not agree with the hon. Member's analysis, but I think that the causes are certainly to do with the inflationary impact of the world coming out of covid, and the energy price spike is at the root of it. What we are doing is to help people with universal credit, which we have lifted by £1,000. We have helped people with the living wage, which is going up now by a record amount, and cutting taxes on working people in the way that we are. But of course we cannot do everything right now, and what we will do is ensure that we have a stronger economic performance and we have people in work. The most important thing is that we have people getting into work now in a way that was not possible—certainly would not have been possible—if we had stuck to the policies that were proposed by the Labour Opposition. That is why we have a strong economy, and that is the best recipe. It is better to be off benefits and into work, and that is what we are doing.

Theo Clarke (Stafford) (Con): One of my earliest campaigns was to reopen Stafford's Shire Hall, so I am delighted that this iconic building is finally set to reopen this summer. Can I thank the Government for providing £1.6 million in funding to create a hub for small businesses in Shire Hall, but can I also ask my right hon. Friend to help regenerate the rest of Stafford town centre and our high streets to help level up the west midlands and support our local businesses?

The Prime Minister: I thank my hon. Friend for her fantastic work to reopen Shire Hall—she is a passionate campaigner for Stafford—and Stafford was awarded over £14 million lately through the future high streets fund.

Q8. [906370] Apsana Begum (Poplar and Limehouse) (Lab): My constituency has one of the highest rates of child poverty in the entire country, with too many already struggling between heating and eating. The Government's recent real-terms social security cut will now push even more families, children and pensioners into desperation. Does the Prime Minister agree that the biggest squeeze in household finances since records began does not come out of the blue, but is due to Conservative economics and the notion that, while some have the pleasure of partying, the rest of us should suffer?

The Prime Minister: No, we are absolutely dedicated to levelling up across our entire country and making sure that we reduce poverty. That is why I am proud that there are now half a million fewer kids actually in workless households, 200,000 fewer kids—200,000 fewer—in poverty and 1.3 million fewer in absolute poverty. The way we have done that is by helping people into work, and we are going to go further—investing in more work coaches, and massively increasing our training

budget so that people get the skills that they need. That is our approach—helping people by getting them into work.

Sir Robert Buckland (South Swindon) (Con): Today's announcement by our serving United Kingdom judges of their withdrawal from the Hong Kong Court of Final Appeal is now the right decision, and I support it, as does my right hon. Friend. Does he agree with me that, on this sad day for the people of Hong Kong and at a time when the international rule of law is under unprecedented challenge, it is for us here in Britain to stand up for what is right, to be resolute in the face of tyranny and to make sure that the international rules-based order is defended at every opportunity?

The Prime Minister: I thank my right hon. and learned Friend. I know how passionately he has campaigned on this issue. I also thank the judges in Hong Kong's court for everything that they have been doing. Evidently, they have concluded that the constraints of the national security law make it impossible for them to continue to serve in the way they would want. I appreciate and understand their decision. It is vital that we all continue to make our points to the Chinese, as I did in my conversation with President Xi the other day, about freedom in Hong Kong and the treatment of the Uyghurs. We will continue to do that.

Q9. [906371] Catherine West (Hornsey and Wood Green) (Lab): Gas and electric prices and bills are through the roof. The “just about managing” are no longer managing; they are coming to surgeries and queuing at food banks. Last week, the Government had a golden opportunity to tackle this. Why the devil did they not take that opportunity to do something to relieve the pressure on our constituents?

The Prime Minister: I understand the pressure that people are under, but the best thing we can do, rather than endlessly taxing more and borrowing more, is make sure that we support people through this tough time, which we are doing, and ensure that we have a strong and growing economy in which we get people into work. We are cutting the cost of energy, but we are also taking the long-term decisions that the Labour party failed to take to invest in our energy for the future.

Sir Roger Gale (North Thanet) (Con): Today's updated Government figures show that of 28,300 applications submitted under the sponsorship scheme by people displaced in Putin's war, just 2,700 have been processed. Can my right hon. Friend tell the House how many to date of those people have actually arrived in the United Kingdom? Will he give his support to my noble Friend Lord Harrington to cut through the Home Office red tape, simplify the application process and get people into the country?

The Prime Minister: We are processing 1,000 a day. Twenty-five thousand visas have already been issued; as I just told the House, almost 200,000 families have opened their homes and their arms to Ukrainians coming in fear of their lives, and there is no limit on the scheme. I think we can be incredibly proud of what the UK is doing.

Q10. [906372] **Patricia Gibson** (North Ayrshire and Arran) (SNP): A cornerstone of the last Conservative manifesto was a guarantee that the basic state pension would rise by 2.5%, the rate of inflation, or earnings growth, whichever was the highest. Instead, from April the state pension will rise by less than half of the current inflation rate. How does the Prime Minister explain this abject betrayal of some of the most vulnerable people in our communities, who are squeezed by rocketing energy and food prices on the one hand and the miserliness of this Government on the other?

The Prime Minister: Actually, what we have done is protected pensioners so that, as a result of the triple lock, their incomes are £720 higher than they would have been had we just relied on inflation. As it is, their incomes continue to increase with inflation, and they have gone up faster and further than those of people in work. We look after elderly people and we always will.

Mr John Baron (Basildon and Billericay) (Con): On Monday, the Foreign Secretary agreed that in these uncertain times we need to expand our soft power capabilities, yet the Government are imminently to make a funding decision that may result in the closure of British Council country operations and a reduction in its international footprint. Will the Prime Minister intervene to ensure that that does not happen, given how much I know he understands and appreciates the important work the British Council does?

The Prime Minister: I am very happy to meet my hon. Friend to talk about this issue, which he has campaigned on many times, but I can tell him that the British Council, for which I have huge regard, has received a massive grant and loans to allow it to continue its activities.

Q11. [906373] **Matt Western** (Warwick and Leamington) (Lab): You will forgive me, Mr Speaker, if I start by saying that, given the Prime Minister's preferences for fantasy castles and Peppa Pig, he is welcome to come and visit Zog Playland at Warwick castle.

In Warwick and Leamington, as across the country, the cost of living crunch is really serious. As we have heard, energy bills are set to double by the end of this year and food prices to rise by 10% to 15% by year end, and fuel is already 22% up year on year. It must be hard for the Prime Minister to stay in touch with financial reality, given that donors and friends pay for flights and holidays and many of his bills. We also have a "200 Million Dollar Man" Chancellor—[*Interruption*]*—*who is so out of touch that he is contactless. The public believe—

Hon. Members: Sit down!

Mr Speaker: Order. You will sit down, please. I hope that we have come to the end of the question.

Matt Western: The Chancellor is so out of touch, he is contactless. The public believe that the—[*Interruption.*]

Mr Speaker: Order. Shut up and be quiet—behave yourselves.

I hope that is the end of the question. I think the Prime Minister has got the gist of it, because I certainly have.

The Prime Minister: Much as I admire the hon. Gentleman's style, I think it would be better in a light essay in *The Guardian*. What we are doing is tackling the cost of living by dealing with the spike in energy prices and making sure that we take the right long-term decisions to take this country forward—decisions that Labour completely shirked.

Selaine Saxby (North Devon) (Con): I welcome what the Government are doing to help, where they can, with the cost of living crisis, but in North Devon and across the south-west we have a housing crisis that needs urgent action. Will my right hon. Friend meet me to better understand the severity and complexity of our housing shortage and steps that the Government may take?

The Prime Minister: My hon. Friend is absolutely right about the need to provide local homes for local people. We totally understand that—by the way, we are building a record number of homes in spite of all the difficulties that we have faced—and that is why we have introduced higher rates of stamp duty on second homes, removed the second home discount and are using £11.5 billion to build 180,000 affordable homes across the country. It is always the Conservatives who build affordable homes—that is true—and Labour who talk about it.

Mr Speaker: Final question: Sarah Olney.

Q12. [906374] **Sarah Olney** (Richmond Park) (LD): Last Friday, it emerged that there had been an oil spill in Beverley Brook, a river that flows through Richmond Park to the Thames. Black waste oil and iridescence can now be seen along 13 km of the watercourse, posing a serious threat to fish and local wildlife. The Environment Agency is investigating, but it is understaffed and underfunded while also battling water companies over sewage discharge. Will the Government commit to strengthening the powers of the Office for Environmental Protection, as the Lib Dems tried to do through the passage of the Environment Bill, so that it can hold the Government and other public authorities to account over environmental damage in the same way that the European Commission was able to?

The Prime Minister: I know what is behind the hon. Member's question: a desire to return to the jurisdiction of the European Union. We want to ensure that we use our landmark Environment Act 2021 to continue to improve the quality of our rivers, and that is what we are doing.

Mr Speaker: Order. We will let the Chamber clear before we start the statement.

Ockenden Report

12.44 pm

The Secretary of State for Health and Social Care (Sajid Javid): With permission, Mr Speaker, I would like to make a statement on the Ockenden report. The independent review was set up in 2017 in response to concerns from bereaved families about maternity care at Shrewsbury and Telford Hospital NHS Trust. Its original scope was to cover the cases of 23 families, but since it began, sadly, many more families have reported concerns. Due to this tragically high number of cases and the importance of this work to patient safety, early conclusions were published in an initial report in December 2020. We accepted all the recommendations of the first report, and the NHS is now taking them forward.

Today, the second and final report has been published. This is the one of the largest inquiries relating to a single service in the history of the NHS. It looks at the experiences of almost 1,500 families from 2000 to 2019. I would like to update the House on the findings of the report, and will then turn to the actions that we are taking as a result of it.

The report paints a tragic and harrowing picture of repeated failures in care over two decades, which led to unimaginable trauma for so many people. For these families, their experience of maternity care, rather than being of moments of joy and happiness, was one of tragedy and distress. The effects of these failures were felt across families, communities and generations. The cases in the report are stark and deeply upsetting. In 12 cases where a mother died, the report concludes that in three quarters of them, the care could have been “significantly improved”. It also examined 44 cases of HIE—hypoxic ischaemic encephalopathy—a brain injury caused by oxygen deprivation. Two thirds of the cases featured “significant and major concerns” about the care provided to the mother. The reports also states that of almost 500 cases of stillbirth, one in four was found to give rise to major concerns about maternity care that, if managed appropriately, “might or would” have resulted in a different outcome.

When I met Donna Ockenden last week, she told me about basic oversights at every level of patient care, including in one case where important clinical information was kept on Post-it notes, which were swept into the bin by cleaners, with tragic consequences for a newborn baby and her family. In addition, there were repeated cases where the trust failed to undertake serious incident investigations; and where investigations did take place, they did not follow the standards that would have been expected.

Those persistent failings continued until as late as 2019, and multiple opportunities to address them were ignored, including by the trust board accountable for these services. Reviews from external bodies failed to identify the substandard care that was taking place, and some of the findings gave false reassurances about maternity services at the trust. The Care Quality Commission rated maternity services inadequate for safety only in 2018, which is unacceptable given the huge deficiencies in care that are outlined in the report.

The report also highlights serious issues with the culture in the trust. For instance, two thirds of staff who were surveyed reported that they had witnessed

cases of bullying, and some staff members withdrew their co-operation on the report within weeks of publication. The first report has already concluded that

“there was a culture within the Trust to keep Caesarean rates low because this was perceived as the essence of good maternity care”.

Today’s report adds:

“many women thought any deviation from normality meant a Caesarean section was needed and this was then denied to them by the Trust”.

It is right that both the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives have said recently that they regret their campaign for so-called normal births. It is vital, across maternity services, that we focus on safe and personalised care, in which the voice of the mother is heard throughout.

The report shows a systemic failure to listen to the families affected, many of whom had been doggedly and persistently raising issues over several years. One mother said that she felt like a

“lone voice in the wind”.

Bereaved families told the report that they were treated in a way that lacked sensitivity and empathy. Appallingly, in some cases, the trust blamed the mothers for the trauma that they had been through. In the words of Donna Ockenden, the trust

“failed to investigate, failed to learn and failed to improve”.

We entrust the NHS with our care, often when we are at our most vulnerable. In return, we expect the highest standards. I have seen in my family the brilliant care that NHS maternity services can offer, but when those standards are not met, we must act firmly, and the failures of care and compassion set out in the report have absolutely no place in the NHS.

To all the families who have suffered so greatly: I am sorry. The report clearly shows that you were failed by a service that was there to help you and your loved ones to bring life into this world. We will make the changes that the report says are needed, at both a local and national level.

I know that hon. Members and the families who have suffered would want reassurances that the individuals who are responsible for these serious and repeated failures will be held to account. I am sure that the House will understand that it is not appropriate for me to name individuals at this stage. However, I reassure hon. Members that a number of people who were working at the trust at the time of the incidents have been suspended or struck off from their professional register, and members of senior management have been removed from their posts. There is also an active police investigation, Operation Lincoln, which is looking at around 600 cases. Given that this is a live investigation, I am sure that hon. Members will recognise that I am not able to comment further on that.

Today’s report recognises that since the initial report was published in 2020, we have taken important steps to improve maternity care. That includes providing £95 million for maternity services across England to boost the maternity workforce and to fund programmes for training, development and leadership. The second report makes a series of further recommendations. It contains 66 for the local trust, 15 for the wider NHS and three for me as

Secretary of State. The local trust, NHS England and the Department of Health and Social Care will accept all 84 recommendations.

Earlier today, I spoke to the chief executive of the trust, who was not in post during the period examined in the report. I made it clear how seriously I take this report and the failures that were uncovered, and I reinforced the message that the recommendations must be acted on promptly, but as the report identifies, there are also wider lessons that must be learned, and it sets out a series of actions that should be considered by all trusts that provide maternity services. I have asked NHS England to write to all of those trusts, instructing them to assess themselves against these actions, and NHS England will set out a renewed delivery plan that reflects those recommendations.

I am also taking forward the specific recommendations that Donna Ockenden has asked me to. The first is on the need to further expand the maternity workforce. Just a few days ago, the NHS announced a £127 million funding boost for maternity services across England. That will bolster the maternity workforce even further, and fund programmes to strengthen leadership, retention and capital for neonatal maternity care.

Secondly, we will take forward the recommendation to create a working group, independent of the maternity transformation programme, with joint leadership from the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists.

Finally, Donna Ockenden said that she endorses the proposals that I announced in January to create a special health authority to continue the maternity investigation programme that is run by the Healthcare Safety Investigation Branch. Again, we will take her proposals forward, and the SHA will start its work from April next year.

I thank Donna Ockenden and her whole team for the forensic and compassionate approach that she has taken throughout this distressing inquiry. The report has given a voice at last to those families who were ignored and so grievously wronged, and it provides a valuable blueprint for safe maternity care in this country for years to come.

Finally, I pay tribute to the families whose tireless advocacy was instrumental to the review being set up in the first place. I cannot imagine how difficult it must have been for them to come forward and tell their stories, and the report is a testament to the courage and fortitude that they have shown in the most harrowing of circumstances.

This report is a devastating account of bedrooms that are empty, families that are bereft and loved ones taken before their time. We will act swiftly, so that no families have to go through the same pain in the future. I commend this statement to the House.

Mr Speaker: The Secretary of State is quite right that this is a very important statement, so I will offer the shadow Minister, Feryal Clark, six minutes.

12.56 pm

Feryal Clark (Enfield North) (Lab): Thank you, Mr Speaker, and I thank the Secretary of State for advance sight of his statement. I am pleased to respond today, not just as the shadow Minister for patient safety, but as a woman and a new mother. I thank Donna

Ockenden and her team for the report. I also thank the families who have come forward; we would not be here today without the persistence and resilience that they have shown for more than 20 years in their fight for justice.

Today marks an important milestone for hundreds of families who have been seeking justice. The Ockenden report lays bare the harrowing truth of what those families had to face and why their fight for justice has been such a fierce one: cries for help going unheard; parents having to try to resuscitate their children because there was no one there to help; and women and babies dying needlessly because they simply were not listened to.

The fact that women were silenced and ignored at their most vulnerable, when they were relying on the NHS to keep them safe, is shameful. No woman should have to face not knowing, when she goes into hospital to give birth, whether she and her baby will come out alive. These were not one-off or isolated incidents of negligence. This was the institutional failure of a system that failed to take up many opportunities to realise that it had a serious problem. We are where we are today because of the persistence and resilience of those families and their refusal to give up the fight to expose those failings. The only comfort we can offer them is that their voices have been heard, and that we are committing today, across this House, to ensuring that those failings are never repeated.

For far too long, patient safety issues and the voices of women have been an afterthought in health; that has led to the kind of crises that we saw in Shrewsbury. This needs to change. Patient safety must be a priority for health professionals and Ministers, so I welcome the fact that the Secretary of State has today committed in full to ensuring that the local actions for learning are taken by Shrewsbury and Telford Hospital NHS Trust, and to all the immediate and essential actions in the wider system that are recommended. Will the Secretary of State come to the House later this year to update us on the progress of those actions? The report makes it clear that a safe service cannot be run without a culture of transparency and accountability, so will he set out how he intends to ensure an open culture in the health service with a willingness to learn within maternity services and identify future failings far more quickly?

Underpinning issues in maternity care, as is the case across so much of our NHS, is workforce. Only 10 months ago, as a first-time mother, I experienced just how stretched to the limit maternity services are. The NHS is now losing midwives faster than it can recruit them. A recent CQC survey shows that almost a quarter of women were unable to get help when they needed it during labour. Hundreds of pregnant women were turned away from maternity wards last year because staff were not available to care for them. What is the Secretary of State doing to ensure that the NHS recruits the midwives it needs? What is he doing to keep the midwives we have in post?

It is only with the necessary workforce that the NHS will be able to ensure that women receive care that meets their needs and prioritises their safety. That security and respect is all that the families who suffered so much at Shrewsbury want, and it is all that the women who put their own and their babies' lives in the hands of the NHS want.

Sajid Javid: I thank the hon. Lady for her remarks. It is not often that we get to say this in this Chamber, but I agree wholeheartedly with what she has just shared with the House. She is absolutely right to talk about this as a fight for justice and to say that if these brave families had not been so persistent in coming forward with what was done to them and what went wrong, the inquiry might never have happened. She is also right to talk about institutional failure at the trust, which the first report set out in some detail and which we are seeing in much more detail today.

The hon. Lady talked, rightly, about patient safety. She will know that the Government have already set out plans to appoint a patient safety commissioner; that appointment will be made soon, but we need to do much, much more. That is why it was right to accept all the interim report's recommendations, including seven immediate and essential actions and 27 local actions. I can tell the House that the trust has implemented all the actions set out in the interim report; that was backed at the time by £95 million in extra funding. As I said a moment ago, the final report quite rightly makes many more recommendations, which have all been accepted and which are backed by funding of at least £127 million, much of which will go to workforce.

The hon. Lady is right about the need to increase the size of the workforce, especially with respect to midwives. Last year's acceptance figures for student nurses and midwives were, I think, the highest that the country had seen in decades, but clearly there is much more to do.

Mr Speaker: We now come to the Chair of the Health and Social Care Committee.

Jeremy Hunt (South West Surrey) (Con): Today's report goes beyond my darkest fears. When I commissioned it as Health Secretary in 2016, I was approached by 23 families; we have heard today that more than 200 babies might have been alive today if better care had been provided. I thank Donna Ockenden and her team for an incredibly thorough investigation. I also thank the Health Secretary for his compassionate and comprehensive response to the House today.

Donna Ockenden does not use the word "recommendation"; she talks about immediate and essential actions. What is the Secretary of State's deadline for the implementation of those actions? That is something that every expectant mother in the country desperately wants to know.

May I gently say to the Secretary of State that while I warmly welcome more midwives and more doctors, that approach is not consistent with voting down today the Lords amendment to the Health and Care Bill that would make sure that we never have those shortages again?

Finally, I pay tribute to Richard Stanton and Rhiannon Davies and to Kayleigh and Colin Griffiths. Richard and Rhiannon came to talk to me about their daughter Kate, who died in 2009; Colin and Kayleigh's daughter Pippa died in 2016, when I was Health Secretary. Because of the blame culture and the culture of fear in the NHS, it was left to them and many other families to fight for justice. Can this be the last time that we put that burden on the shoulders of bereaved families? Can we build a culture in the NHS that is open and transparent and that accepts that things go wrong, but is hungry to learn from mistakes so that we never again repeat the tragedies?

Sajid Javid: I very much agree. I want to acknowledge that the report ultimately took place because of my right hon. Friend's decision to ask Donna Ockenden to do the independent review, but he is absolutely right that he, in turn, did so because of the bravery of Rhiannon Davies and Richard Stanton, of Kayleigh and Colin Griffiths and of the many other families who came to see him.

My right hon. Friend asked about the immediate and essential actions. The interim report sets out seven such actions; the trust has implemented them all, and across the NHS they are either fully or partially implemented. The final report also recommends such actions; their implementation has already begun. Of course, we have just received the report, but I have asked for a timetable of when it will all be done. I want to see it done as quickly as possible.

My right hon. Friend's point about workforce is very important. I hope he welcomes the fact that, for the first time, the NHS has been asked to set out a 15-year workforce plan.

Helen Morgan (North Shropshire) (LD): I join colleagues across the House in thanking all the families who have bravely come forward to share their experiences, particularly Kayleigh, Colin, Rhiannon and Richard, whose persistence has led to the review. I hope that women and babies in Shropshire, Telford and the Wrekin and across the UK will be safer in future as a result of their bravery.

I thank Donna Ockenden and her team for their thoroughness in reviewing so many tragic cases. I am sure that the Secretary of State agrees that this can never be allowed to happen again and that the deaths of these 201 babies must not be in vain. This must be a turning point for maternity services in England.

Donna Ockenden has endorsed the findings of the Health and Social Care Committee and recommended that an immediate investment of £200 million to £350 million per annum is required to keep women safe. I welcome the Secretary of State's guarantees that the immediate and essential actions will be implemented, but may I ask whether he can commit the additional resources recommended by Donna Ockenden today?

Sajid Javid: I thank the hon. Lady for her comments. I assure her that constituents throughout Shropshire, Telford and the Wrekin, and indeed families across England, will be safer as a result of those brave families coming forward and this report.

On resources, the hon. Lady will have heard me talk about the £95 million given at the time of the interim report, plus the £127 million given for maternity services in the past few days. We will keep that under review.

Lucy Allan (Telford) (Con): I thank the Secretary of State for his very welcome statement and the Under-Secretary of State, my hon. Friend the Member for Lewes (Maria Caulfield), for her excellent work. I pay tribute to my right hon. Friend the Member for South West Surrey (Jeremy Hunt) for everything that he has done for patient safety; he has led the way, and I am so grateful.

Does the Secretary of State believe that what we have seen at Shrewsbury and Telford Hospital NHS Trust is indicative of a culture in which senior management

were unaccountable, no one felt responsible, failings were minimised, poor care was normalised and women's voices were not heard? Will he do everything he can to increase the accountability of senior management across the NHS so that that institutional blindness can never again cause such harm to those who put their trust in the NHS?

Sajid Javid: Let me first thank my hon. Friend for her approach and her role in helping to make the report happen, and for the way in which she has worked with me, and with Ministers in my Department, on this most important of issues. She is right to talk about the importance of culture, especially given that, as the report makes clear, the voices of women were not heard time and again. I want to reassure her that we will implement all the report's recommendations, but, more broadly, that women's voices will be at the heart of the upcoming women's health strategy.

Barbara Keeley (Worsley and Eccles South) (Lab): Today is an important day for maternity safety, and we rightly pay tribute to the families directly affected, so many of whom have given evidence to the Ockenden review.

James Titcombe, who lost his baby son Joshua during the Morecambe Bay maternity scandal, has said that one of the most harmful experiences for the Morecambe Bay families was

"seeing influential people in the maternity world diminish... the... findings"

of the investigation report. I join James Titcombe in saying that we must not allow that to happen with this report. I urge the Secretary of State to ensure that the bereaved families are allowed a process of truth, reconciliation and healing, rather than any denial of the truth of what took place.

Sajid Javid: I agree with the hon. Lady, and she is right to raise the importance of the Morecambe Bay investigation. That report, which I believe was completed in 2015, contained 44 recommendations. Eighteen recommendations that were specifically for the trust have been implemented, and the 26 for the wider NHS are in the course of being implemented.

Philip Dunne (Ludlow) (Con): I thank my right hon. Friend for both the tone and the substance of his response to this devastating report. Let me also add my voice to the consensus throughout the House that the way in which this is handled is vital, and that we must ensure that the NHS takes Donna Ockenden's recommendations on board. She and her team of more than 90 experienced clinicians are properly being thanked for the work that they have done. They have painstakingly reviewed these cases going back some 20 years, which must have been harrowing for them, as of course it has been for all the families so tragically affected who have had to relive their tragedy.

In particular, I want to praise the courage and tenacity of Rhiannon Davies and Richard Stanton, who were my constituents when they lost their baby Kate in truly awful, and tragically avoidable, circumstances. It was they who kept pressing for answers from Shrewsbury and Telford Hospital NHS Trust. That led me to take them to see the then Health Secretary, my right hon.

Friend the Member for South West Surrey (Jeremy Hunt), who agreed to launch this review five years ago. They are no longer my constituents, and I understand that they are now understandably keen to focus their attention on their family, having been living with this trauma since 2009.

I have some questions for my right hon. Friend the Secretary of State. Does he recognise that the Ockenden review has raised fundamental questions for maternity services across the NHS over the culture of so-called normal birth, and that a focus on targets, under successive Governments, rather than on patient outcomes, can distort clinical best practice and, tragically, patient safety? Following his discussion with the trust's current chief executive, which he has mentioned, is he satisfied that the current management and clinical teams have accepted the "local actions for learning" recommendations in the initial Ockenden report, and are committed to studying and rapidly implementing all further recommendations specific to the trust? Finally, what reassurance can he give the thousands of expectant mothers in Shropshire, Telford and Wrekin that the maternity services there are safe, and that patient safety is paramount?

Sajid Javid: I thank my right hon. Friend for the way in which he has worked with the Department and with my predecessor in representing his constituents throughout this investigation. He referred to "so-called normal birth" in his question, and he was right to do so: the only normal birth is a safe birth, which is what the NHS should be working towards, but that did not happen in this trust. The report has made that absolutely clear. Just as important are its recommendations, including some for my right hon. Friend's local NHS trust. I can reassure him—partly as a result of my conversation earlier today with the current chief executive—that all the recommendations in the interim report have been implemented by his local trust, and all those in this report have been accepted.

Taiwo Owatemi (Coventry North West) (Lab): Let me start by paying tribute to all the families affected, and thanking Donna Ockenden and her team for their recommendations.

More midwives are leaving the profession than are joining it. We cannot run equally safe services in all NHS trusts without appropriate staffing levels. I therefore hope that the Secretary of State will be able to give further details of what the Government are doing to ensure that there are safe staffing levels in all trusts to provide care for pregnant women.

Sajid Javid: The hon. Lady is right to talk about the importance of having the right workforce, and certainly more midwives. I can tell her that last year there were 30,185 acceptances for nursing and midwifery courses, the highest number in a decade. Recruitment is being supported by some of the extra funding that I have talked about today. The Government have established grants enabling students to take courses, and, where appropriate, are also focusing on international recruitment.

Laura Trott (Sevenoaks) (Con): This courageous report makes clear that keeping caesarean section rates artificially low contributed to babies dying. I am pleased that, following a recommendation from the cross-party Health

[Laura Trott]

and Social Care Committee, NHS trusts are no longer being assessed on performance for their caesarean rates, but will the Secretary of State go further? Will he ensure that we look at where caesarean section rates remain artificially low in trusts, so that this dangerous “normal births” ideology is eradicated from the NHS once and for all?

Sajid Javid: The answer is yes.

Debbie Abrahams (Oldham East and Saddleworth) (Lab): I, too, pay tribute to the families named in what is a truly shocking report.

I am sorry, but I have not read all the recommendations, so may I ask the Secretary of State whether, as well as identifying issues relating to the culture in this particular trust, the report includes recommendations concerning governance for boards? Boards have a key role in holding their executives to account. Will he be writing to them to make them aware of their responsibilities in that regard? May I also ask him what the implications are for the national clinical audit of the confidential inquiries into maternal and infant deaths?

Sajid Javid: If I may, I will write to the hon. Lady about the national clinical audit. As for her important point about boards, the report refers to their importance and the importance of ensuring that the people on them are vetted, understand their responsibilities, and have the information that they need in order to fulfil those responsibilities. In, I think, 2014 or thereabouts, the Care Quality Commission changed the rules relating to NHS trust board members, requiring them to meet a new “fit and proper” test.

Siobhan Baillie (Stroud) (Con): It is impossible to think about these lost babies, lost lives, and damaged families without becoming very upset and then very, very angry. However, I know from the work I have been doing with midwives and families, mums and dads, in the last six months or so that this does not involve just one trust. We have thousands of midwives marching on the streets. During the pandemic, mums were taking to social media, feeling that they were being marginalised and their voices were not being heard. Midwives tell me that they did not want to speak out before because they did not want to frighten the mums and dads in their charge, and that is why they often feel that they are not heard themselves. So we have to help them. How will the NHS and the Government reassure pregnant women and help the midwives to reassure them, given that all this is in the news at the moment, and how can we prevent other maternity services from failing?

Sajid Javid: My hon. Friend has raised a very important point. Hundreds of thousands of births are delivered through the NHS each year, and the vast majority are completely safe, as I myself have found and as many other Members have found, including my hon. Friend. What we have heard about today is what happens when it goes wrong, and goes tragically wrong, but especially when that was avoidable.

My hon. Friend was right to talk about the importance of considering other trusts. This report focuses on one trust, but we know that there was a problem in Morecambe

Bay and that an independent investigation is taking place in East Kent. There is action to be taken by all trusts. That is why I think it is so important for the NHS to act on the recommendations for the wider NHS, and for me to act on the recommendations for my Department. We will certainly be taking action and so will the NHS.

Carla Lockhart (Upper Bann) (DUP): I thank the Secretary of State for his statement. Not one person could help but be moved by that account or by his sincerity in dealing with this horrific situation. I also want to commend all those involved in the Ockenden report for their work on this issue. Our hearts break for the little babies, the mums and dads and the family units who have been impacted by these horrendous practices, and today we remember and commend the bravery of the families who had the courage to speak out. Given the findings and the negative cloud that will hang over all those who work in maternity services, will the Secretary of State take this opportunity to thank the maternity teams throughout this United Kingdom who, day in and day out, bring new life into this world in a compassionate and professional manner? I am thinking of the wonderful services at Craigavon Area Hospital in my own constituency. I know that those who work there will be saddened today by what they are hearing in the report, so I trust that the Secretary of State can commend them for the work that they do.

Sajid Javid: I join the hon. Lady in warmly thanking and commending the work of maternity teams throughout the United Kingdom for what they do, day in and day out, especially over the last two years of the pandemic, which has probably made it even harder than normal. I know that they will all welcome this report because they will want to see the very changes that are set out in it.

Jill Mortimer (Hartlepool) (Con): I would also like to thank the families for shining a spotlight on this. One of my children suffered from oxygen deprivation at birth, through what I now know were failings in my care. I was lucky, though, in my third pregnancy. By sheer fluke, the GP practice I was registered with had a wonderful community midwife. She was with me through my pregnancy and through the birth of my daughter and she took care of me afterwards. I was listened to, I was supported and I felt safe. I thank my right hon. Friend for taking on board these recommendations, but would he agree that every woman deserves that continuity of care? It can make a profound difference in outcomes for families, because they will have somebody by their side who understands them and they will not have to go through their medical history over and over again, often missing out vital pieces. We should have loftier ambitions. Will my right hon. Friend try to make sure that every woman has the opportunity to have their own midwife with them all the way?

Sajid Javid: Yes, I agree very much with my hon. Friend and I thank her for sharing with the House her own valuable experiences. She is right to talk about the importance of continuity of care, and that is part of our maternity transformation plan.

Paul Girvan (South Antrim) (DUP): I thank the Secretary of State for the report, although it is sad that we have to have a report such as this in front of the

House. I want to highlight a point and check whether we can do something about it. There are many good people working in our NHS, and the majority of people are probably there for the right reasons, but, unfortunately, due to the culture of institutional blindness that has been mentioned, or to bullying, they cannot whistleblow, and whistleblowers are not being protected. As a consequence, more and more of these types of reports are going to be required, not only on maternity services, because whistleblowers are being targeted and put down. I would ask that whistleblowers be protected and given the opportunity to have their concerns understood and heard.

Sajid Javid: The hon. Gentleman is absolutely right. One of the reasons we are creating the special health authority that I referred to earlier is to provide that independence, and also more protection for members of staff to come forward. For example, members of staff will be able for the first time to report things they are concerned about directly to the SHA, and it will have the right to investigate.

Fay Jones (Brecon and Radnorshire) (Con): Many members from across the House have mentioned the incredible bravery of all the parents who fought for their babies, particularly Rhiannon Davies. Rhiannon is originally from mid-Wales, although she now lives in a constituency across the border. There are many women who live in mid-Wales who need to access the Shrewsbury and Telford Hospital NHS Trust, and I am concerned that they will hear about today's report and be worried about the care that they will be receiving over the next few days. So, as well as implementing the Ockenden review in full, will the Secretary of State please give his reassurance to those women in Wales who need to travel across the border for maternity services?

Sajid Javid: Yes, I can give my hon. Friend that reassurance. I can add that Donna Ockenden, in doing her work, looked at cases from Wales as well. The issue that my hon. Friend has raised has also been raised by my hon. Friend the Member for Montgomeryshire (Craig Williams), and I can give them both that assurance.

Jim Shannon (Strangford) (DUP): I thank the Secretary of State for his statement, for the obvious compassion that he has for all those involved, and for his support of the Ockenden report. I want to place on record my sympathy with all those parents who still grieve their loss, and for whom no report will never, ever soothe the pain. Will the Secretary of State confirm that the report into this dreadful spate of deaths will be made available to all hospital trusts across the United Kingdom, including Northern Ireland, to ensure that lessons are learned and that the 84 recommendations of the Ockenden report and any mechanisms of prevention can be understood and put in place UK-wide?

Sajid Javid: Yes, I can give the hon. Gentleman that assurance. We are more than happy to reach out to the Northern Ireland health service and to work proactively with it on improving maternity services in Northern Ireland.

Simon Baynes (Clwyd South) (Con): I thank my right hon. Friend for his statement, and all the many Members present who have contributed to the process that has led

to this report. Following the remarks by my hon. Friend the Member for Brecon and Radnorshire (Fay Jones), I have been working with my hon. Friend the Member for Montgomeryshire (Craig Williams), who sadly cannot be here today as he has important constituent business, to look at the cross-border nature of this inquiry in relation to his constituency, my constituency of Clwyd South, my hon. Friend's constituency of Brecon and Radnorshire and others on the Welsh borders. Will my right hon. Friend reflect on the fact that there will be many concerned residents in Wales, alongside the victims outlined in this report, who need representation on this important issue?

Sajid Javid: Yes, I can give my hon. Friend, and my hon. Friend the Member for Montgomeryshire, who cannot be with us today, the reassurance that they seek.

Mrs Flick Drummond (Meon Valley) (Con): My right hon. Friend said in his statement that the Care Quality Commission rated these maternity services inadequate for safety only in 2018, which is unacceptable. Can he assure the House that the CQC inspections are now rigorous enough that failings are picked up much earlier to prevent this type of thing from happening again?

Sajid Javid: I can assure my hon. Friend that there have already been a number of changes in the CQC's approach, but I cannot give an assurance that it has changed enough, because this report has only just been published and it is important to me to follow through and ensure that, where relevant, the independent regulators are also making the changes set out in the report. To respond to an earlier question from the hon. Member for Enfield North (Feryal Clark), she was right to suggest that there should be an update from Ministers on progress following this report, and I will ensure that that happens. That picks up on this question about the CQC as well.

Alicia Kearns (Rutland and Melton) (Con): This House is united in our heartache over the lives lost and the lives destroyed, and over the women who were silenced and told that birthing had happened for centuries so they should shut up, or that it should happen as though in some sort of movie. I am afraid that, as an MP, I have concluded that NHS bureaucracy has a systemic problem of sexism, and I ask the Secretary of State to keep an eye on this nationally. I remember, after 36 hours of labour, being rushed to the operating theatre and being denied a C-section, then being rushed back an hour later and having a C-section, but only because my husband had noticed that my son's heart rate had plummeted to almost non-existent. We must also prevent the unforgivable and unscientific locking out of loved ones across all health services. It compromises care and it is still happening in hospitals around the country across different types of care.

Sajid Javid: I thank my hon. Friend for saying what she has said in the way that she did, and also for talking about her own experience. She is absolutely right to emphasise the point that the NHS is there to care for anyone regardless of their gender, but when it comes to women in particular, I hope she agrees that this is precisely why the Government are right to want to set out—as we will do shortly and for the first time ever—a detailed women's health strategy.

Parole System: Public Protection

1.29 pm

The Lord Chancellor and Secretary of State for Justice (Dominic Raab): Today I am publishing the root and branch review of the parole system, and copies have been deposited in the Library.

I start by paying tribute to the chief executive officer and the chair of the Parole Board for England and Wales, Martin Jones and Caroline Corby, and to all the staff who work so tirelessly to discharge their important responsibilities. They are dedicated and committed public servants.

Before I address the detail of the statement, and with your forbearance, Madam Deputy Speaker, I will update the House on this morning's news. In the light of the Parole Board's direction to release Tracey Connelly, and having carefully read the decision, I have decided to apply to the Parole Board seeking its reconsideration.

More generally, the role of the Parole Board in deciding on the appropriateness of releasing a criminal offender from prison, including many convicted of very serious violent and sexual offences, is clearly of paramount importance to protecting the public and to maintaining and sustaining public confidence in our justice system. It is the first duty of Government to protect the public.

In recent years, a number of decisions to release offenders who committed heinous crimes have led to disquiet, concern and, regrettably, an erosion of public confidence. Take the case of John Worboys, who is serving a discretionary life sentence for rape and other sexual offences. The Parole Board's decision in January 2018 to release him on licence caused deep concern among his victims and the wider public. It was subject to a successful legal challenge, after which the Crown Prosecution Service successfully prosecuted him for attacking four further women.

I know that hon. Members on both sides of the House have raised the case of Colin Pitchfork, who was convicted of the rape and murder of Lynda Mann and Dawn Ashworth. The Parole Board decided to release Pitchfork in 2021, and it rejected the challenge by the then Justice Secretary, my right hon. and learned Friend the Member for South Swindon (Sir Robert Buckland). The understandable public anxiety was further compounded when Pitchfork was recalled to prison just two months after release for approaching women in breach of his licence conditions.

I make a broader point that in these kinds of cases, and in many others that do not attract the same level of media attention or public interest, victims feel their trauma and raw fear are neither recognised nor understood. Likewise, the public inevitably begin to question the reliability of decision making when serious offenders are recalled to prison for breaches of their licence or for committing further offences on release.

To give the House a sense of scale, in 2020-21 the Parole Board's annual report stated that 27 offenders went on to be charged with a serious further offence following release directed by the Parole Board panel. There were 40 cases of serious further offences being charged in each of the preceding two years. Placed in context, it is fair to say this is only a fraction of all cases, but more than once a fortnight an offender goes on to commit a serious offence while subject to supervision.

At present, victims who wish to challenge a decision by the Parole Board to release a prisoner have the option of asking the Justice Secretary to apply for the decision to be reconsidered, which is an important innovation that I exercised today for a person convicted in the harrowing case of Baby P. There have been 39 interventions since the challenge mechanism was set up two years ago, with four leading to a change in the release decision.

Following the review published today, I believe the case for reform is clear and made out. In arriving at this conclusion, it is worth pausing to acknowledge the shift in the Parole Board's approach over time. The statutory test was established in 1991 and states

"The Parole Board must not give a direction"—

for release—

"unless the Board is satisfied that it is no longer necessary for the protection of the public that the person should be confined."

It is clear from this that the overriding test focuses on public protection. However, in the absence of further guidance from Parliament, the way in which the release test has been interpreted and applied over time has shifted, moving away from Parliament's original intention. In fact, as early as the Bradley judgment in 1991, the High Court concluded:

"The Parole Board have to carry out a balancing exercise between the legitimate conflicting interests of both prisoner and public."

To summarise, the statutory test has morphed over time from a strict public protection test to a balancing exercise between, on the one hand, the responsibility of the state to protect the public and, on the other hand, the rights of the prisoner. Whatever the rights and wrongs, that was palpably not the original intention of Parliament.

I make it clear that I am not criticising the courts, which have sought to apply a generic statutory test without more prescriptive guidance from Parliament, nor am I criticising members of the Parole Board, as I hope I have made clear. It is worth saying that, contrary to public perception, it is often fiendishly difficult to come to a reliable assessment of an offender's risk many years after their original crimes. Although psychiatric assessments and social science can offer guidance, risk assessments in such cases are inherently uncertain and imprecise. We need to be more honest and open about that in our public debate.

In any case, I believe the focus in this critical decision making has become adrift from its original moorings. This Government will again anchor Parole Board decision making on the cardinal principle of public protection. When it comes to assessing the risk to victims and public safety, we will introduce a precautionary principle to reinforce public confidence in the system. In cases involving those who have committed the most serious crimes, we will introduce a ministerial check on release decisions, exercised by the Justice Secretary.

The package of reforms published today will strengthen the focus on public protection at every stage. First, we will revise the statutory test for release and replace the current approach that balances the rights of dangerous offenders against public safety with an overriding focus on public protection, by providing in primary legislation further detailed criteria for the application of the statutory test.

Secondly, we will make sure that the Parole Board is better equipped to make credible and realistic assessments of risk. It is striking that, as of last year, only 5% of all Parole Board panel members come from a law enforcement background. Again, I make no criticism of the current panel members, but that is a significant deficit. I believe the deficit is wrong, and our reforms will ensure that the people we charge with making finely balanced assessments of future risk have greater first-hand operational experience of protecting the public from serious offenders. We will change this imbalance by mandating the Parole Board to recruit more members with operational law enforcement experience, and the Ministry of Justice will run a recruitment campaign to bolster its numbers. Critically, in Parole Board cases involving the top-tier cohort of serious violent and sexual offenders, we will require by law that at least one of the three panel members has a law enforcement background.

The third key reform is that, for the top-tier cohort of high-risk offenders who have committed the most serious offences, we will introduce ministerial oversight of Parole Board decisions to release such offenders back into the community, based on our assessment of the dangerousness of the offender, the risk of serious further offending and public confidence. These top-tier offenders will comprise those serving sentences for murder, rape, terrorism and causing or allowing the death of a child. In those cases, we will make two specific changes. The Parole Board will be able to refer a case to the Justice Secretary if it cannot confidently conclude whether, on the evidence, the statutory test for release has been met. In addition, we will introduce ministerial oversight over any decision to release any offender in the top-tier cohort of serious offenders. Under our reforms, in that top tier of cases the Justice Secretary will have the power to refuse release, subject to judicial challenge, on very clearly prescribed grounds, in the upper tribunal. I believe that is warranted as an extra check and safeguard to protect the public. I have not yet ruled out entirely an alternative model that could establish a three-person panel chaired by the Justice Secretary with the same power to refuse release, subject to judicial review in the normal way. We will consider further detail of the mechanism in order to strike the most effective balance.

We are making these reforms because the concept of risk is notoriously difficult to assess in these kinds of cases. We are doing it because the public expect their safety to be the overriding consideration and because, ultimately, it involves a judgment call about public protection, and the public expect Ministers to take responsibility for their safety. Let me be equally clear that there is no such thing as a risk-free society; we cannot guarantee that no one released from prison will go on to commit a serious crime. Let us be very clear about that as we have a more honest debate about the assessment of risk. Nevertheless, I believe that these measures are necessary to reinforce public safety and public confidence, and we will legislate for them as soon as possible. I should also say that we will do so alongside our proposed Bill of Rights, to ensure that the will of Parliament and that focus on public protection is not undermined by the Human Rights Act. Indeed, our reforms to parole yet again highlight the compelling case for a Bill of Rights.

Our fourth reform will increase victim participation in parole hearings, thereby delivering on this Government's manifesto commitment. I recognise that parole decisions

will be immensely and acutely traumatic moments for many victims, as they are forced to remember, go through and revisit the ordeal and suffering that they have already been through. Some will not wish to be involved, whereas others will want their voices to be heard, and I believe they should have that right. So we will give victims the right to attend a parole hearing in full, for the first time, should they wish to do so. In addition, we will require the board to take into account submissions made by victims and allow victims to ask questions through those submissions. The voice of victims will be at the centre of the process, not just some lingering afterthought.

Finally, although separate from parole decision making, similar considerations of risk and public concern have arisen in the context of decisions to transfer prisoners to prisons in open conditions. That is why in December 2021 I changed the process to introduce a ministerial check on such decisions, guided by similar principles to those that I have already set out. That is what led to my decision this month to reject the Parole Board's recommendation to move Steven Ling, who raped and killed a woman, to an open prison. I declined the move in the interest of public protection and public confidence.

In sum, our reforms will ensure that those offenders who present the highest risk to public safety are reviewed more rigorously, with additional ministerial oversight. Protecting the public is the Government's top priority. The proposals in this review will reinforce public safety. I commend this statement to the House.

1.43 pm

Steve Reed (Croydon North) (Lab/Co-op): I thank the Secretary of State for advance sight of his statement earlier today. It is hugely timely, given the disturbing news about the potential release of Baby P's killer. I fully support the Secretary of State in seeking a review of that. In broad terms, I welcome his statement too. It is crucial that public protection is paramount and that victims are right at the heart of the criminal justice system. Currently, too many victims feel that their views are not taken sufficiently into account, either in parole decisions or in sentencing, and that leads directly to public safety concerns, which must be taken more seriously. Labour will put public safety at the core of our contract with the British people. Sadly, the same cannot be said of this Government.

It is less than two months since the convicted sex abuser Paul Robson walked out of a low-category open prison in Lincolnshire. After he escaped, the public were warned that Robson was a serious danger to women and children. He clearly should never have been in a low-security prison in the first place. The Parole Board made that recommendation, but it was the Secretary of State who approved it. He or his predecessors already had the necessary powers, they just did not use them. So what will stop him making serious mistakes like that again when he exercises his new check and oversight powers in, potentially, hundreds more cases? Labour wants victims to have the right to make a new personal statement saying how they would feel if the prisoner is released. We would like any assessment of the risk to the public to include the risk of re-traumatising the victim, and to prevent released prisoners from living near their victim if that is against the victim's wishes. Will the Secretary of State consider those additional proposals?

[Steve Reed]

The appalling decision to release the multiple rapist John Worboys was only stopped after the Centre for Women's Justice sued the Government, using rights established by the last Labour Government. Sir Peter Gross's review made sensible proposals to improve these rights, including the UK's margin of appreciation over interpretations we would all object to. But the Secretary of State will be throwing the baby out with the bathwater if he uses that concern as an excuse to take away British rights that protect British people from dangerous criminals, as they did in that case. Too many victims of crime do not get a say over what happens to criminals because those criminals are never prosecuted in the first place. That is because this Conservative Government cut 21,000 police officers and still have not replaced them, despite imposing the highest rates of personal taxation for 70 years—that is 21,000 people with law enforcement experience that his party sacked, whom he might now approach to sit on parole boards, as he suggests.

The Secretary of State spoke about rape cases in this statement, but only 1.5% of reported rape cases ever make it to court. Those that do now take more than 1,000 days, on average, before the trial starts—these are the longest delays in British legal history. What message does he think that sends about public safety and public protection? Under this Government, prosecution rates for crimes including burglary, robbery, car crime and fraud are so low that they have, in effect, been decriminalised. There are so few police left that victims are told to fill in a form online and hardly any of them ever hear anything again. It is no wonder that the Government stand accused of going soft on these crimes. Does he recognise that letting criminals get away with crime damages public safety and erodes confidence in the justice system, which is something he is telling us this afternoon that he wants to strengthen? The Victims' Commissioner has called on the Government to establish a new victims' right to review. That would give victims the power to challenge decisions by the police and the Crown Prosecution Service not to prosecute or to drop prosecutions. The Secretary of State did not mention that in his statement, so will he tell us whether he intends to introduce proposals along those lines in future?

Public protection requires victims to be active participants throughout the criminal justice process, including in parole decisions. Their insights strengthen public safety and public confidence in the system. Today's statement is a step forward and it recognises some of the Government's mistakes, but it could have been bigger.

Dominic Raab: Let me start by thanking the hon. Gentleman for his support for the decision taken today in the Tracey Connelly case. I think he also gave wholesale backing to the reforms I set out in my statement, which is important. I want to welcome what I therefore hope will be cross-party support when we come to legislate for them; he cannot support the aims and then not will the means, and I hope that that becomes clear as we take the proposals through the House.

The hon. Gentleman asked about absconds, which is an issue of significant concern. I should say to him that between 2009-10 and today, the level of absconds from

prisons has fallen to a third of the level it was under the last Labour Government. He might want to think a little about that before he makes unfounded assertions.

In fairness, the hon. Gentleman did ask about the case of Shane Farrington, who absconded on 24 March but was rearrested on 26 March. He is ineligible for a return to open conditions for two years. The hon. Gentleman made a point about our being empowered to do something; actually, that took place in October and I changed the rules in December, as I have made clear to the House.

I welcome what the hon. Gentleman said about the role of victims. We are making important changes and I welcome his support for them. I gently point out that, even before the spending review, the level of victims funding was three times the level it was at under the Labour Government. He talks about victims; our record is infinitely better, but we are restless to do far more.

More generally, the history of the reforms we are undertaking took place on Labour's watch, because in 2008 Labour gave up the power to block the release of prisoners who had been sentenced to more than 15 years and then legislated to make the changes—in fairness, they were forced on that Government by the Human Rights Act—permanent. As a result, the number of those recalled on life licence skyrocketed, going up almost sevenfold. The hon. Gentleman should, then, have a little more humility about where the problem came from.

The hon. Gentleman criticised our approach to the Bill of Rights, but it is clear that we cannot pursue the reforms I have set out and reverse the challenges that were made under the Human Rights Act without our Bill of Rights. Again, the question for the Labour party is going to be whether it just wills the ends or is willing to back the means.

Last month, I picked up my copy of the *Daily Mirror*, as I do, and read through it. I read that the hon. Gentleman had said that under the previous Labour leader, the right hon. Member for Islington North (Jeremy Corbyn), Labour had appeared to care “more about criminals than their victims”.

That is a greater measure of humility, but the hon. Gentleman should take a bit of responsibility for his record. He and the shadow Cabinet voted against extra funding for more police officers. They voted against the tougher sentences for dangerous offenders in the Police, Crime, Sentencing and Courts Bill—the kind of thing that would protect victims and the public. I am glad that, on this issue at least, the hon. Gentleman is showing that he is willing to support measures that will stand up for victims and protect the public. The proof of the pudding will be in how the Opposition vote when all the measures come before the House.

Dr Julian Lewis (New Forest East) (Con): The statement was excellent. My right hon. Friend is clearly revelling in an area of policy in which he has a great deal of expertise. One aspect of which I did not hear mention was the concept of punishment. Some offences, particularly the sort we are dealing with in this context, are absolutely heinous. It baffles the public as to why, for example, someone who led a home invasion in the New Forest that resulted in the burning alive of an entire family, although not until after the woman had been repeatedly raped, should be considered for release at the end of

what is admittedly a long sentence. Most people would feel that people forfeit their right to liberty when they commit offences of that gravity. Where does punishment fit into all this?

Dominic Raab: I totally understand the point that my right hon. Friend makes. In truth, parole is about risk and, rightly, public protection. Either the tariff or the overall sentence should deal with the element of punishment, rather than parole. Nevertheless, my right hon. Friend makes an important point. He will know that whether it was Harper's law, Tony's law or the wider reforms to sentencing that we are making in the PCSC Bill, we have strengthened sentencing, in the teeth of opposition from Opposition Members.

In fairness, I do need to draw a distinction in respect of the reforms I have set out: they are really about public protection and the amorphous concept of risk in these cases. That itself also goes to the issue of public confidence in relation to the tariff and the punishment element that my right hon. Friend mentioned. Both are important, but with parole we focus on risk. I say that because I want to be clear that we are not adding another sentence on top of a sentence. The question, from the point at which an offender becomes eligible for parole, is whether they satisfy the statutory criteria. Is it safe to release them, or do they present an ongoing risk to public protection? That is the core focus of the reforms I have announced today, but I heed my right hon. Friend's wider point.

Steve McCabe (Birmingham, Selly Oak) (Lab): I thank the Secretary of State for his statement and welcome the broad thrust of his recommendations. I notice that the second reform deals with the assessment of risk. The Secretary of State's proposal is to employ more people with a law and order background, which I am quite happy to accept. I also notice that the report by the charity Justice published in January this year recommended:

"Enhancing the Parole Board's programme of training to include"—

among other things—

"critical analyses of offending behaviour programmes and risk management tools".

Does the Secretary of State have any plans to take that recommendation on board?

Dominic Raab: I thank the hon. Gentleman for his constructive and reasonable question. We will look at everything on training. The truth is that the members of the Parole Board come with a vast depth of experience; my question is whether we have the range right. Psychiatrists and psychologists have a critical role to play, and judges and lawyers inform the process, but if we say that our overriding focus is public protection and we have finely balanced questions of risk in relation to people who have committed a so-called index offence many years previously, I would have thought that, particularly for top-tier cases, the public would want to know that the grizzled police officer, for example, who has seen such cases before and knows the pattern of behaviour is also there to provide that dimension of critical thinking.

The hon. Gentleman is right in what he says about critical thinking. We need to make sure that the Parole Board panels, particularly for the serious, top-tier cohort, have a broad diversity of experience so that we can take a precautionary approach and protect the public.

Siobhan Baillie (Stroud) (Con): I thank my right hon. Friend for his statement and continue to be impressed by how he and the Ministry of Justice are gripping so many complex justice matters all at once. This is about not only public safety but the perception of public safety. The public rightly care about law and order. I hear strong words from those on the Opposition Front Bench, but we can see from the lack of turnout among Labour MPs that they prefer to politick on this issue rather than to do the hard graft of scrutiny.

On scrutiny, I really welcome the fact that my right hon. Friend is putting victims at the heart of Parole Board decisions and allowing them input. Will he say a little more about how the Parole Board has taken to those proposals? How can we support victims as they go through that process? Some of them will find those steps distressing even if they want to take them.

Dominic Raab: I thank my hon. Friend for her tenacity on these issues. She makes the same point as the one my right hon. Friend the Member for New Forest East (Dr Lewis) made about public confidence. There is no escaping that, particularly if we think of the history of parole and licence conditions and of how we ended up with life terms after the abolition of the death penalty. The public need to have confidence that sentences match the crime and that their safety is of paramount importance.

My hon. Friend asked about how we will help victims through the process; that is critical, because it must be gruelling and traumatic for them. I know from the consideration that I have given the matter and from the evidence I have seen how difficult it will be. We have already made some improvements in the process for victims: in 2018, we introduced written decision summaries to improve transparency for victims; in 2019, we introduced the reconsideration mechanism, which I exercised today; and in 2021, we announced our intention to enable public hearings and for victims to be able to attend them as observers, and we are now giving them a much fuller role, as I explained in my statement. On top of that, of course, is the statutory release test. When the Parole Board considers that test, it will take clear account of victims' submissions and victims will be able to ask questions through their submissions.

Jim Shannon (Strangford) (DUP): I thank the Lord Chancellor for the statement; I am encouraged by the steps he has introduced today to address what one victim said to me was a "reprehensible" parole system. That lady contacted me after the murderer of her son was released and she saw him in the local Tesco. She received no warning that he had been released early. Will the Lord Chancellor confirm that the legislation will include a legal obligation to inform victims and their close family? Will he be in touch with the Minister in the Northern Ireland Assembly to discuss the legislation proposed for this place that can also be introduced in Northern Ireland?

Dominic Raab: The root and branch review will set out all the victims' rights in the process. The hon. Gentleman will be able to see that. Copies are now available in the House. Of course we respect the devolved settlements on this, but we are always willing to engage with the devolved Administrations around cross-cutting issues and those of common concern.

Rob Butler (Aylesbury) (Con): The public will rightly expect that their protection is the overriding concern when serious offenders are assessed either for release by the Parole Board or, indeed, for transfer to an open prison, a subject on which my right hon. Friend touched. I know from my own time as non-executive director at Her Majesty's Prison and Probation Service that open prisons can be an extremely important part of an offenders' rehabilitation, especially at the end of a very long sentence. We have seen recent cases where the current test has clearly not worked effectively. Does my right hon. Friend agree that time in an open prison should always be regarded as a privilege, certainly never an automatic right? Will he confirm that the measures that he has already introduced, and that he is going on to introduce later today, will result in a more cautious approach that will make sure that the public is always safe?

Dominic Raab: I agree with everything that my hon. Friend said. I do not think that there is a trade-off. In fact the two things go together: we want to protect the public as well as identify those who can be released into open conditions or into society—those who are ready to play the right role, to reintegrate back into society, to work, to look after their families and to stay clean of drugs. All of those things go together. Ultimately, our objective is to protect the public, drive down crime and reduce reoffending.

Dehenna Davison (Bishop Auckland) (Con): I thank my right hon. Friend for his statement and for engaging with me over my one-punch awareness campaign, something about which I am deeply passionate. Victim support is at the very heart of that campaign, because, as we all know, the victims of crime and their families do not stop suffering the moment the crime stops being committed; they can suffer for months, years and even the lifetime that follow. That is why the victims of crime need to be at the very heart of our criminal justice system to ensure that they receive the support, protection and reassurance they need. Can my right hon. Friend confirm that these proposals will improve victim support and public protection, particularly for victims of the most serious crimes?

Dominic Raab: I pay tribute to my hon. Friend for her tenacious campaign and say that I know how difficult that must be for her. None the less, it is very important, and she brings a huge amount of experience, particularly personal experience, to the Chamber and to the changes that we are making. I agree with what she has said. I have set out for the House the changes that we are making for victims in relation to the parole decision-making process, but they are only one element of a much broader strategy, and we will, of course, be introducing a victims' law. Again, I hope the whole House can rally around that, so that victims feel that they are front and centre of this, that they are listened to, that they are taken into account, and that they are part of the criminal justice system, not an appendix to it.

Matt Warman (Boston and Skegness) (Con): When Paul Robson escaped from the North Sea Camp open prison in my constituency, the sudden presence of this violent rapist in the community was deeply traumatic not just for his victims, but for all those people who live in and around the area that the prison occupies. By

definition, although the Parole Board does immensely difficult work, the fact that he absconded means that he was in the wrong place. Will my right hon. Friend reassure me that what he has announced today makes it far less likely for a convict such as Paul Robson to be in those conditions and to place the public at risk in the way that he did when he absconded?

Dominic Raab: I can reassure my hon. Friend on that. The changes that we made in December should give him some reassurance. There is no risk-free approach here. What we do is try to create safeguards to mitigate as best we can while maintaining a free society. I also note that, under successive Conservative Governments, the number of absconds has fallen, from 296 in 2009-10 to 101 in 2020-21—a third of the level. We have the security right, but we will continue to make sure that we reinforce it.

David Johnston (Wantage) (Con): I warmly welcome my right hon. Friend's statement today. Does he agree that, in those most serious of cases, the public do not expect politicians to throw up their hands and say, "Well, it was a decision for the Parole Board"? They expect them, as the ones accountable for keeping them safe, to step in and do so because it is their No.1 job.

Dominic Raab: My hon. Friend is absolutely right. On that decision making, the frustration is that if we delegate from this place or from accountable Ministers, particularly when we are talking about judgment calls, not things that require a purely technocratic or scientific approach—psychiatry and psychology can only take us so far—the public feel that we have abdicated our responsibility. We are taking back control to provide a safeguard in those high-risk cases, and that is exactly what the public already expect of us.

Paul Bristow (Peterborough) (Con): I congratulate my right hon. Friend on his statement. We sometimes forget that the most important reason for having prisons is not necessarily as a punishment, but to keep the public safe. I know that my constituents in Peterborough would want the Parole Board always to be risk averse on public protection when it comes to releasing criminals found guilty of serious crimes. Can he reassure the good people of Peterborough that he understands their concern and that public protection is at the heart of these proposals?

Dominic Raab: My hon. Friend is right: public protection must be the overriding priority. Moreover, it is important that the credibility of measures such as open conditions and release on licence is sustained as well. The rehabilitative work that we do—encouraging offenders into work and getting off drugs—is critical to reducing reoffending and also to protecting the public. The credibility will be eroded if we do not make sure that we have the safeguards right.

Andy Carter (Warrington South) (Con): I welcome the Lord Chancellor's statement. Last week, two prisoners absconded from Thorn Cross prison in my constituency, bringing the total to five so far in the first three months of this year. Shane Farrington, as the Lord Chancellor has already mentioned, was one of those who absconded. He was sentenced for killing another prisoner and for

escaping from custody in 2018. Understandably, people living in Appleton Thorn in my constituency are asking what he was doing in an open prison in Warrington. Can the Lord Chancellor confirm that the changes being announced today will prioritise the safety of people living close to open prisons, and assure me that the Government's priority is to cut the number of absconds from open prisons, such as the one in Warrington South?

Madam Deputy Speaker (Dame Eleanor Laing): Order. Just before the Lord Chancellor answers that question, may I say that, although I appreciate that the hon. Gentleman has been waiting a long time to ask his question, he made a preamble and then asked two questions. That is not what this is about. Each person has the chance to ask one question. We do not need a preamble. The preamble comes from the Minister who is making the statement. We do not need all of that stated over and over again. I am making this point now before we come to the next statement, which I appreciate will be controversial. We will have short questions and as short as possible answers. I appreciate that the Minister has to give a full answer, but we do not need a preamble. It is not a speech; it is a question.

Dominic Raab: Thank you, Madam Deputy Speaker. I heed your advice, as always. We have already cut the number of absconds by a third. Of course, the measures that I introduced in December—not the ones that I have announced today—will further allow an extra safeguard, which, I hope, will give my hon. Friend's constituents some reassurance.

Madam Deputy Speaker (Dame Eleanor Laing): I thank the Lord Chancellor for his thorough answers. We will now move onto the next statement. I will pause to allow people to enter and to leave the Chamber. I also remind hon. Members that, after this item of business, we have six hours of very important consideration of Lords amendments. That will take us well into the evening.

P&O Ferries

2.8 pm

The Secretary of State for Transport (Grant Shapps): Madam Deputy Speaker, I wish to make a statement on P&O Ferries.

Last week, I stood at this Dispatch Box to address the House on the shameful sacking of 800 seafarers by P&O Ferries. No British worker should be treated in this way, devoid of dignity and respect. Our maritime workers, who supported this country during the pandemic with great dedication and sacrifice, deserved far better than to be dismissed via a pre-recorded Zoom in favour of cheaper overseas labour.

In response, we urged P&O Ferries to reconsider. Those calls have fallen on deaf ears. Instead, chief executive Peter Hebblethwaite—in front of Parliament, no less—set out how he deliberately broke the law and, in an act of breathtaking indifference, suggested he would do the same thing again.

The failure of P&O Ferries to see reason, to recognise the public anger and to do the right thing by its staff has left the Government with no choice. Today, I am announcing a package of nine measures that will force it to fundamentally rethink its decision and send a clear message to the maritime industry that we will not allow this to happen again: that where new laws are needed, we will create them, that where legal loopholes are cynically exploited, we will close them, and that where employment rights are too weak, we will strengthen them.

I start with the enforcement action we are taking. Far too many irregularities exist between those who work at sea and those who work on land. Even where workers have rights, they are not always enforced. The first measure I can announce is that Her Majesty's Revenue and Customs will be dedicating significant resource to checking that all UK ferry operators are compliant with the national minimum wage—no ifs, no buts.

Secondly, I have asked the Maritime and Coastguard Agency to review its enforcement policies, checking they are fit for purpose, both now and into the future. The House will recall that the MCA is already, at my request, carrying out inspections of P&O's ferries. So far two ships, the European Causeway and the Pride of Kent, have been detained after failing safety inspections. I will not compromise the safety of any vessel, and P&O will not be able to rush new crews through training and expect those ships to sail. That work is ongoing.

Thirdly, we will take action to prevent employers who have not made reasonable efforts to reach agreement through consultation from using fire and rehire tactics. A new statutory code will allow a court or employment tribunal to take the manner of dismissal into account and, if an employer fails to comply with the code, to impose a 25% uplift to a worker's compensation.

Fourthly, I have made no secret of my view that P&O Ferries' boss Peter Hebblethwaite should resign. He set out to break the law and boasted about it to Parliament. I have written to the chief executive officer of the Insolvency Service, conveying my firm belief that Peter Hebblethwaite is unfit to lead a British company, and have asked it to consider his disqualification. The Insolvency Service has the legal powers to pursue complaints where a company has engaged in "sharp practice". Surely the whole House agrees that nothing could be sharper than

[Grant Shapps]

dismissing 800 staff and deliberately breaking the law while doing so. It is, of course, for the Insolvency Service to decide what happens next, but in taking this step I want to ensure that such outrageous behaviour is challenged.

It is a hard truth that those working at sea do not enjoy the same benefits as those working on land, which brings me to the fifth element of the package today: a renewed focus on the training and welfare elements of our flagship maritime strategy. We are already investing £30 million through the maritime training fund to grow our seafarer population, but I will go further, pursuing worldwide agreements at the International Labour Organisation. We will push for a common set of principles to support maritime workers, including an international minimum wage, a global framework for maritime training, and skills and tools to support seafarer mental health.

Sixthly, we know that P&O Ferries exploited a loophole, flagging its vessels in Cyprus to escape UK laws. We will take action on that too. From next week, our reforms to tonnage tax will come into effect, meaning that maritime businesses set up in the UK will have unnecessary red tape removed, as well as any provisions from the EU that are no longer required. By doing so, we will increase the attractiveness of UK flagging and bring more ships under our control, thereby protecting the welfare of seafarers.

Much of the maritime sector is governed by international laws, obligations and treaties. That means that we cannot hope to solve all these problems alone. The seventh plank of our package today is therefore to engage with our international partners. This week, I have contacted my counterparts in France, Denmark, the Netherlands, Ireland and Germany to discuss the idea that maritime workers on direct routes between our countries should receive a minimum wage. I am delighted to say that the response, particularly from the French Minister for Transport, has already been positive. I will now work quickly with my counterparts to explore the creation of minimum wage corridors between our nations, and we will also ask unions and operators to agree common levels of seafarer protection on those routes.

I have set out how we will step up enforcement, how we will support the workforce in the long term, how we will get more vessels under the British flag, and how we are working with international partners to create minimum wage corridors, but I know the House is expecting legislative changes, too. Although we had originally intended to come to the Chamber today to announce changes to the National Minimum Wage Act 1998, after seeking expert maritime legal advice it has become clear that that will not be possible. The issue is that maritime law is governed by international conventions that would too easily override changes to domestic laws. However, I will not let that stop us. Seafarers deserve the same wage certainty as onshore workers. They deserve to be safe in the knowledge that they will not be undercut at a moment's notice by cheaper overseas labour. Today, we are providing that certainty.

I can announce to the House our eighth measure: our intention to give British ports new statutory powers to refuse access to regular ferry services that do not pay their crew the national minimum wage. We will achieve that through primary legislation to amend the Harbours

Act 1964. It will mean that if companies such as P&O Ferries want to dock in ports such as Dover, Hull or Liverpool, they will have no choice but to comply. Crucially, that also means that P&O Ferries can derive no benefit from the action it has disgracefully taken. It has fired its workers to replace them with those who are paid below minimum wage but, as a result of this measure, that cynical attempt will fail. My message to P&O Ferries is this: "The game is up. Rehire those who want to return, and pay your workers—all your workers—a decent wage."

The Government want to bring that legislation forward as quickly as possible, but it is important to get it right. We are legally bound to consult the sector on any changes and, unlike P&O, we take that consultation seriously. Legislative changes will not be possible overnight. To that end, I can announce the ninth and final measure we will be taking. Today I will write to all ports in the UK, explaining our intention to bring forward legislation as quickly as possible, but in the meantime instructing them not to wait. I want to see British ports refusing access to ferry companies that do not pay a fair wage as soon as is practical. They will have the full backing of the Government. I have also instructed the Maritime and Coastguard Agency to get behind that action, and it has indicated that it will do so.

This issue has united the whole House, and indeed the whole country, in anger at those responsible and in sympathy for those affected. We are a proudly pro-business Government, but we will never support those who treat workers with such callousness and disrespect as we have seen here. British workers are not expendable; they are the backbone of this country.

The robust package of measures announced today will give our maritime workers the rights they deserve, while destroying the supposed gains P&O Ferries hoped to obtain. It will send a clear message that those using British waters and British ports to ply their trade must accept British laws. I commend this statement to the House.

2.19 pm

Louise Haigh (Sheffield, Heeley) (Lab): I thank the Secretary of State for advance sight of his statement, and for the briefing he gave me on these measures last week.

I know the whole House agrees that the action taken by P&O Ferries was beneath contempt. A sense of fair play and decency runs deep in this country—it is part of who we are—so the sight of a rogue employer who has made a mockery of the rule of law, trashed the reputation of a great British brand and upended the lives of 800 families saying that he would do it all again offends people deeply. The test, therefore, for this Government in the eyes of the country is simple: do not let them get away with it—because for too long, they have. The warning sirens have been sounding for years. P&O Ferries has been exploiting workers in plain sight. In this House, the Government were told repeatedly of seafarers on destitution wages, some earning just £1.74 an hour. My hon. Friend the Member for Kingston upon Hull East (Karl Turner) warned:

"If the Government fail to act, how long will it be before we see the same thing happen...on other critical shipping lanes?"

The gate was left wide open, and P&O Ferries has sailed straight through it.

The steps announced by the Government, insisting on the bare minimum, cannot come a moment too soon. This is a move we warmly welcome, and which has our wholehearted support. However, can the Secretary of State confirm that under the harbour legislation he mentioned, the national minimum wage will apply on the entirety of all UK international routes, and not just in British waters, as P&O seemed to suggest yesterday? I very much welcome his action to instruct the Insolvency Service to consider the CEO's disqualification. When will the Insolvency Service respond, so that the Business Secretary can seek an order for his disqualification in the courts?

Yesterday's letter from P&O showed in black and white that regardless of the proposed legislation, it still intends to carry out its outrageous plan to sack 800 workers, to trample over the laws of this country, and to take an axe to the pay and conditions of these workers' replacements and force through a 60% pay cut. This is, as the joint Select Committee was told last week, fire and rehire on steroids—and P&O Ferries must not get away with it. That is why the Government's reluctance to use every tool at their disposal to force it to change course is bewildering. No prosecution has been brought, despite the Prime Minister's announcement last week, and the deadline to act to protect these workers is tomorrow. The Chancellor confirmed yesterday to my hon. Friend the Member for Kingston upon Hull West and Hessle (Emma Hardy) that the review of the relationship with DP World has already concluded—and it will keep every single taxpayer-funded contract.

Even with these very welcome steps announced today, the Government still risk giving the green light to P&O and other exploitative employers. Will the Secretary of State now guarantee that he will prosecute, disqualify the directors, and suspend their lucrative contracts? If P&O continues to proceed with this unlawful action, and to risk safety, is it not time to suspend its licence to operate? Will he introduce powers to allow the Government to step in and stop any such illegal behaviour in future and force employers back to the negotiating table? Will he amend the Trade Union Act 2016 so that employees can seek unlimited punitive damages against such unlawful action in future?

P&O Ferries has written the blueprint for bad business the world over. It must know that there will be consequences, because this scandal extends well beyond P&O. It is the consequence of a decade in which an axe has been taken to workers' rights. The balance has tipped far away from working people. Fire and rehire has become commonplace, and millions of people are thinking, "Will I be next?"

The measures announced yesterday by the Under-Secretary of State for Business, Energy and Industrial Strategy, the hon. Member for Sutton and Cheam (Paul Scully), show, I am afraid, that the Government still do not get it. The measures may mean extra compensation, but only after people have gone through a tribunal process that is beset with delays and backlogs—and this is a price that bad bosses have already shown they are prepared to pay. If Ministers mean what they say—if this is going to be a line in the sand—they will bring forward an emergency employment Bill straight after recess. No more half measures, no more excuses—they must ban fire and rehire for good. They will also guarantee that not a penny of public money will be handed out to

companies that disregard workers' rights, and will work with the RMT and Nautilus International to pursue a binding agreement on pay and conditions to end the race to the bottom that P&O is determined to lead.

We will work constructively with the Government on the measures announced today, but 13 days on from this scandalous act, key shipping routes are still suspended, 800 workers are still without their jobs, those responsible have no regrets, and time is almost out. The stakes could not be higher. To reverse this scandalous act, the actions of Ministers must now match their words.

Grant Shapps: I thank the hon. Lady because throughout this crisis she has been very proactive in getting in contact and providing additional ideas and thoughts, many of which have entered into this package. She has been, broadly speaking, pretty constructive, along with a number of other Members from across the House.

The hon. Lady asked about the extent of the intention behind these measures. They are for routes that ply their trade between Britain and our continental neighbours, which is why I mentioned the individuals that I have contacted in foreign Governments.

The hon. Lady asked about the speed of the Insolvency Service. It is of course independent, so we do not have direct control over that, but I very much hope that it will act appropriately quickly. She asked why the Government have not taken any court action. It is because the Government are not in a position to take court action; that is for the unions and for workers to do. We understand the limitations of that, which is why I described some of the items in the package that would address that.

The hon. Lady asked about P&O contracts. We have looked, and we have not identified any so far. In the spirit of co-operation with all Members of the House, and with her in particular, I should say that if anyone is aware of any contracts that we have yet to uncover, they should let us know. The only two found were historical, from during coronavirus.

The hon. Lady mentioned that the situation might be indicative of a wider issue with this Government's approach towards employees. I gently mention that it was this Government who, in 2020, introduced the extension of the national minimum wage to seafarers on domestic routes. We did that, not any other Government. I seem to recall that in 2005, when Irish Ferries introduced the low-cost approach that, according to P&O, has forced its hand, a chap called Tony Blair used to stand at this Dispatch Box.

Huw Merriman (Bexhill and Battle) (Con): I not only welcome this package of measures but thank—I hope on behalf of the whole House—the Secretary of State for the leadership that he has shown. We now have real urgency on this. That is what we asked for, and that is what we have got. With regard to consultation rights, when P&O Ferries came before our Committee last Thursday, it said that it was basically buying out those rights from the workers because it could. Will he consider, in the longer term, a power of injunctive relief for the Insolvency Service, so that it can stop the actions of P&O Ferries, which has effectively audited our legislative book and found it wanting?

Grant Shapps: Yes, that is certainly something we are considering. I thank my hon. Friend for his work, and that of his Select Committee and the Business, Innovation and Skills Committee, which brought the P&O boss here. I think it astonished the House but also the whole country to hear that testimony, which has directly led to the package that we have today, item No. 6 of which goes some way towards addressing my hon. Friend's specific point.

Gavin Newlands (Paisley and Renfrewshire North) (SNP): I, too, thank the Secretary of State for advance sight of his statement. I genuinely welcome the action that he has outlined today, although the strength of his words must be followed by the strength and urgency of his actions. There are areas where I hope he can be persuaded to go further. However, I am pleased that those who perpetrated these shameful actions against P&O workers are being held to account and shown the consequences of their law-breaking.

As I have said to a few people in this House, I feared that there would be a delay to the national minimum wage measures due to international maritime labour laws. I commend the Secretary of State for trying to find a work-around, but perhaps he can give us more detail on that. In the meantime, will he indemnify ports for any action they may take against ferry operators?

The movement on fire and rehire is welcome, particularly given the work that I and many Members across the House have done in recent years. However—this is where I depart from the praise for the Secretary of State—as I have said to the Under-Secretary of State for Transport, the hon. Member for Witney (Robert Courts), many British Airways workers have contacted me in the past few days asking this progressive, nay socialist, Transport Secretary whether British Airways workers were being threatened with fire and rehire. The Secretary of State's statement says that the Government “will take action to prevent employers who have not made reasonable efforts to reach agreement through consultation from using fire and rehire tactics.” No threat of fire and rehire, whether followed by consultation or not, is reasonable. It must end, and now.

Where I am disappointed is with the tools available to tribunals and courts to enforce the new code. A 25% uplift in compensation is, as P&O has demonstrated, merely a cost to be factored in for unscrupulous employers with deep pockets, and it does not hit employers that simply do not pay their tribunal-mandated compensation. Can we instead see some real teeth to allow tribunals to deploy the full range of outcomes towards employers, including recommending reinstatement where possible? That would be a major deterrent to others considering fire and rehire.

The Chair of the Transport Committee, the hon. Member for Bexhill and Battle (Huw Merriman), and the Chair of the Business, Energy and Industrial Strategy Committee, the hon. Member for Bristol North West (Darren Jones) wrote jointly to the Secretary of State earlier this week. Among other things, they called for the prosecution of P&O, the removal of its licence to operate in the UK and a review of DP World's involvement in the freeports project. We have heard, sadly, that the DP World review is complete, but what consideration is he giving to the remaining conclusions of the two Chairs?

I welcome the beefed-up role for the Maritime and Coastguard Agency in enforcing some of these new measures. However, the last financial year saw the MCA receive a real-terms cut in central Government funding. Will the Secretary of State make extra funds available to the MCA so that what he has announced today will actually happen on the ground, rather than it being great in principle but undeliverable in practice?

Grant Shapps: Briefly, I thank the hon. Gentleman. I mentioned that I will be working with the International Labour Organisation, but I will also be working with the International Maritime Organisation, which is headquartered globally in London, on making this a global move. Some of what he said will not apply, because once we have changed the Harbours Act 1964, it will outlaw the need to end up going to a tribunal on the 25% uplift and the rest of it. I will leave it there for brevity.

Mrs Natalie Elphicke (Dover) (Con): I warmly welcome the strong package of measures announced today. Does my right hon. Friend agree that the behaviour of the directors of P&O is disgraceful, and they must be held to account? The Dover-Calais route must be operated to the highest safety standards, with decent pay and conditions and on a level playing field. Will he continue to work with me, as he has done since this disgraceful act occurred, to do everything possible to support the Dover-Calais sea corridor and the Dover community?

Grant Shapps: I thank my hon. Friend for her incredible input into this. In Dover, she is right at the frontline of any impacts when ferries are not running. Her contribution, assistance and guidance have been absolutely invaluable. I will absolutely step up to her asks on this. I stress, probably on behalf of the whole House, that in this House we find it unacceptable that someone would deliberately, knowingly and wantonly go out of their way to break the law in sacking staff. We will not take that lying down. The law will be changed and I am afraid that P&O Ferries, although as of last night it did not realise it, will have to U-turn.

Madam Deputy Speaker (Dame Eleanor Laing): I call Ben Bradley—I mean Ben Bradshaw. I am so sorry.

Mr Ben Bradshaw (Exeter) (Lab): Don't worry, Madam Deputy Speaker, it is a common and embarrassing mistake—for the other one!

Will the Secretary of State explain in a bit more detail why he thinks he does not have the powers to seek an injunction to prevent this company from behaving deliberately, disgracefully and, as he just described, illegally?

Grant Shapps: I have taken a lot of legal advice in the last 10 days to two weeks, and we simply have not found the power to exist in the form that the right hon. Gentleman describes. Maritime law is complex and international in nature. We have looked through every possible solution, and the Harbours Act 1964 is the way to deliver this. In the meantime, we will have the Maritime and Coastguard Agency making sure that we can bring these benefits much sooner than through laws passed through this place.

Stephen Metcalfe (South Basildon and East Thurrock) (Con): It is clear that Peter Hebblethwaite has no intention of acting with honour, but I hope that this package of measures will at least give him pause for thought. I hear the calls for further action against the parent company, DP World. I gently point out to those saying so that it is not without consequence—my constituency is home to London Gateway, and hundreds of people are employed there as well—and I want them to act cautiously. However, I call on DP World, the parent company, to look closely at the actions of Peter Hebblethwaite, because he is damaging its reputation, its relationship with the Government and its relationship with me. Get him to do the right thing.

Grant Shapps: My hon. Friend is absolutely right about the reputation of P&O Ferries being ripped to shreds in 14 days in a way that I cannot think of with any company in corporate history. It is important that its owners understand that they are welcome to invest in this country and create employment, but that we take employment law seriously. They need to understand that and deal with this P&O situation, otherwise that will not be smooth.

Mr Alistair Carmichael (Orkney and Shetland) (LD): I very much welcome the Secretary of State's statement today. It is one of the most substantial and significant statements I have heard in almost 21 years as a Member who has taken a close interest in matters of the merchant marine. I hope that this is the start of a very different practice from what we have seen in recent decades. One of the problems we have had over the years is that when successive Governments were introducing the tonnage tax and refining it, there was a link to training, but not enough of a link to post-training employment. That is the sort of thing that has to change. Protection has to be given not just to officers, but to ratings. When the Secretary of State is constructing the next round of the tonnage tax, will he listen first to the unions representing the ratings and the officers, and not just the shipping companies?

Grant Shapps: Needless to say, I am very grateful for the right hon. Gentleman's comments on this statement. It is a serious attempt to sort out something that internationally has not been satisfactory for a very long time, because of the global nature of shipping. He is absolutely right to zero in on the tonnage tax. As he knows, there will be an opening for the tonnage tax—from 4 April, I think—for the first time in many years. If we can get this right, we can use the tonnage tax not only to improve the industry, but to drive the right kind of behaviour. With more ships flagged under the British flag, we can lead—as we do as a maritime nation—with the IMO here, and use the tonnage tax to pull those ships along.

Damian Green (Ashford) (Con): I congratulate my right hon. Friend on the package of measures he has announced, and I very much hope they are effective. One of the immediate effects of P&O's disgraceful action has been massively to reduce the capacity of freight to go across the channel, and that has had the predictable knock-on effect of emergency measures being needed on the Kent motorway network, causing disturbance and some misery to my constituents and others across

Kent. As well as these measures, does the Department have any proposals to mitigate the problems with cross-channel freight and therefore to mitigate the effects on the M20 and other roads in Kent?

Grant Shapps: I apologise to my right hon. Friend and other Kent MPs, because I appreciate that the situation with P&O has caused considerable disruption. We have put the moveable barrier in place. I spoke to the lead of the Kent Resilience Forum yesterday, and they have been reporting to me on its level of usage, because I do not want it to be there for no reason. It is being regularly used. A benefit from having put in that moveable barrier is that it no longer takes weeks to deploy and take away, but I am cognisant of the disturbance it creates for Members in the Kent area. I will ensure that we meet regularly with my right hon. Friend and other Members to provide updates on what we expect to happen next.

Jeremy Corbyn (Islington North) (Ind): I welcome the statement made by the Secretary of State today, and in particular his reference to international seafarers. I recognise that he spoke about minimum wage conditions on ferries, but he then went on to talk about international seafarers, who often face disgraceful, almost slave-like conditions of work on international transport. Will he commit to working with the International Transport Workers Federation of transport trade unions, as well as the ILO, to try to get rid of this scandal on a global scale? Obviously Britain can only play one part in that, but we can have a very big influence on changing the whole mood internationally.

Grant Shapps: The right hon. Gentleman is right to point out that this is an international issue. It is worth saying that during the pandemic, we got a UN resolution through to recognise seafarers as key workers. We repatriated 22,000 seafarers. I sent the MCA in to raid a ship that was in Tilbury docks, where I suspected international seafarers were being held at work, essentially against their will. That was successful and there were prosecutions. We have gone further today with the measures I have outlined, which I hope he will approve of, considering that they include working with the International Labour Organisation.

Damian Collins (Folkestone and Hythe) (Con): I welcome the Secretary of State's robust statement in response to P&O's appalling behaviour. I also welcome the work that he and his Department are doing with the Kent Resilience Forum to ensure that we keep motorway traffic moving through the county. Does he agree that it is important that the Maritime and Coastguard Agency continues to be robust and does not allow ships that are poorly crewed with unqualified crew members on board to cross the world's busiest shipping lane?

Grant Shapps: My hon. Friend is absolutely right. The second item that I announced backs up what has already been happening with the MCA looking at those ships carefully, and that will continue. We will not compromise safety in the sea lanes. We have seen what happens when compromises are made, and we do not want to see that repeated.

Sammy Wilson (East Antrim) (DUP): I, too, welcome the Secretary of State's work on this important issue and the urgency with which he has acted. I very much doubt, however, that when he writes to P&O, it will abide by his instruction not to allow ships to dock in Larne or Cairnryan where it owns the port and the boats and where it is acting illegally by giving workers less than the minimum wage.

The monopoly issue is important for Northern Ireland, however, because one of the ships is impounded and there is an absence of service. The port represents a strategic asset for Northern Ireland because nearly 50% of our trade comes through it, so businesses that operate in that port are not getting any revenue, workers are not getting any work and Northern Ireland's supply issues are being affected. What action can the Secretary of State take with the company to try to restore the situation?

Grant Shapps: The right hon. Gentleman raises many important points. As he rightly points out, one of the ships has already been detained in Northern Ireland. Stena Line has been doing a great job to fill in some of the gap and I will ask other companies to assist where possible. If he does not mind, I ask him to meet again—I know he has already—with my hon. Friend the maritime Minister, because the specific issues relating to Northern Ireland will need a lot of care and attention over the coming days.

Virginia Crosbie (Ynys Môn) (Con): Although I welcome the new measures that my right hon. Friend has brought to the House, what reassurance can he give that they will support companies such as Stena Line to grow jobs, particularly local jobs and local labour, so that the news is good for UK seafarers and for the UK flag?

Grant Shapps: The simple fact is that this package will finally ensure that the whole seafaring community is on a level playing field—or a level sea—when it comes to channel crossings and that there will be no advantage to Irish Ferries running a cut-price route or P&O Ferries trying to do the same. For Stena Line, DFDS and others, it will ensure that they can all operate and compete on a fair platform.

Bill Esterson (Sefton Central) (Lab): The Secretary of State says that P&O should reinstate every worker on their original terms and conditions, with which I completely agree, but he needs to take every action available to him to support the group of workers who have just been sacked, as what he announced today is largely about the future. Will he suspend or cancel P&O and DP World contracts, including the lucrative freeport contracts? That is how he will show them that the Government are really serious and how he will have the greatest chance of putting the pressure on them that will lead to the reinstatement of those workers.

Grant Shapps: I should point out that the workers involved, many of whom I have been speaking to, frankly do not want to go back and work for P&O Ferries and/or have already accepted jobs elsewhere. I think they will be looking for a change in that company before they rush back.

On the P&O contracts, we have not found any that exist. On the DP World issue that the hon. Gentleman refers to, I have seen figures quoted for the amount of

money in a contract, but that is actually money that, by and large, goes to the local authority—I think that is the point that my hon. Friend the Member for South Basildon and East Thurrock (Stephen Metcalfe) was making. It is for the local authority to then set out how the freeport operates. The hon. Gentleman should be in no doubt, however, that we will be keeping a close eye on that and increasing the pressure to ensure that the right thing happens with P&O.

Alec Shelbrooke (Elmet and Rothwell) (Con): I warmly welcome my right hon. Friend's statement, which has clarified many technical points. It will be important to analyse how the cruise ship industry accesses British waters and to ensure that the critical infrastructure of freight transport is not allowed to be held hostage again, which is what P&O tried to do on its own terms.

On the point of ensuring that seafarers are being paid at least the minimum wage in our waters, how will that technically be done if they are not registered through HMRC in this country?

Grant Shapps: I should point out again that P&O Cruises is not in any way, shape or form related to what has happened here. It is the people at P&O Ferries who are very much in the dock. With the ferries, we will ensure that that policing takes place through HMRC and the work of the ports themselves.

Ellie Reeves (Lewisham West and Penge) (Lab): Awards for compensation in employment tribunals are notoriously low, with average awards for unfair dismissal at just £10,800. The Secretary of State has announced an uplift of 25%, but an extra £2,700 will not deter unscrupulous employers such as P&O. My hon. Friend the Member for Sheffield, Heeley (Louise Haigh), the shadow Transport Secretary, has called for unlimited punitive damages in circumstances such as these. Will he back those calls?

Grant Shapps: The simple answer, in this case, is that we want to stop it ever getting that far and we will do that by forcing such employers to pay the minimum wage in the first place. I should clarify that we are not against the idea that sometimes, unfortunately, redundancies occur. We know that and we saw it in the pandemic. We are pleased that, after the pandemic, unemployment is as low or lower than before. We understand that business has to change, but it is unacceptable to deliberately set out to break the law when it comes to consultations, and that is what we are focusing on. These nine measures will ensure that we do not get there in the first place and that more punitive measures are in place.

Laura Farris (Newbury) (Con): I congratulate the Secretary of State on his excellent work, and particularly, the creative and robust approach that he has taken to closing the national minimum wage loophole, which makes this whole thing a complete waste of money for P&O. Can I press him further on what he said about future injunctive relief? Will he consider enlarging the powers of the High Court to order a mandatory 90-day consultation where there has been no consultation? It was apparent from Hebblethwaite's appearance before the Select Committee that he saw that as a tick-box exercise rather than a meaningful engagement with the unions to try to minimise redundancies and mitigate the consequences that can—and often does—work.

Grant Shapps: My hon. Friend makes an excellent point. I place on record that she, as a former employment lawyer, has been incredibly helpful throughout this process, as have many other hon. Members. I see the hon. Member for Kingston upon Hull East (Karl Turner) in his place, who has also been extraordinarily helpful. The answer to her question is yes. I will work with my colleagues in BEIS to look at how we can make further improvements to those injunctive procedures. I thank her for her work.

Andrew Gwynne (Denton and Reddish) (Lab): I, too, thank the Transport Secretary for his statement and for the seriousness that he has given the issue, because it has been appalling for those P&O Ferries workers. He talks about amending the Harbours Act 1964, which I wholeheartedly welcome, and he has urged ports to do that now, irrespective of the legislation not yet being changed. As futile as legal action may be from P&O Ferries, what assurances is he giving to British ports to do the right thing, notwithstanding that not yet being the law?

Grant Shapps: It may be helpful to the hon. Gentleman and the whole House if I place in the Library the letters that will go out immediately with this statement to the Maritime and Coastguard Agency, in which I request that it carries out this action and a response, which I believe is already forthcoming.

Saqib Bhatti (Meriden) (Con): As with many Conservative Members, I have often advocated for business being a force for good, which means celebrating businesses that are positive contributors to society and calling out bad actors such as P&O, which has treated its workers callously. Does my right hon. Friend agree that today's plan sends a clear signal to any business thinking of going down that route that the Government will penalise any company that treats workers as disposable, as P&O did?

Grant Shapps: Yes.

Dan Carden (Liverpool, Walton) (Lab): I welcome the Secretary of State's statement and his action plan, but if the only legislative changes are to give new statutory powers to ports, the issue of fire and rehire will not go away. What conversations has he had with the Business Secretary about legislation so that the outrage that there rightly is in the Chamber is not brought back again next month and the month after?

Grant Shapps: I think what really set this case apart was the way in which the boss of P&O brazenly wanted to break the law, admits to breaking the law and says he will do it again, so the changes, in this case to the Harbours Act 1964, will deal with that. In addition, the hon. Member asked what conversations I have been having with the Secretary of State for BEIS, and the answer is very full ones. We have been looking across the piece at how employment law operates and we will continue to do so, notwithstanding the fact that we want there to be flexibilities in employment law, which is one of the things that leads to this country having consistently lower unemployment than the rest of the EU, for example.

Barry Gardiner (Brent North) (Lab): I welcome the fact that the Secretary of State is considering injunctive procedures where consultation has been ignored and not respected by the employer. It is just a shame that his party failed to vote for it in October. Will the Secretary of State say if the statutory code he is introducing will create any new criminal offence? If so, what is it, who can enforce it and what is the penalty? Alternatively, does it, like previous codes of conduct, simply issue a set of recommendations that bad companies can ignore?

Grant Shapps: I should say to the hon. Gentleman that the detail on that was set out by the Under-Secretary of State for Business, Energy and Industrial Strategy, my hon. Friend the Member for Sutton and Cheam (Paul Scully), yesterday in this House. I will make sure that the hon. Gentleman gets a full note detailing the answers to his questions.

Rachael Maskell (York Central) (Lab/Co-op): I welcome the statement from the Secretary of State, but the reality is that P&O could adjust its measures and continue to operate—and, of course, operate with different staff, with 800 staff losing their jobs. What consideration has the Secretary of State given to a 10th option of an operator of last resort, such as operates in the rail industry, so that he could immediately take such routes back into public ownership?

Grant Shapps: The hon. Lady will be interested to hear that I have considered an operator of last resort model. What happens at sea is somewhat different from what happens on the railways by the very nature of the fact that there is an open sea but there are specific rail lines. In this case, of course, we have the beauty of competition. We have Stena, DFDS and some others in that market, and they are plugging the gaps so that, from a capacity point of view, we are okay at this time.

Madam Deputy Speaker (Dame Eleanor Laing): For the grand finale, I call Karl Turner.

Karl Turner (Kingston upon Hull East) (Lab): Thank you very much, Madam Deputy Speaker, for accommodating me. I want to thank the Secretary of State. This campaign has gone on not just for the 12 years I have been in this House; this campaign has existed since the 1966 seamen's strike. I congratulate the right hon. Gentleman and the Under-Secretary of State for Transport, the hon. Member for Witney (Robert Courts), on getting over all the hurdles that must have been appearing in front of them, and I want to work with my hon. Friend the shadow Secretary of State to ensure that what the Secretary of State proposes will work and ensure that the minimum wage applies.

My concern is that these companies employ terribly bad practice, and I fear that they will find other ways to exploit seafarers. Safety is my big concern, so if conditions change or if rotas change—if seafarers are required to work five months on and a month off, for example—we will not be very far from disasters such as the *Herald of Free Enterprise*, in which passengers lost their lives due to crew fatigue. Can the Secretary of State assure the House that he is looking at ensuring that cannot happen in this case?

Grant Shapps: As I prefaced, I am hugely grateful to the hon. Gentleman. He has provided contacts, knowledge, expertise and experience through the last week and a half, as we have been discussing this issue, and I am incredibly grateful for his historical knowledge of the industry as well.

I can assure the hon. Gentleman that that is precisely what we are doing. In my comments, I said that we will be

“pursuing worldwide agreements at the International Labour Organisation.”

We will also

“push for a common set of principles to support maritime workers, including an international minimum wage, a global framework for maritime training and skills and tools to support seafarer mental health.”

I know these are issues for which he has been fighting for a very long time, and his time has come.

Madam Deputy Speaker: I thank the Secretary of State for answering so many questions, and so quickly. Let us proceed.

Points of Order

2.54 pm

Gill Furniss (Sheffield, Brightside and Hillsborough) (Lab): On a point of order, Madam Deputy Speaker. My constituent Anton is Ukrainian, and his sister and two-month-old niece have made a perilous journey from Mariupol to Dnipro to try to escape the ongoing conflict. Anton is now desperate to bring them to the UK as soon as possible, and he has ample accommodation for them. He has applied for a Ukraine family scheme visa for each of them. However, as his baby niece does not yet have a passport of her own, the Home Office is demanding that they attend a visa appointment for biometric photos to be taken of her. This requirement strikes me as absurd. I have written to Ministers, but I am concerned that the upcoming recess may mean that this will not be addressed with the urgency it requires. I therefore ask for your guidance on what steps I can take, before we rise tomorrow, to ensure that Ministers remove this hurdle urgently.

Madam Deputy Speaker (Dame Eleanor Laing): I thank the hon. Lady for her point of order. As she knows, it is not a point of order and it is not for the Chair to give the answer, but I appreciate that she is using the opportunity of a point of order to raise a matter that she does not otherwise have the opportunity to raise. The first thing I would say to her is that I am sure those on the Treasury Bench have heard her question, but I hope I can be a bit more helpful to her because I understand the need for urgency. I have asked similar questions as a constituency MP, and found that Ministers—[*Interruption.*] Excuse me, but we have a slight crisis here. Hay fever is not meant to extend to the Chair. I beg the House's pardon.

I have discovered that the Ministers dealing with this are very open to giving immediate and thorough answers if they are asked in the right way. I know that they are holding surgeries for all Members of Parliament, and I know that their special advisers have made themselves available. The Ministers in question want to answer questions such as the hon. Lady's question immediately. There is, I have discovered, no intention to delay, because the sort of case the hon. Lady has described is one that we all have every sympathy with and there are ways around it. I am sure the hon. Lady will get an answer and very quickly if she approaches the Ministers and special advisers directly. It is not really for me to give this advice, but if she is stuck, she should come to see me in my office later and I will find a way to get that question through for her, because we do not want that baby to suffer and there are ways of dealing with this.

Clive Lewis (Norwich South) (Lab): On a point of order, Madam Deputy Speaker. This is a very similar issue. I want to seek your guidance about how I may raise the plight of refugees currently languishing on the Ukrainian-Polish border near Medyka and beyond. Dave Powles, the editor of my local newspaper, the *Norwich Evening News*, is on the ground there, and has stated that the Government Homes for Ukraine scheme is failing by every metric possible. Despite hundreds of people across Norwich and Norfolk volunteering to take refugees into their own homes, a lack of co-ordination and communication as well as over-complication and

technical delays mean that, while 80 families have been matched, not one has been accepted into the UK. Home Office support on the ground is also non-existent, and what support there is is coming from small charities and individuals that are struggling with the numbers they are dealing with. Can you advise me how I may bring this tragic situation to the Government's attention?

Madam Deputy Speaker: I appreciate the hon. Gentleman's point of order, and I think I have just given him the answer. I am sure that Ministers are not trying to delay; they are trying to give Members as much information and advice as possible and as soon as possible, and there will be a way in which he can get that advice. I do not want to keep offering myself as a conduit, but I rather think that those on the Treasury Bench have heard his point and that it will be treated sympathetically.

Breast Screening

Motion for leave to bring in a Bill (Standing Order No. 23).

2.59 pm

Steve Brine (Winchester) (Con): I beg to move,

That leave be given to bring in a Bill to make provision for the purposes of increasing uptake of NHS Breast Screening Programme appointments, including in groups currently less likely to take up such appointments; to extend eligibility to that programme to persons at an increased risk of breast cancer because of their family history; and for connected purposes.

Last weekend saw Mothering Sunday, and for many of our constituents that meant a time to catch up with Mum and maybe have lunch, go for a walk or buy some flowers. My little ones did that for my wife. For some, however, Sunday was not a day for lunch, or a walk, or a catch-up; there were flowers, but they were dropped off at the churchyard or the crematorium, as they are every year, and that group included me, as it has for the past 19 years. I was in my late 20s, away on my stag do in Wales, when I got a phone call very early in the morning to say I needed to get home. My mother was in hospital at that point, with only one possible outcome. She passed away a few days later, five weeks before Susie and I got married. She was just 52 years old.

People say that events and our life before we enter this place shape how we approach some of our time here, and they are right. Colleagues here and constituents in Winchester and Chandler's Ford know that breast cancer is an issue I am passionate about, and now they know why. For my first five years as an MP, I co-chaired the all-party group on breast cancer; then, in 2017, it was the privilege of my life to serve as the Cancer Minister. We said then, as we do now, that for cancer early diagnosis can be game-changing—cancer's "magic key", as it is often put.

Breast cancer is incredibly treatable if it is detected early: 98% of women who have the disease detected at stage 1 survive for at least five years after their diagnosis, and many go on to lead full lives. It is true that we have made huge progress on tackling cancer—indeed, survival rates have been increasing year on year for the past decade or more and have doubled in the last 40 years in the UK, thanks in large part to more cases being caught early. Our NHS breast screening programme is estimated to prevent 1,300 breast cancer deaths every year across the UK—but we need to go further. That is even more true today than it was pre-pandemic, given that, according to figures on NHS England's latest cancer waiting times, there are nearly 9,000 women in England living with undiagnosed breast cancer due to the impact of covid. The pandemic has, to put it mildly, not helped our efforts to detect breast cancer earlier through screening.

I want to put on the record my thanks to the staff at Hampshire Hospitals and in breast screening centres across the UK. They have worked and continue to work tirelessly to pool and expand capacity so that catch-up appointments can be offered to women who were not screened while the programme was paused. Despite all the hard work, between April 2020 and March 2021, about 936,000 fewer women in England were screened for breast cancer compared with the previous year. Routine breast screening appointments were suspended in March 2020—a mistake we must never repeat—and

[Steve Brine]

restarted in the summer of that year, but we are far from fully recovered. The latest breast screening performance data for England shows that the percentage of women taking up their screening invitation within six months has reached an historic low of 62%—well below the national minimum standard of 70%. My fear is that this will be another terrible legacy of the pandemic, even after all the delayed screening invitations have been sent.

The long-term impact of the disruption will depend on how quickly screening services can fully recover, not just in offering catch-up appointments but in making sure as many women as possible accept that invite. Reducing the shortfall in the number of women screened is key to identifying the majority of “missing” breast cancer patients and ensuring that all breast cancers are diagnosed as early as possible. Although addressing the invite backlog and the drastic drop in attendance is the most immediate priority, we cannot deny that breast screening uptake was already in steady decline before the pandemic. Covid has simply accelerated the trend, with potentially tragic consequences.

I welcome the Government’s new 10-year cancer strategy and praise them for continuing to take action on early diagnosis of cancer. I urge them to view the new strategy as an opportunity to double down on that mission, and I know they do. My Bill will help the Government to sustain focus and ambition on maximising uptake in the NHS breast screening programme, both in this recovery phase and into the future. Going further, the Bill will also help to ensure that this is delivered in an equitable way, which will be instrumental in addressing the long-standing disparities seen in early cancer diagnosis.

Research shows that in the UK, women from ethnic minority backgrounds and those living in areas of high deprivation are less likely to attend routine breast screening. Those groups are also at greater risk of being diagnosed with later stage breast cancer and have worse survival rates. It is essential that efforts to recover the screening programme do not inadvertently undermine the Government’s commitments on early diagnosis, especially their ambition to shrink the inequalities gap. That is why some of the measures taken to try to improve the screening programme’s efficiency during recovery, most notably the switch to an open invitation model, have raised so many concerns.

Research indicates that when people are asked to call and arrange their own screening appointment, uptake is lower than when they are provided with a timed appointment. Without sufficient funding, staff and community engagement, permanently switching to an open invite model risks further deterioration in uptake and fewer breast cancers being detected early. It is vital that the impact of open invitations on uptake of breast screening is fully assessed before any long-term decisions are made. The Bill will help to ensure that data relating to equalities is collected and used to assess fully the impact different invitation models and interventions have on uptake and its variation across different groups. I am grateful for the work the Department of Health and Social Care is doing to prepare a White Paper on health disparities, and I look forward to working across the House to tackle those inequalities. The Bill I propose is just one way to get that work started.

It is vital that, as we recover the NHS breast screening programme, we do not miss the opportunity to look into the future and prepare for some of the much-needed changes that are likely to occur. I commend the Government for exploring, with their 10-year cancer plan, a call to evidence on the increased testing of family members of cancer patients to determine whether they are at increased risk of cancer, which could have implications for the screening programme. Right now, women at very high risk of breast cancer because of their family history receive more frequent screening through the national screening programme. Women at high or moderate risk should receive this through locally commissioned screening services, but research suggests that the locally commissioned services are not fully implemented in many regions, as they are not mandatory and are subject to financial constraints. This is a missed opportunity to diagnose breast cancer in at-risk women at the earliest stage.

Professor Sir Mike Richards’ 2019 review of screening services, which I and my right hon. Friend the Member for South West Surrey (Jeremy Hunt) commissioned in office, recommended the establishment of a new single screening advisory body to make recommendations on both population and targeted screening, commissioned through similarly nationally agreed standards and service specifications. The Government recently announced that the UK National Screening Committee will be relaunched this spring with an expanded remit covering targeted screening, but nothing further has been announced yet about giving recommendations on targeted screening equal weight and funding, as Sir Mike suggested. The Bill would ensure that steps are taken to ensure that commissioners fully implement existing National Institute for Health and Care Excellence recommendations on screening for women at moderate or high risk of breast cancer as a result of their family history.

The Under-Secretary of State for Health and Social Care, my hon. Friend the Member for Lewes (Maria Caulfield), is an excellent Minister and she knows how important this issue is. I believe every Member of this House can agree on the importance of early, equitable diagnosis of breast cancer and the central role the NHS breast screening programme has in achieving that. We needed to up our game pre-covid, and we certainly need to up our game post covid if we want to avoid being back here in 10 years’ time having exactly the same conversation. By working across the political divide, we can get back on track to ensure and improve early diagnosis of breast cancer. It will not save Mothering Sunday for me, but it might for thousands of other people in the future.

Madam Deputy Speaker (Dame Eleanor Laing): The hon. Gentleman has made a moving speech, to which we all paid attention.

Question put and agreed to.

Ordered,

That Steve Brine, Craig Tracey, Munira Wilson, Julie Elliott, Tracey Crouch, Mrs Sharon Hodgson, Mrs Pauline Latham, Alex Norris, Caroline Nokes, Dame Caroline Dinenage, Miriam Cates and Bambos Charalambous present the Bill.

Steve Brine accordingly presented the Bill.

Bill read the First time; to be read a Second time on Friday 6 May, and to be printed (Bill 297).

HEALTH AND CARE BILL (WAYS AND MEANS)*Resolved,*

That, for the purposes of any Act resulting from the Health and Care Bill, it is expedient to authorise the charging of fees in connection with the licensing of cosmetic procedures by virtue of the Act.—(*Rebecca Harris.*)

**HEALTH AND CARE BILL
(PROGRAMME) (NO.3)**

Motion made, and Question put forthwith (Standing Order No. 83A(7)),

That the following provisions shall apply to the Health and Care Bill for the purpose of supplementing the Orders of 14 July 2021 (Health and Care Bill (Programme)) and 22 November 2021 (Health and Care Bill (Programme) (No. 2)):

Consideration of Lords Amendments

(1) Proceedings on consideration of Lords Amendments shall (so far as not previously concluded) be brought to a conclusion six hours after their commencement.

(2) The proceedings—

(a) shall be taken in the order shown in the first column of the following Table, and

(b) shall (so far as not previously concluded) be brought to a conclusion at the times specified in the second column of the Table.

TABLE

<i>Lords Amendments</i>	<i>Time for conclusion of proceedings</i>
91, 85 to 88, 92, 95, 52 to 54, 66 to 79, 82, 84, 93, 94, 96 to 101, 109 to 129	Two hours after the commencement of proceedings on consideration of Lords Amendments
29, 30, 48, 57, 89, 108, 42 to 47, 55, 56, 58 to 64	Four hours after the commencement of those proceedings
11, 51, 80, 81, 90, 105, 1 to 10, 12 to 28, 31 to 41, 49, 50, 65, 83, 102 to 104, 106, 107	Six hours after the commencement of those proceedings

Subsequent stages

(3) Any further Message from the Lords may be considered forthwith without any Question being put.

(4) The proceedings on any further Message from the Lords shall (so far as not previously concluded) be brought to a conclusion one hour after their commencement.—(*Rebecca Harris.*)

Health and Care Bill*Consideration of Lords amendments*

Madam Deputy Speaker (Dame Eleanor Laing): I must draw the House's attention to the fact that financial privilege is engaged by Lords amendments 34 to 37, 52 to 54, 80, 81, 84, 86 to 88, 91, 93, 94, 96, 97 and 129. If they are agreed to, I will cause the customary entry waiving Commons financial privilege to be entered in the *Journal*.

After Clause 148**MANDATORY TRAINING ON LEARNING DISABILITY
AND AUTISM**

3.11 pm

The Minister for Health (Edward Argar): I beg to move Government amendment (a) to Lords amendment 91.

Madam Deputy Speaker: With this it will be convenient to discuss the following:

Lords amendment 91.

Lords amendment 85, and Government motion to disagree.

Lords amendment 86, and Government motion to disagree.

Lords amendment 87, and Government motion to disagree.

Lords amendment 88, and Government motion to disagree.

Lords amendment 92, Government motion to disagree, and Government amendment (a) in lieu.

Lords amendment 95, Government motion to disagree, and Government amendment (a) in lieu.

Lords amendments 52 to 54, 66 to 79, 82, 84, 93, 94, 96 to 101 and 109 to 122.

Lords amendment 123, and amendment (a) thereto.

Lords amendment 124, and amendment (a) thereto.

Lords amendment 125, and amendment (a) thereto.

Lords amendment 126, and amendment (a) thereto.

Lords amendment 127, and amendment (a) thereto.

Lords amendments 128 and 129.

Edward Argar: It is a pleasure to debate their lordships' amendments and to serve opposite the hon. Member for Tooting (Dr Allin-Khan) for our consideration of this group of amendments—I do not usually do so as our portfolios do not always overlap. The amendments in the group all relate to questions of patient safety, patient engagement, public health and building a learning culture in the NHS.

First, may I put on record how proud I am that the Government are protecting the safety of women and girls through the hymenoplasty amendment, which I know has cross-party agreement? I will run through the amendments and concessions that the Government have made on a number of aspects of the Bill before turning to the perhaps more contentious areas in the group. We have tabled amendments to ban the carrying out, offering

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and aiding and abetting of hymenoplasty in the United Kingdom. We have accepted all the recommendations of the expert panel on hymenoplasty and agree that the procedure is inextricably linked to virginity testing and violence and that it has no place in our society. I offer my gratitude to all the members of that expert panel, to those who have campaigned so long and so hard on the issue and to my hon. Friend the Member for North West Durham (Mr Holden) for his continued hard work to protect vulnerable women and girls.

I urge the House to support amendments 84, 96 and 129, which create a licensing regime for non-surgical cosmetic procedures.

Mr John Baron (Basildon and Billericay) (Con): In the spirit of accepting amendments and suggestions, may I thank the Minister, his officials and his special advisers for accepting the amendment in this place on prioritising cancer outcomes as a means of encouraging earlier diagnosis? That really will drive survival rates up. I also thank the nearly 100 colleagues here and in the other place who helped and supported the campaign. In that spirit, I assure the Minister that we will do what we can to help the Government in ensuring that the legislation prioritising cancer outcomes will have its desired effect at the frontline.

Edward Argar: I am grateful to my hon. Friend. Again, I think that I speak for both sides of the House on a cross-party basis in saying that we were pleased to be able to accept his amendment, on which he campaigned hard, in this place. I think that will lead to further improvements in cancer treatment and cancer care outcomes for many people in our country.

I return to the amendments relating to cosmetic regulation. I thank the hon. Members for Member for Swansea East (Carolyn Harris) and for Bradford South (Judith Cummins) and the right hon. Member for North Durham (Mr Jones) on the Opposition Benches as well as my right hon. Friend the Member for Romsey and Southampton North (Caroline Nokes) and my hon. Friends the Members for Sevenoaks (Laura Trott) and for Thurrock (Jackie Doyle-Price) for their hugely important work in driving forward the agenda. While the amendment is broad, the Government will of course work with stakeholders, including Members of this House, to develop regulations to set out the specific cosmetic treatments that will be subject to licensing and the detailed conditions and training requirements that individuals will have to meet.

Mr Richard Holden (North West Durham) (Con): I thank the Minister for his comments about virginity testing and hymenoplasty and the work done by other hon. Members on parts of the legislation that affect women and girls. One issue with virginity testing and hymenoplasty relates to the family procedure rules—I know that they fall outside his Department—which still permit spouses to apply for a so-called virginity test on the grounds that a marriage is not consummated. Will he speak to his colleagues and perhaps suggest a meeting with me and other campaigners in the area to see if we can remove from legislation some of those issues affecting women and girls?

Edward Argar: My hon. Friend makes an important and highly relevant point. I will certainly pass his request on to colleagues in the Ministry of Justice and the Attorney General's Office to look at that and, hopefully, meet him to discuss it further.

We are accepting amendments in a number of other areas to improve the quality of services that the NHS provides. First, we are tabling amendments to ensure the full operability of the noble Baroness Hollins's amendment—Lords amendment 91—on mandatory training on learning disabilities and autism. We have discussed and agreed the changes with her and are content that her amendment, along with our Government amendment, will legislate that all health and social care providers who carry out regulated activities ensure that their staff receive specific training on learning disabilities and autism.

Dame Caroline Dinenage (Gosport) (Con): On that amendment, will my hon. Friend join me in paying tribute to the many people who have campaigned for learning disability and autism training for health and care professionals? I think specifically of Paula McGowan—the training will be named after her son, Oliver McGowan. Training frontline health and care professionals to have a better understanding of learning disability and autism will certainly improve people's interactions with our health and care services, and it will save lives.

Edward Argar: I am happy to join my hon. Friend in paying tribute to Paula McGowan and all those who have campaigned for this and other amendments that the Government have been able to accept to the Bill. It is often easier to pay tribute to right hon. and hon. Members who have championed issues in this House, but often they are merely mouthpieces for those campaigners who have done so much to raise the profile of such issues.

The Government have also taken steps to extend the storage limits for embryos and gametes, removing an existing unfairness. Currently, legislation discriminates between those who have a medical need to freeze their materials and those who do not. Amendments 82, 98, 100 and 122 remove that distinction by introducing a new scheme consisting of 10-year renewable storage periods up to a maximum of 55 years for everyone regardless of medical need. Our proposals were welcomed unreservedly in the other place, and I hope that they will receive a similar reception in this House.

The Government have also tabled a number of amendments in the other place on transparency of payments made and other benefits given to the healthcare sector. Lords amendments 52 to 54, 93, 94 and 97 all deliver on a recommendation from Baroness Cumberlege's independent medicines and medical devices safety review. They will enable the Secretary of State to make regulations requiring companies to report information about payments or other benefits that they have provided to the healthcare sector.

Alec Shelbrooke (Elmet and Rothwell) (Con): I thank my hon. Friend for what he said, which, with the Cumberlege review, is very important. I urge him again to go further on that review.

Edward Argar: I hear my right hon. Friend's gentle but firm urgings, and I hope that he will welcome the progress that we have made.

Sir Mike Penning (Hemel Hempstead) (Con): The Cumberlege report was fantastic. The Minister accepted some of what it said but not in relation to Primodos, especially in the area of compensation. Can we look at that again?

Edward Argar: I am always happy—or the relevant Minister is always happy—to meet my right hon. Friend on any matter relating to the Department's work.

Turning to the Health Services Safety Investigations Body—HSSIB—and patient safety, we intend to support the development of a learning culture across the NHS. With that in mind, I would like to turn to Lords amendments 66 and 109. The related clauses concern how we balance the need for those who speak to the HSSIB to feel safe to speak openly and candidly to HSSIB staff, while ensuring that coroners can fulfil their judicial functions. This has been, throughout the passage of the Bill, a difficult balancing act with no perfect answer, which has been given much thought and attention, and on which reasonable people can come to equally valid but different views. However, I have concluded that there is significant strength of feeling in both this House and the other place on whether coroners should have access to protected material held by the HSSIB.

I am grateful to my colleagues in the Ministry of Justice, in particular the Under-Secretary of State for Justice, my hon. Friend the Member for Corby (Tom Pursglove), and to the Chief Coroner for considering the different views judiciously. Recognising that, the Government have decided to accept their lordships' amendment, which removes the ability of senior coroners to access protected material held by HSSIB through relying on certain powers under the Coroners and Justice Act 2009. We hope that will give reassurance and strengthen the ability of the HSSIB to deliver what we all want across this House, which is to support an open learning culture across the NHS.

This group of amendments also includes a substantial number of amendments to improve public health. In the other place, we brought forward amendments to enable the smooth and effective implementation of restrictions on the advertising of less healthy food and drink. I urge the House to accept Lords amendments 101, and 123 to 128, which allow the necessary preparatory work to take place before the restrictions are due to come into force on 1 January 2023. They also introduce the ability to delay that implementation date via secondary legislation, should that be deemed necessary.

John Redwood (Wokingham) (Con): I welcome very much what the Minister said on the previous Lords amendment concerning safety culture. Can he tell us a little more about what other actions will be taken in lieu of legislation, which is not always the best answer, to encourage the learning, safety and quality culture which is so vital to a great service?

Edward Argar: I am grateful to my right hon. Friend, who is absolutely right. We heard in this House, a little earlier this afternoon, the Secretary of State for Health and Social Care present a statement on the Ockenden

review. The review has a number of—not recommendations specifically, but urgent action points. Donna Ockenden was very clear on that and my right hon. Friend accepted all of them. One of the themes that came out in that context is people's fear of speaking up. We believe that the HSSIB will play an important part in stimulating that culture of openness and transparency, and people coming forward without fear. That is why we reflected very carefully and accepted their lordships' amendment.

Sir Peter Bottomley (Worthing West) (Con): I want to re-emphasise to the Minister and to others the injustice when Dr Hadiza Bawa-Garba, at an inquest three years after an event, led the police to get her prosecuted for gross negligent manslaughter and then the other actions, which I will not rehearse now. If we are going to have doctors as good as Dr Bawa-Garba and others learning from events, we will do better than the previous system. I am glad the Government are accepting the Lords amendment.

Edward Argar: I am grateful to the Father of the House, who I believe, in the course of our discussions about whether to accept the Lords amendment, wrote to me, along with other right hon. and hon. Members highlighting that particular case in the context of an open and transparent learning culture.

Dr Philippa Whitford (Central Ayrshire) (SNP): I thank the Government for accepting the amendment. I raised the issue on Second Reading and I can see the Minister smiling at how many times we have talked about it in Committee and in the prelegislative Committee. It is critical that the safe space is safe. Systems make errors or do not prevent errors, so we need people to be candid. I pay tribute to the Government for accepting that, because it allows HSSIB to have a decent start and a decent chance.

Edward Argar: I am grateful to the hon. Lady not only for her comments just now, but for her work on this agenda and on HSSIB over many years on various incarnations of this legislation. She has a right to gently tweak my tail that I could have listened to her in Committee and got here faster, but as she will know, occasionally it takes a little time in Government to be able to move to the compromise that often we all seek.

Turning back to the advertising restrictions, the overall policy direction has been set out effectively through last year's Government consultation response, this proposed legislation and the debate that has taken place in both Houses.

Alun Cairns (Vale of Glamorgan) (Con): Will the Minister give way?

Edward Argar: If I may just finish this point. I suspect my right hon. Friend may speak later on the amendments tabled by my hon. Friend the Member for Buckingham (Greg Smith).

A consultation on secondary legislation will be launched shortly and consultations on the wider guidance to the restrictions, which will support industry and provide further clarity on what to expect, are anticipated later in the year. Therefore, we do not believe there is a need to incorporate a requirement in primary legislation to

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specify a gap between the date of publication of guidance and implementation of the restrictions, as proposed by my hon. Friend, but I look forward to hearing his speech later. I reassure him that the Government will of course continue to work closely with industry and with him to ensure that the transition is as smooth as possible.

Alun Cairns: I am grateful to my hon. Friend for giving way and he pre-empts some of my comments. Does he recognise the significance of the change to the broadcasting and advertising industries? It seems to me that the amendment tabled by my hon. Friend the Member for Buckingham (Greg Smith) is very reasonable in giving 12 months minimum for the industry to prepare for such significant changes.

Edward Argar: I am grateful to my right hon. Friend. I know him well but I was not sure if would be able to predict exactly what he was going to say, so I am pleased that I have managed, to a degree, to pre-empt him. I recognise the impact, and that is why we believe we have struck the appropriate balance, both in terms of the time for preparation and implementation, but I will of course listen to what my hon. Friend the Member for Buckingham says when he speaks to his amendments.

Finally, amendment 79 relates to the international healthcare arrangements clause, which amends the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019 to enable the Government to implement comprehensive reciprocal healthcare agreements with countries outside the EEA and Switzerland. The clause will give the devolved Governments a power to make regulations giving effect to such agreements in devolved areas of competence. This minor and technical amendment to the definition of devolved competence and the consent requirement in new section 2B(2) reflects the fact that the consent of the Secretary of State under section 8 of the Northern Ireland Act 1998 is given in relation to an Assembly Bill, rather than an Assembly Act. It has no impact on the policy intention of the clause and I hope that hon. Members on both sides of the House will be content to pass the amendment.

On Report in the other place, the Government committed to accept in principle Lords amendment 95 to change the process for regulations that give effect to healthcare agreements, so they are subject to the affirmative resolution procedure. While we continue to support the intention of the amendment, I move that this House disagrees with Lords amendment 95 and moves an amendment in lieu, Government amendment (a). This amendment achieves the same objectives, but amends the international healthcare agreements clause rather than the regulations clause for the Bill to ensure that all regulations made under the soon-to-be-named healthcare international arrangements legislation are subject to the affirmative procedure. This includes any regulations made by the devolved Governments and achieves the objectives of the Lords amendment. This conclusion has been reached following constructive engagement with noble Lords for which the Government are extremely grateful.

In addition, to make parliamentary scrutiny of our healthcare agreements even more robust, we will set out a forward look in annual reports produced under section 6 of the 2019 Act, highlighting any agreements with other

countries that are under consideration. We will publish all non-legally binding agreements and their associated impact assessments. I urge the House to accept all those Lords amendments as beneficial to the public and the NHS.

Although I have sought to compromise and reach agreement on many areas, I am afraid that there are a number of Lords amendments that we urge the House to reject. First, let me deal with Lords amendments 85 to 88. I pay tribute to the work of my hon. Friend the Member for Harrow East (Bob Blackman), the chair of the all-party group on smoking and health, for its proposals to help the Government to achieve a smoke-free country by 2030. However, the Government cannot accept these Lords amendments, because the proposals would be very complex to implement, take several years to materialise and risk directing a lot of Government resource into something that we do not see as a sustainable or workable way to fund public health. This would also rightly be a matter for Her Majesty's Treasury.

The Javed Khan review is under way and I encourage colleagues to wait patiently for that and to be guided by what emerges from it.

Bob Blackman (Harrow East) (Con): *rose*—

Edward Argar: If I can just finish this point, I will give way to my hon. Friend. Our preference is to continue with a proven and effective model of encouraging tobacco cessation. Ultimately, given the review that is under way and the forthcoming tobacco control plan, which will be published later this year, we do not believe that this Bill is the right place for the proposals.

I will give way to my hon. Friend, but then I wish to turn to the final, important set of Lords amendments on abortion.

3.30 pm

Bob Blackman: I thank my hon. Friend for giving way and for what he is saying about tobacco control. The recommendations are due to come out next month and most of those—indeed, most of these Lords amendments—refer to carrying out consultations without decisions actually being made. Does he not accept the point about having a consultation, taking people's views and then deciding what to do?

Edward Argar: To a degree, that is why I mentioned the Javed Khan review. We are undertaking a lot of work and let us see what emerges from that, as well as from consultations and other pieces of work, and draw it all together. I can see where my hon. Friend is coming from, but I think that the Government have set out the right approach, so I encourage right hon. and hon. Members to reject their lordships' amendments.

Steve Brine (Winchester) (Con): Will my hon. Friend give way?

Edward Argar: I will if my hon. Friend is brief, but I know that a lot of colleagues wish to speak on the abortion amendment and I want to give them enough time to do so.

Steve Brine: Further to the intervention from my hon. Friend the Member for Harrow East, when I published the tobacco control plan in 2019, with the smoke-free ambition for 2030, we in the Government

promised to consider the “polluter pays” approach to raising funds for tobacco control and smoking cessation services. The Lords amendments just require the Government to fulfil that commitment, which was barely three years ago, and to consult. I press the Minister on that again because we as a Government committed to doing this less than three years ago.

Edward Argar: My understanding—although my recollection may fail me, so I caveat my comment with that—is that this was initially looked at that stage, but was not proceeded with. I know that my hon. Friend will continue to press that point and I pay tribute to him for being the policy Minister at the time and for making huge progress on this agenda. I suspect that we will return to this matter subsequently, and I look forward to the comments of the shadow Minister, the hon. Member for Tooting, in due course.

Liz Twist (Blaydon) (Lab): Will the Minister give way?

Edward Argar: I will not now, but I may during my wind-up speech, if I have time. I want to conclude my remarks so that colleagues can make their contributions on the matters that I have referred to, but if there is time, I commit to taking an intervention from the hon. Lady at the end of our consideration of this set of Lords amendments.

We come, finally, to Lords amendment 92 and the amendment offered in lieu relating to abortion. I am aware of strong and sincerely and genuinely held views from Members on all sides of this debate and this issue, and I respect the integrity of their views. Although I will set out why the Government took the action that they did and the procedure that is in place, I emphasise at the outset that, given that this matter is before the House because of an amendment by their lordships, it is right that this is properly considered and that this will be—in line with how we normally treat these matters—a free vote, in which how individual Members vote will be a matter of conscience.

In response to the covid pandemic, an approval was issued in accordance with the Abortion Act 1967 that allowed women to take both pills for early medical abortion at home. That temporary measure addressed a specific and acute medical need, reducing the risk of covid-19 transmission and ensuring continued access to abortion services. My right hon. Friend the Secretary of State announced last month that the approval will end at midnight on 29 August 2022.

Tonia Antoniazzi (Gower) (Lab): Does the Minister acknowledge that, in Wales—[*Interruption.*—]—and in Scotland, telemedical abortion will continue to be available to all women after the covid-19 pandemic has finished? To be honest with the Minister, that needs to follow suit in England.

Edward Argar: I would not suggest for a moment that Wales or Scotland should follow England or that England should follow Scotland and Wales. They are devolved competences. Each devolved Administration will rightly form their own view of the balance of benefits, the pros and cons, and that is right. That is what our devolution settlement is for. This House is considering the amendment

that was brought here from the Lords and this is an opportunity for Members to express their view on what should happen in this country.

The Government remain of the view that the provision of early medical abortion should return to pre-covid arrangements, and face-to-face services should resume, given that the temporary change was based on a specific set of emergency circumstances. However, we recognise that their lordships have made an amendment in that respect and it is therefore right that this House considers it.

In normal times, we prefer and believe that decisions about the provision of health services are more appropriately dealt with through the usual processes, rather than through primary legislation. We have a number of concerns about the approach taken in the amendment. Parliament has already given the Secretary of State a power to issue approvals under the Abortion Act. That allows the Secretary of State flexibility to make decisions about how healthcare in this area is provided, which can be adapted quickly and easily to respond to changes in service provision or other external circumstances, as was the case with the temporary approval in response to concern about the risk to services from covid-19.

From a process perspective, it is not appropriate, in our view, to insert into primary legislation the intended detail regarding home use of both pills. That would mean that should any issues arise, there would no longer be scope to react quickly, as the Secretary of State did during the pandemic. However, we recognise that that is now a matter for debate and decision by this House.

In addition, Lords amendment 92, as drafted by my noble Friend Baroness Sugg, would not have the intended effect. If agreed to, it would create legal uncertainty for women and medical professionals by including wording on the statute book that does not, in fact, change the law in the way it appears to. On a procedural point, we therefore urge all right hon. and hon. Members to disagree with the Lords in their amendment.

All Members have the opportunity, however, to vote on our amendment (a) in lieu, which we have drafted to ensure, irrespective of colleagues' views, that the provision does the job it was intended to do. We all agree that it is crucial that the law is clear in this area and does not create any uncertainty for those who rely on it. That is why we have tabled our legally robust amendment in lieu, which stands in my name and which would achieve the intended purpose of Baroness Sugg's amendment.

It is for right hon. and hon. Members, in a free vote, to judge how they wish to vote on the amendment in lieu. I encourage them to reflect and make their decision when the amendment is pressed to a Division.

Dr Rosena Allin-Khan (Tooting) (Lab): The Opposition congratulate the Lords on their hard work on the Bill, which is much improved from when it left the Commons. We support the Lords amendments, which are sensible and proportionate and will go some way to tackling health inequalities that are still sadly far too prevalent.

Over the past two years, we have seen the very best of our NHS. Publicly owned and free at the point of use, it is the best of us and has protected our families for generations; I hope it will continue to do so for many years to come. Unfortunately, the Government are set

[Dr Rosena Allin-Khan]

on a power grab, and refuse to act to tackle workforce shortages and ever-growing waiting lists. Waiting times for cancer care are now the longest on record, patients with serious mental illnesses are being sent hundreds of miles away for treatment, and one in four mental health beds have been cut since 2010. We deserve better. Our NHS deserves better.

We can all agree that the amendments in this group are wide-ranging, so I will be covering a range of subjects. A number of amendments in the group speak to women's health. We have seen time and again that the Government are dismissive of women's health and have ignored the needs of half the population. In its original form, the Bill was far too scant on tackling health inequalities; it is only because of colleagues in the other place and Labour votes that we are making ground on tackling them at all.

Along with the rest of our health team, I am proud to support the continued provision of telemedical abortion services in England. Maintaining the existing provision of at-home early medical abortion following a telephone or video consultation with a clinician is crucial for women's healthcare. Not only did that preserve access to a vital service during the pandemic; it enabled thousands of women to access urgently needed care more quickly, more safely and more effectively. Women's healthcare must reflect the needs of those whom it serves. Scrapping telemedical abortion services would drastically reduce access to that vital service, and would simply serve to increase the number of later-term abortions. Everyone should have access to safe and timely healthcare. I say to Ministers: please do not ignore clinical best practice and the expert opinions of organisations and royal colleges.

We welcome provisions to ban hymenoplasty, and the power to create a licensing regime for non-surgical cosmetic procedures. Those too were a result of Labour votes, because the original Bill did not even mention them. Ministers must stop treating women as an afterthought in healthcare provision. However, we are glad to see that the Government have accepted the Lords amendment to remove coroners' access to material held by the Health Service Safety Investigations Body.

On the NHS frontlines, I see at first hand the pressure placed on staff. Staff must feel protected, and must be encouraged to come forward. It is crucial for the Bill to promote a learning culture, so that any investigation can establish what training and procedures need to change in order to prevent any future mistakes. Only by enshrining that culture can we ensure that staff will feel comfortable about coming forward.

We welcome Baroness Hollins's amendment to introduce mandatory training on learning disabilities and autism for all regulated health and care staff, and we are pleased to see that the Government support it. Everyone deserves access to safe, informed, individual care, and hopefully the amendment will go some way towards reducing health inequalities that are faced all too regularly by people with learning disabilities and autism.

Barry Gardiner (Brent North) (Lab): I agree with much of what my hon. Friend is saying. For instance, I too believe that it is a woman's right to choose. One of the features of a physical consultation was that it gave

the woman an opportunity to do so in a free environment. Does my hon. Friend share the concern that I know exists among many of our constituents that if the consultation is done by telephone, it is possible that a woman who is being coerced will not be understood to be being coerced by the consultant who is dealing with her? It is important that, in preserving the right to choose for the woman, we do not allow a situation in which that woman could be coerced, by a coercive partner, into making a choice that is not her own.

Dr Allin-Khan: I thank my hon. Friend for his intervention. There are widely held variations in views across the House, but I stand by the principle that everyone should have access to safe and timely healthcare, and that scrapping telemedical abortion services would drastically reduce access to a service that is incredibly important for women, and would simply increase the number of later-term abortions, which can have physical and mental impacts on the mother herself.

As for Lords amendments 85 to 88, it is disappointing to see the Government going against their own ambitions and targets. The consultation referred to in Lords amendment 83 would be on a statutory "polluter pays" scheme to make tobacco manufacturers fund measures to reduce smoking prevalence and improve public health. Smoking is responsible for half the difference in life expectancy between the richest and the poorest in society. Will the Minister please explain why we are still waiting to see the Government's tobacco control plan, which we were promised by the end of 2021? The Government need to stop kicking public health matters into the long grass. They say that they recognise the stark health inequalities associated with tobacco use, but delays will do nothing to level the playing field and eradicate health disparities.

Ministers need to make sure they listen to the Lords, whose amendments go a long way towards eradicating the vast health inequalities that exist across society today. Rather than wasting time trying to overturn the changes, Ministers should now focus relentlessly on bringing waiting times down.

Fiona Bruce (Congleton) (Con): I rise to speak to Lords amendment 92 and the Government motion to disagree, and to the amendment in lieu. A few months ago, in my role as the co-chair of the all-party parliamentary pro-life group, I wrote to the Health Secretary, supported by more than 60 parliamentarians—not an insignificant number—urging him to discontinue the temporary provision to allow for the taking of both sets of abortion pills at home. We said that we were deeply concerned about reports that taking both sets of abortion pills at home without direct medical supervision had led to a number of deeply concerning, unacceptable health and safety risks to women and girls in this country. These included a lack of basic checks by abortion providers before sending abortion pills, and the occurrence of severe complications and later-term abortions due to the lack of in-person assessment. We were also, notably, concerned about the greater risk of coercion by a partner or family member where the doctor does not see the woman in person.

3.45 pm

Jess Phillips (Birmingham, Yardley) (Lab): Will the hon. Lady give way?

Fiona Bruce: Please let me continue. I am sure the hon. Lady will have put in to speak. I thank Health Ministers for listening, and for recently cancelling this temporary emergency provision from August, fully in accordance with the Government's intention at the outset of the covid pandemic, which was that the measure would be temporary. To delve a little deeper into the issues and concerns, having no in-clinic assessment means that gestational age is, and can only be, an estimate. Many women cannot be sure that they are within the legal—and, I presume, safe—limit of nine weeks and six days for taking such pills. Indeed, several women who have needed hospital treatment after taking an at-home abortion pill were clearly many weeks over that limit.

Alec Shelbrooke: Will my hon. Friend give way?

Fiona Bruce: I feel that I must be fair, and I have said that I will not take interventions—

Alec Shelbrooke: Just on this point?

Fiona Bruce: All right.

Alec Shelbrooke: I am genuinely grateful to my hon. Friend, and I am not intending to speak in the debate. I know that she has deeply held beliefs, which I respect very much. She is giving examples and details. Can she give data referring to the examples she is giving? I have been struck by the fact that in this debate, I have heard a lot of anecdotal evidence that has not been backed up by any reference to data, and I think that data is important for this debate.

Fiona Bruce: Yes; the organisation Right to Life, which is the secretariat to the all-party parliamentary pro-life group, has collated such data. Freedom of information data analysis also shows that one in 17 women taking abortion pills requires hospital treatment. That means that more than 14,000 women have been treated in hospital following the approval of pills-by-post abortion. A similar study of FOI data in February 2021 showed that every month, 495 women attended hospital with complications arising from abortion pills, and that 365 of them required hospital treatment. Thirty-six women every month are making 999 calls—that is more than one a day—seeking medical assistance because they are concerned about complications arising from taking abortion pills.

Women, especially vulnerable women, deserve the care and attention given in an in-person meeting with an experienced clinician before making such an important decision. Indeed, 74% of GPs have indicated concerns about women finding it distressing to terminate a pregnancy themselves at home. More than 600 medics signed an open letter to the Prime Minister in May 2021 calling for an end to pills-by-post abortion, and a clear majority—70%—of the respondents to the Government's consultation on this subject said that the temporary measure of pills-by-post abortion should end.

However, whatever one's views on abortion, the Government very recently made a decision to cease the authorisation of these pills from August this year, due to this being a temporary covid provision that was never intended to outlast the covid pandemic period. The

Government—our Health Ministers—have made an informed, carefully considered, evidence-based decision. We should respect that, but once more, those pressing for an even more easily available abortion regime in this country are not willing to accept it. Instead, they are seeking to make a serious change to the law through an amendment, as is frequently their practice. That gives us far too little time to debate such fundamental issues. There is too little opportunity for us parliamentarians to scrutinise this serious issue, which is literally a matter of life and death. Whatever our views on abortion, that is simply wrong. I urge colleagues to vote against this proposal to make at-home abortion pills permanently available.

Martyn Day (Linlithgow and East Falkirk) (SNP): I come to this Bill rather late, so I pay tribute to my hon. Friend the Member for Central Ayrshire (Dr Whitford), who did most of the heavy lifting on it for the SNP. I have turned up for the fag end of the process. I hope the House will oblige me by listening to a few general comments before I address the Lords amendments.

Overall, this Bill is a missed opportunity for England to go back to a unified service, similar to the one we have in Scotland. Whatever system we have, I am sure each of us on these islands would wish to extend our gratitude and thanks to the staff who delivered such a focused patient care service in difficult times, throughout the pandemic. I also acknowledge the Government's progress on recognising the need for consent from the devolved nations; that should have been included in the Bill from the get-go. Still, better late than never.

As we know, health is mainly a devolved matter. Following discussions with the UK Government, the Scottish Government were able to bring forward a legislative consent motion in December, further to which, in the light of securing acceptable amendments, the Scottish Government recommended consent to the Secretary of State's power to transfer or delegate functions under clauses 88 to 94.

The UK Government made amendments to introduce two new clauses to the Bill—on hymenoplasty offences in Scotland, and on information about payments, et cetera, to persons in the healthcare sector—that also require legislative consent. The Scottish Government are content to recommend that the Scottish Parliament grants that consent.

In summary, the SNP supports Lords amendments 66 and 109 on the Health Services Safety Investigations Body to protect safe spaces and reduce any future harm to patients. These amendments largely rehash some of the amendments we tabled at previous stages, and I welcome the Government's acceptance of the Lords amendment to remove coroners' access in this regard.

A key health driver on which we can make a big difference is encouraging people to stop smoking, which is one of the best things people can do at any time of life. We support Lords amendments 85 to 88 on a tobacco products statutory scheme for the regulation of the prices and profits of tobacco manufacturers and importers, and they would require the Secretary of State to carry out a consultation on the scheme.

Although I understand that the Minister does not wish to prejudge the options for England's tobacco control plan, we should remember that these would be

[*Martyn Day*]

UK-wide measures, and public health and smoking cessation are devolved to Scotland. The Scottish Government's programme for government committed to a refreshed tobacco action plan built on the pillars of prevention, protection and cessation to achieve their target of lowering Scotland's smoking rate to 5% or lower by 2034, which would put tobacco out of sight and out of mind for future generations. These Lords amendments, particularly on the "polluter pays" charge, would be beneficial in that regard, and Scotland's progress should not be held back by decisions in this place.

In conclusion, I draw Members' attention to the Cancer Research briefing:

"Implementing a 'Smokefree Fund' would require tobacco manufacturers to pay for the harm caused by tobacco but without letting them influence how the money is spent. It would provide much-needed investment in evidence-based measures such as public education campaigns and Stop Smoking Services, without further squeezing the public purse."

Who could argue with that?

Several hon. Members *rose*—

Mr Deputy Speaker (Mr Nigel Evans): A lot of people want to contribute to this debate, and this first group must come to an end at 10 minutes past 5. Those who make long contributions really are doing other people out of an opportunity to speak.

Greg Smith (Buckingham) (Con): I will be as quick as I can, Mr Deputy Speaker. The point underlying my amendments to Lords amendments 123 to 127 is relatively straightforward and simple. I heard what the Minister said in his opening remarks, but I feel that if we act in a way that impacts an industry—in this case, UK broadcasters—as severely as the advertising restrictions will, and we are talking about a £200 million a year loss to our great British broadcasters, it is a matter of fairness and equity that we should give them enough of a lead-in time, enough notice and enough ability to adapt, remodel their services and find a way of surviving, to put it bluntly.

I have spoken before in the House about the fact that I do not agree with the nanny state and telling advertisers what they can and cannot advertise. The Lords amendments that we are considering, and my amendments to them, are very much about the implementation of a policy, and about giving British broadcasters—public service and fully commercial ones alike—a fighting chance. It would be much fairer to give broadcasters at least a year to comply from the point at which Ofcom publishes its guidance and puts it in the public domain. Broadcasters and advertisers will have to go through a lot of processes once this Bill receives Royal Assent, and that cuts the time that they have to put in place new policies, compliance checks and mechanisms to comply with the legislation. Two months on from Royal Assent, Ofcom will not even have got its statutory powers in this regard, and so will not even be able to start work with the Advertising Standards Authority and other bodies on the detail, and the ways and means of implementation.

Alun Cairns: I strongly support the amendments that my hon. Friend has tabled. Does he agree that the definition of some of the products, and the work that

needs to be done, needs to undergo significant consultation, because of the way in which the efficacy, strength and merits of the policy will be judged?

Greg Smith: I am grateful to my right hon. Friend for that point, as the argument that I am making is very much that these things take time. Two months on from Royal Assent, Ofcom gets its statutory powers. Only then can it start the consultation, and the work of defining the restrictions on advertising that come under the broad categories in the Bill. Let us assume that two months on from Royal Assent is some time in the next couple of months. There would then be 10-week or perhaps three-month consultations to get the detail right, for a go-live date of 1 January 2023. That does not give our broadcasters sufficient time to put in place their processes, remodel their whole service, and find a way of working when they are so many hundreds of millions of pounds down on their operating models.

Steve Brine: I am listening carefully to my hon. Friend. I joined the Department of Health and Social Care in 2017 and we made it very clear that this was our direction of travel. Our child obesity plan part 2 made it very clear that this was our intention. The truth is that broadcasters have known for a long time that this is the Government's intention. My fear is that what lies behind what he is proposing is not questions of practical implementation, but argument with the principle.

Greg Smith: I make no secret of the fact that I am against the principle of these restrictions. The Government's own data shows that the restrictions will save only 1.74 calories a day, which is less than what is in a Tic Tac. However, that is not the place we find ourselves in today; these amendments are specifically about implementation. Given that it is clearly the will of this House and the other place to push the legislation through, I want us to give our broadcasters a fighting chance to survive, adapt and continue being successful, great broadcasters.

4 pm

Jess Phillips: I had not intended to be here at all today. Sadly, my mother-in-law died of a heart attack very suddenly on Friday, so women's health and how we treat it is at the very top of how I am feeling at the moment. My mother-in-law, much like my own mother, who sadly died as well, sent her children to women's liberation playgroup. She would not have forgiven me for not turning up for the opportunity of a free vote, so here I stand. Her name was Diana, and I feel that days like this are often dedicated to the Dianas of this world.

I want to respond to some of what has been said about coercion and control. I respect the hon. Member for Congleton (Fiona Bruce) and her firmly held views, and I would go down fighting for her right to hold those views. Had she allowed me to intervene on her earlier, I would have asked her whether she could tell me which expert agency that deals with violence against women and girls agrees with her. I represent the entirely alternative view. Maybe she and I could just both be honest and say that, largely, the detail in front of us does not necessarily matter: she thinks one way and I think another, and we should just be honest about the reality of that situation.

There is no evidence that coercion will be a concern any more than it already is. That is not my experience, from years of working with victims of sexual violence, sexual exploitation and abuse. The problem is not usually that they are forced to have abortions but the alternative: they are forced to go to term. They are scared. I worked with a beautiful woman called Natasha who was killed when her violent ex-partner found out that she had had an abortion. He murdered her. That is the normal pattern.

Sir Peter Bottomley: The evidence that has been given to me is that virtually every group concerned with violence against women and girls supports the use of telemedicine, as do Dame Clare Gerada and Dame Lesley Regan, who are leading doctors, gynaecologists and obstetricians. Lastly, with telemedicine consultations, the period of time before an abortion has been halved, not increased.

Jess Phillips: I agree 100% with every word that the Father of the House has just said. There is no expert opinion group that agrees with the view put forward by the hon. Member for Congleton, who cited the secretariat of a pro-life group. By the way, I am pro-life: I am pro the people who live being able to make choices. I am incredibly pro-life—I am just also pro-choice. I hate the terminology that suggests somehow one side is pro-life; what is the alternative?

Alec Shelbrooke: First, may I offer my condolences for what must be a very difficult time for the hon. Lady and her family?

There has been a lot of conversation in which people have said, “You’ve got no way of knowing that it is going to be less than nine weeks and six days.” Will the hon. Lady address that particular point, which is very important to how people have been trying to frame the debate?

Jess Phillips: I have heard similar framing, with some saying people will take the pills after 10 weeks. If we look at the actual data, we see it shows that the change increased from 25% to 40% the proportion of abortions happening before six weeks. Telemedicine has dramatically reduced the gestational period, making it much less. I am afraid to say that these are not a good faith arguments. They are based not on fact, but on the idea that women will lie. Women are concerned about their health. They are frightened about their health. We do not make decisions about our health in the hope that we will be harmed; we do what is best. We should not be treated like children; we should be treated like adults.

Mrs Maria Miller (Basingstoke) (Con): I thank the hon. Lady for giving way and add my condolences to those of others for her sad loss.

The hon. Lady is right when she says that these issues can be entrenched and people have entrenched points of view. When we have that situation as a House, we look at the facts and at what the experts say. The experts who support Government amendment (a) in lieu of Baroness Sugg’s Lords amendment 92 include the vast majority of professionals: the Royal College of General Practitioners, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the British Medical

Association; and the Academy of Medical Royal Colleges. Does the hon. Lady agree that, when it comes to trying to find a way forward through entrenched views, we should look at the experts, and the experts are giving us a very clear way forward, followed by my hon. Friend the Minister?

Jess Phillips: I absolutely agree. It is difficult to be dispassionate. I have never been accused of being dispassionate about anything. I am passionate about what I eat for my breakfast. I am just not a dispassionate sort, but the right hon. Lady is absolutely right that we must look at column A and column B in this instance. Column A is full of experts—medical experts, women’s rights experts, and women themselves—and a huge amount of evidence.

Dame Diana Johnson (Kingston upon Hull North) (Lab): I just wanted to add to the list that the right hon. Member for Basingstoke (Mrs Miller) just read out the World Health Organisation, which also says that telemedicine is safe, and the National Institute for Health and Care Excellence, based in the United Kingdom, which made a recommendation in 2019 about the safety of telemedicine for abortion.

Jess Phillips: I totally agree with my right hon. Friend. Actually, if people are against telemedicine for abortion, they might have very strongly held views about not liking telemedicine for anything. By that virtue, they should be against it for everything. For all the people who are desperately worried about vulnerable women—victims of domestic abuse and victims of sexual violence—not being able to access healthcare, I say come on and join me. They are absolutely right: there is zero availability of most mental health support. There is zero chance of getting a GP appointment any time soon, but somehow, people are against telemedicine only on this issue.

Often in debates, we do not stand up to seek to convince others. That only happens when there is a free vote—when actually the debate is really important. To people who are unsure, I say that I understand it—I totally get it—especially if they do not necessarily have so much skin in the game but a huge load of emails in their inbox. The reality is that if they are not sure, they should either try to be convinced by the debate and the evidence, or they should simply abstain on the issue.

This is not particularly difficult for me. As I have said, I am not a dispassionate sort. I have stood in this House before and said that I have had an abortion. I do not feel devastated by that fact. I think we need to be clear about this. In this place, we only deal in hard cases, because they tell the argument much better. One thing I would say about when I had an abortion is that the worst process of having an abortion is the waiting. I had made the decision about what I was going to do with my body. I had made it the second that I saw I was pregnant on a pregnancy test, because I am an adult woman, completely capable of handling my own body and knowing my own mind, and that is how we should treat every woman in this country.

Fiona Bruce: On that point about adult women, and the point about the number of professional organisations that have been quoted, as if there were universal support for the continuation of telemedicine, I will mention

[Fiona Bruce]

two organisations, with particular reference to young people. The National Network of Designated Healthcare Professionals for Children, NHS doctors and nurses who work in the area of children's safeguarding, has welcomed the Government's decision to end the provision, and the Royal College of Paediatrics and Child Health recently released a statement:

"Children and young people under the age of 18 and Looked after Children up to the age of 25 must be offered and actively encouraged to take up a face-to-face appointment to assess gestation, support their holistic needs and assess any safeguarding issues as part of the pathway for early medical abortions."

Jess Phillips: I could not agree more. People should absolutely be able to access a face-to-face appointment where they want and need one, and there is not a single thing in the legislation that would prevent that. I go back to this idea: "If you don't like abortion, don't have one. No one's forcing you." This is exactly the same. No one is forcing anybody to take through the procedure at home; it is a choice that we should allow adult women to make.

When I made that choice, after I made it I had to wait another eight weeks. It was some time ago, long before the pill was even necessarily widely available. I had made the decision, and I did not feel sad about it. I did not feel bad about it. I had made the decision on behalf of my son, who had only just been born—although, actually, I do not even need an excuse. I did not want to have a baby, having just had one, and it is perfectly well within my gift to make that decision. The argument is often made about all the children who have been lost because of women like me, but my younger son, Danny, would not exist if that baby had been born, so we end up equal, and he is a cracker of a kid.

The reality is that I had to wait, and I started to feel pregnant. I started to feel unwell, I started to feel tired and it started to affect my work. That was horrendous for me, knowing that I was not going to go ahead with it—not horrendous because of guilt, but because it made me feel sick and it made me feel that people had expectations of me. I had to hide it. I could not tell people I was pregnant; I had to hide that fact from people at work and other places, because I had to wait. Had I been able, at the four-week point when I found out I was pregnant, to just stay in my house and ring up, it would have been a far better situation for me.

People do not want to think about me, but rather obsess about the difficult cases, not the vast majority who are adult women and should be trusted to take medication in their own homes. We are treating those women as if they are going to get a methadone allowance from a surgery, as if they cannot be trusted when they say, "Actually, I'd prefer to stay at home and not maybe have a miscarriage on the bus on the way home because I live in a rural community."

If people want to hear about the hard cases, I am currently handling one. It is the case of a young woman who has been sexually exploited since she was 13 years old. She is 23 now. She has had 10 years of being raped repeatedly, pretty much every weekend of her life, by multiple men, and it continues. Obviously, she falls pregnant—well, she does not fall pregnant; she is raped and then she gets pregnant. She has very little trust in

agencies and in the police, and she is right to have so little trust. She has been failed time and again. Without the opportunity of telemedical abortion, I have no idea how she would cope. It is a vital service for people who really need it.

I ask hon. Members to vote Aye on Government amendment (a) in lieu of Lords amendment 92, or, if they are not sure, to abstain. Adult women can be trusted to decide what they want to do with their health, and any other vote would suggest otherwise.

4.15 pm

Dr Caroline Johnson (Sleaford and North Hykeham) (Con): I would like to draw Members' attention to my entry in the Register of Members' Financial Interests, and particularly, since these organisations have been mentioned, to state that I am a member of the British Medical Association and the Royal College of Paediatrics and Child Health.

The measure relating to amendment 92 was introduced in the context of the pandemic. The reason that the rules were brought in the first place was to protect women from coronavirus and to reduce its spread within society at a time when we did not have a vaccine. For me, this debate is not about ideology at all—it is not about the rights or wrongs of abortion, whether women should or should not be able to have abortions, whether or not life begins at birth, or anything of that nature. Society and Parliament have decreed that abortions may take place and that women should have the right to choose, and I support that. For me, this is a debate about women's safety, particularly the safety of the most vulnerable and marginalised women and girls.

Previously, women would have attended a clinic and been given a tablet and another tablet to take a day or so later, and usually the bleeding would begin in the hours after the second tablet is taken. Under the new process, a woman or girl can speak to somebody on the telephone to arrange for the tablets to be delivered to her, or to be collected by her, and then take the tablets at home. It is very difficult for a clinician to tell whether the woman they are speaking to on the telephone is indeed pregnant. There are not necessarily visible signs of pregnancy below 10 weeks, and palpation of the abdomen would not be expected, so it is not clear to the clinician on the phone whether the woman is pregnant. Clearly, someone believes a woman when she says she is pregnant, but there is no way to be certain. In particular, there is no way to be certain of gestation. Although a woman may know when she has had sex and when her last period was, quite a number of women will bleed in the early stages of pregnancy, and some women mistake those early bleeds for a period, which means that women may believe that they are less pregnant than they are. If they go to a clinic, that can be determined, whereas over the telephone it cannot.

The NNDHP, which my hon. Friend the Member for Congleton (Fiona Bruce) mentioned, has found a number of examples since March 2020 of women who have had babies delivered quite significantly later in gestation; they had mid-term to late-term abortions believing that they were early in pregnancy when they were not. The examples included 12 babies who were born with signs of life, so the pregnancy would have been quite advanced. The women thought that they were at less than 10 weeks,

or told the doctor that they were at less than 10 weeks, but they were not. In six of those cases, the woman giving birth was herself a child. One can only imagine the distress felt by these women and children when they take an abortion pill to deliver what they believe to be a foetus of less than 10 weeks and out comes a baby of up to 30 weeks' gestation who may at that point have been alive. It is not rare to have side effects from these tablets. One in 17 women have to attend hospital and 36 women call 999 each month because of complications of taking these medicines at home.

If this measure had been introduced in a proper fashion rather than as part of the coronavirus regulations, we would have discussed it quite thoroughly and made it very clear that it should not apply to children. I do not think that many people in this House would think that a 14-year-old girl should be ringing up and receiving abortion medicines over the telephone, but that is indeed what the legislation allows. People may say that doctors would not do that, but we know that six of the children who delivered babies that they thought were at a much earlier stage were themselves under the age of 18.

Steve Brine: Surely the point is that this measure was brought in hastily in a pandemic. Therefore, if Members are not sure today, far from abstain, they should be returning to the status quo pre-pandemic. Then this Government can should consider the issue properly and seriously on its own and ask the House to make a decision.

Dr Johnson: I can only absolutely agree with my hon. Friend's intervention.

I also want to talk about coercion, because we know that some women may be coerced into having an abortion.

Dame Diana Johnson: Before the hon. Lady moves on, I want to raise something with her. Obviously she has a clinical background, and she will know jolly well about the range of safeguarding measures that all clinicians, the royal colleges and all those involved in abortion care have to follow. She makes it sound as though no safeguards are in place. For instance, if a 14-year-old telephoned a clinician to seek advice around abortion, that clinician may well say, "I want to see you face to face." There is nothing to stop that happening, and that may well be a proper safeguard that would carry on, irrespective of whether telemedicine carries on today.

Dr Johnson: With respect, the right hon. Lady makes my point for me, because that is right: there is nothing to stop that happening, and it may be that the doctor would say that they wanted to see the patient, but they do not have to do so. We know that abortions are being prescribed by telemedicine to children under the age of 18. If this measure had been looked at properly by the House as a single issue, rather than as this amendment to something else, we would have stipulated that children under the age of 18 should not be receiving abortions over the telephone without proper appointments, as I think they should and as the right hon. Lady, if I understand her correctly, also seems to be saying that they should.

We know that sometimes women and girls can be coerced into having abortions that they do not want, perhaps because the baby is of a gender or sex that the father does not want, perhaps because they are being

abused, or perhaps they are being trafficked or sexually assaulted. It is very difficult for a woman to tell someone about that over the telephone, whereas if a woman is seen in clinic, she has that one-to-one opportunity.

Jess Phillips: Will the hon. Lady give way?

Dr Johnson: I am going to finish my point. In person, the woman has a one-to-one opportunity with that clinician and a chance to say, "Please can you help me?" Clinicians are alert to that opportunity to provide that help. It is true that if the woman receives the abortion by post, the problem of her being pregnant is solved, but the problem of her being abused is not. That is what can continue.

Jess Phillips: Will the hon. Lady give way?

Dr Johnson: No, I am going to continue. The other problem with giving tablets—*[Interruption.]* The hon. Lady spoke for 16 minutes, which is considerably more than a fair share, given the number of Members who want to speak, so I will keep going.

The other problem is who will take the tablets. If someone is prescribed something of such severity over the telephone, the clinician does not know who will take the tablets. Will they be taken by the woman speaking to the clinician on the telephone? Will they be given to somebody else? Are they going to be sold to somebody else? Is somebody else going to be forced to take them? The reality is that we do not know and we cannot know, and that is another safety issue.

I will summarise my concern by saying, as a woman—I have not had an abortion, but I guess in the future I could become pregnant and not want to be—if I were having an abortion, I would rather have the inconvenience of having to go to a clinic than the worry of knowing that some women are having abortions without going to a clinic. Essentially, for me this is an issue of whether we want to make things more convenient for the majority of women, or we want to protect the women who are the most vulnerable, the most marginalised and the most at risk.

Mr Deputy Speaker (Mr Nigel Evans): I intend to call the Minister at 5 o'clock to give him 10 minutes to wind up. We have not got long, so will Members please keep their contributions as short as they can?

Jim Shannon (Strangford) (DUP): Thank you for calling me, Mr Deputy Speaker, to speak in this debate. I am pleased to follow the hon. Members for Sleaford and North Hykeham (Dr Johnson) and for Congleton (Fiona Bruce). I thank them both for the contributions.

It will be no surprise to the House that I am here because I abide by the absolute view that both lives matter—the unborn child and the mother. I know that many people believe that if someone is anti-abortion, they are anti-woman. I am not—I never have been, never will be and it is not the case. I believe in life and helping people. My career and all my life have been based around that, and I will continue as long as God grants me the strength to do so.

The Minister referred in his introduction to the fact that the regional devolved Administrations will make their own decisions. They can make that decision in

[*Jim Shannon*]

Scotland and Wales, but we cannot make that decision in Northern Ireland, because the Government made it here. They took that decision away from us, and I am particularly concerned about that.

I have several concerns about the approach adopted during the pandemic in relation to so-called telemedicine to access abortion, which was recognised at the time as short-term. Without a face-to-face appointment, there is no confirmation of how many weeks pregnant a woman is, which makes a difference to the experience of an abortion at home. As reported in the summary of consultation responses, women who had experienced an abortion said that information should be provided on

“how inaccurate dating of pregnancy may mean increased pain and bleeding”.

A woman whose pregnancy is later than 10 weeks could find herself unexpectedly passing a mature baby at home, which could lead to significantly more complications. I understand that those advocating for the Lords amendment argue that complications have decreased since the pandemic, but I question the evidence, given that the Government and the Minister’s Department say that

“data on complications is incomplete”

and they are working on reviewing the system of recording abortion complications.

I am also persuaded by the concerns about the increased possibility of a woman finding herself pressurised at home to have an abortion that she does not want, as other hon. Members have said. There is a well-known link between abortion and domestic violence. Indeed, the BBC published a survey a few weeks ago reporting that 15% of those surveyed said they had felt pressured into ending a pregnancy. How are we protecting those women? How can doctors know that they are really speaking to a woman who is voluntarily calling about an abortion, or even that they are speaking to the right person at the other end of the phone?

There are many differing and strong views on this subject on both sides of the House, but I question whether the women who find themselves coerced into an abortion from their home, or who have found themselves bleeding unexpectedly at home or having an abortion much later in their pregnancy than they expected, would agree that telemedicine abortion is a positive step in women’s health. I doubt that they would.

I have recently been vocal regarding the need for face-to-face GP appointments. I have been inundated by constituents who simply have no confidence that a diagnosis by picture or telephone call is safe. I have constituents whose cancer has been undiagnosed because the GP was unable to see first hand what would have been clear in a face-to-face appointment. I believe that face-to-face appointments should be available.

I find it difficult to understand how pills to end life—to take away life—in a painful manner for the mother can be given without seeing someone to assess what cannot be seen on the phone. The signs and movements that an experienced GP can see that point to a deeper problem cannot be discussed in the two minutes allocated to such phone calls and I am fearful that the duty of care that we are obliged to discharge will continue to be missed. I am diametrically and

honestly opposed to this legislation, because as I said at the outset, both lives matter. Lives could have been saved if abortion had not been available on demand.

I will vote against the permanent extension of this ill-advised scheme today and urge hon. Members on both sides of the Chamber to join me. It is a step backwards rather than forwards in providing adequate support and care for women, and it further normalises the practice of abortion as a phone call away rather than as a counselled decision under medical care, which is what it deserves to be. I, my constituents and my party are clear that this is a massive issue. I fully and absolutely oppose the Government in what they are putting forward today, for the safety of both mothers and the babies, because I am about saving lives, not destroying lives.

Dr Ben Spencer (Runnymede and Weybridge) (Con): I rise to speak on the subject of the health services safety investigations body and on abortions. I begin by making a couple of declarations: I am a now non-practising doctor, my wife works as a doctor, and I am a member of the Royal College of Physicians and the Royal College of Psychiatrists.

On the HSSIB, I will keep it brief. I hugely thank the Minister for supporting the Lords amendment and ensuring that we have those safe spaces for doctors. That is critical for the body to work and for us to learn from it. Hopefully, we can undo some of the harms of previous atrocities and what has happened to previous doctors, as has been referred to.

On abortion, it is important to say that I wholeheartedly support and believe that women should have access to safe and legal abortion services, but the regulatory framework around them is complex and it is a sensitive area. As is clear from the powerful speeches that I have heard from both sides of the House, it is also sensitive for hon. Members. Many of my constituents—on both sides of the debate—care deeply and correspond regularly with me about it; I care deeply about it too. I have looked after women who are contemplating having an abortion and I have looked after women who have had abortions, so although I have never carried out one myself—I am a mental health doctor—I have seen it from both ends.

4.30 pm

I am concerned that, having brought in temporary measures, we should have the space to consider and debate this properly, and I do wonder how much of what has been said is ideology and how much is critical appraisal of the evidence. I have to say that I am unclear about whether we really have positive data to support saying that telemedicine abortions are safe. Is it not more a case of the absence of negative data? So what sort of things do we need to look at to understand this better? I would really welcome the Government bringing forward substantive legislation so that we can properly consider, debate and investigate this and other areas of abortion legislation in the UK, and following consultation with my constituents on such proposals, I might support them.

Dame Diana Johnson: I rise to speak to amendment (a) tabled by the Government in lieu of Baroness Sugg’s amendment—Lords amendment 92—which would continue

the telemedicine service for early medical abortion that was introduced during the covid pandemic. First, I pay tribute to the noble Baroness Sugg for her persistence and her work in the other place.

This is about how we best provide essential healthcare to women, and remember that one in three women will have an abortion during their lifetime. It is about making access as straightforward and women-centred as possible. The Secretary of State recently made a pledge in his speech to the Royal College of Physicians when he talked about the need to

“empower patients and fulfil the promise of the technological leaps we’ve seen throughout the pandemic.”

Scrapping telemedicine abortion at this stage goes completely against what the Secretary of State was talking about. This is also about trusting women, as the Chair of the Women and Equalities Committee, the right hon. Member for Romsey and Southampton North (Caroline Nokes), has talked about and as my hon. Friend the Member for Birmingham, Yardley (Jess Phillips) has said today.

Such is the strength of the evidence that the Welsh Government recently announced that they will be making telemedicine for abortion permanently available. This sends a clear message that, while women in Wales can be trusted to use a healthcare service in a way that meets their needs, women in England cannot. Not only will there be unequal abortion access between the devolved nations, but this decision will lead to health inequalities within England for the most vulnerable and marginalised. I struggle to see how the decision to bring this service to an end after August is in line with the Government’s commitment to put women at the centre of their own healthcare, as detailed in the vision for the women’s health strategy.

Telemedicine has already enabled an estimated 150,000 women to access abortion care at home. Its removal means that every woman, regardless of her personal circumstances and health needs, will be forced to attend a clinic. Lords amendment 92 would ensure that women can continue to access a consultation with a clinician by telephone. To make it crystal clear to everybody, very importantly, face-to-face consultations will still be available. We have heard concerns about younger people, and face-to-face consultations will be available—

Nick Fletcher (Don Valley) (Con): Will the right hon. Lady give way?

Dame Diana Johnson: I am going to carry on because I know time is short.

Those consultations will be available if the clinician feels that that is appropriate or the woman wants to see somebody face to face. Let us all be clear: this is about choice. The continuation of telemedicine means that a woman would not have to travel long distances to attend a clinic if, for example, she lived in a remote area or had to make arrangements—

Nick Fletcher: Will the right hon. Lady give way?

Dame Diana Johnson: I am talking about women’s experience, so I will continue, if the hon. Gentleman does not mind.

The woman may have to make arrangements if she has childcare or caring responsibilities, or she may have to take time off work. In the case of a coercive and controlling relationship, she would have to explain where she is going to a perpetrator, such as the Mumsnet user who said she had to visit a hospital to access abortion care and was “terrified” of her abusive ex-partner finding out where she was. She spoke of having to construct “various lies” about where she was that day and why she had to have someone look after her children.

I referred to NICE and the World Health Organisation in an intervention, but we should be aware that since telemedicine was introduced the risk of complications related to abortion has reduced, as women are able to access care much earlier in their pregnancy. I will rehearse the long list of supporters of the measure continuing: the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Royal College of General Practitioners, the British Medical Association, the Royal Pharmaceutical Society, the Faculty of Sexual and Reproductive Health, the TUC, Women’s Aid, Rape Crisis, Karma Nirvana, the Terrence Higgins Trust, End Violence Against Women, Mumsnet, and many others. What I find most disappointing is that the Government are going against a wealth of robust and widely accepted peer-reviewed evidence from medical professionals and women’s charities, and appear to give greater weight to anecdote, erroneous opinion and misinformation focused on campaign groups with extreme views who bombarded a consultation. Sadly, that further emphasises that this is not an evidence-based policy decision.

Caroline Nokes (Romsey and Southampton North) (Con): Will the hon. Lady give way?

Dame Diana Johnson: I want to address the issue of safeguarding. Let me be clear: creating more barriers to access does not help women; it helps abusers. The End Violence Against Women coalition and other major VAWG organisations reject the claim that telemedical abortions put women at greater risk of coercive abortions. The fact is that coercive pregnancies are far more common than coercive abortions, and since the introduction of telemedical abortions providers have seen a rise—a rise—in safeguarding disclosures, highlighting that the system provides a safe space for women to come forward if they are being coerced. Nurses are highly trained to assess safeguarding issues, and if concerned they will ask the women to come to the clinic for face-to-face assessment.

Finally and crucially, women themselves strongly favour keeping telemedicine for early medical abortion. A clear majority want it to continue.

As a country, we have an opportunity to be seen to be a shining light for women’s reproductive rights around the globe at a time when those rights are being rolled back elsewhere. The weight of the evidence in favour of maintaining this essential women’s healthcare pathway is overwhelming. I ask Members to support the amendment in lieu.

Mrs Miller: First, I apologise for being late to the debate, Mr Deputy Speaker. I appreciate your calling me to speak, and I will be brief.

[Mrs Miller]

Amendment (a) in lieu of Lords amendment 92 is all about increasing women's choice, not about taking choice away from anyone. The basis on which the amendment can be judged is the evidence we have gathered, not in a short period of time, but during two years in which 150,000 women have used telemedical abortion care. Judge the amendment against that backdrop; it is done not on a whim or a fancy, but after two years of intensive analysis.

While I might want to agree with those of my right hon. and hon. Friends who are calling for a reasoned debate in the House of Commons on the broader issues of abortion, the truth is that we do not have those debates because the Government talk about changes to abortion provision coming from Back Benchers when that provision is now so out of date in our country that we need the Government to look at it more broadly. I will support the amendment because it is the right thing to do. The amendment is backed by a huge range of organisations and a significant body of evidence, and it requires the Government to look more broadly at abortion—to take this as a responsibility and to stop shoving it back on to the Back Benches.

Continuing telemedical abortions will be supported and regulated in exactly the same way as face-to-face abortion care, and to suggest otherwise is to be factually incorrect. Members really need to think about the evidence showing that online sales of abortion pills from unregulated providers have decreased since telemedical abortion was made legally available. Rather than push people back into an unregulated market, let us keep what we have, which has worked for 150,000 women over the past two years. But please, please, Minister, let us have a reasoned look at abortion more broadly. Stop saying that this is an issue for Back Benchers. It is not.

Alex Cunningham (Stockton North) (Lab): I will speak specifically to Lords amendments 85 to 88 on tobacco control. First, I pay tribute to my hon. Friend the Member for City of Durham (Mary Kelly Foy) who put so much work into tobacco control amendments in Committee but is unable to be here. Like her, I am an officer of the all-party parliamentary group on smoking and health, and I strongly support amendments 85 to 88 on the “polluter pays” levy on tobacco manufacturers. I heard what the Minister said about a levy being complicated and how it might take years to implement, but a way must be found to make big tobacco pay for the crisis that it sustains every day that it remains in business.

Like my hon. Friend the Member for City of Durham, I represent a constituency in north-east England, which is the most deprived region of the country and has high rates of smoking. We have reduced smoking significantly in recent years, but, despite that progress, it is still the leading cause of premature death, killing more than 400 of my constituents a year. In my constituency, smoking costs society more than £62 million, which is money that our community can ill afford. I also worry that nearly 15% of local pregnant women are still smoking at the time of delivery, which is 50% higher than the national average. We all know that smoking in pregnancy significantly increases the risks of miscarriage, stillbirth, sudden infant death syndrome and foetal growth retardation. The levy would raise vitally needed money

for investment in deprived areas such as ours in the north-east to break the cycle of addiction, disease and premature death. At current rates of decline, Cancer Research UK has calculated that the smokefree 2030 ambition will not be achieved for our most disadvantaged communities until 2047.

Steve Brine: This is such an important subject, so it is good that we are discussing it as part of the Bill. I am so puzzled by the Government's approach because money is clearly short in the Treasury and the levy would be a new source of income that could help with a public health aim and save millions in the long run. The reason for it was summed up beautifully by the chief medical officer when he said that

“a small number of companies make profits from the people who they have addicted in young ages...to something which they know will kill them.”

We have an opportunity to do something about that at no cost to the Exchequer.

Alex Cunningham: It is exactly that; I could not agree more. I am sure that Ministers will work hard to try to find ways in which we can make the polluter pay—that is a polluter who pollutes the bodies of our people.

Achieving the smokefree 2030 ambition is the most effective way to achieve the health missions in the Government's levelling-up White Paper to reduce the gap in healthy life expectancy between top performing and other areas by 2030 and to increase healthy life expectancy by five years by 2035. Becoming smokefree will also improve my constituents' employability by reducing levels of sickness, disease and disability.

I am pleased that tobacco control is not a party political issue, and I am pleased to work closely on it with the hon. Member for Harrow East (Bob Blackman). We have very different political views on many things—he has heard me say this—but we are as one on this issue. It was a Conservative Government who committed to making England smokefree by 2030, but that ambition is shared by all political parties in Parliament. It is also supported by the public, but, like the all-party parliamentary group, they recognise that this ambition needs substantial funding to be delivered.

A survey of 13,000 people carried out last month for Action on Smoking and Health found that making tobacco manufacturers pay for measures to end smoking was supported by more than three quarters of the public, with little opposition—I think that 6% of people were opposed. Let us remember that, over the last 50 years, smoking has killed an average of 400 people a day year in, year out, which is far more than covid has or will. It is only right that big tobacco, which has lined its pockets from the human misery caused by polluting the bodies of our people, is forced to pay the price of ending this lethal epidemic. I urge the Government to accept the amendments as a step on the track to achieving the smokefree 2030 ambition that we all share.

Laura Trott (Sevenoaks) (Con): It is a pleasure to follow the hon. Member for Stockton North (Alex Cunningham). I will speak briefly to Lords amendment 84 and to the Government amendment in lieu of Lords amendment 92.

On Lords amendment 84, on the licensing of cosmetic procedures, I just want to thank the Government for putting this in. Non-surgical cosmetic interventions

such as Botox and fillers are the wild west of the healthcare world. We do not expect something that we can easily and legally get done in the safety of our own home to be able to blind us, but that is the case. It is high time that this was sorted and it is a huge step forward for women's health, so I thank the Government very much.

4.45 pm

On the Government amendment (a) in lieu of Lords amendment 92, I fully respect that this is something a lot of hon. Members feel very, very strongly about. I want to read a quote:

"Telemedicine for early medical abortion has been a success story of the pandemic and the removal of this service would be an infringement on women's rights to access the healthcare they deserve."

That is from Dr Edward Morris, chair of the Royal College of Obstetricians and Gynaecologists. I agree. Keeping the option of this service is supported by all women's groups working with vulnerable people, including: End Violence Against Women Coalition, Women's Aid and Rape Crisis. They all say it is a lifeline for women in vulnerable situations and that taking it away will put them at risk. Some 86% of women who experience rape or assault by penetration know the perpetrator. Privacy and flexibility in accessing services in relation to sexual violence is crucial for women's safety.

I want to make a point about the dignity of women going through this process. I have a close family member who had an abortion. There is a reason why the first pill is known as "abortion on the bus". One goes to get the pill and the effects can happen very quickly. She was driving home and had to pull over at Sainsbury's, where she vomited in a toilet. She had severe diarrhoea and she was bleeding very heavily. That was forced on her because of an artificial constraint that we put on how women can access abortion. That is not right. The safety concerns are just not there. It has been proven to be safer since we have allowed telemedicine during this period. It is what women want.

I understand that people feel strongly about this issue, but honestly, this is a matter of human dignity, of women's dignity. I urge hon. Members to think very carefully when this is put forward today, because it really will make a huge difference to a huge number of women.

Carla Lockhart (Upper Bann) (DUP): I speak today in opposition to the amendment which aims to make the provision of home abortion pills a permanent part of the law. When the decision was taken to allow women to carry out their own abortions at home for the first time, we were told it was a purely time-limited emergency approval, similar to all other emergency approvals. Two years on, the Government have lifted remaining pandemic restrictions, including the temporary at-home abortion policies, specifically by allowing six months for providers to prepare. It is sad and concerning that the other place has amended the Bill to frustrate the Government's decision and so seek to block the revocation of the temporary change. The changes to allow abortions at home were introduced without parliamentary scrutiny or public consultation. Now

that we have evidence about how it works in practice, we know the policy presents huge risks to women's health and safety.

Since the policy has been in place, the media have reported several heartbreaking stories of women who were traumatised by their experience of at-home abortion. Sadly, we learned of another just this morning. As reported by the BBC today, 16-year-old Savannah received abortion pills far beyond the safe and legal 10-week gestational limit. She disclosed that during her phone consultation the abortion provider calculated she was less than eight weeks pregnant, so she went to a British Pregnancy Advisory Service clinic to collect abortion pills. She was not scanned or examined. As the BBC reports, on taking the second pill she began to experience, in her words, "really bad" pain. She shared:

"My relative called another ambulance, because when I was pushing my boyfriend could see feet."

Members, this baby was born with a heartbeat. They were both taken to hospital, where Savannah was found to have been between 20 and 21 weeks pregnant. Unsurprisingly, she said she had been left traumatised and that if she had been scanned to determine her gestation, she "would have had him".

Savannah's story should make us all pause and consider what this policy actually means. Perhaps it would be different if her story was an anomaly, but it is not. Tragically, delivery of near-viable or viable infants from a failed medical abortion is more common than abortion advocates would care to admit. Early on in the pandemic, just weeks after this policy was approved, a leaked "urgent" email sent by an NHS regional chief midwife quoted the "escalating risk" around at-home abortions and cited

"the delivery of infants up to 30 weeks gestation."

Similar reports have been made by the body that comprises all senior NHS doctors and nurses who fulfil statutory child safeguarding functions in the NHS, the National Network of Designated Health Care Professionals for Children. Specifically, it has recorded 47 cases of early medical abortions that resulted in mid-to-late pregnancy terminations, across all ages, since the start of the pandemic in March 2020. Six involved girls and in half those cases, and 12 instances in total, there had been signs of life.

I find it very interesting that, as reported by the BBC, those in favour of at-home abortions—such as abortion provider the British Pregnancy Advisory Service, which is usually all too ready to comment on abortion—could not comment on these cases, perhaps because they know that individual cases matter and that there is truly no excuse for allowing these tragedies to occur.

Women and girls deserve better. We have the opportunity today to champion women and girls everywhere and to ensure that these scenarios, which are so easy to avoid, are prevented. Women simply need to be seen in person prior to receiving abortion pills, especially young people and vulnerable women up to 25.

As it stands, abortion providers are unable to guarantee that they know who takes the pills, when or where they are taken or whether an adult is present, given the risk of complications, such as the delivery of live babies. A Sky News documentary found that 96 women every week—14 each day—who have at-home abortions will suffer from complications that may need follow-up treatment or surgery.

[*Carla Lockhart*]

We owe Savannah and her child, and indeed, all women and girls, better than this. Abortion harms the voiceless, the most vulnerable in our society, and it harms women and girls. The Government have rightly prioritised the safety of women and girls. I therefore urge hon. Members to look at the risks posed from continuing this policy and to do the right thing by voting to end at-home abortions.

Several hon. Members *rose*—

Mr Deputy Speaker (Mr Nigel Evans): Order. Three Members are standing and I want to get you all in, so we will have a four-minute time limit.

Sir Edward Leigh (Gainsborough) (Con): Obviously, abortion is a deeply emotional issue and we probably all know where we stand, but this is not a debate about abortion. At-home abortions were brought in as a purely temporary measure to defend women's health. It was always the understanding that the measure would continue just as long as the pandemic continued.

There are many different arguments about this issue. I could go through the statistics that have been given to me that some people might deny, but it is undoubtedly the case that more than 10,000 women who took at least one abortion pill at home provided by the NHS in 2020 needed hospital treatment. There is therefore an issue around safety and women's health and we need a proper debate. This amendment was brought in in the House of Lords at night-time. Barely a seventh of the Members of the House of Lords actually took part in the Division. We need a proper, evidenced debate on this issue. There is nothing more important when a human life is at risk.

Of course, we all support telemedicine; I chaired a meeting yesterday on atopic eczema and we are making wonderful steps, but as important as curing atopic eczema is, it is nowhere near as important as a situation where a life is at stake. I know that there are different views about coercion, but surely the whole point of the Abortion Act, for those who supported it, was to get abortions into a safe medical location and to get them away from the backstreets. People surely did not want them to be done at home, where there is risk. The hon. Member for Upper Bann (*Carla Lockhart*) spoke about the case of the 16-year-old girl who delivered a foetus who, apparently, was 20 weeks old. That is why, as my hon. Friend the Member for Congleton (*Fiona Bruce*) said, the National Network of Designated Healthcare Professionals for Children welcomes the Government's stance, and why children and young people will be provided with protections.

I urge hon. Members, whatever their view, to think, to consider the evidence and not to rush in. The amendment goes completely against the whole spirit of the Abortion Act. Whatever we think of that Act, the amendment would be a huge new step that I believe would put more women's health at risk and possibly lead to coercion—we need more evidence on that. I therefore support what the Government are doing today.

Matt Warman (Boston and Skegness) (Con): I rather think that men should enter the debate on abortion with a degree of trepidation and humility. In that spirit, I will make three simple points.

First, it strikes me as absolutely right that parliamentarians in this place and in the other place should seek to use every vehicle before them to enact the improvements in our constituents' lives that we all want. It is right and fair to say that the measures were temporary and were brought in only for a certain purpose, but it cannot be right to say that now that we have done that extraordinary experiment, seen how many women have benefited from the change in telemedicine and got the data, we cannot let the vehicle of the Bill pass us by without trying to make this improvement.

Secondly, the reason that all the expert bodies—including the Royal College of Obstetricians and Gynaecologists, Women's Aid and the Academy of Medical Royal Colleges, where I have to declare that my wife works—support this approach is that they have seen the evidence. They look at that evidence as organisations that have the safeguarding of their patients absolutely at the heart of every single thing they do. They have looked at what we have done and the evidence we have gathered, and they say it is right to continue with the measures brought in for the pandemic. That is why Wales and Scotland have continued them.

We have to trust the evidence; we have to trust the science. We have to understand that we are in the position that we are in as a result of the covid vaccine programme because we trusted the science. Today, we have an opportunity to trust the science yet again. That seems to me an incredibly powerful argument.

We are not making telemedicine compulsory; we are making it a choice. Yes, we are putting a huge burden on doctors to say that the person on the other side of the screen is not someone who should have pills by post, so to speak. We are saying that they should make that calculated judgment. We ask the professionals, be they in charities or in hospitals, to make those judgments every day. We do so because they are the experts.

I say simply to hon. Members that there are issues on which we profoundly disagree—of course there are; these are fundamentally ethical issues—but if we are in favour of abortion, we should be in favour of the choice that is provided by the very safest options. We can see today from the evidence of the past couple of years that it is safer for women who are at their most vulnerable to have the option that we are talking about today. It is not compulsory; it is an option. For me, supporting that today is the definition of being pro-choice.

Bob Blackman: I have had more correspondence on Lords amendment 92 than on any other in the past 12 years. I shall vote accordingly, against Baroness Sugg's amendment and against the Government's amendment in lieu.

As chairman of the all-party parliamentary group on smoking and health, I support Lords amendments 85 to 88, which require the Government to have a consultation on the polluter pays levy on tobacco manufacturers. The levy was the central plank of our recommendations to the Government to deliver their smoke-free 2030 ambition. We had other recommendations, but that was the central one because funding for smoking cessation and tobacco control has been reduced every year since 2015 and has not been reinstated in the spending review or the recent spring statement.

Additional funding is vital to reducing smoking rates among the most disadvantaged in society and particularly among pregnant women. The current target to reduce the national prevalence of smoking in pregnancy to 6%

by 2022 will be missed, and I think we should be clear about that. Last year alone more than 50,000 women smoked during pregnancy, which caused damage to them and to their unborn children. If we want to create a smoke-free society for the next generation, we must step up our efforts now.

5 pm

The APPG's recommendation for a levy was strongly supported in the other House, which is why we are discussing it today. We are discussing a number of amendments today, but the Government received its heaviest defeat on these amendments. They were backed by 213 votes to 154, and those voting for them included two former Health Ministers and two former chief executives of the NHS, one of whom was also a former permanent secretary to the Department of Health. Lord Naseby spoke against, using a quote from the Exchequer Secretary about the Treasury's 2015 consultation, when she said it had concluded that a levy would

"add complexity and additional costs, while the amount of revenue it could raise is uncertain."—[*Official Report, Finance (No. 2) Public Bill Committee*, 5 January 2022; c. 77.]

That may have been true in 2015, but it is not the case today. In 2015 we could not prevent tobacco manufacturers from passing the cost on to consumers because we were in the European Union. One of the benefits of Brexit is that, now we are out of the EU, we can. Lord Young of Cookham said in the other place that the levy would allow the Government to

"put the financial burden firmly where it belongs, on the polluter".—[*Official Report, House of Lords*, 6 March 2022; Vol. 820, c. 290.]

We should not forget that tobacco manufacturers have the highest profit margins of any consumer companies in the world. Imperial Tobacco, for example, which sells about four in 20 of the cigarettes smoked in the UK, makes £71 in profit for every £100 in sales, far more than the average for consumer businesses, which is £12 to £20. Big Tobacco can afford to pay to fix the damage that it does. The Government first promised to consider a "polluter pays" levy three years ago, in the 2019 prevention Green Paper, but they have failed to do so. Economists from the University of Bath have estimated that if the levy were introduced, we could raise £700 million a year. At a time when the public purse is depleted, that is not to be sneezed at.

As I said on Report, the Government

"may resist these measures"

—and they may resist them today—

"but we on the Back Benches who are determined to improve the health of this country will continue to press on with them, and we will win eventually."—[*Official Report*, 22 November 2021; Vol. 704, c. 74.]

I know for a fact that when Javed Khan produces his recommendations, he will recommend even more stringent measures that the Government will need to introduce.

Edward Argar: Given that I spoke at length in my opening remarks, I will endeavour to use the few minutes remaining to me to cover some of the key points made in the debate. First, I should have said in my opening remarks, and say now to the hon. Member for Linlithgow and East Falkirk (Martyn Day), that I am grateful to the devolved Administrations for the constructive manner

in which they have engaged with me and with my Department. I hope that that process has been collegiate and satisfactory from their perspective as well.

Let me clarify my response to a point made by the hon. Member for Gower (Tonia Antoniazzi). Health is, of course, devolved in Wales and Scotland. Were the Government's amendment in lieu in respect of abortion to be passed, it would apply to England and Wales, but it would simply do what the Welsh Government are already doing.

We have called for Members to reject Lords amendments 85 to 88, in respect of tobacco. We heard from the hon. Member for Stockton North (Alex Cunningham), who rightly cited the hon. Member for City of Durham (Mary Kelly Foy). I am sorry that she could not be here today, but in Committee she took a close and well-informed interest in these issues. We have also just heard from my hon. Friend the Member for Harrow East (Bob Blackman).

Liz Twist: Will the Minister give way?

Edward Argar: I did promise not to take interventions, given the time, but I will take one from the hon. Lady, because I was not able to do so during my opening remarks.

Liz Twist: May I add my backing to the call for support for Lords amendment 85? Yesterday many of us attended a reception organised by Cancer Research UK, which has highlighted this issue. Will the Government please bite the bullet and support the amendment?

Edward Argar: Before responding to the hon. Lady, I must correct myself. I should have said "With the leave of the House" before starting my wind-up remarks.

I am grateful to the hon. Lady for her work on this issue. Although this does not normally fall within my ministerial portfolio, she and I have debated this issue across the Floor of the House, and I know her interest and her passion for this issue, and the hard work that she has done on it. While I recognise that, I believe that the Government's approach of resisting the Lords amendments in this space is the correct one, and I therefore fear I may disappoint her. We will see whether the House divides on this matter; I suspect it will, but that will be up to shadow Ministers and other Members. I welcome the debate, and I suspect it is a debate we will continue to have.

I have listened extremely carefully to my hon. Friend the Member for Buckingham (Greg Smith), as he would expect. I would encourage him not to press the point further at this stage, and I will of course continue to reflect carefully on the points he has made. They are important points about the impact on industry and on the broadcasting industry, and I will consider carefully what he said, but we believe that we have struck the appropriate balance in the legislation as it stands. I am grateful to him for his intervention in this debate and his comments.

It was perhaps predictable when looking at the nature of the amendments in this group that Lords amendment 92 and amendment (a) in lieu would inform the bulk of the contributions across the House. This is an issue that Members quite rightly hold strong views on, and there are sincerely held and informed views on both sides of the debate. It is important that this debate is well

[Edward Argar]

informed. We heard from my hon. Friends the Members for Runnymede and Weybridge (Dr Spencer), for Congleton (Fiona Bruce) and for Sleaford and North Hykeham (Dr Johnson), and the hon. Member for Strangford (Jim Shannon), the right hon. Member for Kingston upon Hull North (Dame Diana Johnson) and the hon. Member for Birmingham, Yardley (Jess Phillips). May I offer my condolences to the hon. Member for Birmingham, Yardley and her family on the loss of her mother-in-law, Diana, on Friday?

We also heard from my right hon. Friend the Member for Basingstoke (Mrs Miller), my hon. Friend the Member for Sevenoaks (Laura Trott) and my right hon. Friend the Member for Gainsborough (Sir Edward Leigh), as well as from my hon. Friend the Member for Boston and Skegness (Matt Warman), who gave a typically powerful speech on the subject. We also heard from the hon. Member for Upper Bann (Carla Lockhart).

I have made it clear throughout the debate that this is a free vote, but I would urge Members, in reaching their decisions, to be cautious about some of the figures that have been used in support of some of the arguments today. We do not have all the detailed figures, and I understand that some of them may be based upon extrapolations from freedom of information requests conducted in this respect. I am not drawing any conclusions beyond that, but I would urge caution among Members in how they use those figures.

It is absolutely right that this issue, having been inserted into the Bill by the noble Baroness Sugg, should have been carefully considered by this House. The volume of contributions reflects the importance attached to it by Members. The Government have been clear that these were temporary provisions put in place to reflect an extraordinary set of circumstances, and my right hon. Friend the Secretary of State has been clear that, as we move out of the pandemic, such temporary pandemic-related measures should cease. However, the House has had the opportunity to debate this matter today, and the views expressed on both sides are important for the House to hear.

As I have said, I hope that Members will be clear about the process that we will follow. We hope that, on the voices, the House will reject the Lords amendment tabled in Baroness Sugg's name purely on the basis that it is legally defective and will not do the job that was intended for it in policy terms by the noble Baroness. We have therefore tabled what we believe is a legally effective amendment in lieu of that amendment. Uncertainty in this area of policy and of law does no one any favours, and we would not wish uncertainty for anyone in this space. That is why we were unable to accept the noble Baroness's amendment and why we are asking the House to reject it, but we have come up with something that we believe provides clarity and is legally effective in what it does. As I say, it is for hon. Members to consider their own position on this matter of conscience, which is of import to our constituents up and down the country, and I suspect they, too, will have strong views either in favour or against. It is right that the House brings such matters to a debate and a vote.

5.11 pm

Two hours having elapsed since the commencement of proceedings on consideration of Lords amendments, the debate was interrupted (Programme Order, this day).

The Deputy Speaker put forthwith the Question already proposed from the Chair (Standing Order No. 83F), That amendment (a) to Lords amendment 91 be made.

Question agreed to.

Amendment (a) accordingly made to Lords amendment 91.

The Deputy Speaker then put forthwith the Questions necessary for the disposal of the business to be concluded at that time (Standing Order No. 83F).

Lords amendment 91, as amended, agreed to.

After Clause 148

TOBACCO PRODUCTS STATUTORY SCHEME: CONSULTATION

Motion made, and Question put, That this House disagrees with Lords amendment 85.—(Edward Argar.)

The House divided: Ayes 275, Noes 183.

Division No. 236]

[5.11 pm

AYES

Adams, rh Nigel
Afolami, Bim
Afriyie, Adam
Aldous, Peter
Allan, Lucy
Anderson, Lee
Ansell, Caroline
Argar, Edward
Atkins, Victoria
Bacon, Gareth
Bacon, Mr Richard
Badenoch, Kemi
Bailey, Shaun
Baillie, Siobhan
Baker, Duncan
Baker, Mr Steve
Baldwin, Harriett
Baron, Mr John
Baynes, Simon
Bell, Aaron
Beresford, Sir Paul
Bhatti, Saqib
Blunt, Crispin
Bottomley, Sir Peter
Bowie, Andrew
Bradley, Ben
Bradley, rh Karen
Braverman, rh Suella
Brereton, Jack
Bridgen, Andrew
Bristow, Paul
Browne, Anthony
Bruce, Fiona
Buchan, Felicity
Burghart, Alex
Butler, Rob
Cairns, rh Alun
Campbell, Mr Gregory
Carter, Andy
Cartlidge, James
Cash, Sir William
Cates, Miriam
Caulfield, Maria
Chalk, Alex

Chishty, Rehman
Chope, Sir Christopher
Clark, rh Greg
Clarke, rh Mr Simon
Clarke, Theo
Clarke-Smith, Brendan
Clarkson, Chris
Cleverly, rh James
Clifton-Brown, Sir Geoffrey
Coffey, rh Dr Thérèse
Colburn, Elliot
Collins, Damian
Courts, Robert
Coutinho, Claire
Cox, rh Sir Geoffrey
Crosbie, Virginia
Daly, James
Davies, David T. C.
Davies, Gareth
Davies, Dr James
Davies, Mims
Davison, Dehenna
Dinenage, Dame Caroline
Djanogly, Mr Jonathan
Docherty, Leo
Donaldson, rh Sir Jeffrey M.
Dowden, rh Oliver
Drax, Richard
Drummond, Mrs Flick
Duddridge, James
Duguid, David
Duncan Smith, rh Sir Iain
Dunne, rh Philip
Eastwood, Mark
Edwards, Ruth
Elphicke, Mrs Natalie
Eustice, rh George
Evans, Dr Luke
Everitt, Ben
Fabricant, Michael
Farris, Laura
Firth, Anna
Fletcher, Katherine
Fletcher, Mark

Fletcher, Nick
 Ford, Vicky
 Foster, Kevin
 Fox, rh Dr Liam
 Frazer, rh Lucy
 Freeman, George
 Fuller, Richard
 Fysh, Mr Marcus
 Gale, rh Sir Roger
 Garnier, Mark
 Gibson, Peter
 Gideon, Jo
 Girvan, Paul
 Graham, Richard
 Gray, James
 Green, Chris
 Green, rh Damian
 Griffith, Andrew
 Griffiths, Kate
 Grundy, James
 Gullis, Jonathan
 Halfon, rh Robert
 Hall, Luke
 Hammond, Stephen
 Harper, rh Mr Mark
 Harris, Rebecca
 Harrison, Trudy
 Hart, rh Simon
 Hayes, rh Sir John
 Heald, rh Sir Oliver
 Heaton-Harris, rh Chris
 Henderson, Gordon
 Higginbotham, Antony
 Holden, Mr Richard
 Hollinrake, Kevin
 Hollobone, Mr Philip
 Holloway, Adam
 Holmes, Paul
 Howell, John
 Huddleston, Nigel
 Hughes, Eddie
 Hunt, Jane
 Hunt, rh Jeremy
 Hunt, Tom
 Jack, rh Mr Alister
 Javid, rh Sajid
 Jayawardena, Mr Ranil
 Jenrick, rh Robert
 Johnson, Dr Caroline
 Johnston, David
 Jones, Andrew
 Jones, rh Mr David
 Jones, Fay
 Jones, Mr Marcus
 Jupp, Simon
 Kearns, Alicia
 Keegan, Gillian
 Knight, Julian
 Kruger, Danny
 Lamont, John
 Langan, Robert
 Latham, Mrs Pauline
 Leadsom, rh Dame Andrea
 Leigh, rh Sir Edward
 Levy, Ian
 Lewer, Andrew
 Lewis, rh Brandon
 Lewis, rh Dr Julian
 Liddell-Grainger, Mr Ian
 Lockhart, Carla
 Loder, Chris
 Logan, Mark

Longhi, Marco
 Lopez, Julia
 Lord, Mr Jonathan
 Loughton, Tim
 Mackinlay, Craig
 Mackrory, Cheryl
 Maclean, Rachel
 Mak, Alan
 Malthouse, rh Kit
 Mangnall, Anthony
 May, rh Mrs Theresa
 Mayhew, Jerome
 Maynard, Paul
 McCartney, Jason
 McCartney, Karl
 McPartland, Stephen
 Menzies, Mark
 Mercer, Johnny
 Merriman, Huw
 Metcalfe, Stephen
 Millar, Robin
 Miller, rh Mrs Maria
 Mills, Nigel
 Mohindra, Mr Gagan
 Moore, Damien
 Moore, Robbie
 Mordaunt, rh Penny
 Morris, David
 Morris, James
 Mortimer, Jill
 Morton, Wendy
 Mullan, Dr Kieran
 Mumby-Croft, Holly
 Mundell, rh David
 Nici, Lia
 Nokes, rh Caroline
 Norman, rh Jesse
 O'Brien, Neil
 Opperman, Guy
 Parish, Neil
 Patel, rh Priti
 Pawsey, Mark
 Penning, rh Sir Mike
 Penrose, John
 Percy, Andrew
 Philp, Chris
 Pincher, rh Christopher
 Prentis, Victoria
 Pursglove, Tom
 Quin, Jeremy
 Raab, rh Dominic
 Randall, Tom
 Redwood, rh John
 Rees-Mogg, rh Mr Jacob
 Richardson, Angela
 Robertson, Mr Laurence
 Robinson, Gavin
 Rosindell, Andrew
 Rowley, Lee
 Russell, Dean
 Saxby, Selaine
 Scully, Paul
 Seely, Bob
 Selous, Andrew
 Shannon, Jim
 Shapps, rh Grant
 Shelbrooke, rh Alec
 Skidmore, rh Chris
 Smith, Chloe
 Smith, Greg
 Smith, rh Julian
 Smith, Royston

Spencer, Dr Ben
 Spencer, rh Mark
 Stevenson, Jane
 Stevenson, John
 Stewart, rh Bob
 Stewart, Iain
 Stride, rh Mel
 Stuart, Graham
 Sunderland, James
 Swayne, rh Sir Desmond
 Syms, Sir Robert
 Thomas, Derek
 Throup, Maggie
 Timpson, Edward
 Tolhurst, Kelly
 Tomlinson, Justin
 Tomlinson, Michael
 Tracey, Craig
 Trevelyan, rh Anne-Marie
 Trott, Laura
 Vara, Shailesh
 Vickers, Matt

Villiers, rh Theresa
 Walker, Sir Charles
 Walker, Mr Robin
 Wallis, Dr Jamie
 Warman, Matt
 Watling, Giles
 Webb, Suzanne
 Whately, Helen
 Wheeler, Mrs Heather
 Whittaker, Craig
 Whittingdale, rh Mr John
 Wiggin, Sir Bill
 Wild, James
 Williamson, rh Sir Gavin
 Wilson, rh Sammy
 Wood, Mike
 Wright, rh Jeremy
 Young, Jacob
 Zahawi, rh Nadhim

Tellers for the Ayes:
 Amanda Solloway and
 Gareth Johnson

NOES

Abrahams, Debbie
 Ali, Tahir
 Allin-Khan, Dr Rosena
 Amesbury, Mike
 Anderson, Fleur
 Antoniazzi, Tonia
 Ashworth, rh Jonathan
 Bardell, Hannah
 Barker, Paula
 Beckett, rh Margaret
 Begum, Apsana
 Betts, Mr Clive
 Blackford, rh Ian
 Blackman, Bob
 Blake, Olivia
 Bradshaw, rh Mr Ben
 Brennan, Kevin
 Brine, Steve
 Brock, Deidre
 Brown, Ms Lyn
 Brown, rh Mr Nicholas
 Burgon, Richard
 Campbell, rh Sir Alan
 Carden, Dan
 Carmichael, rh Mr Alistair
 Chamberlain, Wendy
 Champion, Sarah
 Chapman, Douglas
 Charalambous, Bambos
 Cherry, Joanna
 Clark, Feryal
 Cooper, Daisy
 Cooper, rh Yvette
 Corbyn, rh Jeremy
 Creasy, Stella
 Cruddas, Jon
 Cryer, John
 Cunningham, Alex
 Daby, Janet
 Davey, rh Ed
 Davies, Geraint
 Davies-Jones, Alex
 Day, Martyn
 De Cordova, Marsha
 Docherty-Hughes, Martin
 Dodds, Anneliese
 Doughty, Stephen

Dowd, Peter
 Duffield, Rosie
 Eagle, Dame Angela
 Eagle, Maria
 Eastwood, Colum
 Edwards, Jonathan
 Efford, Clive
 Elmore, Chris
 Eshalomi, Florence
 Esterson, Bill
 Farron, Tim
 Farry, Stephen
 Fellows, Marion
 Flynn, Stephen
 Fovargue, Yvonne
 Foxcroft, Vicky
 Furniss, Gill
 Gardiner, Barry
 Gibson, Patricia
 Glindon, Mary
 Grady, Patrick
 Grant, Peter
 Green, Kate
 Green, Sarah
 Greenwood, Margaret
 Gwynne, Andrew
 Haigh, Louise
 Hamilton, Mrs Paulette
 Harvey, Neale
 Hardy, Emma
 Harris, Carolyn
 Healey, rh John
 Hendrick, Sir Mark
 Hillier, Dame Meg
 Hobhouse, Wera
 Hodgson, Mrs Sharon
 Hollern, Kate
 Hopkins, Rachel
 Hosie, rh Stewart
 Howarth, rh Sir George
 Hussain, Imran
 Johnson, rh Dame Diana
 Jones, Gerald
 Jones, Ruth
 Jones, Sarah
 Keeley, Barbara

Kendall, Liz (*Proxy vote cast by Pat McFadden*)
 Khan, Afzal
 Kinnock, Stephen
 Kyle, Peter
 Lake, Ben
 Lavery, Ian
 Leadbeater, Kim
 Lewis, Clive
 Lloyd, Tony
 Long Bailey, Rebecca
 Lucas, Caroline
 Lynch, Holly
 Madders, Justin
 Mahmood, Mr Khalid
 Malhotra, Seema
 Maskell, Rachael
 Matheson, Christian
 McCarthy, Kerry
 McDonald, Stewart Malcolm
 McDonald, Stuart C.
 McDonnell, rh John
 McFadden, rh Mr Pat
 McGovern, Alison
 McKinnell, Catherine
 McMorrin, Anna
 Mearns, Ian
 Miliband, rh Edward
 Mishra, Navendu
 Moran, Layla
 Morgan, Helen
 Morgan, Stephen
 Morris, Grahame
 Murray, James
 Newlands, Gavin
 Olney, Sarah
 Oppong-Asare, Abena
 Osamor, Kate
 Oswald, Kirsten
 Owatemi, Taiwo
 Peacock, Stephanie
 Pennycook, Matthew
 Perkins, Mr Toby
 Phillips, Jess
 Pollard, Luke
 Qaisar, Ms Anum
 Qureshi, Yasmin

Rayner, rh Angela
 Reed, Steve
 Rees, Christina
 Reeves, Ellie
 Reynolds, Jonathan
 Rodda, Matt
 Saville Roberts, rh Liz
 Shah, Naz
 Sharma, Mr Virendra
 Siddiq, Tulip
 Slaughter, Andy
 Smith, Cat
 Smith, Jeff
 Smith, Nick
 Smyth, Karin
 Sobel, Alex
 Stephens, Chris
 Stevens, Jo
 Stone, Jamie
 Streeting, Wes
 Stringer, Graham
 Sultana, Sarah
 Tami, rh Mark
 Tarry, Sam
 Thomas, Gareth
 Thomas-Symonds, rh Nick
 Thompson, Owen
 Thornberry, rh Emily
 Timms, rh Stephen
 Turner, Karl
 Vaz, rh Valerie
 Wakeford, Christian
 West, Catherine
 Western, Matt
 Whitehead, Dr Alan
 Whittome, Nadia
 Williams, Hywel
 Wilson, Munira
 Winter, Beth
 Wishart, Pete
 Yasin, Mohammad
 Zeichner, Daniel

Tellers for the Noes:

Liz Twist and
 Colleen Fletcher

Beckett, rh Margaret
 Begum, Apsana
 Bell, Aaron
 Beresford, Sir Paul
 Betts, Mr Clive
 Blake, Olivia
 Blunt, Crispin
 Bottomley, Sir Peter
 Bradshaw, rh Mr Ben
 Brennan, Kevin
 Brown, Ms Lyn
 Brown, rh Mr Nicholas
 Buchan, Felicity
 Burgon, Richard
 Butler, Rob
 Campbell, rh Sir Alan
 Carden, Dan
 Chamberlain, Wendy
 Champion, Sarah
 Charalambous, Bambos
 Chishti, Rehman
 Clark, Feryal
 Clark, rh Greg
 Clarke, Theo
 Clarkson, Chris
 Clifton-Brown, Sir Geoffrey
 Colburn, Elliot
 Cooper, Daisy
 Cooper, rh Yvette
 Corbyn, rh Jeremy
 Coutinho, Claire
 Creasy, Stella
 Cruddas, Jon
 Cryer, John
 Cunningham, Alex
 Daby, Janet
 Davey, rh Ed
 Davies, Geraint
 Davies-Jones, Alex
 Davison, Dehenna
 Dinenage, Dame Caroline
 Djanogly, Mr Jonathan
 Dodds, Anneliese
 Doughty, Stephen
 Dowd, Peter
 Duddridge, James
 Duffield, Rosie
 Eagle, Dame Angela
 Eagle, Maria
 Eastwood, Colum
 Eastwood, Mark
 Edwards, Jonathan
 Edwards, Ruth
 Efford, Clive
 Elmore, Chris
 Esterson, Bill
 Evans, Dr Luke
 Everitt, Ben
 Fabricant, Michael
 Farris, Laura
 Farry, Stephen
 Firth, Anna
 Fletcher, Katherine
 Ford, Vicky
 Fovargue, Yvonne
 Foxcroft, Vicky
 Furniss, Gill
 Gardiner, Barry
 Garnier, Mark
 Graham, Richard
 Green, Kate
 Green, Sarah

Greenwood, Margaret
 Gwynne, Andrew
 Haigh, Louise
 Halfon, rh Robert
 Hall, Luke
 Hamilton, Mrs Paulette
 Harris, Carolyn
 Harrison, Trudy
 Healey, rh John
 Hobhouse, Wera
 Hodgson, Mrs Sharon
 Holden, Mr Richard
 Hollinrake, Kevin
 Holmes, Paul
 Hopkins, Rachel
 Howarth, rh Sir George
 Howell, John
 Jenrick, rh Robert
 Johnson, rh Dame Diana
 Jones, Andrew
 Jones, Fay
 Jones, Gerald
 Jones, Ruth
 Jones, Sarah
 Kearns, Alicia
 Keeley, Barbara
 Kendall, Liz (*Proxy vote cast by Mr Pat McFadden*)
 Khan, Afzal
 Kinnock, Stephen
 Kyle, Peter
 Lake, Ben
 Langan, Robert
 Lavery, Ian
 Leadbeater, Kim
 Lewis, rh Brandon
 Lewis, Clive
 Lloyd, Tony
 Long Bailey, Rebecca
 Lucas, Caroline
 Lynch, Holly
 Madders, Justin
 Malhotra, Seema
 Malthouse, rh Kit
 Mangnall, Anthony
 May, rh Mrs Theresa
 McCarthy, Kerry
 McCartney, Jason
 McDonagh, Siobhain
 McDonnell, rh John
 McFadden, rh Mr Pat
 McGovern, Alison
 McMorrin, Anna
 Mearns, Ian
 Mercer, Johnny
 Merriman, Huw
 Miliband, rh Edward
 Miller, rh Mrs Maria
 Mills, Nigel
 Mishra, Navendu
 Moran, Layla
 Mordaunt, rh Penny
 Morden, Jessica
 Morgan, Helen
 Morgan, Stephen
 Morris, Grahame
 Mortimer, Jill
 Mumby-Croft, Holly
 Murray, James
 Nokes, rh Caroline
 Norman, rh Jesse
 Olney, Sarah

Question accordingly agreed to.

Lords amendment 85 disagreed to.

Lords amendments 86 to 88 disagreed to.

After Clause 148

PERMITTED LOCATIONS FOR ABORTION TREATMENT

Lords amendment 92 disagreed to.

Amendment (a) proposed in lieu of Lords amendment 92.

—(*Edward Argar.*)

Question put, That the amendment be made.

The House divided: Ayes 215, Noes 188.

Division No. 237]

[5.26 pm

AYES

Abbott, rh Ms Diane
 Abrahams, Debbie
 Allin-Khan, Dr Rosena
 Amesbury, Mike
 Anderson, Fleur
 Antoniazzi, Tonia
 Ashworth, rh Jonathan
 Atkins, Victoria
 Baillie, Siobhan
 Barker, Paula

Oppong-Asare, Abena
 Osamor, Kate
 Owatemi, Taiwo
 Peacock, Stephanie
 Pennycook, Matthew
 Penrose, John
 Perkins, Mr Toby
 Phillips, Jess
 Phillipson, Bridget
 Philp, Chris
 Pollard, Luke
 Qureshi, Yasmin
 Rayner, rh Angela
 Reed, Steve
 Rees, Christina
 Reeves, Ellie
 Reynolds, Jonathan
 Richardson, Angela
 Rodda, Matt
 Saville Roberts, rh Liz
 Shah, Naz
 Shapps, rh Grant
 Sharma, Mr Virendra
 Shelbrooke, rh Alec
 Siddiq, Tulip
 Skidmore, rh Chris
 Slaughter, Andy
 Smith, Cat
 Smith, Jeff
 Smith, rh Julian
 Smith, Nick
 Smyth, Karin
 Sobel, Alex

Spencer, rh Mark
 Stevens, Jo
 Stone, Jamie
 Streeting, Wes
 Stringer, Graham
 Sultana, Zarah
 Tami, rh Mark
 Tarry, Sam
 Thomas, Gareth
 Thomas-Symonds, rh Nick
 Thornberry, rh Emily
 Trott, Laura
 Turner, Karl
 Vara, Shailesh
 Vaz, rh Valerie
 Wakeford, Christian
 Wallis, Dr Jamie
 Warman, Matt
 Watling, Giles
 Webb, Suzanne
 West, Catherine
 Western, Matt
 Whately, Helen
 Whitehead, Dr Alan
 Williams, Hywel
 Williamson, rh Sir Gavin
 Wilson, Munira
 Winter, Beth
 Zeichner, Daniel

Tellers for the Ayes:
Colleen Fletcher and
Liz Twist

NOES

Afolami, Bim
 Afriyie, Adam
 Aldous, Peter
 Allan, Lucy
 Anderson, Lee
 Andrew, rh Stuart
 Ansell, Caroline
 Argar, Edward
 Bacon, Gareth
 Bacon, Mr Richard
 Badenoch, Kemi
 Bailey, Shaun
 Baker, Duncan
 Baker, Mr Steve
 Baldwin, Harriett
 Baron, Mr John
 Baynes, Simon
 Bhatti, Saqib
 Blackman, Bob
 Bradley, Ben
 Braverman, rh Suella
 Brereton, Jack
 Bridgen, Andrew
 Brine, Steve
 Bristow, Paul
 Browne, Anthony
 Buchan, Felicity
 Burghart, Alex
 Cairns, rh Alun
 Campbell, Mr Gregory
 Carter, Andy
 Cash, Sir William
 Cates, Miriam
 Caulfield, Maria
 Chishti, Rehman
 Chope, Sir Christopher

Clarke, rh Mr Simon
 Clarke-Smith, Brendan
 Coffey, rh Dr Thérèse
 Collins, Damian
 Courts, Robert
 Cox, rh Sir Geoffrey
 Crosbie, Virginia
 Daly, James
 Davies, David T. C.
 Davies, Gareth
 Davies, Dr James
 Davies, Mims
 Docherty, Leo
 Donaldson, rh Sir Jeffrey M.
 Donelan, rh Michelle
 Dowden, rh Oliver
 Drax, Richard
 Drummond, Mrs Flick
 Duncan Smith, rh Sir Iain
 Dunne, rh Philip
 Elphicke, Mrs Natalie
 Eustice, rh George
 Farron, Tim
 Fletcher, Mark
 Fletcher, Nick
 Foster, Kevin
 Fox, rh Dr Liam
 Frazer, rh Lucy
 Freeman, George
 Fuller, Richard
 Fysh, Mr Marcus
 Gale, rh Sir Roger
 Gibson, Peter
 Gideon, Jo
 Girvan, Paul
 Glindon, Mary

Gray, James
 Green, Chris
 Green, rh Damian
 Griffith, Andrew
 Griffiths, Kate
 Grundy, James
 Gullis, Jonathan
 Hammond, Stephen
 Harper, rh Mr Mark
 Hayes, rh Sir John
 Heald, rh Sir Oliver
 Heaton-Harris, rh Chris
 Higginbotham, Antony
 Hillier, Dame Meg
 Hollern, Kate
 Hollobone, Mr Philip
 Holloway, Adam
 Huddleston, Nigel
 Hughes, Eddie
 Hunt, Jane
 Hunt, rh Jeremy
 Hunt, Tom
 Javid, rh Sajid
 Jayawardena, Mr Ranil
 Johnson, Dr Caroline
 Johnson, Gareth
 Jones, rh Mr David
 Jones, Mr Marcus
 Jupp, Simon
 Keegan, Gillian
 Kruger, Danny
 Latham, Mrs Pauline
 Leadsom, rh Dame Andrea
 Leigh, rh Sir Edward
 Levy, Ian
 Lewer, Andrew
 Lewis, rh Dr Julian
 Liddell-Grainger, Mr Ian
 Lockhart, Carla
 Loder, Chris
 Logan, Mark
 Longhi, Marco
 Lopez, Julia
 Lord, Mr Jonathan
 Loughton, Tim
 Mackinlay, Craig
 Mackrory, Cherylyn
 Maclean, Rachel
 Maskell, Rachael
 Mayhew, Jerome
 Maynard, Paul
 McPartland, Stephen
 Menzies, Mark
 Metcalfe, Stephen
 Millar, Robin
 Mohindra, Mr Gagan
 Moore, Damien
 Moore, Robbie
 Morris, James
 Morton, Wendy

Mullan, Dr Kieran
 Nici, Lia
 O'Brien, Neil
 Opperman, Guy
 Pawsey, Mark
 Penning, rh Sir Mike
 Pincher, rh Christopher
 Prentis, Victoria
 Pursglove, Tom
 Quin, Jeremy
 Randall, Tom
 Redwood, rh John
 Rees-Mogg, rh Mr Jacob
 Robertson, Mr Laurence
 Robinson, Gavin
 Rosindell, Andrew
 Rowley, Lee
 Russell, Dean
 Saxby, Selaine
 Selous, Andrew
 Shannon, Jim
 Smith, Chloe
 Smith, Greg
 Smith, Henry
 Smith, Royston
 Solloway, Amanda
 Spencer, Dr Ben
 Stevenson, Jane
 Stevenson, John
 Stewart, rh Bob
 Stewart, Iain
 Stuart, Graham
 Sunderland, James
 Swayne, rh Sir Desmond
 Syme, Sir Robert
 Thomas, Derek
 Throup, Maggie
 Timpson, Edward
 Tolhurst, Kelly
 Tomlinson, Justin
 Tomlinson, Michael
 Trevelyan, rh Anne-Marie
 Vickers, Matt
 Villiers, rh Theresa
 Walker, Mr Robin
 Webb, Suzanne
 Wheeler, Mrs Heather
 Whittaker, Craig
 Whittingdale, rh Mr John
 Wiggin, Sir Bill
 Wild, James
 Wilson, rh Sammy
 Wood, Mike
 Wright, rh Jeremy
 Young, Jacob

Tellers for the Noes:
Fiona Bruce and
Karl McCartney

Question accordingly agreed to.

Amendment (a) made in lieu of Lords amendment 92.

Lords amendment 95 disagreed to.

Government amendment (a) made in lieu of Lords amendment 95.

Lords amendments 52 to 54, 66 to 79, 82, 84, 93, 94, 96 to 101 and 109 to 129 agreed to, with Commons financial privileges waived in respect of Lords amendments 52 to 54, 84, 93, 94, 96, 97 and 129.

Clause 35

REPORT ON ASSESSING AND MEETING WORKFORCE NEEDS

Edward Argar: I beg to move, that this House disagrees with Lords amendment 29.

Madam Deputy Speaker (Dame Eleanor Laing): With this it will be convenient to discuss the following:

Lords amendment 30, and Government motion to disagree.

Lords amendment 48, Government motion to disagree, Government amendment (a) in lieu, and amendment (b) in lieu.

Lords amendment 57, and Government motion to disagree.

Lords amendment 89, Government motion to disagree, and Government amendment (a) in lieu.

Lords amendment 108, and Government motion to disagree.

Lords amendments 42 to 47, 55, 56 and 58 to 64.

Edward Argar: It is a pleasure in discussing this set of amendments to be facing the shadow Secretary of State, the hon. Member for Ilford North (Wes Streeting), although I might not say that after he has made his contribution or challenged me. I am grateful for the opportunity to speak to this important set of amendments, and I again put on record my gratitude to their lordships for the work they have done in scrutinising this Bill. This group is about accountability and makes it clearer that the Government are committed to ensuring that the NHS is transparent, accountable and effective.

Lords amendments 42 to 47 ensure that the procurement regulations will have to include provision for procurement processes and objectives; for steps to be taken when competitively tendering; and for transparency, fairness, the verification of compliance and the management of conflicts of interest. They also require NHS England to issue guidance on the regulations. It behoves me to pay tribute to the shadow Minister, the hon. Member for Bristol South (Karin Smyth), who served on the Bill Committee throughout. Although we did not always agree, she brought her expertise and forensic skills with issues such as this to that Committee. Even if she did not always agree with the conclusions, she made sure we were well informed in the conclusions we reached.

We recognise those key aspects as vital. While it was always our intention to include them in the new provider selection regime, the amendments add clarity and clearly signal our intentions. Furthermore, Lords amendment 47 makes the regulations subject to the affirmative procedure. We are grateful for the input of the Delegated Powers and Regulatory Reform Committee in advising that, and we have listened.

Lords amendment 55, supported by the Scottish Government, makes it clear that any powers or duties conferred on Scottish Ministers in relation to their role in collecting information for medicine information systems can be treated in the same way as other NHS powers or duties in Scotland and be delegated to health boards in Scotland.

Lords amendments 56 and 58 to 64 relate to the power to transfer the functions of arm's length bodies. Following constructive engagement with the devolved Governments, these amendments enable us to proceed on a UK-wide basis. Lords amendment 56 clarifies that the powers in part 3 of the Bill in respect of special health authorities apply in relation only to England and cross-border special health authorities, and not Wales-only special health authorities. Lords amendments 58 and 59 remove devolved Ministers and Welsh NHS trusts from the list of appropriate persons to whom property, rights and liabilities can be transferred through a transfer scheme following a transfer of functions.

Lords amendment 60 creates a requirement for the Government to obtain the consent of the devolved Governments for any transfer of functions within the competence of their legislatures or which modify functions exercised by the Welsh Ministers, Scottish Ministers or a Northern Ireland Department. Finally, Lords amendments 61 to 64 are consequential upon the changes made by Lords amendment 60.

I am also asking the House to disagree with several amendments made in the other place. First, Lords amendment 29 relates to the workforce, and I reassure the House that the Government are committed to improving workforce planning. We recognise the importance of having a properly trained workforce in sufficient numbers and in the right places. We are already taking the steps we need to ensure we have record numbers of staff working in the NHS. While we recognise the strength of feeling behind the amendment, we simply do not think it is necessary in its current form, and we urge the House to reject it.

Peter Aldous (Waveney) (Con): I am aware that the Government have put in place their own plans for NHS workforce planning, but can my hon. Friend address the concerns that framework 15 has inadequacies in terms of data collection, does not provide an assessment of workforce numbers and is not responsive to societal shifts?

5.45 pm

Edward Argar: My hon. Friend puts his finger on a key issue, which is the dynamic nature of workforce trends, whether in terms of demand or supply, which is one of the challenges of a long-term projection—it would need to be a dynamic process. That is why we believe that the right approach is the one set out by my right hon. Friend the Secretary of State. His predecessor commissioned that framework review from Health Education England in July last year, and the Secretary of State has subsequently asked for further work to be done in a further commission that looks at a workforce framework over 15 years. That is the first time that has been done, as I heard him say at the Dispatch Box earlier today when talking about the Ockenden review, and it will be a hugely valuable tool for the NHS and for us when we make decisions in this place about priorities and prioritisation in healthcare. As always, I am grateful to my hon. Friend the Member for Waveney (Peter Aldous).

Before I go into more detail, I will make a point on which I suspect the shadow Secretary of State and I are in complete agreement. Although there may not be many things in this group of amendments that we agree

on, I am sure that he will join me in recognising the amazing work done by our health and care workforce over the past two years, and not just in the past two years, which were exceptional circumstances, but every day of the year—day in, day out—whichever year it is. I put that on record because it is important.

Wes Streeting (Ilford North) (Lab) *indicated assent*.

Edward Argar: The hon. Gentleman nods; as I say, I suspect that may be a rare moment of agreement on this group of amendments.

We continue to be committed to growing and investing in the workforce. This year we have seen record numbers of staff working in NHS trusts and clinical commissioning groups, including record numbers of doctors and nurses. The monthly workforce statistics for December 2021 show that there are more than 1.2 million full-time equivalent staff. Those workforce numbers come on the back of our record investment in the NHS, which is helping to deliver our manifesto commitments, including to have 50,000 more nurses by the end of the Parliament. We are currently on target to meet that manifesto commitment, as the number of nurses was a little over 27,000 higher in December 2021 than in September 2019.

The spending review settlement will also underpin funding the training of some of the biggest undergraduate intakes of medical students and nurses ever. In that context, I highlight the decision made, I believe, under one of my predecessors to expand the number of medical school places from 6,000 to 7,500, which has come on stream. Of course there is a lead time before those going through medical schools will be active in the workforce, but it is an important step forward.

Janet Daby (Lewisham East) (Lab): I draw the Minister's attention to the 2 million Uyghurs who have been detained in concentration camps. They are making slave-made goods that have infiltrated our NHS, which puts health workers at risk of wearing products made by modern slavery. Will he recognise the importance of accepting Lords amendment 48 so that the NHS is not dependent on slave-made goods?

Edward Argar: I hope the hon. Lady will forgive me, because I will finish discussing the workforce amendments before I turn to the so-called genocide amendments and the organ sales amendments. I will come to her point, but I hope she will allow me to do it in that way; I have heard what she has said.

Rachael Maskell (York Central) (Lab/Co-op): Will the Minister give way?

Edward Argar: I will make a little progress, then I will give way to the hon. Lady, as I tend to do. She is a regular participant in health debates.

We are already committed to improving workforce planning. In July 2021, as I said, we commissioned that important work with partners to review long-term strategic trends. It is also important to note in that context that my right hon. Friend the Secretary of State announced that we are merging NHS England and Health Education England, which is a hugely important move that brings together the workforce planning and the provision of places and of new members of the workforce with the

funding available for that and the understanding of what is needed in the workforce. It brings supply and demand considerations together.

Debbie Abrahams (Oldham East and Saddleworth) (Lab): Will the Minister give way?

Edward Argar: I will make a little more progress, then I will give way to the hon. Member for York Central (Rachael Maskell) and then, if I have time, I will give way to her. I want to address the points of the hon. Member for Lewisham East (Janet Daby) in good time and I am conscious that the votes took up a chunk of the time allowed for this group of amendments.

We are also committed to increasing transparency and accountability. The unamended clause already increases transparency and accountability on the roles of the various actors within the NHS workforce planning system.

Rachael Maskell: When looking at workforce planning, it is really important not only that the Government depend on NHS professionals trained overseas, but that they look at commissioning more training places here. In particular, I would point to the dentistry profession, as the Government are currently waiting for 700 dentists to pass their exams. It really does highlight the shortage of training for our own dentists when one in three dentists practising has trained overseas. Will the Government look at the commissioning of more training places so that we can grow our own workforce?

Edward Argar: The hon. Lady will be pleased to know, or will I hope be reassured to a degree to know, that underpinning our strategy to grow the workforce—for example, the nursing workforce or other specialisms—is the fact that we have multiple strands to the strategy. Those coming from overseas who wish to work in the NHS are always going to be an important and valued part of our NHS workforce, but of course we are also committed to growing the number, for want of a better way of putting it, that we grow at home through training places and medical schools. Crucially, however, a key element here is retention of our existing staff, so that we are not simply recruiting and training lots more staff to replace those who are leaving. All of those factors are important.

Debbie Abrahams: Does the Minister want to comment on the fact that 100-plus organisations—and not just those 100 organisations, including the BMA, but former chief executives of NHS England—are still very concerned that the Government's measures on workforce planning do not go far enough?

Edward Argar: I am grateful to the hon. Lady, and she and I have worked together on a number of issues in the past. We always engage—and the since the inception of the Bill and throughout its passage, we have engaged collaboratively—with a whole range of organisations, such as professional bodies and trade unions, including some of those she mentioned. We believe that the approach we have adopted in the commissions from the Secretary of State, coupled with the merger with Health Education England, will be a significant step forward, and we believe it is the right approach to take. I suspect that the hon. Lady may disagree, and I always respect her opinion, although I may not always agree with it.

Jeremy Hunt (South West Surrey) (Con): Will the Minister give way?

Edward Argar: I wanted to make a little progress, but I will give way to the Chair of the Select Committee.

Jeremy Hunt: Could the Minister possibly just tell me whether there is a single NHS organisation that is not supporting Lords amendment 29, which the Government are planning to reject?

Edward Argar: I may regret giving way to my right hon. Friend. I do not often say that, but perhaps I do now. I believe that this is about striking an appropriate balance in workforce planning and understanding supply and demand. I believe that the approach we have adopted as a Government, with the commission and the subsequent commission from the Secretary of State, is the right one. We are working closely with all NHS organisations from NHS England down, and I am sure that we will continue that collaborative work and that they will recognise the value being added by these commissions.

Tim Farron (Westmorland and Lonsdale) (LD): Will the Minister give way?

Edward Argar: I will make a little progress if I may, but if the hon. Gentleman can shoehorn his way in a little later, I will, assuming I am making good progress, try to find a way to come back to that point for him.

On Lords amendments 30 and 108, while we recognise the concerns of the other place, we think it is important to enable the Secretary of State to intervene in reconfigurations with greater flexibility where such an intervention is warranted. While the Secretary of State already has powers over reconfigurations, our proposals will allow them to better support effective change and respond in a more timely way to the views of the public, health oversight and scrutiny committees and, indeed, parliamentarians in this House. It will reduce wasted time and effort, and it will allow Ministers to become involved at the right stage, not simply at the end stage of the process. For that reason, we urge the House to reinstate clause 40 and schedule 6.

Tim Farron *rose*—

Edward Argar: I think the hon. Gentleman is seeking to intervene. I find it difficult to say no to him, so I will give way.

Tim Farron: The Minister is a thoroughly good man, and I am very grateful. He will be aware of the National Audit Office's projection that there are probably 100,000 undiagnosed cancer cases since the pandemic. Tragically, clinicians reckon that probably 20,000 of those people have already passed away. Will he agree and commit to a specific workforce strand when it comes to cancer? We desperately need cancer specialists, nurses, oncologists, radiotherapists and so on if we are going to be able to tackle this problem, but also make sure that we are not overburdened in the future, so that we can save lives.

Edward Argar: I am pleased I took the hon. Gentleman's intervention on an issue that I know he has long taken an interest in. As well as the overall macro-trends of supply and demand, I expect the work being undertaken

to look at the specialisms sitting beneath. He and I have discussed the significant increase in percentage terms in the number of radiographers, radiologists and others since 2010, but I acknowledge his underlying point that there is more to do if we are to achieve the ambitions set out in our consultation on the 10-year cancer plan and our broader ambitions for cancer care and treatment. We continue to look at that, and those specialisms will form a part of that work.

The hon. Member for Lewisham East raised a subject that I suspect will come up in contributions to the debate, including from my right hon. Friend the Member for South West Surrey (Jeremy Hunt). Regarding Lords amendment 48, we have heard the strength of feeling in the other place about the gravity of this issue, and I know that no one in this House would support the use of forced labour in creating NHS goods or their coming from areas where genocide may be taking place. We are fully committed to ensuring that that does not happen and we are now proposing further measures to tackle the use of forced labour, but we do not believe that this is the right legislative vehicle for introducing those changes, especially those made in the other place relating to genocide.

The Government will bring forward new rules for transforming public procurement in the forthcoming procurement Bill, which will cover all Government procurement and further strengthen the ability of public sector bodies to exclude from bidding for contracts suppliers that have a history of misconduct, including forced labour. We believe that that is the right vehicle for such provisions. The review of the 2014 modern slavery strategy will be published in spring this year, and will provide an opportunity to build on the progress we have made and to adapt our approach to take account of the evolving nature of these terrible crimes. We know that the NHS is one of the biggest procurers in this country, and it is for that reason that we are introducing measures in this Bill to ensure that NHS procurement works for the good of all.

NHS England and NHS Improvement agreed a new slavery and human trafficking statement for 2022-23 on 24 March, with new modern slavery countermeasures in the NHS supplier road map, updates to the NHS standard contracts to strengthen our position on modern slavery, and the development of a new strategy to eradicate modern slavery across the NHS supply chain. We are going to go further than that, though. In amendment (a) in lieu of amendment 48, we propose to introduce a duty on the Secretary of State to carry out a review into the risk of slavery and human trafficking taking place in NHS supply chains, and to lay before Parliament a report on its outcomes. That review will focus on Supply Chain Coordination Ltd, which manages the sourcing, delivery and supply of healthcare products, service and food for NHS trusts and healthcare organisations across England. As well as supporting the NHS to identify and mitigate risk with a view to resolving issues, the review will send a signal to suppliers that the NHS will not tolerate human rights abuses in its supply chains and will create a significant incentive for suppliers to revise their practices. I will listen to my right hon. Friend the Member for South West Surrey when he makes his contribution and endeavour to respond when I wind up this debate. I know he has strong views on this subject, as do other hon. Members

Janet Daby: I thank the Minister for his response. My concern is the level of urgency. If the Government allow the problem to continue in the NHS, they are inadvertently allowing slavery to continue, which is not helpful.

Edward Argar: As ever, the hon. Lady makes her point courteously but clearly. As I said, depending on the time available at the end of the debate, I will endeavour to respond more fully to the points that she and my right hon. Friend make.

Sir Iain Duncan Smith (Chingford and Woodford Green) (Con): I hope to speak on this subject if I catch your eye, Madam Deputy Speaker, but I want to make the point that right now, even though it is not meant to be allowed, the NHS is using products made by slave labour. Only two days ago, *The Spectator* demonstrated that products being used in King's College Hospital actually came from providers in Xinjiang, so it is happening now. Like the hon. Member for Lewisham East, I want to emphasise the urgency of this issue, so I intend to bring it up with my hon. Friend the Minister during the debate.

Edward Argar: I should say at this point that I was grateful for the opportunity to talk to my right hon. Friend about this subject a week or two ago, and I suspect that our conversations will continue.

I want to cover the rest of this group of amendments. Lords amendment 57 would exclude statutory functions of NHS Digital from the transfer of powers in the Bill. I urge the House to reject that amendment. I have assured Members of this House and in the other place that the proposed transfer of functions of NHS Digital to NHS England would not in any way weaken the safeguards we have in place for the safe and appropriate use of patient data. NHS Digital's current obligations in terms of its data functions, and particularly the safeguards that apply to patient data, will become obligations on NHS England. The merger, which has been announced as Government policy, is in response to the recommendation of the Wade-Gery review. It is essential to simplify a complex picture of national responsibilities for digital and data services in the NHS, bringing them together in a single organisation that leads on delivery and the data needed to support it.

6 pm

Finally, I turn to amendment 89, on organ tourism. While the Government are sympathetic to its aim of ensuring that the law would capture anyone with a close connection to this country who purchases an organ overseas, we have significant concerns about the adverse impact that such an approach could have on transplant patients and NHS staff. We therefore tabled an amendment in lieu, which would achieve a similar effect without creating a disproportionate impact on vulnerable recipients and NHS staff. In effect, it would mean that wherever in the world their actions take place, most UK nationals—and all residents of England, Wales and Scotland—could be prosecuted for existing offences that cover the trade in human organs. The amendment would encompass paying for the supply of an organ, seeking to find someone willing to supply an organ for payment or initiating or negotiating any commercial arrangement for an organ

to be supplied. Such things are already illegal, and we are extending the territoriality of that for English, Welsh and Scottish residents.

The Government's amendments strengthen accountability and improve the Bill. However, several of the amendments from the other place are either unnecessary or have unintended consequences, so we ask the House to reject them.

Wes Streeting: It was a great pleasure to see the Minister at the Dispatch Box, but I must warn him and the Minister for Care and Mental Health, the hon. Member for Chichester (Gillian Keegan), that the Government will not convince us that their position on workforce is right even by sending out the most charming members of their Health team. I will go into the reasons for that. I start with enormous thanks to Members of the House of Lords for the enormous amount of work that they put into making the Bill much better than it was when it left the House of Commons. In particular, I thank my noble Friends Baroness Thornton, Baroness Merron and Baroness Wheeler who showed great wisdom and stamina in forging huge alliances in the other place to get the consensus needed to make the improvements that we are discussing. I also thank Liz Cronin and Richard Bourne for supporting the shadow Lords team.

The NHS is facing the greatest crisis in its history. Covid has not gone away, and the covid pressures on the NHS certainly have not gone away. Instead, it is in the unenviable position of having to deal with those ongoing challenges at the same time as trying to address the significant backlog that existed before we went into the pandemic, when a record 4.5 million people were already on NHS waiting lists.

Today, we see that there is a staff shortage of 110,000 across the NHS as well as 105,000 vacancies in social care. Six million people are now waiting for NHS treatment—the longest waiting lists on record—and they are waiting longer than ever before. Cancer patients are not being seen by specialists on time; they are waiting too long for diagnosis when every day matters. Stroke victims are being left to wait hours for an ambulance—except in the north-east, where over the winter heart attack patients were told to phone a friend or call a cab. It is therefore no surprise to learn today that public satisfaction with the NHS is at its lowest level in 25 years, since 1997. Of course, that was the year when Tony Blair led Labour to victory at the general election and delivered shorter waiting times and the highest patient satisfaction in the history of the NHS. The Government could do a great deal of good by learning from the example left by the last Labour Government and trying to rebuild the legacy that they have trashed over the last 12 years.

It is not just patients who are dissatisfied with the NHS. I know from speaking to frontline staff and NHS leaders across the country that they are exhausted after their heroic efforts of the past two years. They are burned out, they are overstretched, and there are simply not enough of them. They are proud of the NHS and proud to work for the NHS, but, in too many cases, people are going home at the end of a long shift and agonising about whether they did the right thing, agonising about whether they made the right decisions for their patients and agonising about whether they had forgotten a crucial detail. It is getting worse, not better. Some

[Wes Streeting]

27,000 NHS workers voluntarily left the health service in just three months last year, the highest on record. The Health Secretary has admitted that the Government will not meet their manifesto commitment to recruit the 6,000 GPs we need to get people seen on time and we know that many cases will simply present in overstretched accident and emergency departments. Today, we heard about the consequences of the failure to safely staff our health service.

On that note, I want to place on record my thanks to the Secretary of State for Health for his response to the Ockenden review—and to his predecessor, the Chairman of the Health and Social Care Committee, the right hon. Member for South West Surrey (Jeremy Hunt) for commissioning the review in the first place—and the commitment to implement in full not its recommendations, because Donna Ockenden has not made recommendations, but the must-dos she has set out. I cannot imagine the trauma of losing a child and we owe it to mothers who have been through that suffering to ensure that they are never let down again. This is not a party political point. The review spans two decades under Labour and Conservative Governments. I want to acknowledge that and be honest about that. The clear finding is that we must safely staff our maternity wards. Today, midwives are leaving the NHS in greater numbers than it is able to recruit them. That is just one of the reasons why we need a workforce plan for the NHS.

Geraint Davies (Swansea West) (Lab/Co-op): I have just returned from Lithuania, where I was speaking to the head of migration in a refugee centre who said that they are welcoming their neighbours not just because they should but because they are providing a very valuable addition to their workforce. They are taking tens of thousands of people. Given that 1.4 million EU citizens who are registered to work in Britain have decided to stay in Europe, should we not be opening our hearts and homes and recognise the benefits some of them would bring by working in the NHS?

Wes Streeting: I thank my hon. Friend for his intervention. It is certainly the case that refugees fleeing Ukraine—indeed, other conflict zones around the world—bring enormous skills to our country. For as long as they are here and living with us, we should enable them to make whatever contribution they wish. If some of the people from Ukraine or elsewhere want to work in the NHS, we should absolutely welcome them with open arms.

Rachael Maskell: I am grateful to my hon. Friend, who is making an excellent speech. This debate is concentrated on physical health, but if we look at workforce planning on mental health we know we are at a significant deficit. If we are talking about parity of esteem, surely Lords amendment 29 is absolutely imperative, so that we can start investing in the future of our mental health services?

Wes Streeting: My hon. Friend is absolutely right and she will know of our party's ambitious commitments, outlined by my hon. Friend the Member for Tooting (Dr Allin-Khan), to ensure that patients receive guaranteed mental health treatment within a month. That would be

revolutionary. It will require investment and require recruiting the people we need to help provide that care, but this country is living through a mental health crisis on top of everything else. This has been a deeply difficult two years for our country during the pandemic. Many people bear not just the physical scars and ongoing physical health consequences of long covid, but the grief, the loss and the injury to their mental health and wellbeing caused by this deadly pandemic. Many of those people who are suffering mental health crises are the very people who are still turning up for their shifts in the hospitals, still turning up for their shifts in the GP surgeries, and still turning up at work to help care for others even though they are in need of care themselves.

Lords amendment 29 does not commit the Government to hire thousands more doctors and nurses, although they should. It does not commit to new funding for the NHS, although it desperately needs that. It does not even commit the Government to finally publish the workforce strategy the NHS is crying out for, despite the fact that the NHS has not had a comprehensive workforce strategy since the Labour Government's plan was published in 2003. All we are talking about today is an independent review of how many doctors, nurses and other staff the NHS needs for the future. That is not just a view put across by Labour Members: it is supported by many Members right across the House, including the Chair of the Health and Social Care Committee, the right hon. Member for South West Surrey, who is a former Health Secretary. It is not the first time that he has helped to unite the sector, although I remember the days when it was sometimes united in opposition to, rather than in support of, his proposals.

I will say this, actually: when the right hon. Member for South West Surrey took over as Chair of the Health and Social Care Committee, I was really nervous about the prospect of a former Health Secretary effectively marking his own homework, but on this issue, he has shown a degree of honest reflection and has genuinely contributed his experience to the debate about the future of health and social care in this country. Not only has he been honest about where he fell short, and where other Conservative Ministers may have fallen short, but he is determined to make sure that we improve the quality of the health and social care debate in this House. I very much welcome his contribution to the debate about the NHS workforce challenge.

Jim Shannon: Will the hon. Member give way?

Wes Streeting: How can I resist?

Jim Shannon: The shadow Minister is always kind in giving way. I want to back up his comments about the right hon. Member for South West Surrey (Jeremy Hunt). On Lords amendment 29, does the shadow Minister acknowledge that Macmillan Cancer Support said that it needs an additional 3,371 cancer nurse specialists? That would double the nurses by 2030, and it gives us a reason why we need to support Lords amendment 29 and why workforce safety is critical.

Wes Streeting: The hon. Gentleman is absolutely right. If I am honest, I suspect that the Minister and the Secretary of State for Health and Social Care also agree that Lords amendment 29 is needed. I suspect the truth

is that they are not the ones blocking it. They are in a Treasury-imposed straitjacket from the Chancellor, preventing them from doing what they know to be necessary for the NHS, because the Treasury would rather stick its head in the sand and not acknowledge the scale of the challenge or the reality of the cost. It hopes that ignorance is bliss and that we can carry on as we are, and perhaps nobody will notice—even the 6 million people on NHS waiting lists.

Matt Rodda (Reading East) (Lab): I wholeheartedly agree with my hon. Friend's speech; he is addressing absolutely the issues that the sector faces. All of us support the NHS and want to see it thriving. Does he agree, however, that the challenge is about the Treasury and the Prime Minister and the lack of support and understanding from the Prime Minister and the Chancellor at this crucial time, when the NHS has gone through such a difficult period?

Wes Streeting: I wholeheartedly agree with my hon. Friend. To be honest, I do not know whether No. 10 or No. 11 is running the show. We hear that the Chancellor also blocks the Prime Minister from time to time. I can think of a few occasions during lockdown where that would have been good, if the Chancellor had bolted the door to the back garden, but we will not dwell on that now, Madam Deputy Speaker, because you will tick me off—

Madam Deputy Speaker (Dame Eleanor Laing): No, we will not.

Wes Streeting: As you already are, Madam Deputy Speaker, but I could not resist.

The problem is that unless we face up to the scale of the workforce challenge, the Government simply will not deliver the shorter waiting times that patients need until they break out of their straitjacket. They should start today; otherwise, patients will be left wondering why they are paying more in taxes but waiting longer for care.

Government Members may argue that we do not need Lords amendment 29, because there is a planned update to “Framework 15”, Health Education England's 15-year strategic framework for workforce planning—*[Interruption.]* My hon. Friend the Member for Bristol South (Karin Smyth) cannot wait; she is watching her inbox daily, waiting for it to arrive. The truth is that this is inadequate. Previous iterations of the framework have not quantified the staffing numbers needed. The Secretary of State was recently unable to confirm when he appeared before the Health and Social Care Committee that the revised framework will set out the required numbers of staff. The truth is that the recent past is littered with promises of workforce strategies and frameworks that have either not materialised or failed to deliver the action needed.

Let me turn to the Minister's claim that we have record numbers of doctors and nurses—it is today's equivalent of, “You've never had it so good.” We all know—he knows this very well—that the population is growing and ageing, and as it does so, we need the numbers of nurses, doctors and carers to keep up. This is a question not just of recruitment, but of retention. When I ask frontline staff, “What would make the

single biggest difference to your morale? What would be the thing that keeps you going even though you are exhausted, stressed and burned out?”, their answer is very simple: they just want to know that the cavalry is coming and that significant numbers of staff will be recruited to help provide the support they need. Their greatest fear is that the people who have slogged their guts out to get us through the pandemic will be left alone as they try to help the NHS to recover from the pandemic and from the problems that existed before it. If we are not careful, we will risk losing those staff, creating even greater pressures—a greater cost to patient care, a greater cost to patient safety and a greater cost in recruiting and training new doctors and nurses. With the best will in the world, and with the best training available at our brilliant medical schools, doctors and nurses take years to develop the skills and experience to make them outstanding clinicians. Those are the people we risk losing at this very moment.

While I have the opportunity, may I say to the Minister that I cannot understand why there are 791 medical school graduates who still do not have a junior doctor post? These people are qualified, they are ready and there is a shortage—get them to work!

6.15 pm

Lords amendment 30 is a power grab, pure and simple. Does the Secretary of State really believe that he knows better than those who are working on the ground in our NHS? The Bill includes a requirement that Ministers be informed of every single service change and every single reconfiguration, and the Secretary of State will then decide whether each should go ahead. They should be careful what they wish for.

As the right hon. Member for South West Surrey knows, when I was first elected to this House and he was Secretary of State, I would not stop badgering him about the future of King George A&E. Every time I did, he batted it back to the local NHS trust and said that it was a local decision driven by clinical need. In the end, we won and we did not need him, but imagine the political pain that I would have inflicted on him if I had known that he was the one who held the pen and held the power. I say to the current Secretary of State: be very careful what you wish for.

The new powers, I am afraid, are part of a theme running through the Bill of more powers being placed in the hands of Government—a theme that the Delegated Powers and Regulatory Reform Committee has described as “disturbing”. The Government have gone from wanting to be the great liberators of the NHS under the right hon. Lord Lansley—who has gone through a rather entertaining damascene conversion in the other place—to wanting to rule with an iron fist under Comrades Javid and Argar.

The powers are completely unnecessary. They risk causing a decision-making logjam and dragging national politics into local decisions about services. For reforms intended to reduce bureaucracy, they could create a significant new bureaucratic burden.

Katherine Fletcher (South Ribble) (Con): Along with Mr Speaker and Mr Deputy Speaker, I have been in a similar position in Lancashire with the A&E unit under threat at Chorley and South Ribble Hospital. Contrary

[Katherine Fletcher]

to the hon. Gentleman's point, I have found that even with a meeting with the Speaker and Deputy Speaker of the House and the Health Secretary, and with a very compelling case as to why the local trust has made the wrong decision, there is nothing in law to allow them to do anything about it. I therefore very much welcome the amendments to ensure that local bureaucrats are not too tied in.

Wes Streeting: I really do understand the hon. Member's point. She would like to be able to save her services and lobby her colleagues in Government to make those decisions, but—speaking from experience—saving our accident and emergency department was not about using politics or political pressure to change the decision. Public support was really important and we did our fair share of parliamentary petitions, marches and everything we could to keep the pressure up, but in the end it was about the evidence base that we put together to save the department.

When it comes to matters of clinical provision and of providing the best services for patients, clinical factors have to be paramount. I worry about how decisions turn into a political football either side of a general election and become a party political knockabout, when the primary consideration should be patients' safety and concerns. Although I have cited an example in which saving our A&E was the right decision, I can think of cases right across the country in which communities feel very strongly, and we understand why, but passion, emotion and sentimental attachment to particular services do not always align with the clinical interests of local populations. Patient safety and evidence must come first. I really worry about the introduction of a party political knockabout in that context.

Ministers have argued that the new powers are necessary to ensure democratic oversight of health service decisions, but the existing system allows appropriate democratic oversight and allows contentious service change decisions to be resolved. I do not believe that the wholesale upheaval of the system and the introduction of sweeping new powers for the Secretary of State are justified.

Let me now deal with some of the other amendments—very briefly, as I am conscious of time. We support Lords amendment 48, which requires the Secretary of State to ensure that health service procurement does not violate the UK's international genocide obligations. The amendment is consistent with the UK's obligations under the convention on the prevention and punishment of the crime of genocide.

Lords amendment 89 deals with a related issue, prohibiting organ tourism involving both forced organ harvesting and black market organ trafficking. We welcome this change in the Bill, which amends the Human Tissue Act 2004 to prohibit UK citizens from travelling to countries such as China—although the wording of the amendment is not country-specific—for the purpose of organ transplantation. The restrictions are based on ensuring that there is appropriate consent, no coercion, and no financial gain. In some parts of the world, organs are not given freely but are taken by force, and we must bear that in mind in the drafting our legislation.

Lords amendment 57 is intended to retain the current safe haven for patient data

within NHS Digital, and to prevent NHS England from taking on responsibility for it. Keeping patient data safe is important. It can be powerful when it is used well, and has enormous potential for better population health and better clinical outcomes in individual cases, if data is used wisely, safely and ethically. The amendment will keep statutory protections in place for a patient data “safe haven” across health and social care, required for national statistics and for commissioning, regulatory and research purposes. It also ensures that NHS England does not take on this responsibility, because of a potential conflict of interest in its role.

Lords amendments 42 to 46 deal with procurement. We welcome these changes. The years of the pandemic have also been years of crony contracting. After the scandal of billions in taxpayers' money being handed out to mates for duff PPE and testing contracts, and PPE literally going up in smoke—along with taxpayers' money—we hope that this is the start of Ministers' looking again at where they went wrong during the pandemic.

This afternoon the House faces a simple choice. We must decide whether we are going to be honest with ourselves, with the NHS and with the country about the genuine staffing challenge in health and social care—and whether we are going to have a more responsible and grown-up political debate about how we meet that challenge—or whether we prefer to be the ostriches of the Treasury, with our head in the sand, pretending that these issues will go away, hoping for the best, hoping to squeeze a bit more efficiency out of the NHS through new efficiency targets. That really will not cut it. The recruitment of staff already announced by the Government really will not cut it.

For as long as we allow this situation to continue, patients will wait longer. They wait in agony. Their health outcomes are worse, and they lose confidence in the national health service. It is the greatest institution that this country has ever built, and it is going through the greatest crisis in our history. Let us be honest about that—with ourselves, with the NHS, and with the country—and support their lordships in their amendment.

Sir Iain Duncan Smith: I shall try to be brief. I rise to speak to amendments (a) and (b) in lieu of Lords amendment 48, which refers to genocide. Along with 19 colleagues, some of whom are present, I tabled amendment (b) to recognise first a problem for the Government, and secondly an absolute imperative for all of us here.

The problem for the Government with Lords amendment 48 is, I understand, the inclusion of genocide. There is a reason for that. I disagree with the Government about this, but that is where they are. The Government talk of a “competent court” having to decide questions of genocide. We have been through this again and again recently, but the fact is that we will never get a decision from a competent court when it comes to countries of the scale and dimension of China, either because they veto it in the Permanent Assembly or because they are not members of the International Criminal Court, so we cannot get them that way.

I recognise that the purpose of this is really more to do—quite rightly—with slave labour, so the title of my amendment alludes to slave labour. That is much more focused, and makes clear what I should like to think we

are all after. I abhor the genocide that I absolutely believe to be taking place in Xinjiang, and I think we need to take much greater action on that, but in the context of the Bill, the purpose of the amendment was to make clear to the Government that a significant number of Members—and more would have signed it had I bothered to ask them—are very keen to see such a measure included. I say those words carefully, because I have read what the Government have written down and I have discussed this at length with the Minister and the Secretary of State, and I fully accept what they are trying to do here with this amendment on review, but that amendment on review cannot tighten up the time because it can only be post hoc, as it were, after the Bill goes through. My determination is that, by the time this Bill comes back from the Lords, we will have an amendment specific to modern slavery in it.

The reason I say that is that this is clear, with a reference even in the last two days to the use of equipment made by slave labour in Xinjiang in at least one of our hospitals. That equipment has been tested, so there is no excuse for not knowing. There is a company called Oritain—there are others—that now has the digital and genetic fingerprints of all the products from these areas. It has spent 10 years getting this information, and it can test a product and tell us not only where in rough terms it comes from but even which factory made it. There is no excuse now. This is being used in the United States, which has declared genocide, for testing these products.

The NHS is a phenomenal purchaser and has huge capability to change people's direction. I say to the Minister that I understand that behind closed doors—if any closed doors exist in Government generally, but these ones—some members of the Government have asked the Secretary of State to do an impact assessment. We love impact assessments in Government. Most times they mean absolutely nothing because they tell us what happened before, but not what will happen in the future. That is because almost every time the Government try to forecast the future, we get it wrong. Even the Office for Budget Responsibility manages that quite regularly.

What difference would an impact assessment make to this amendment in my name and that of 19 other Members? For example, an impact assessment might tell us that we should no longer buy from a particular area because we are certain it provides through slave labour, but that the procurement would be, say, £20 million more expensive as a result. Does that impact assessment then mean we cannot do that because we do not want to lose £20 million—or £20 billion or whatever it happens to be—because that is too expensive, and that we will on balance therefore purchase from a known slave labour provider? Is that what we are saying? Is that what the impact assessment will say to us? I say to those who call for an impact assessment: be careful what you call for. There is a simple impact here: are we to purchase equipment made by slave labour?

I have also heard that someone else in the Government has said that the balance is between provision for those who need it here in the UK and our use of a product that comes from a place using slave labour. I say: be careful of that comment. It is not a choice we have to make. Our choice is to care for those here in the UK, but also to care for those who are being brutalised and beaten into product production and often losing their lives; we have to have a care for them as well. There is no

choice here. It is simple: do we or do we not wish to have products in circulation in our NHS, of which we are all very proud, that were made by slave labour? This is the single point.

I understand the problem with Lords amendment 48; it is that the Government will never recognise genocide, so that amendment would never have a bearing or an effect because they would simply say, “We do not recognise that genocide has taken place in that area and therefore we are let out.” It is let-out for them. This amendment of ours is very specific. It deals with slave labour, and we can prove slave labour. So I say to my hon. and right hon. Friends: this unites the whole House. If this comes back amended either by the Government or by somebody in the House of Lords, I give a little warning—not a threat—to my Government that the choice when this comes back will be: do you support the use of slave labour or do you not support the use of slave labour? There is no other choice. It is not a moderated choice. It is very simple for us. I will vote against slave labour for an amendment coming back from the House of Lords, and I believe that many of my colleagues here—all of them, I hope—will do the same. I am certain that that will be the case for those on the Opposition Benches.

I have huge regard for my hon. Friend the Minister, and very much so for the Secretary of State. I have spoken to them at length, and I believe them to be completely onside with my argument. I ask a wider group in the Government to stop it. This is more important than moderated impact assessments, which mean nothing; this is about human lives. When it comes to human lives, the best impact we can have is ending brutality, intolerance and slave labour. If we can bring that to an end, it would be the biggest impact we ever have, and we could be proud of it.

Several hon. Members *rose*—

Madam Deputy Speaker (Dame Eleanor Laing): Order. It has only just become obvious to me that so many people wish to speak on this group of amendments. I will have to set an immediate time limit of four minutes, which might be reduced to three minutes. People who intervened on the Front Benches will be considered to have already made their contribution.

6.30 pm

Geraint Davies: It is, of course, 125 years since the birth of Aneurin Bevan, who famously said:

“Illness is... a misfortune the cost of which should be shared by the community”.

That cost, as the right hon. Member for Chingford and Woodford Green (Sir Iain Duncan Smith) said, should not be borne by the victims of genocide, abuse or slavery, so I support amendment 48 and, indeed, amendments (a) and (b).

I am the trade rapporteur of the Council of Europe in respect of safeguarding human rights, democracy and the rule of law. I very much hope that where there is abuse or slave labour, we pursue filtering out such imports from procurement in general. Curing illness should not be at the cost of creating illness and harm abroad.

Obviously we need security of supply. We have seen China use embargoes and trade sanctions against Australian wine and Lithuanian products, or whatever, so we need

[Geraint Davies]

a safe supply, much of it home-grown, for when we face such a problem or a pandemic. I put it to the Minister that we need to look much more at generating production and procurement in the public sector. It is no good going to the pub landlord of the right hon. Member for West Suffolk (Matt Hancock) to get expensive PPE. We need both value for money and ethical sourcing.

Some of the proposals for integrated care boards involve corporations that have a vested interest. If we remove competitive tendering, waiting lists and costs would both go up. It is critical that we get value for money.

Looking at what happened in Wales during the pandemic, we find that the cost of PPE was, in fact, half the cost of PPE in England. The £1.1 billion given to Wales for test and trace was a Barnett consequential, but we spent only half of that, £533 million, because we used public sector procurement and production effectively.

Through a combination of ethical procurement and public sector provision, we can keep the light of the health service shining, we can keep the faith and we can build a stronger, more successful and cost-effective health service.

Jeremy Hunt: Like the shadow Health Secretary, I rise to speak in support of amendment 29, which the Government plan to vote down. This wholly innocuous amendment simply asks them to publish, every two years, independent projections of the number of doctors and nurses we should be training. The Government are rejecting the amendment because they think it would compel them to train more doctors, which is true, but it ignores the fact that this is the best way to reduce the £6.2 billion locum bill that is currently devastating the NHS budget.

The shadow Health Secretary was very generous to me, and I return the compliment by saying that I think he is doing an excellent job. I hope he remains shadow Health Secretary for many years.

I ask the House, in the nicest possible way, to reject the compromises proposed by the excellent Minister. The Government are publishing a 15-year framework, but he knows and we know that it will simply detail the number of doctors that the Government think they can afford, not the number of doctors we actually need. In the past—even last year—when the NHS has tried to publish the number of doctors it thinks it needs, it has been stopped by the Government. Why is there this reluctance to publish the number of doctors we are going to need in 15 years' time, given that 97% of hospital bosses say that staff shortages are having an impact on the quality of care they are giving and there are 110,000 vacancies? The answer is simple: it is because the Government know we are not training enough right now. What message does it send to young doctors, newly qualified midwives and newly qualified nurses, who are incredibly stressed and pressured by the situation on the frontline, if we are saying to them, "Look, it is really tough now, but we are not even prepared to train enough doctors, nurses and midwives for the future to relieve that stress and pressure later on in your career"?

Steve Brine: I will support my right hon. Friend in standing up for Lords amendment 29, because when I look back to our time together at the Department, when

we published the long-term plan and when I published the cancer plan, I know that the thing that undermined us most of all was when the stakeholders came back and said, "Where's the people plan that goes alongside it?" Because we could not answer that, we were always playing catch-up. This Lords amendment sets that train back on the right track.

Jeremy Hunt: I thank my hon. Friend for that comment. He was an excellent cancer Minister. In our time, the biggest pressure was funding, but now people say that the biggest pressure is workforce. It is devastating for morale to refuse to address this issue at a time such as this. Any Government who care about the long-term future of the NHS have an absolute responsibility to make sure that we are training enough doctors and nurses for the future. Any Government who care about value for money for taxpayers should welcome a measure that will help us control a locum and agency budget that has got massively out of control. That is why opposing Lords amendment 29 makes no sense either for the Department of Health and Social Care or for the Treasury. This is why it is supported by more than 100 health organisations; every royal college and every health think tank; people in all parts of this House; many peers in the other place, including Lord Stevens, who used to run the NHS; and—this is the point I wish to conclude with—by thousands of thousands of doctors and nurses on the frontline.

Sir Roger Gale (North Thanet) (Con): Is it not the case that what my right hon. Friend is proposing is custom and practice in very many developed countries already?

Jeremy Hunt: It is absolutely the case. We need something like this because, as I know—I will do my self-reflection now—when a Health Secretary negotiates a spending settlement with the Chancellor, the number of doctors they are going to have in 10 or 15 years' time is quite low down their list of priorities because they are thinking about immediate pressures. So we need something that deals with that market failure. I did set up five new medical schools and was proud to do so, but I do not know whether that was enough. That is why we need something to make sure that we never have to worry, whoever the Government and the Health Secretary are, that this fundamental thing that is vital for the future of the NHS for all of us is always properly looked after.

Let me conclude by remembering what we were discussing this morning in the Ockenden review. We talked about the agonies faced by families. We did not talk enough about the agonies faced by doctors, midwives and nurses who find themselves responsible for the death of a child—it is psychologically incredibly devastating for them. We need to be able to look them in the eye and say, "The No. 1 thing in the Ockenden review that came out was that staffing shortfalls can make a difference. We understand that." They know and we know that there is no silver bullet; this cannot be solved overnight. It takes seven years to train a doctor, 10 years to train a GP and three or four years to train a nurse or a midwife. No one is expecting a solution tomorrow, but we do at least have a responsibility to look each and every one of those people, who worked so hard for us in the pandemic,

in the eye and say, “We do not have a solution right away but we really and truly are training enough for the future.”

Daisy Cooper (St Albans) (LD): The Minister made a valiant effort to dissuade some of us from supporting Lords amendment 29—the workforce amendment—but I suspect he knows he is not kidding anybody.

We have learned today that public satisfaction with the NHS is at its lowest level since 1997. We should not underestimate the blow that that news will deliver to the health and care workers who turn up, do an amazing job, and go above and beyond every single day. To say that that news is dispiriting is an understatement. It is important that those workers know that the public, and every Member of this House, loves our NHS; it is just that we want it to work a bit better. It is hardly surprising that people’s biggest frustrations are waiting times, a lack of proper funding and staff shortages. Those things are the fault not of health and care workers but of this Tory Government, who are driving our health and care services into the ground.

Cancer Research UK says that without the workforce amendment the Bill will fail to address the biggest barrier to the achievement of world-class cancer outcomes in the UK: the staffing shortages and pressures. The King’s Fund has said that the health and care workforce crisis will be the key rate-limiting factor in the reduction of the NHS elective care backlog. The workforce amendment may not be a silver bullet, but it is the closest thing to one, which makes it all the more frustrating that the Government will not accept it. As I suspect the Minister knows, the Government’s objections just do not stand up to scrutiny.

As the right hon. Member for South West Surrey (Jeremy Hunt) said, framework 15 simply sets out the number of staff the Government think they can afford, rather than the number of staff we actually need. I urge the Minister to think about what message that sends to my constituent, who is a newly qualified midwife. She wrote to me just a couple of months ago and said:

“I am extremely concerned about the crisis in maternity care. This isn’t caused by Covid-19—the systemic failings have been crippling the service for a generation—but the pandemic has made a bad situation worse.”

She said:

“I am being harmed, my clients are being harmed. Staff are being harmed. For every 30 newly qualified midwives, 29 are leaving. Parents are reporting bullying and coercion. Threats are being used to ensure compliance. Unnecessary medical interventions are at epidemic levels. Trauma—amongst parents and midwives—is rife.”

She said that “concerns are being missed” and interventions “made too late”, and that the reason was “staffing problems.” If that is not a wake-up call, I do not know what is.

I wish briefly to express my concern about the powers the Bill will give the Secretary of State. At best, the change will create a bureaucratic nightmare; at worst, it will lead to meddling and the politicisation of the day-to-day running of the NHS. The Government have tried to argue that the pandemic showed the need for Ministers to have more powers, but we know that during the pandemic the Secretary of State had powers over PPE and test and trace, both of which issues were handled extremely badly. The NHS’s operational

independence is critical, but it will be undone by the introduction of the Henry VIII powers in the Bill, so Liberal Democrats will oppose them.

Finally, I congratulate the right hon. Member for Chingford and Woodford Green (Sir Iain Duncan Smith) on his impassioned speech. I agree with him wholeheartedly that we have a duty as a nation and as a society to ensure that the goods used in our publicly owned NHS are not tainted by modern slavery or linked to the behaviours that may lead to genocide.

Derek Thomas (St Ives) (Con): I rise to speak in support of Lords amendment 29, in the context of those who suffer brain tumours. I wish to take a moment to reflect on the fact that Tom Parker, a member of The Wanted who had done so much work to raise awareness of brain tumours and who worked with the all-party parliamentary group on brain tumours, which I chair, died today of his brain tumour. I wish to take a moment to remember him, his family and the two young ones he has left behind.

As I say, I chair the APPG on brain tumours, so I wish to discuss the need for Lords amendment 29 in that context. As we have heard, there is currently no data on how many healthcare staff the country needs, but we know that staff are overstretched. As we heard from my right hon. Friend the Member for South West Surrey (Jeremy Hunt), £6.2 billion was spent on locums in the financial year 2019-20 to plug the gaps. The NHS and social care will never be able to keep up with demand without regular assessment of the numbers needed. As we know, the Government have so far dismissed this workforce planning amendment on the basis that the Department of Health and Social Care has commissioned a long-term strategic framework. We have heard already this evening why that is not good enough, although I am extremely aware of how much the Minister is engaged in, and concerned about, this workforce subject, and he has been generous with his time in talking to colleagues about what the Government hope to do.

6.45 pm

Lords amendment 29 puts measures to adopt a sustainable long-term approach to workforce planning on a statutory footing. Regular, independent public workforce projection data will not solve the workforce crisis. However, a collective national picture of the health and care staff numbers needed now and in future to meet demand will provide the strongest foundations for taking long-term strategic decisions about funding, regional and specialty shortages, and skill mix. The regionality issue is very important for an MP who represents west Cornwall and the Isles of Scilly, as we have enormous problems in getting the skills that we need.

Let me turn to the issue of brain tumours. The National Institute for Health and Care Excellence recommends that both cancer and brain tumour sufferers have access to a clinical nurse specialist. A CNS plays a vital role in providing high-quality cancer care, and in supporting people diagnosed with a brain tumour, including by requesting scans, accompanying patients to clinics, co-ordinating their care, and signposting to available support services. For those diagnosed with a brain tumour, access to a clinical nurse specialist is crucial

due to the challenges associated with co-ordinating their care. There are often multiple clinical professionals involved in their care, making the role that the CNS plays as an anchor and a central point of call for the patient incredibly important. That is why every brain tumour patient, whether living with a high or low-grade brain tumour, should have access to a CNS or a keyworker, as recommended by NICE. However, the workforce is incredibly stretched, and despite doing everything possible to deliver high-quality care, there are not enough staff to give every patient the support they need.

In a survey run by the Brain Tumour Charity, nearly one in six respondents with a brain tumour said that they were not given any access to a clinical nurse specialist, and 59% of respondents were able to speak to a keyworker, but that was all. In addition, the 10-year plan recommended holistic needs assessment provision, but for that, time and staff are needed. Ultimately, this challenge comes down to the NHS workforce. In the 2021 spending review, the Government announced funding specifically for the NHS workforce, but we recognise this afternoon that Lords amendment 21 is the only way for the independent assessments to deliver current and future workforce needs.

Peter Dowd (Bootle) (Lab): I concur with the comments made by every hon. and right hon. Member today, with the exception of the Minister. There is no question but that the NHS workforce is in crisis; that is what so many organisations say. The Government response has been limited to stopgap measures, so I am grateful to the Lords for their hard work on this Bill, which has been much improved since it left the Commons. The Lords are clearly on the side of the NHS. I hope that, even at this late stage, the Government will recognise that Lords amendment 29, which I support, is perfectly reasonable, and will welcome it with open arms. If they do not, the question is: why not?

I have had many emails from nurses and other healthcare professionals who are calling for such a measure to be supported. The amendment refers to a report on workforce needs, and says that it must include independently verified assessments of current and future workforce numbers required to deliver care to the population of England. What is wrong with that? It seems perfectly sensible. Planning the NHS workforce is central to the smooth operation of the service. The Lords amendment seeks to ensure that.

In north-west England, NHS vacancy rates have increased over the past year; they are reaching 13,500. That puts huge strain on the remaining workforce. There is a chronic workforce shortage in the NHS, driven by years of insufficient investment, and that needs to change. Mental health issues, alongside covid-related absences, are having a lasting effect on the mental health of NHS staff. British Medical Association surveys have consistently shown that the pandemic has, since its start, left staff reeling, and they are increasingly burned out as a result of the lack of support.

The number of people in the general practice workforce has lagged behind demand in recent years, as people have said time after time, and the pressure is becoming unsustainable. It is driving GPs out of the workforce and threatening to destabilise general practice. That is also the case for many other allied professionals across the whole spectrum. To address that, it is vital that the

Government develop and implement a detailed plan to fill workforce shortages, but they have not yet seized that opportunity. The granularity of the assessment of the workforce situation sets the scene for the bigger picture. The chronic lack of resources and support has been keenly felt in the Liverpool city region. Hospital trusts in Liverpool plan to reintroduce car parking charges for NHS workers from 1 April. After everything those workers have done during the pandemic, it is dreadful that, in the midst of a cost of living crisis, they are being asked to cough up substantial resources just to get to work.

Workers are working two, three or four extra shifts per week. That is dangerous. NHS healthcare workers in Southport and Ormskirk Hospital NHS Trust and St Helens and Knowsley NHS Trust are campaigning to be re-banded because they are doing work that they should not have to do, and that they are not necessarily trained for. That is why I support Lords amendment 29, which is sensible and proportionate. As for the Chair of the Health and Social Care Committee, I say: there are 100 healthcare and related organisations saying, "This amendment is the right thing to do." If those on the frontline think it is the right thing to do, why do the Government not also think it is the best thing to do?

Mike Wood (Dudley South) (Con): At its best, our national health service provides truly world-class care. That is down to the skill, passion and professionalism of its workforce. As hon. Members will know, I have personal reason to forever be grateful to the NHS, and particularly the staff at Russells Hall Hospital in Dudley. While new hospitals, equipment and technology are all crucial, they are nothing without the health and social care staff who are the beating heart of our health service.

However, I am concerned that Lords amendment 29 does little more than add to an already onerous level of bureaucracy in our NHS. Providing a report every two years instead of every five does not improve the record number of doctors and nurses. The Government are already committed to reviewing the long-term strategic trends in the health and social care workforce, and to developing a workforce strategy, and clause 35 of the Bill already commits to a workforce review every five years. That in itself will be quite an arduous task.

Huge steps have been taken in investing in the future of the NHS workforce, including by funding a 25% increase in places since 2016-17. That means 7,500 more medical school training places in England over the past six years. The shadow Health Secretary is obviously right to say that the population has grown in recent decades, but I think it has grown by 8% since 2010, while the number of doctors working in our NHS is up by about one third. Clause 35 allows for medium and long-term workforce plans, and offers a sensible balance between the need for such work and the need to minimise unnecessary bureaucracy. That is why I will not support the amendment.

Turning to Lords amendment 30, while I recognise the arguments made by Opposition Members, I do not agree with them or believe that clause 40 should be removed from the Bill. I believe it contains sensible powers. We expect the Secretary of State to be responsible for our national health service—for the services provided in every part of the country. There was much opposition

and controversy when provisions reducing that responsibility were introduced in previous legislation. If he is to exercise that responsibility, he must have the powers to do so.

Voters and Members of Parliament expect the Secretary of State to be able to take action where health services have been reduced. On 11 November, a few weeks before the by-election in North Shropshire, the leader of the Liberal Democrats, the right hon. Member for Kingston and Surbiton (Ed Davey), questioned the Prime Minister at Prime Minister's questions about the closure of Oswestry ambulance service. If we are to question the Prime Minister or the Health Secretary on the closure of services such as ambulance stations or hospitals, then it is only right that the Secretary of State should, in extreme circumstances, have the power to prevent those closures. Our voters expect that, and frankly so do the Opposition.

Justin Madders (Ellesmere Port and Neston) (Lab): I wish to speak to Lords amendment 29 on the workforce. The most important thing I learned during my five years as a shadow Health Minister is that everything comes back to the workforce. We can have the grandest plans, strategy documents, reorganisations, integrations and configurations—all of which are probably in this Bill, in various forms—but it will all count for very little if the fundamental cog in the machine, the workforce, is not a central part of those plans. The consistent failure to invest in, and provide a plan for, the workforce, so that it can meet demand over a sustained period is at the root of the challenges that the NHS and social care face today. We now have a chance to correct that.

Let us look at some of the challenges. There are 93,000 NHS staff vacancies; £6 billion-plus has been spent on temporary staff to fill gaps; and more than half of staff are working unpaid extra hours each week, with 44% saying that they have felt ill with work-related issues—little wonder, given that retention remains a huge issue. We need a plan, and we need to give staff some semblance of hope that we are listening—that the claps on a Thursday were not just an empty gesture; that the tributes that we rightly pay here to their dedication are not meaningless platitudes; and that there is a determination to do something about the persistent rota gaps that mean that staff are both exhausted and demoralised.

The Health and Social Care Committee report on staff burnout says:

“It is clear that workforce planning has been led by the funding envelope available to health and social care rather than by demand and the capacity required to service that demand.”

That is rather the nub of it. Health and social care are both demand-led systems, yet the funding and therefore the workforce capacity are not linked to demand. Until that central issue is addressed, we will keep coming back to the many varied and unfortunate consequences of an overstretched and under-resourced workforce.

I suspect that the Minister—who I have a lot of time for, even though he is often wrong on these things—might privately think that a long-term workforce plan might be a good idea, not just to ensure that the NHS can plan properly and to move forward on a sustainable footing, but because that might help his Department when it goes into negotiations on the spending round with the Treasury, as it will be able to point to an independently

verified assessment of workforce need. If the amendment has a weakness, it is that it does not ensure that any plan is actually feasible, because there is no requirement in it that any plan be fully funded. However, a plan that shows, for all the world to see, a clear funding gap would be helpful to the Minister, because it would allow him to go to the Treasury with a clear and objective demand. As he knows, I like to be helpful to him, so I hope that on this occasion he can support the amendment.

This debate is timely because it comes on a day when two surveys have been released that lay bare the crisis that we face. One survey shows that public satisfaction ratings with the NHS are reported to be at a 25-year low—a quarter of a century of surveys there—and another shows that the number of NHS staff who would recommend their trust as a place to work has plummeted. Those two facts are intertwined and symptomatic of the workforce crisis that the amendment is trying to address.

The question we must ask ourselves, if we choose not to support the Lords amendment, is whether the Government's existing plans create sufficient accountability and rigour to deliver the transformative approach that the amendment would. In my view, it introduces a level of robustness to workforce planning that is currently missing. For the reasons I have set out, we owe it to the workforce, to patients and to those in receipt of social care to put workforce planning on the strong footing that the amendment would deliver.

Madam Deputy Speaker (Dame Eleanor Laing): I am surprised that the hon. Member for Strangford (Jim Shannon) does not wish to speak. *[Interruption.]* Oh, he does. I hope he will be brief, so that the Minister will have time to answer the debate.

Jim Shannon: I certainly will make my points quickly. My first is on the organ transplant amendment, to which the Minister referred. I fully support the measure and have been asking for it for a number of years in the House, so I am pleased to see it moved tonight. Secondly, I am not sure whether the right hon. Member for Chingford and Woodford Green (Sir Iain Duncan Smith) is going to push his amendment to a vote—*[Interruption.]* He is not, but if he did, he would have my support and probably that of my party, too.

Thirdly, I am pleased to lend my support to Lords amendment 29. It would create a national independent view of how many health, social care and public health staff are needed to keep pace with projected patient demand over the next five, 10 and 20 years. I wholeheartedly agree with Macmillan Cancer Support that the Bill will fail to address the biggest challenge facing the NHS and social care right now: staffing shortages and pressures. The Government need to take Lords amendment 29 seriously. The hon. Member for Ellesmere Port and Neston (Justin Madders) referred to it, too. We recognise that we need to address staff shortages as soon as possible. I have referred to Macmillan and their request for an additional 3,371 cancer nurse specialists to help address that issue.

I will conclude with this point. I understand that the Government may come back with all the justifications as to why this is not the right amendment—the Minister is a real good man; we all know that, and he responds well to all our requests—but I am content that it would

[*Jim Shannon*]

begin to address the issue that our NHS workforce is disintegrating. One of my constituents is in a prestigious medical school here on the mainland. She went to do her rotation with a GP as part of the work she does. He told her, “Do any job but this.” I thought that was disappointing. He said, “It will consume your life. You will work long hospital shifts and you will not have a personal life.” This is a seasoned GP who simply cannot cope, so we must do something, and this amendment is a way forward. I therefore will support it whenever it comes to a vote.

7 pm

Edward Argar: As ever, I thank hon. and right hon. Members from all parts of the House for all their contributions to this important debate on an important set of amendments. Even if I do not always agree with everything he says, I welcome in particular the contribution from the hon. Member for Ellesmere Port and Neston (Justin Madders). He and I spent a productive period—I was going to say happy—sitting opposite one another for two days a week over many weeks in Bill Committee, taking this legislation through. While I miss him from his previous role as effectively my shadow, I wish him well in his current shadow ministerial role. I also put on record my gratitude, although he cannot be here today, to the hon. Member for Nottingham North (Alex Norris) for his work on the Bill.

I gently tease, and this is no reflection on the current shadow Minister, that in Committee it took two shadow Ministers to try to keep me on my toes. It appears today that it takes three, but in saying that I cast no aspersions on the shadow Secretary of State, the hon. Member for Ilford North (Wes Streeting), who I am fond of, even when he is gently or less so gently pushing me on certain issues.

I turn first to the organ tourism amendment, and I am grateful to the shadow Secretary of State for his approach on this issue. We have a shared objective here, and I assure Members that our approach would target not only transplant tourists, but anyone involved in making the arrangements for the purchase of the organ who may be a British national. The Government amendment, paired with our commitment to work with NHS Blood and Transplant to make more patients aware of the legal, health, and ethical ramifications of purchasing an organ, will send an unambiguous signal that complicity in the abuses associated with the overseas organ trade will not be tolerated.

Turning to reconfigurations, I strongly believe that the public rightly expect Ministers to be accountable for the health service, which includes the reconfigurations of NHS services. This House rightly voted to retain these clauses on Report. The reconfiguration power will ensure that decisions made in the NHS that affect all our constituents are subject to democratic oversight. Without it, the Secretary of State’s ability to intervene and take decisions will remain limited, and usually be at a very late stage in the process. Although I hear what hon. Members have said, I note that many hon. Members from both sides of the House none the less seek to persuade the Secretary of State and seek to raise issues relating to their local services with the Secretary of State with a particular outcome in mind.

As now, the Secretary of State would not be alerted to a potential change in services until the change had become a relevant issue and would not be able to intervene without that formal referral. We have retained the independent reconfiguration panel. The shadow Secretary of State raised the issue of the clinical appropriateness of the changes. Nothing that is proposed here alters the fact that clinical appropriateness and clinical and patient safety remain central to any decisions and remain an obligation on the Secretary of State in any decisions that he or she makes in that context.

Briefly, on the remarks of the shadow Secretary of State about waiting lists, he will be aware that we published a comprehensive and ambitious but realistic elective recovery plan that is backed by record funding and resources for the NHS to tackle those waiting lists, which have grown as a result of the pandemic. I am straight enough with him to recognise that there were waiting lists before the pandemic. He always makes that point and I highlight that we have a plan to fix that, which is exactly what we are doing.

The shadow Secretary of State also highlighted several other factors relating to the workforce and the workforce clause, as did my right hon. Friend the Member for South West Surrey (Jeremy Hunt), the shadow Secretary of State—sorry, the Chair of the Health and Social Care Committee; I do not think we will be fielding shadow Secretaries of State from the Conservative Benches for some time yet. I entirely understand where my right hon. Friend is coming from on this issue, but I believe the approach that the Government have adopted, with the framework 15 commission and review and the broader commission that the Secretary of State has set out to look at drivers of workforce supply and demand, absolutely reflects our recognition of the centrality and importance of the workforce, and the right workforce, to the delivery of all our ambitions for constituents and for recovering waiting lists and waiting times.

We have not waited for any projections to get on with that; we are already investing in increasing our workforce and we are seeing record numbers of people working in our NHS. I have already highlighted that we are well on target to meet the commitment of 50,000 more nurses, with a current increase in the number of nurses of 27,000. The hon. Member for St Albans (Daisy Cooper) highlighted the same issues in her remarks.

I am particularly grateful to my right hon. Friend the Member for Chingford and Woodford Green (Sir Iain Duncan Smith) for his contribution on a challenging issue. There is a considerable degree of consensus on both sides of the House about the abhorrence of modern slavery, slavery or anything linked to it. We remain of the view that this is not the right legislation for the proposed changes.

As I set out in my previous remarks, new rules for transforming public procurement will further strengthen the ability of public sector bodies to exclude suppliers from bidding for contracts where they have a history of misconduct—or extreme misconduct in the case of slavery, forced labour or similar. In developing the modern slavery strategy review, it will continue to be important to engage across Government and civil society, nationally and internationally, to collect the necessary evidence to agree an ambitious set of objectives. It is right that the

Government take action on the crime of modern slavery and it is right that the NHS is in step with all public bodies in doing so.

From listening to my right hon. Friend, I expect the issue to reappear when their lordships consider our amendments. In that context, I hope that he and other hon. Members are willing to continue to engage with the Government and my Department on this hugely important issue. As he rightly said, it is important not just in this House but outside this House to those we represent. I look forward to continued engagement with him.

Sir Iain Duncan Smith: Will the Minister give way?

Edward Argar: I have literally 30 seconds left, so if my right hon. Friend's intervention can be in five seconds, I will give way.

Sir Iain Duncan Smith: Can the Minister tell his colleagues in the Government that there is never a good time? Now is the right time, and let us get on with it.

Edward Argar: I think that was exactly five seconds, and I am grateful to my right hon. Friend. I suspect that colleagues across Government will have heard what he said and will pay very careful attention to it, as I know Ministers across Government do to all that my right hon. Friend says in this House.

With that in mind, I ask the House to accept the motions in my name on the amendment paper.

Madam Deputy Speaker (Dame Eleanor Laing): I congratulate the Minister on his perfect timing. That is very rarely done with such precision.

Question put, That this House disagrees with Lords amendment 29.

The House divided: Ayes 249, Noes 167.

Division No. 238]

[7.10 pm

AYES

Afolami, Bim	Bridgen, Andrew
Afriyie, Adam	Bristow, Paul
Anderson, Lee	Browne, Anthony
Andrew, rh Stuart	Bruce, Fiona
Ansell, Caroline	Buchan, Felicity
Argar, Edward	Buckland, rh Sir Robert
Atkins, Victoria	Burghart, Alex
Bacon, Gareth	Butler, Rob
Bacon, Mr Richard	Cairns, rh Alun
Badenoch, Kemi	Carter, Andy
Bailey, Shaun	Cartledge, James
Baillie, Siobhan	Cash, Sir William
Baker, Duncan	Cates, Miriam
Baker, Mr Steve	Caulfield, Maria
Baynes, Simon	Chalk, Alex
Bell, Aaron	Chishti, Rehman
Beresford, Sir Paul	Clarke, rh Mr Simon
Bhatti, Saqib	Clarke, Theo
Blackman, Bob	Clarke-Smith, Brendan
Blunt, Crispin	Clarkson, Chris
Bottomley, Sir Peter	Cleverly, rh James
Bowie, Andrew	Clifton-Brown, Sir Geoffrey
Bradley, Ben	Coffey, rh Dr Thérèse
Bradley, rh Karen	Colburn, Elliot
Braverman, rh Suella	Courts, Robert
Brereton, Jack	Coutinho, Claire

Crosbie, Virginia	Jupp, Simon
Daly, James	Kearns, Alicia
Davies, David T. C.	Keegan, Gillian
Davies, Gareth	Knight, Julian
Davies, Dr James	Kruger, Danny
Davies, Mims	Lamont, John
Davison, Dehenna	Largan, Robert
Dinenage, Dame Caroline	Latham, Mrs Pauline
Djanogly, Mr Jonathan	Leadsom, rh Dame Andrea
Docherty, Leo	Leigh, rh Sir Edward
Donelan, rh Michelle	Levy, Ian
Dowden, rh Oliver	Lewer, Andrew
Drax, Richard	Lewis, rh Brandon
Drummond, Mrs Flick	Lewis, rh Dr Julian
Duddridge, James	Liddell-Grainger, Mr Ian
Duguid, David	Loder, Chris
Duncan Smith, rh Sir Iain	Logan, Iain
Eastwood, Mark	Longhi, Marco
Edwards, Ruth	Lopez, Julia
Elphicke, Mrs Natalie	Loughton, Tim
Eustice, rh George	Mackrory, Cheryllyn
Evans, Dr Luke	Maclean, Rachel
Everitt, Ben	Mak, Alan
Fabricant, Michael	Malthouse, rh Kit
Farris, Laura	Mangnall, Anthony
Firth, Anna	May, rh Mrs Theresa
Fletcher, Katherine	Mayhew, Jerome
Fletcher, Mark	Maynard, Paul
Fletcher, Nick	McCartney, Karl
Ford, Vicky	McPartland, Stephen
Foster, Kevin	Menzies, Mark
Fox, rh Dr Liam	Mercer, Johnny
Frazer, rh Lucy	Merriman, Huw
Freeman, George	Metcalfe, Stephen
Fuller, Richard	Millar, Robin
Fysh, Mr Marcus	Miller, rh Mrs Maria
Garnier, Mark	Mills, Nigel
Gibson, Peter	Mohindra, Mr Gagan
Gideon, Jo	Moore, Damien
Gray, James	Moore, Robbie
Green, Chris	Mordaunt, rh Penny
Griffith, Andrew	Morris, David
Griffiths, Kate	Morris, James
Gullis, Jonathan	Mortimer, Jill
Halfon, rh Robert	Morton, Wendy
Hall, Luke	Mullan, Dr Kieran
Harper, rh Mr Mark	Mumby-Croft, Holly
Harris, Rebecca	Mundell, rh David
Harrison, Trudy	Nici, Lia
Heald, rh Sir Oliver	Nokes, rh Caroline
Heaton-Harris, rh Chris	Norman, rh Jesse
Henderson, Gordon	O'Brien, Neil
Higginbotham, Antony	Opperman, Guy
Holden, Mr Richard	Parish, Neil
Hollinrake, Kevin	Patel, rh Priti
Holloway, Adam	Pawsey, Mark
Holmes, Paul	Penning, rh Sir Mike
Howell, John	Penrose, John
Huddleston, Nigel	Philp, Chris
Hughes, Eddie	Pincher, rh Christopher
Hunt, Jane	Prentis, Victoria
Hunt, Tom	Pursglove, Tom
Jack, rh Mr Alister	Quin, Jeremy
Javid, rh Sajid	Raab, rh Dominic
Jayawardena, Mr Ranil	Randall, Tom
Jenrick, rh Robert	Redwood, rh John
Johnson, Dr Caroline	Rees-Mogg, rh Mr Jacob
Johnston, David	Richardson, Angela
Jones, Andrew	Robertson, Mr Laurence
Jones, rh Mr David	Rosindell, Andrew
Jones, Fay	Rowley, Lee
Jones, Mr Marcus	Russell, Dean

Saxby, Selaine
 Scully, Paul
 Seely, Bob
 Selous, Andrew
 Shapps, rh Grant
 Shelbrooke, rh Alec
 Skidmore, rh Chris
 Smith, Greg
 Smith, rh Julian
 Smith, Royston
 Spencer, Dr Ben
 Spencer, rh Mark
 Stevenson, Jane
 Stevenson, John
 Stewart, rh Bob
 Stewart, Iain
 Stride, rh Mel
 Stuart, Graham
 Sunderland, James
 Swayne, rh Sir Desmond
 Syms, Sir Robert
 Throup, Maggie
 Timpson, Edward
 Tolhurst, Kelly
 Tomlinson, Justin

Tomlinson, Michael
 Tracey, Craig
 Trott, Laura
 Vara, Shailesh
 Vickers, Matt
 Villiers, rh Theresa
 Walker, Sir Charles
 Walker, Mr Robin
 Wallis, Dr Jamie
 Warman, Matt
 Watling, Giles
 Webb, Suzanne
 Whately, Helen
 Wheeler, Mrs Heather
 Whittaker, Craig
 Whittingdale, rh Mr John
 Wigin, Sir Bill
 Wild, James
 Wood, Mike
 Wright, rh Jeremy
 Young, Jacob
 Zahawi, rh Nadhim

Tellers for the Ayes:
Amanda Solloway and
Gareth Johnson

NOES

Abbott, rh Ms Diane
 Abrahams, Debbie
 Aldous, Peter
 Ali, Tahir
 Allin-Khan, Dr Rosena
 Amesbury, Mike
 Anderson, Fleur
 Antoniazzi, Tonia
 Ashworth, rh Jonathan
 Baldwin, Harriett
 Barker, Paula
 Beckett, rh Margaret
 Begum, Apsana
 Betts, Mr Clive
 Blake, Olivia
 Bradshaw, rh Mr Ben
 Brennan, Kevin
 Brine, Steve
 Brown, rh Mr Nicholas
 Burgon, Richard
 Campbell, rh Sir Alan
 Carden, Dan
 Chamberlain, Wendy
 Champion, Sarah
 Charalambous, Bambos
 Clark, Feryal
 Cooper, Daisy
 Cooper, rh Yvette
 Corbyn, rh Jeremy
 Creasy, Stella
 Cruddas, Jon
 Cryer, John
 Cunningham, Alex
 Daby, Janet
 Davey, rh Ed
 Davies, Geraint
 Davies-Jones, Alex
 De Cordova, Marsha
 Dodds, Anneliese
 Doughty, Stephen
 Dowd, Peter
 Duffield, Rosie
 Eagle, Dame Angela
 Eagle, Maria

Eastwood, Colum
 Edwards, Jonathan
 Efford, Clive
 Elmore, Chris
 Eshalomi, Florence
 Esterson, Bill
 Farron, Tim
 Fovargue, Yvonne
 Foxcroft, Vicky
 Furniss, Gill
 Gale, rh Sir Roger
 Gardiner, Barry
 Girvan, Paul
 Glindon, Mary
 Green, rh Damian
 Green, Kate
 Green, Sarah
 Greenwood, Margaret
 Haigh, Louise
 Hamilton, Mrs Paulette
 Hardy, Emma
 Harris, Carolyn
 Healey, rh John
 Hillier, Dame Meg
 Hobhouse, Wera
 Hollern, Kate
 Hollobone, Mr Philip
 Hopkins, Rachel
 Howarth, rh Sir George
 Hunt, rh Jeremy
 Hussain, Imran
 Jones, Gerald
 Jones, Ruth
 Jones, Sarah
 Kendall, Liz (*Proxy vote cast*
by Pat McFadden)
 Khan, Afzal
 Kinnock, Stephen
 Kyle, Peter
 Lake, Ben
 Lavery, Ian
 Leadbeater, Kim
 Lewis, Clive
 Lloyd, Tony

Lockhart, Carla
 Long Bailey, Rebecca
 Lord, Mr Jonathan
 Lucas, Caroline
 Lynch, Holly
 Mackinlay, Craig
 Madders, Justin
 Mahmood, Mr Khalid
 Mahmood, Shabana
 Malhotra, Seema
 Maskell, Rachael
 Matheson, Christian
 McCarthy, Kerry
 McDonnell, rh John
 McFadden, rh Mr Pat
 McGovern, Alison
 McKinnell, Catherine
 McMorris, Anna
 Mearns, Ian
 Miliband, rh Edward
 Mishra, Navendu
 Moran, Layla
 Morden, Jessica
 Morgan, Helen
 Morgan, Stephen
 Morris, Grahame
 Murray, James
 Olney, Sarah
 Oppong-Asare, Abena
 Osamor, Kate
 Owatemi, Taiwo
 Peacock, Stephanie
 Pennycook, Matthew
 Perkins, Mr Toby
 Phillips, Jess
 Phillipson, Bridget
 Pollard, Luke
 Qureshi, Yasmin
 Rayner, rh Angela
 Reed, Steve
 Rees, Christina

Reeves, Ellie
 Reynolds, Jonathan
 Rodda, Matt
 Saville Roberts, rh Liz
 Shah, Naz
 Shannon, Jim
 Sharma, Mr Virendra
 Siddiq, Tulip
 Slaughter, Andy
 Smith, Cat
 Smith, Jeff
 Smith, Nick
 Smyth, Karin
 Sobel, Alex
 Stevens, Jo
 Stone, Jamie
 Streeting, Wes
 Stringer, Graham
 Sultana, Zarah
 Tami, rh Mark
 Tarry, Sam
 Thomas, Derek
 Thomas, Gareth
 Thomas-Symonds, rh Nick
 Thornberry, rh Emily
 Timms, rh Stephen
 Turner, Karl
 Vaz, rh Valerie
 Wakeford, Christian
 West, Catherine
 Western, Matt
 Whitehead, Dr Alan
 Whittome, Nadia
 Wilson, Munira
 Winter, Beth
 Yasin, Mohammad
 Zeichner, Daniel

Tellers for the Noes:
Colleen Fletcher and
Liz Twist

Question accordingly agreed to.

Lords amendment 29 disagreed to.

7.25 pm

More than four hours having elapsed since the commencement of proceedings on Lords amendments, the debate was interrupted (Programme Order, this day).

The Deputy Speaker then put forthwith the Questions necessary for the disposal of the business to be concluded at that time (Standing Order No. 83F).

Clause 40

RECONFIGURATION OF SERVICES: INTERVENTION POWERS

Motion made, and Question put, That this House disagrees with Lords amendment 30.—(Edward Argar.)

The House divided: Ayes 265, Noes 156.

Division No. 239]

[7.25 pm

AYES

Afolami, Bim
 Afriyie, Adam
 Aldous, Peter
 Allan, Lucy
 Anderson, Lee
 Andrew, rh Stuart
 Ansell, Caroline
 Argar, Edward
 Atkins, Victoria
 Bacon, Gareth

Badenoch, Kemi
 Bailey, Shaun
 Baillie, Siobhan
 Baker, Duncan
 Baker, Mr Steve
 Baldwin, Harriett
 Baron, Mr John
 Baynes, Simon
 Bell, Aaron
 Beresford, Sir Paul
 Bhatti, Saqib
 Blackman, Bob
 Blunt, Crispin
 Bottomley, Sir Peter
 Bowie, Andrew
 Bradley, Ben
 Bradley, rh Karen
 Braverman, rh Suella
 Brereton, Jack
 Bridgen, Andrew
 Bristow, Paul
 Browne, Anthony
 Bruce, Fiona
 Buchan, Felicity
 Buckland, rh Sir Robert
 Burghart, Alex
 Butler, Rob
 Cairns, rh Alun
 Carter, Andy
 Cartlidge, James
 Cash, Sir William
 Cates, Miriam
 Caulfield, Maria
 Chalk, Alex
 Chishti, Rehman
 Chope, Sir Christopher
 Clark, rh Greg
 Clarke, rh Mr Simon
 Clarke, Theo
 Clarke-Smith, Brendan
 Clarkson, Chris
 Cleverly, rh James
 Clifton-Brown, Sir Geoffrey
 Coffey, rh Dr Thérèse
 Colburn, Elliot
 Courts, Robert
 Coutinho, Claire
 Crosbie, Virginia
 Daly, James
 Davies, David T. C.
 Davies, Gareth
 Davies, Dr James
 Davies, Mims
 Davison, Dehenna
 Dinanage, Dame Caroline
 Djanogly, Mr Jonathan
 Docherty, Leo
 Donelan, rh Michelle
 Dowden, rh Oliver
 Drax, Richard
 Drummond, Mrs Flick
 Duddridge, James
 Duguid, David
 Duncan Smith, rh Sir Iain
 Dunne, rh Philip
 Eastwood, Mark
 Edwards, Ruth
 Elphicke, Mrs Natalie
 Eustice, rh George
 Evans, Dr Luke
 Everitt, Ben
 Fabricant, Michael

Farris, Laura
 Firth, Anna
 Fletcher, Katherine
 Fletcher, Mark
 Fletcher, Nick
 Ford, Vicky
 Foster, Kevin
 Fox, rh Dr Liam
 Frazer, rh Lucy
 Freeman, George
 Fuller, Richard
 Fysh, Mr Marcus
 Gale, rh Sir Roger
 Garnier, Mark
 Gibson, Peter
 Gideon, Jo
 Girvan, Paul
 Gray, James
 Green, Chris
 Green, rh Damian
 Griffith, Andrew
 Griffiths, Kate
 Gullis, Jonathan
 Halfon, rh Robert
 Hall, Luke
 Hammond, Stephen
 Harper, rh Mr Mark
 Harris, Rebecca
 Harrison, Trudy
 Hart, rh Simon
 Heald, rh Sir Oliver
 Heaton-Harris, rh Chris
 Henderson, Gordon
 Higginbotham, Antony
 Holden, Mr Richard
 Hollinrake, Kevin
 Holloway, Adam
 Holmes, Paul
 Howell, John
 Huddleston, Nigel
 Hughes, Eddie
 Hunt, Jane
 Hunt, Tom
 Jack, rh Mr Alister
 Javid, rh Sajid
 Jayawardena, Mr Ranil
 Jenrick, rh Robert
 Johnson, Dr Caroline
 Johnston, David
 Jones, Andrew
 Jones, rh Mr David
 Jones, Fay
 Jones, Mr Marcus
 Jupp, Simon
 Kearns, Alicia
 Keegan, Gillian
 Knight, Julian
 Kruger, Danny
 Lamont, John
 Langan, Robert
 Latham, Mrs Pauline
 Leadsom, rh Dame Andrea
 Leigh, rh Sir Edward
 Levy, Ian
 Lewer, Andrew
 Lewis, rh Brandon
 Lewis, rh Dr Julian
 Liddell-Grainger, Mr Ian
 Lockhart, Carla
 Loder, Chris
 Logan, Mark
 Longhi, Marco

Lopez, Julia
 Lord, Mr Jonathan
 Loughton, Tim
 Mackinlay, Craig
 Mackrory, Cherilyn
 Maclean, Rachel
 Mak, Alan
 Malthouse, rh Kit
 Mangnall, Anthony
 May, rh Mrs Theresa
 Mayhew, Jerome
 Maynard, Paul
 McCartney, Jason
 McCartney, Karl
 McPartland, Stephen
 Menzies, Mark
 Mercer, Johnny
 Merriman, Huw
 Metcalfe, Stephen
 Millar, Robin
 Miller, rh Mrs Maria
 Mills, Nigel
 Mohindra, Mr Gagan
 Moore, Damien
 Moore, Robbie
 Mordaunt, rh Penny
 Morris, David
 Morris, James
 Mortimer, Jill
 Morton, Wendy
 Mullan, Dr Kieran
 Mumby-Croft, Holly
 Mundell, rh David
 Nici, Lia
 Nokes, rh Caroline
 Norman, rh Jesse
 O'Brien, Neil
 Opperman, Guy
 Parish, Neil
 Patel, rh Priti
 Pawsey, Mark
 Penning, rh Sir Mike
 Penrose, John
 Philp, Chris
 Pincher, rh Christopher
 Prentis, Victoria
 Pursglove, Tom
 Quin, Jeremy
 Raab, rh Dominic
 Randall, Tom
 Redwood, rh John
 Rees-Mogg, rh Mr Jacob
 Richardson, Angela
 Robertson, Mr Laurence
 Rosindell, Andrew
 Rowley, Lee

Russell, Dean
 Saxby, Selaine
 Scully, Paul
 Seely, Bob
 Selous, Andrew
 Shannon, Jim
 Shapps, rh Grant
 Shelbrooke, rh Alec
 Skidmore, rh Chris
 Smith, Chloe
 Smith, Greg
 Smith, Henry
 Smith, rh Julian
 Smith, Royston
 Spencer, Dr Ben
 Spencer, rh Mark
 Stevenson, Jane
 Stevenson, John
 Stewart, rh Bob
 Stewart, Iain
 Stuart, Graham
 Sunderland, James
 Swayne, rh Sir Desmond
 Syms, Sir Robert
 Thomas, Derek
 Throup, Maggie
 Timpson, Edward
 Tolhurst, Kelly
 Tomlinson, Justin
 Tomlinson, Michael
 Tracey, Craig
 Trott, Laura
 Vara, Shailesh
 Vickers, Matt
 Villiers, rh Theresa
 Walker, Sir Charles
 Walker, Mr Robin
 Wallis, Dr Jamie
 Warman, Matt
 Watling, Giles
 Webb, Suzanne
 Whately, Helen
 Wheeler, Mrs Heather
 Whittaker, Craig
 Whittingdale, rh Mr John
 Wiggin, Sir Bill
 Wild, James
 Wood, Mike
 Wright, rh Jeremy
 Young, Jacob
 Zahawi, rh Nadhim

Tellers for the Ayes:
Amanda Solloway and
Gareth Johnson

NOES

Abbott, rh Ms Diane
 Abrahams, Debbie
 Ali, Tahir
 Allin-Khan, Dr Rosena
 Amesbury, Mike
 Anderson, Fleur
 Antoniazzi, Tonia
 Ashworth, rh Jonathan
 Barker, Paula
 Beckett, rh Margaret
 Begum, Apsana
 Betts, Mr Clive
 Blake, Olivia

Bradshaw, rh Mr Ben
 Brennan, Kevin
 Brown, rh Mr Nicholas
 Burgon, Richard
 Campbell, rh Sir Alan
 Carden, Dan
 Chamberlain, Wendy
 Champion, Sarah
 Charalambous, Bambos
 Clark, Feryal
 Cooper, Daisy
 Cooper, rh Yvette
 Corbyn, rh Jeremy

Creasy, Stella
 Cruddas, Jon
 Cryer, John
 Cunningham, Alex
 Daby, Janet
 Davey, rh Ed
 Davies, Geraint
 Davies-Jones, Alex
 De Cordova, Marsha
 Dodds, Anneliese
 Doughty, Stephen
 Dowd, Peter
 Duffield, Rosie
 Eagle, Dame Angela
 Eagle, Maria
 Eastwood, Colum
 Edwards, Jonathan
 Efford, Clive
 Elmore, Chris
 Eshalomi, Florence
 Esterson, Bill
 Farron, Tim
 Fovargue, Yvonne
 Foxcroft, Vicky
 Furniss, Gill
 Gardiner, Barry
 Glindon, Mary
 Green, Kate
 Green, Sarah
 Greenwood, Margaret
 Haigh, Louise
 Hamilton, Mrs Paulette
 Hardy, Emma
 Harris, Carolyn
 Healey, rh John
 Hillier, Dame Meg
 Hobhouse, Wera
 Hollern, Kate
 Hollobone, Mr Philip
 Hopkins, Rachel
 Hunt, rh Jeremy
 Hussain, Imran
 Jones, Gerald
 Jones, Ruth
 Jones, Sarah
 Kendall, Liz (*Proxy vote cast
 by Pat McFadden*)
 Khan, Afzal
 Kinnock, Stephen
 Kyle, Peter
 Lake, Ben
 Lavery, Ian
 Leadbeater, Kim
 Lewis, Clive
 Lloyd, Tony
 Long Bailey, Rebecca
 Lucas, Caroline
 Lynch, Holly
 Madders, Justin
 Mahmood, Mr Khalid
 Mahmood, Shabana
 Malhotra, Seema
 Maskell, Rachael
 Matheson, Christian
 McCarthy, Kerry
 McDonagh, Siobhain
 McDonnell, rh John

McFadden, rh Mr Pat
 McGovern, Alison
 McKinnell, Catherine
 McMorris, Anna
 Mearns, Ian
 Miliband, rh Edward
 Mishra, Navendu
 Moran, Layla
 Morden, Jessica
 Morgan, Helen
 Morgan, Stephen
 Morris, Grahame
 Murray, James
 Olney, Sarah
 Oppong-Asare, Abena
 Osamor, Kate
 Owatemi, Taiwo
 Peacock, Stephanie
 Pennycook, Matthew
 Perkins, Mr Toby
 Phillips, Jess
 Phillipson, Bridget
 Pollard, Luke
 Qureshi, Yasmin
 Rayner, rh Angela
 Reed, Steve
 Rees, Christina
 Reeves, Ellie
 Reynolds, Jonathan
 Rodda, Matt
 Saville Roberts, rh Liz
 Shah, Naz
 Sharma, Mr Virendra
 Siddiq, Tulip
 Slaughter, Andy
 Smith, Cat
 Smith, Jeff
 Smith, Nick
 Smyth, Karin
 Sobel, Alex
 Stevens, Jo
 Stone, Jamie
 Streeting, Wes
 Stringer, Graham
 Sultana, Zarah
 Tami, rh Mark
 Tarry, Sam
 Thomas, Gareth
 Thomas-Symonds, rh Nick
 Thornberry, rh Emily
 Timms, rh Stephen
 Turner, Karl
 Vaz, rh Valerie
 Wakeford, Christian
 West, Catherine
 Western, Matt
 Whitehead, Dr Alan
 Whittome, Nadia
 Williams, Hywel
 Wilson, Munira
 Winter, Beth
 Yasin, Mohammad
 Zeichner, Daniel

Tellers for the Noes:
**Colleen Fletcher and
 Liz Twist**

Government amendment (a) made in lieu of Lords amendment 48.

Lords amendment 57 disagreed to.

Lords amendment 89 disagreed to.

Government amendment (a) made in lieu of Lords amendment 89.

Lords amendment 108 disagreed to.

Lords amendments 42 to 47, 55, 56 and 58 to 64 agreed to.

Clause 14

ESTABLISHMENT OF INTEGRATED CARE BOARDS

Edward Argar: I beg to move, That this House disagrees with Lords amendment 11.

Mr Deputy Speaker (Mr Nigel Evans): With this it will be convenient to discuss the following:

Government amendment (a) in lieu of Lords amendment 11.

Lords amendment 51, Government motion to disagree, and Government amendment (a) in lieu.

Lords amendment 80, Government motion to disagree, and Government amendments (a) to (n) in lieu.

Lords amendment 81, and Government motion to disagree.

Lords amendment 90, Government motion to disagree, and Government amendment (a) in lieu.

Lords amendment 105, Government motion to disagree, and Government amendment (a) in lieu.

Lords amendments 1 to 10, 12 to 28, 31 to 41, 49, 50, 65, 83, 102 to 104, 106 and 107.

Edward Argar: Let me repeat, quite legitimately, what I said in opening the debate on the previous group of amendments. It is a pleasure to serve opposite the shadow Minister, the hon. Member for Bristol South. It was also a pleasure to serve opposite her in the Bill Committee. She was not the shadow Minister then, but she brought her expertise and, as I said earlier, her forensic knowledge of these areas of the Bill—occasionally to my slight discomfort—and, overall, a degree of informed deliberation to our proceedings.

The amendments in this group relate to integration, commissioning and adult social care. The Government's amendments strengthen our expectations of commissioners, especially in relation to mental health, cancer, palliative care, inequalities and children. Lords amendments 1, 25, 27 and 49 strengthen our approach to mental health. Amendment 49 makes it clear that “health” refers to both physical and mental health in the National Health Service Act 2006.

Sir Charles Walker (Bromsbourne) (Con): Will my hon. Friend give way?

Edward Argar: Of course I will. I cannot say no to my hon. Friend.

Sir Charles Walker: I want to thank my hon. Friend for making that clear, because there was some concern that the Bill broke with parity of esteem by not recognising

Question accordingly agreed to.

Lords amendment 30 disagreed to.

Lords amendment 48 disagreed to.

that mental health was as important as physical health. A number of Members raised concerns about that, and I want to thank my hon. Friend and his team for getting it right. They should be congratulated.

Edward Argar: I am very grateful to my hon. Friend. He has come in at just the right time, because I was about to thank and pay tribute to him and, indeed, to my right hon. Friend the Member for Maidenhead (Mrs May). Both of them have, in their typically determined and persistent but very courteous way, pressed this issue and highlighted the need for it to be explicit in the legislation. I think we have made the Bill stronger and clearer through Lords amendment 49, and I pay tribute to my hon. Friend for that.

Lords amendments 1, 25 and 27 also require the Secretary of State to publish, and lay before Parliament, a document setting out the Government's expectations for mental health spending for the financial year ahead. Lords amendment 105 requires a member with experience of mental health to sit on each integrated care board. Although we have adopted a permissive rather than a prescriptive approach throughout, we are persuaded of the need and the benefits—given the parity of esteem—of having that experience on the ICBs, and, while we are proposing some changes in the drafting, we agree with the principle. I hope that the shadow Minister shares that view.

I pay tribute to my hon. Friend the Member for Basildon and Billericay (Mr Baron), and to Members of the other place, for their engagement and continued support in relation to Lords amendments 2, 3 and 4, which relate to cancer objectives in the NHS mandate. The amendments change the focus of the cancer outcomes objectives so that they capture all cancer interventions. Those objectives will have priority over any other objectives relating to cancer, not just those relating specifically to “treatment”. I also pay tribute to Baroness Finlay, who has long campaigned to add explicit reference to palliative care services to the list of services that an integrated care board must commission. That is why we are accepting Lords amendment 12.

Lords amendments 22, 83, 102, 103 focus on addressing the needs of babies, children and young people. Lords amendment 22 would require the ICB to set out any steps it proposed to take to address the particular needs of children and young people, while Lords amendments 83, 102 and 103 specify that the Government must publish a report describing the Government's policy on information sharing by or with public authorities in relation to children's health and social care and the safeguarding of children. I pay tribute in that context to my right hon. Friend the Member for South Northamptonshire (Dame Andrea Leadsom), who has long taken a keen interest in these issues.

7.45 pm

There are also a number of Lords amendments relating to how an ICB must discharge its functions. As the House knows, this Government are committed to tackling health inequalities, and Lords amendments 5, 7, 8, 10, 13, 14, 16, 17, 24, 31, 32, 38, 39 and 41 take us further in tackling disparities and levelling up opportunity and outcomes across the country. These amendments received cross-party support in the other place and I am sure that they will be welcomed here too.

Alicia Kearns (Rutland and Melton) (Con): I thank my hon. Friend and neighbour for giving way. On the duties of integrated care boards, he knows that one of my grave concerns about health inequalities relates to rural settings. In Rutland, our citizens receive care in Peterborough, Stamford, Kettering, Corby, Leicester and sometimes even beyond. The big problem at the moment is that their health records are not shared across those different clinical commissioning groups, leading to big problems with them getting the care and support they need. Will ICBs be able to help us to overcome these issues? I have been lobbying the Department of Health and Social Care for months to help us sort out this problem.

Edward Argar: I can reassure my hon. Friend that under the changes we are putting in place through the integrated care systems, ICBs will continue to be able to commission services and to send patients to hospitals outside the ICS area. They will also be obliged to co-operate and work with other organisations in the patient's best interests. We are setting this alongside the broader work that we are doing in the Department on the interoperability of data. I hope that that has reassured her to a degree.

We are also committed to supporting research, and I ask the House to agree to Lords amendments 6, 15, 26 and 28, which further embed research and provide increased clarity, transparency and oversight in respect of ICBs, NHS England and the Secretary of State's research duties.

Debbie Abrahams: I want to ask the Minister about two matters. First, why are health inequalities not explicitly mentioned among the triple aims of the Bill? Secondly, on the membership of ICBs, I am sorry if I misheard, but I did not hear him discuss the amendment on how to avoid any conflict of interest involving private providers on those boards.

Edward Argar: The reason for that is that an amendment was brought forward on Report, and the matter was settled at that stage; things have not changed since. In lieu of what had been tabled, we tabled our own amendment on Report, which—even though in our view it was unnecessary—we felt further clarified how to avoid conflicts of interest. In the previous group of amendments, we tabled an amendment to extend that conflict of interest policy and approach to the sub-committees of the boards, in order to ensure that it is explicit that the policy applies to both. It is essentially the same principle, but widened out to the sub-committees to avoid them being inadvertently left out of the legislation.

Craig Tracey (North Warwickshire) (Con): I really welcome Lords amendment 12 on palliative care. Can the Minister give us any more information about whether statutory guidance will be given to the ICBs? It is important that they get proper guidance on what is expected of them. Can he also reassure us that palliative care will be a priority objective for the trusts?

Edward Argar: I can give my hon. Friend an assurance that we expect that to be the case. I will turn to palliative care in the context of other amendments shortly, and I might address some of his points then.

[*Edward Argar*]

We are also committed to tackling climate change. Lords amendments 9, 18, 33 and 40 place duties on NHS trusts, foundation trusts, ICBs and NHS England to have regard to the Government's key ambitions on climate change and the natural environment in everything they do. The amendments include a guidance-making power for NHS England that will assist in the discharge of these duties by different bodies.

There are also a number of amendments relating to how integrated care boards should operate as statutory bodies. Amendments 19 to 21 and 23 require an ICB to consider the skills, knowledge and experience it needs to discharge its functions and, where there are gaps, to consider what steps it can take to mitigate them. The amendments also require the forward plan to include detail on how the ICB intends to arrange for the provision of health services, as well as its duties under sections 14Z34 to 14Z45. The annual report must also include an explanation of how it has discharged these duties.

The hon. Member for Oldham East and Saddleworth (*Debbie Abrahams*) mentioned conflicts of interest. We amended the Bill in this place, and the Lords amended it further with Lords amendment 11. We understand the motivation, but the drafting does not fulfil the stated aim, which is why we tabled an alternative amendment in lieu of that amendment.

Debbie Abrahams: Will the Minister give way?

Edward Argar: I want to make a little progress. If I make good time, I may be able to give way, but I am conscious of the need to give the shadow Minister and other colleagues plenty of time to speak—about, I suspect, one aspect of this group of amendments in particular, but we will see.

We commend a number of additional amendments to the House. Lords amendments 34 to 37 limit the powers to set capital expenditure limits for NHS foundation trusts, so that they cannot apply for periods longer than a financial year. I reaffirm my commitment to ensuring that these powers on expenditure limits are used only as a last resort, as NHS England agreed with NHS Providers. I also ask the House to accept Lords amendments 50, 65, 104, 106 and 107, which are minor and technical changes required to ensure that the Bill functions as intended.

Although we have made progress on a number of amendments, we urge the House to disagree with the other place on others. First, we ask the House to disagree with amendment 90 on dispute resolution in children's palliative care, and instead support the amendment we tabled in lieu. Our approach will require the Secretary of State to commission a full independent review of the causes of disagreements between the providers of care and persons with parental responsibility on the care of critically ill children, how these disagreements can be avoided, and how we can sensitively handle their resolution.

We also seek to reject Lords amendment 81. Although we agree on the need to make good progress on the Care Act 2014, it is not in the interests of good government to be forced to implement reform of this complexity and scale through a deadline set in primary legislation. We are getting on with implementing social care reform,

and operational guidance is out for consultation. We have announced a small number of local authorities that will act as trailblazers to test the reforms from January 2023, but we must take time to engage with local authorities as they build the necessary infrastructure, and use these trials to refine delivery systems and guidance ahead of the national roll-out. We encourage the House to reject Lords amendment 81, which we believe affects the financial arrangements to be made by this House and, as such, is subject to financial privilege.

Debbie Abrahams: I would be grateful if the Minister answered my question about the triple aims, and the impact of not including in them an explicit reference to health inequalities. The Bill refers to health and wellbeing, but not to health inequalities. My main point is on the care cap. More than one in six of my constituents with dementia will not reach the cap, as it stands. The Lords amendments mean it would be one in five, so I would be grateful if the Minister could say exactly why he is prepared to let one in six of my constituents not reach the care cap.

Edward Argar: I will address the care cap, because there is a fair bit to say. I was just addressing the noble Lord Lansley's amendment. I apologise for missing the hon. Lady's first point. We do not think it is necessary to have health inequalities explicitly among the triple aims, as we believe that the issue runs through everything that ICBs do and everything the Bill sets out. We therefore feel that the Bill is effective, and that each ICB's ICS will have regard to health inequalities and will see them as central to its objectives.

Before I turn to Lords amendment 80, I will briefly address Lords amendment 51, which relates to consultation with carers during hospital discharge planning. We have heard about the strength of feeling in the other place on that issue. We wholly agree that we must ensure that, where appropriate, unpaid carers are involved in planning around discharge. Although the Government appreciate the intention behind the amendment and want to address the concerns raised, we want to do so in the most effective way, and in a way that does not create unintended delays to discharge. I ask Members to support our amendment in lieu, which would achieve much of what Lords amendment 51 sought to achieve. It will introduce a new duty on trusts and foundation trusts to involve carers during adult discharge planning. Unlike schedule 3 to the Care Act 2014, this duty applies to all carers where the patient has care and support needs following discharge; and it applies to young carers as well as adults. Our amendment in lieu and the new statutory guidance will ensure that patients and carers are involved in discussions about post-discharge care as soon as they start.

Liz Twist: I am pleased that that concession has been made. However, a number of points of clarification would be really helpful to carers. One is about being given a choice about caring, carers having the right information, and carers being able to express their needs properly. The second is about disabled children, who are not referred to here, and the third is about ensuring that young carers are clearly covered by any guidance issued. Will the Minister say how those issues will be addressed?

Edward Argar: I hope that I can give the hon. Lady reassurance. When we refer to “carers”, we intend that to be a broad term, rather than a narrowly drawn one. She is absolutely right to highlight young carers; they are carers. They also face particular challenges, because they often juggle school and similar things with caring. It is our intention that all carers will be covered by this duty on trusts and foundation trusts to involve carers during adult discharge planning. That would apply to all adults who are being discharged, where a carer is involved. I hope that that gives the hon. Lady some reassurance. We would look to ensure that these points were suitably emphasised in guidance and in the advice we give to ICBs and ICSs. As she will know, the Department works with NHS trusts and NHS England, and has various mechanisms for guiding and informing trusts. I recognise the importance of the issue.

We ask that this House rejects Lords amendment 80, and that it reintroduces the clause that the Government originally inserted on Report in this House, alongside further amendments to support the operation of charging reform that were originally tabled in the other place. The Government have set out their plan for a sustainable social care system. We want to end unpredictable care costs for everyone by introducing a universal £86,000 cap on an individual’s personal care costs. I pay tribute to the Minister for Care and Mental Health, who, since taking up her post last September, has made driving this agenda forward a personal priority. I should also pay tribute to her predecessor, my hon. Friend the Member for Faversham and Mid Kent (Helen Whately), for her work in this area.

We entirely recognise and respect that there are strong views on this issue across the House, and it is vital that our approach is fair. The Government believe that the fairest version of the cap would be based on what people contribute towards their care, rather than our counting local authority contributions as well. It simply cannot be fair that two people living in different parts of the country, contributing the same amount, progress towards the cap at different rates because of the differences in the amount that their local authority is paying.

Peter Aldous: The Government’s plans are regressive when compared with the proposals under the 2014 Act. They are less equitable to those with moderate assets, including those living with dementia and working-age adults with disabilities. It would be fairer to keep to the original Dilnot proposals, but can the Minister outline how the £900 million saving that, it is estimated, will result from the Government’s proposals and the use of means-testing will better protect those with lower-value properties?

Edward Argar: I am grateful to my hon. Friend, who has been open and consistent in expressing his concerns about this issue. He cites the 2014 Act, but it is important to note that those proposals were never implemented and were not deemed to be financially sustainable or deliverable. There were other proposals, including in 2015, but although no proposal is perfect, the proposals before us are a dramatic improvement, in terms of the protections offered and the crippling care costs that many face under the existing regime. This is an important step forward. Let me make a little more progress, after which I may touch on some of my hon. Friend’s other comments.

Liz Twist *rose*—

Edward Argar: I have given way to the hon. Lady already in this debate, as I did in the debate on the previous group of amendments, so I shall make a little progress. She knows that I am always tempted to give way, but I do want to make some progress.

8 pm

If we did not make the change I have described, the situation that I outlined before I took the intervention from my hon. Friend the Member for Waveney (Peter Aldous) is exactly what would happen. If a less well-off person living in Hertfordshire or Hackney had more of their care paid for by their local council than somebody making exactly the same contribution towards their care in Hartlepool, the person from Hertfordshire or Hackney would hit the cap first, and more swiftly. As a Government, we are committed to levelling up, but it does need to be fair. We should not treat less well-off people in different parts of the country differently; rather, we should make sure that they benefit to the same extent and that support for levelling up comes because more people in less well-off regions will benefit than in better-off regions.

I wish to tackle head-on the idea that the cap on care costs is somehow a target that everybody should want to hit. That is absolutely not the case. Nobody should want to hit the cap, which is not a target designed to be hit: it is a backstop protection for people. The nature of the means-tested support will dramatically reduce the amount that less well-off users will have to spend on care. For example, wealthier people who entirely self-fund their own residential care are likely to have to spend £86,000 of their own money if they live in a residential home for just over three years. Older adults have around a one-in-three chance of living in a residential home for that long once they have entered it. Somebody who starts with £100,000 of assets would need to draw on care and support in a residential home for about 10 years to have to spend the same amount. They have just a one in 50 likelihood of that being the case. Somebody who starts with even lower assets is even less likely to spend that much of their own money. The reforms are therefore fair, because they mean it will be far less likely that less well-off people will face very high costs.

We believe that the approach I have set out is fair and is a significant improvement on the situation today, so we must insist that the House disagrees with Lords amendment 80 and the clause is reinserted.

Karin Smyth (Bristol South) (Lab): I am reminded of some training I had a few years ago, when my trainer said, “Karin, people will often thank you for your brevity at this time of night,” so I shall not detain the House for too long.

As the Minister kindly alluded to, I spent some six weeks in the Bill Committee trying but failing to alter the original Bill from the Back Benches. I therefore praise the work done by my colleagues and others in the House of Lords. The list of improvements that have already been made is impressive. Unlike in Committee, when the Minister batted away every single proposal for change, the Government have adopted some changes and there has been some progress.

[Karin Smyth]

We support Lords amendment 90, on palliative care, which is a really difficult and complex subject that involves distressing issues for the people affected. The Government should further consider that amendment.

On unpaid carers, we support the finely crafted solution in Lords amendment 51 to protect carers. The intent behind the amendment is to prevent any further problems with discharge to assess. We need to enhance people's rights as carers, not take them away. I know from personal experience that the removal of an assessment prior to discharge may result in less priority being given to the assessment once someone has left hospital. Families clearly worry that patients may be "out of sight, out of mind" once they have left hospital. It would be helpful if the Minister clarified the Government's commitment to ensuring that carers are consulted as part of the discharge process. It is vital that steps go much further than simply "involving" the carer; we need to ensure that the carer is both willing and able to provide care for the patient and that the necessary community services are in place. Community services and primary care are currently badly stretched.

In Committee, I raised many issues relating to the membership of integrated care boards, particularly in respect of their lack of accountability to local people. None of my proposals made it into the Bill, so I was delighted to see that one proposal made it through the House of Lords. We are happy to support the approach agreed in Lords amendment 105, to give some positive recognition to parity of esteem for mental health. The broader issue of who else gets to be on an integrated care board will rumble on for years, but this is a good first step, and we expect it to happen. It is vital that there is a mental health voice on our integrated care boards, but as well as the Minister confirming that he expects that to happen, it would be really helpful if he could clarify what recourse or consequence would be available should that mental health representative somehow be blocked at a local level from serving on the ICB.

Let me turn to the broader issues. As I said in Committee, this is fundamentally another NHS reorganisation Bill. It is a restructuring of the NHS and a centralisation of power within the NHS. It does not nothing to achieve integration and nothing to improve accountability to the public, to patients and to communities. With the publication of the Ockenden report and the deeply worrying staff survey and patient satisfaction surveys, it is not a good day for the health service. It is clear that centralising control in the NHS is very much the wrong approach. Local representatives need much more power over local services, and accountability needs to be much better at a local level.

The Bill also does nothing to improve the appalling state of social care provision. No wait for care will be shortened because of this Bill and nobody excluded from care will now receive it, but we do now have a Bill that lays to rest the worst of the Health and Social Care Act 2012, the Lansley Act. Those of us who were on the other side of that Act and its implementation—in fact, it was that Act that brought me to this place, so appalling was it—and who fought and campaigned against it really should be having a bit of a party to celebrate the disappearance of some of the worst excesses of that Act.

With the changes to procurement and the many assurances given from the Government Dispatch Box, the main threats detected in the original Bill have largely been allayed. Compulsory tendering has gone; we have preferred provider in all but name. Procurement from the private sector must now be on a proper, open and transparent basis, which means no more crony contracts or jobs for friends and family, and Virgin Care and other large corporates no longer influencing commissioning.

With Lords amendment 11 excluding private interests from commissioning, we see a dramatic shift that is most welcome. We may start to get back to a public service model. That could start a journey to build an NHS where adequate investment and support means that patients do not have to start relying on the private sector.

The most serious issue in this bunch of Lords amendments has been ducked. The dead hand of the Treasury has clamped down and common sense has departed. Shoe-horning the change in the calculation of contributions to the care cap into the Report stage of this Bill was parliamentary sharp practice of the highest order, designed to minimise scrutiny and stifle criticism. Our position is encapsulated by Lords amendment 80. This provision should never have been in the Bill. It is hugely significant to our constituents, and it has never been properly considered and cannot be today. I listened very carefully to the Minister outlining various scenarios. I, too, could outline various scenarios from the Dispatch Box, but I will not do so today. This is not the place to do that; there needs to be proper consideration and proper scrutiny. The Department has sneaked out the view that restricting contributions to the cap for those being means-tested for their care charges would save an estimated £900 million by 2027-28 in cash terms. Surely that means that there is time to look at this properly, and we are willing to work with the Government to do just that.

Let us be clear: if that is the true estimate, then that is what the Treasury is talking about saving from the poorest—from working-age adults with a disability and older people with few assets. That is where that money comes from. That is not fixing social care; that is asking people with less to pay more to protect the assets of the wealthiest—the less a person has, the more the Treasury will take.

Members of Parliament from across the north-east of England, Yorkshire and the Humber and the midlands really need to take note, because, from what we can gather at the moment—we do not know enough about this to be totally clear about how it impacts people—it looks like those areas will be worst hit by the Government proposals. Why are those MPs not here? Why are they not outraged by this? I suspect that it is largely because they do not know, and the Government do not want them to know. It is so hard to follow the detail of this.

It has been almost 3,000 days since the Care Act 2014—a carefully crafted piece of legislation, agreed across party lines and after a huge engagement with stakeholders—was granted Royal Assent. If the calculation towards the cap is to be changed, that change must come the same way, through cross-party working with the sector, patients and people involved, understanding the evidence on impact and considering the consequences—not through this half-arsed addition to an NHS reorganisation, which is essentially what the Government are doing.

If the Government are determined to leap into action, they should accept amendment 81 and get on with implementing the Care Act and the Dilnot proposals as originally agreed. I followed the implementation of the Act very carefully when I came to this place in 2015, and I think I have heard from the Government Dispatch Box today for the first time that it was never agreed, that it was undeliverable and not financeable. That is not what the people producing the Care Act or the Conservative Government of the time led us to believe. They moved the implementation to April 2020, expecting there to be a general election in that year, and never really came back to explain the rationale.

We will not get mired in details tonight because, as I said earlier, this is not really the place for it, but our constituents are being led up the garden path by this Government. This place should be considering the proposals properly. That is what the Lords have asked us to do, and the Opposition will support them in doing that. This question is too important to be left to a last-minute addition.

Dame Caroline Dineneage: I will speak briefly in favour of Government amendment (a) in lieu of Lords amendment 51. I draw hon. Members' attention to my entry in the Register of Members' Financial Interests and the fact that I am co-chair of the all-party parliamentary group on carers. My predominant interest is that this is a cause that I care very deeply for.

Ultimately, the aim of Lords amendment 51 is to focus on carers and the safe discharge of hospital patients. The Government's amendment (a) in lieu will achieve most of what the noble Baroness Pitkeathley originally attempted to achieve in her amendment, ensuring that carers are involved at the point of hospital discharge.

Across the UK today there are about 6.5 million carers supporting a loved one who may be older, disabled or seriously ill. That is one in every eight adults providing unpaid care for their family or friends, whether around the clock or for a few hours a week. It is an enormous contribution and saves the health and social care system billions of pounds a year. It has an untold impact on carers' own lives and livelihoods, but for the people they care for, it is literally a lifeline.

The amendment in lieu recognises the vital role that carers play and avoids any suggestion of their losing their rights, which could have been an unintended consequence with the wrong wording. It is important that carers are recognised in this legislation; it is clear that the Government have listened and reflected the strength of feeling about that, and I am grateful. We must do more to equip carers to care safely and well, and to juggle other aspects of their lives. That is why the requirement to consult carers prior to patient discharge is so important. The Lords amendment had cross-party support in the House of Lords, and I hope the amendment in lieu will achieve the same thing in the Commons.

According to Carers UK, there are still some worrying statistics on discharge: 56% of carers were not involved in decisions about discharge from hospital and what care and treatment the person they cared for needed, 82% of carers did not receive a carer's assessment and 68% of carers were not asked about their willingness and ability to care at discharge. I am sure the House will agree that those are deeply distressing statistics, and that we have a lot of work to do to address them.

There are a few important points of clarification and assurances that I would like from the Minister. He mentioned earlier that young carers were covered, but the language is a little opaque, so can he confirm for me that he is talking about not only young carers who are looking after adults, but young carers who might be caring for brothers or sisters? Some young people perform that incredibly difficult task at enormous disadvantage to themselves, and I want reassurance from the Minister that this House and this Government have not forgotten them.

The second point of clarification is that the original amendment 51 included a test on whether a carer was willing and able to care, as in the Care Act 2014, and I want to ensure that this amendment in lieu will secure that. There are also important clarifications to be made around what "feasible" means; I hope the Minister can help me with that, so that carers are absolutely sure what he means by their rights.

Unpaid carers are so often invisible, their efforts unacknowledged, and I am pleased to see the Government taking steps to address that through their amendment in lieu. It is a start. There is much further to go to give unpaid carers the support and recognition they need—that is a discussion for another day, but it is a discussion I intend to have.

8.15 pm

Daisy Cooper: I would like to start by talking about carers and safe discharge. I welcome the Government's concession on this point. It is a pleasure to follow the hon. Member for Gosport (Dame Caroline Dineneage), who talked so eloquently about the fact that unpaid carers are often, in effect, invisible. She is seeking a number of assurances from the Minister, and I wonder if I might add another.

The Minister will be aware that on Report I tabled an amendment calling for a new NHS duty to recognise and identify unpaid carers who come into contact with the NHS so that their health and wellbeing could be taken into account when decisions are made concerning the health and care of the person or the people for whom they care. The amendment now before us is not as strong as that. In fact, it is not as strong as the Lords amendment. I welcome the Government's concession on this, but I wonder whether the Minister might provide some assurances that the nub of my amendment at an earlier stage could, for example, be included in some of the ICB guidance. It is important that carers are consulted but also important that their health and wellbeing is taken into account when decisions are made about those for whom they care.

I have a couple of thoughts on the social care cap. First, it is a really terrible way to come up with policy to change a policy halfway through a Bill, because it starves important policies of public debate and parliamentary scrutiny. It is a very bad habit. We have seen it with other Bills, such as the Building Safety Bill—a national scandal that I have spoken about many times. This is a bad way of making law. It is important that the Government do not fall into bad habits.

The other point is on broken promises. The Prime Minister stood on the steps of No. 10 and pledged to "fix the crisis in social care once and for all".

[Daisy Cooper]

He also promised that no one would have to sell their home to pay for care. He has now broken both those promises, because this Bill does not fix the social care crisis and it does continue to see people facing the prospect of losing their home to fund care costs. Quite frankly, it is appalling that the Government are arguing that they cannot afford to accept this amendment when the savings that are going to be generated for the Treasury come off the backs of the poorest people in our society. The Government really should think again.

Steve Brine: I have sat through all this debate and taken issue with the Government in some places and supported them in others. I am going to take issue with them on amendment 51. It is always hard to take issue with this Minister, but I seem to have done it twice already today. My hon. Friend the Member for Gosport (Dame Caroline Dinenage) and I did not compare notes but seem to have exactly the same comments, which suggests that this is an important amendment.

I want to make a few points about young carers in Hampshire and nationally who have been in touch with me about amendment 51. The amendment that we are being asked to strike out says at paragraph (5)(b) that

“a ‘carer’ means any person, including any child under the age of 18”.

It does not say that in the Minister’s amendment in lieu, but I have heard what he has said today and I hope that it will be heard clearly, because what is said at the Dispatch Box matters a great deal. The Minister in the Lords said on Report that there will be statutory guidance that hospitals “must have regard to” and that that is a sufficient measure for carers. Again, I hear that, but what is said at the Dispatch Box in the Lords matters as well. As young carers have said to me, ahead of today, this is not the same as primary legislative rights and it can be withdrawn or changed at the stroke of a Minister’s pen, intentionally or unintentionally. It does not mean the same for carers and young carers in the daily operation of the system. I would suggest that very few carers, especially young carers, have the energy, the means or the knowledge to go to judicial review if their rights are not followed.

When the Minister winds up, I beg him once again to make it absolutely crystal clear that his amendment in lieu does the same as the Lords amendment that he is asking us to strike out, because young carers, in particular, want and need that reassurance. Other than that, it is a good amendment that is worthy of our support, but I just want to hear a little bit more from my excellent Minister—and now that I have flattered him he cannot deny me.

Margaret Greenwood (Wirral West) (Lab): I rise to speak in support of Lords amendments 51, 11 and 105. With this Bill, the Government are legislating so that a controversial approach known as “discharge to assess” can be used when discharging patients from hospital. This would see patients discharged from hospital before their social care needs have been assessed, with vulnerable patients potentially sent home without the support that they need in place, leaving families to pick up the pieces and those without family at risk of neglect. Lords amendment 51 is important in relation to that.

The amendment would retain the principle and duty on a hospital, whether an NHS hospital or an independent hospital, to ensure that a patient must be safe to discharge from hospital, and it mirrors carers’ rights established by the Community Care (Delayed Discharges etc.) Act 2003. This important amendment would recognise the vital role played by carers across the country in looking after their loved ones. However, it does not stop the Government from legislating for discharge to assess, a policy that has been piloted and was included in the Coronavirus Act 2020 as a temporary measure. I am concerned that the Government are not only going ahead with an approach fraught with risk for vulnerable patients, but are doing so in the knowledge that an independent evaluation commissioned by NHS England of the implementation of the hospital discharge policy has still not been published, despite the Government promising that the evaluation was due to report in autumn last year.

I am concerned, too, that the Government do not even understand the clinical outcomes of discharge to assess. When I submitted a question last year asking the Government how many patients discharged in this way were readmitted within 30 days, the Government said that they did not hold the data. I believe that to be a dereliction of duty.

Lords amendment 51 would put in place important rights for patients and carers at what can be a very difficult time. I note that the Government disagree with the amendment and have tabled an amendment in lieu, but I believe that it waters down carers’ and patients’ rights. It merely proposes that

“the relevant trust must, as soon as is feasible after it begins making any plans relating to the discharge, take any steps that it considers appropriate to involve...the patient, and...any carer of the patient.”

That gives inappropriate levels of discretion to trusts over patients’ and carers’ involvement, instead of guaranteeing their rights.

Lords amendment 11 is a step in the right direction, although it does not go far enough. It would ensure that conflict of interest rules that apply to integrated care boards would apply to commissioning sub-committees of integrated care boards. The Government have said that they disagree with the amendment and have proposed an amendment in lieu that would prohibit a chair of an ICB from approving or appointing someone as a member of any committee or sub-committee that exercises commissioning functions

“if the chair considers that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate’s involvement with the private healthcare sector or otherwise.”

I am concerned that the phrasing is clearly open to interpretation, and it by no means rules out people with interests in private healthcare from sitting on these sub-committees.

It is wrong, too, that the power should rest with one person, namely the chair of the ICB. If we are serious about providing governance that rules out the possibility of the private sector influencing the expenditure of public money, an organisation carrying out the functions of an ICB on its behalf should be a statutory NHS body. It is a great pity that the Government have not legislated for that.

We cannot forget that NHS guidance last year stated that the Health and Care Bill, if enacted, would enable ICBs to devolve budgets to provider collaboratives, which are one of a complex array of sub-committees that could take on commissioning functions. Representatives of private companies, which are accountable to shareholders, should not be able to influence these commissioning sub-committees in any way. Lords amendment 11 at least improves the original Bill, and I therefore welcome it.

I also welcome Lords amendment 105, which would mean that the membership of an ICB must include at least one member with expertise and knowledge of mental health in the integrated care board's area. The fact that the Government did not provide for that originally shows that they are still not treating mental health with the level of seriousness it deserves. It is disappointing that the Government have indicated that they disagree with the amendment.

The amendment in lieu that the Government have proposed makes provision for the chair of an ICB to act "with a view to ensuring that at least one of the ordinary members has knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness."

The Government have watered down the amendment, and it is regrettable that they have removed expertise in mental health as a characteristic that this member of an ICB must have. It is feasible that that person could be a manager who once dealt with mental health rather than a mental health clinician or health professional. I noticed that in the Minister's opening remarks, he commented that ICBs would be able to commission out of area. I would be grateful if he gave some clarity about how A&E services will be guaranteed to people should they happen to fall ill out of area.

This is a devastating piece of legislation and it is all the more shocking that the Government have pressed ahead with it at a time when NHS staff are exhausted and patients and people across the country are still struggling with the pandemic. It will embed a postcode lottery and open up the NHS to widespread privatisation. In so doing, it does a disservice to patients in England and to NHS staff.

The Bill provides for the scope of "Agenda for Change", the pay and terms and conditions of about a million people who work in the health service, to be undermined; it allows for NHS professions to be taken out of regulation; and, as I have mentioned in relation to Lords amendment 51, it will allow for vulnerable patients to be discharged from hospital before their social care needs assessments have been carried out. The NHS is our most treasured institution and I pay tribute to all those campaigners across the country who have fought hard to oppose the Bill.

Sir Charles Walker: I congratulate the Government on their amendments on mental health. As a former Minister with responsibility for mental health, Madam Deputy Speaker, you know that I have long taken an interest in the subject, so I am delighted that parity of esteem is included in the legislation. It is a very important amendment.

Parity of esteem must mean something, however, and should not be a jumble of words. It was the case that too many voices on both sides of the House fell silent during the covid pandemic. That may have been due to

the fog of war, but the scarring of that silence runs deep in the communities that we represent—there are some very ill and damaged people out there. It is fine for us to talk about parity of esteem, but we have to live it and deliver it, and I am afraid that we fell short for 18 months.

I welcome the amendment and the recommitment of hon. Members, but we were all found wanting when it counted. I have the witness statements of more than 2,000 people who suffered with mental health problems during the pandemic and who wrote to me detailing what that was like. One day, I will make those statements available to the Government and to the inquiry, but today, I just thank the Minister and my right hon. Friend the Member for Maidenhead (Mrs May), who joined me in initiating the amendments. I hope that the next time that the country and this place are challenged, we rise to it, because mental health is as important as physical health.

Liz Twist: It was not my intention to speak in the debate, but I need to ensure that the point that has been raised about Lords amendment 80 and the cap is not missed. The Minister talked a great deal about fairness, but how can it be fair that my constituents and people across the north-east and the north generally will face what the King's Fund described as

"people with low levels of wealth"

being

"exposed to very high care costs"?

It cannot be right that the northern regions and other areas will face that unfairness. The Government should reconsider the issue and come forward, as other hon. Members have said, with further discussions about how to resolve it. The proposal in the Bill is very different from that originally presented to the House on care costs.

On carers, I agree with other hon. Members who have raised the issue. As I mentioned earlier, we need much more detail and certainty for those carers and we need to be able to take part to ensure that the guidance issued is effective and represents and meets their need.

8.30 pm

Peter Gibson (Darlington) (Con): I believe that everyone should have high-quality, personalised palliative care, and that is why I am speaking in favour of Lords amendment 12 on palliative care. I wholeheartedly welcome the benefits that this Bill can bring to those in need of that care. I must mention the tireless campaigning of Baroness Finlay, as referenced by the Minister in his opening statement, and Hospice UK, which acts as the secretariat for the all-party parliamentary group on hospice and end of life care, of which I am a co-chair along with Baroness Finlay. Without their campaigning, we would not have been able to welcome this step forward. I should also declare my interest as a trustee of a hospice, and I draw the House's attention to my entry in the Register of Members' Financial Interests.

On the day of the publication of the Ockenden report and our discussion of good births, it is time that we started to talk about good deaths, too. There is far more that we need to do to ensure that hospices and palliative care providers have the tools they need to achieve this, and Lords amendment 12 certainly moves us forward. We need to ensure that the impact of the measures in

[*Peter Gibson*]

this Bill are maximised. The Bill specifies appropriate palliative care, but we should expand on this to ensure that a fair minimum standard of care is provided. We should be providing statutory guidance to integrated care boards on the commissioning of palliative care, ensuring that the new requirements are clear. That point was ably raised by my hon. Friend the Member for North Warwickshire (Craig Tracey).

Funding certainty for hospices is essential. Certainty can enable them to better plan, support the needs of their local community and give commissioning boards confidence in relying on them as an integral part of local services. Certainty of funding will allow hospices to invest, innovate and integrate with the NHS and care system. Before the pandemic, adult hospices on average received 34% of their funding from Government, with some receiving little or none. Hospice funding came primarily from charitable donations, with the sector needing to raise £3.1 million every day. The pandemic saw donations, retail sales and fundraising activities fall dramatically, at the same time as an increase in service delivery. I want to put on record my thanks to the Government for the support that was given to all our hospices during the pandemic—and, in particular, to St Teresa's in Darlington—but we need to see some certainty of funding for our hospices to deliver on this promise.

I am pleased that the Government accept Lords amendment 12. It is an important step forward for hospices and palliative care, and I welcome it.

Kevin Hollinrake (Thirsk and Malton) (Con): It is a pleasure to speak after my hon. Friend the Member for Darlington (Peter Gibson). He made some very strong points in his speech with which I absolutely concur. I want to speak to Lords amendment 80, and his constituency—I know it pretty well, having been there and spent a bit of time there prior to the last election—is the kind that will be affected by it. The Government's decision is to resist that Lords amendment, which I cannot support. In my view, this is a classic policy for levelling down, not levelling up.

The Minister is absolutely right—both Ministers involved in this Bill are good friends of mine, and I do not want to make their lives more difficult in any shape or form—when he says that the policy across the board is a significant improvement on anything we have had before. That is absolutely right. He said that in his speech, and I agree with it, but I do not agree with him when he says that it is fair. I do not believe it is fair, and that must be the basic criterion on which we judge any proposals, not least these.

I think everybody, including the Minister, accepts that it is quite clear that a £900 million transfer is happening here, which was introduced just as the Bill went on to Report stage. That is a direct transfer of £900 million from household wealth to somewhere else. That is what it is: a transfer of assets—household wealth—to healthcare, the Treasury or wherever else it is going, because that is the way that council contributions are used when it comes to the speed at which somebody reaches the cap.

I could live with that, if we were trying to make the system more affordable, as the Minister says—if the burden was going to fall equally on everyone's shoulders in different parts of the country. It also true to say that most people will not be affected, because only people on very long care journeys tend to be affected badly, but there are quite a few of them: according to the Department's own figures, about 6,000 a year—10 people per constituency—would be affected in this way, and most of them have dementia. We know that there are 900,000 people with dementia in the UK today; according to the Alzheimer's Society, there will be 1.6 million by 2040; and 70% of care home residents are dementia sufferers, and they are the sort of people who will suffer because of the changes. They have very long care journeys, and they move out of their house so it becomes one of the assets that we take into account when assessing how much people contribute to the care cap.

The Minister says we are making these changes to make the system sustainable. Well, okay, make it sustainable, but make it fair too. I do not believe that this is fair. I know I am comparing this with a system that never existed—my hon. Friend is right to say that—but one was proposed in which the council contributions would count in calculations of people's contribution to the care cap. That is the change we have made—the specific measure to make the system more sustainable is that change, and that affects people with limited assets and wealth. We are balancing this on the shoulders of people with fewer assets and less wealth, and on certain areas as well, as people in some of the regions in the north that we represent tend to have fewer assets and less wealth.

Particularly affected are people who have wealth or assets worth between £75,000 and £150,000. The research provided by the Alzheimer's Society is clear: under the Dilnot proposals, about 50% of people living with dementia benefited fully from the care cap—they reached the care cap. That was true across all the wealth quintiles—it was very fair. This is not. Only 13% of people in the least wealthy quintile will reach the cap, whereas 28% of the most wealthy will. Such huge disparity cannot be right, yet that is the change that we have made. That £900 million has been found from people with less wealth. That cannot be right, nor is it consistent with levelling up. Look at how different regions are affected: only 13% of people in the north-east reach the cap whereas 29% of people in the south-east do so. Previously, in almost every part of the country, about 50% of people did so. The cap was not as generous, but it was very fair across different wealth quintiles and different regions of the country. I cannot see how this is fair.

Instead of each of us having 10 people in our constituency affected, some will have more and those representing wealthy constituencies will have fewer. I and other Members representing the north-east will have more constituents affected by this change and less generously treated because of it. For that reason, and because in my view it levels down, I cannot support the Government and will vote against them this evening on Lords amendment 80.

Edward Argar: I am grateful to all colleagues who have spoken this evening. A number of the arguments were made on Report, and rightly, right hon. and hon.

Members have reiterated some of those points where they felt it was appropriate. I will address a number of the points raised relatively briefly.

What we are legislating for in this Bill represents an evolution of our health and care system, and improved integration. My hon. Friends the Members for Gosport (Dame Caroline Dinenage) and for Winchester (Steve Brine) both spoke about carers. Young carers are included, which I hope reassures my hon. Friend the Member for Gosport. In respect of the statutory guidance, I hope that it will provide reassurance if I can set out that we will develop that guidance in partnership with Carers UK to ensure its input and so that it captures exactly the things that hon. Members have alluded to. Again, in statutory guidance, we will look at how to ensure that the duty to give people the information that they need is properly and effectively discharged.

I am grateful to my hon. Friend the Member for Broxbourne (Sir Charles Walker) and my right hon. Friend the Member for Maidenhead—she is now in the Chamber—for the work that they have done on the Bill to ensure that parity of esteem for mental and physical health is not forgotten and is explicit.

On a point made by the hon. Member for Oldham East and Saddleworth (Debbie Abrahams), I will clarify what I said earlier on the triple aim, which may give her a little reassurance, even if not necessarily sufficient reassurance. We have not created a quadruple aim or a fourth limb, but we have included a reference to health inequalities under the existing triple aim in the other place. It is not forgotten. I hope that gives her a degree of reassurance on that specific point.

Lords amendment 80 was the crux of much of the debate. I fear that many are comparing our proposals with something that was never done. We are significantly improving provision around the sustainability and affordability of social care. The Prime Minister was clear that he would grapple with the issue and resolve it. When the Opposition were in power, they had two Green Papers, one royal commission and one spending review priority on the issue and they utterly failed to address it. We are a Government who have made huge strides in creating a better system.

I listened, as always, with great care to my hon. Friend the Member for Thirsk and Malton (Kevin Hollinrake). I am sorry that he will not be joining me in the Lobby tonight. While I respectfully disagree with him, I know that he has thought long and hard about this matter and has strong and sincerely held views. With that in mind, I regret that we will have to ask the House to disagree with the Lords amendment on care metering.

Lords amendment 11 disagreed to.

Government amendment (a) made in lieu of Lords amendment 11.

Lords amendment 51 disagreed to.

Government amendment (a) made in lieu of Lords amendment 51.

Clause 140

CAP ON CARE COSTS FOR CHARGING PURPOSES

Motion made, and Question put, that this House disagrees with Lords amendment 80.—(Edward Argar.)

The House divided: Ayes 247, Noes 150.

Division No. 240]

[8.43 pm

AYES

Adams, rh Nigel
Afolami, Bim
Afriyie, Adam
Allan, Lucy
Anderson, Lee
Andrew, rh Stuart
Ansell, Caroline
Argar, Edward
Atkins, Victoria
Bacon, Gareth
Bacon, Mr Richard
Badenoch, Kemi
Bailey, Shaun
Baker, Duncan
Baker, Mr Steve
Baldwin, Harriett
Baron, Mr John
Baynes, Simon
Bell, Aaron
Beresford, Sir Paul
Bhatti, Saqib
Blackman, Bob
Blunt, Crispin
Bottomley, Sir Peter
Bowie, Andrew
Bradley, Ben
Braverman, rh Suella
Brereton, Jack
Bridgen, Andrew
Brine, Steve
Bristow, Paul
Browne, Anthony
Bruce, Fiona
Buchan, Felicity
Burghart, Alex
Butler, Rob
Cairns, rh Alun
Carter, Andy
Cartlidge, James
Cash, Sir William
Cates, Miriam
Caulfield, Maria
Chalk, Alex
Chishti, Rehman
Chope, Sir Christopher
Clark, rh Greg
Clarke, rh Mr Simon
Clarke, Theo
Clarke-Smith, Brendan
Clarkson, Chris
Cleverly, rh James
Clifton-Brown, Sir Geoffrey
Coffey, rh Dr Thérèse
Colburn, Elliot
Collins, Damian
Courts, Robert
Coutinho, Claire
Crosbie, Virginia
Daly, James
Davies, David T. C.
Davies, Gareth
Davies, Dr James
Davies, Mims
Davison, Dehenna
Dinenage, Dame Caroline
Djanogly, Mr Jonathan
Docherty, Leo

Donelan, rh Michelle
Dowden, rh Oliver
Drax, Richard
Drummond, Mrs Flick
Duddridge, James
Duguid, David
Duncan Smith, rh Sir Iain
Dunne, rh Philip
Eastwood, Mark
Edwards, Ruth
Elphicke, Mrs Natalie
Eustice, rh George
Evans, Dr Luke
Everitt, Ben
Fabricant, Michael
Farris, Laura
Firth, Anna
Fletcher, Katherine
Fletcher, Mark
Fletcher, Nick
Ford, Vicky
Foster, Kevin
Fox, rh Dr Liam
Frazer, rh Lucy
Freeman, George
Fuller, Richard
Fysh, Mr Marcus
Gale, rh Sir Roger
Garnier, Mark
Gibson, Peter
Gideon, Jo
Graham, Richard
Gray, James
Green, Chris
Green, rh Damian
Griffith, Andrew
Griffiths, Kate
Gullis, Jonathan
Halfon, rh Robert
Hall, Luke
Harper, rh Mr Mark
Harris, Rebecca
Harrison, Trudy
Hart, rh Simon
Heald, rh Sir Oliver
Heaton-Harris, rh Chris
Henderson, Gordon
Higginbotham, Antony
Holden, Mr Richard
Holloway, Adam
Holmes, Paul
Howell, John
Huddleston, Nigel
Hughes, Eddie
Hunt, Jane
Hunt, Tom
Jack, rh Mr Alister
Javid, rh Sajid
Jayawardena, Mr Ranil
Johnson, Dr Caroline
Johnston, David
Jones, Andrew
Jones, rh Mr David
Jones, Fay
Jones, Mr Marcus
Jupp, Simon
Kearns, Alicia

Keegan, Gillian
 Kruger, Danny
 Lamont, John
 Latham, Mrs Pauline
 Leadsom, rh Dame Andrea
 Leigh, rh Sir Edward
 Levy, Ian
 Lewis, rh Brandon
 Lewis, rh Dr Julian
 Liddell-Grainger, Mr Ian
 Loder, Chris
 Logan, Mark
 Longhi, Marco
 Lopez, Julia
 Lord, Mr Jonathan
 Loughton, Tim
 Mackinlay, Craig
 Mackrory, Cherylyn
 Maclean, Rachel
 Mak, Alan
 Malthouse, rh Kit
 Mangnall, Anthony
 May, rh Mrs Theresa
 Mayhew, Jerome
 Maynard, Paul
 McCartney, Karl
 Menzies, Mark
 Mercer, Johnny
 Merriman, Huw
 Metcalfe, Stephen
 Millar, Robin
 Miller, rh Mrs Maria
 Mills, Nigel
 Mohindra, Mr Gagan
 Moore, Robbie
 Morris, David
 Morris, James
 Mortimer, Jill
 Morton, Wendy
 Mullan, Dr Kieran
 Mundell, rh David
 Nici, Lia
 Nokes, rh Caroline
 O'Brien, Neil
 Opperman, Guy
 Parish, Neil
 Patel, rh Priti
 Pawsey, Mark
 Penning, rh Sir Mike
 Philp, Chris
 Pincher, rh Christopher
 Prentis, Victoria
 Pursglove, Tom
 Quin, Jeremy
 Raab, rh Dominic
 Randall, Tom
 Redwood, rh John
 Rees-Mogg, rh Mr Jacob

Richardson, Angela
 Robertson, Mr Laurence
 Rowley, Lee
 Russell, Dean
 Saxby, Selaine
 Scully, Paul
 Seely, Bob
 Selous, Andrew
 Shapps, rh Grant
 Shelbrooke, rh Alec
 Skidmore, rh Chris
 Smith, Chloe
 Smith, Greg
 Smith, Henry
 Smith, rh Julian
 Smith, Royston
 Spencer, Dr Ben
 Spencer, rh Mark
 Stevenson, Jane
 Stevenson, John
 Stewart, rh Bob
 Stewart, Iain
 Stride, rh Mel
 Stuart, Graham
 Sunak, rh Rishi
 Sunderland, James
 Swayne, rh Sir Desmond
 Syms, Sir Robert
 Throup, Maggie
 Timpson, Edward
 Tolhurst, Kelly
 Tomlinson, Justin
 Tomlinson, Michael
 Tracey, Craig
 Trott, Laura
 Vara, Shailesh
 Vickers, Matt
 Villiers, rh Theresa
 Walker, Sir Charles
 Walker, Mr Robin
 Wallis, Dr Jamie
 Warman, Matt
 Watling, Giles
 Webb, Suzanne
 Whately, Helen
 Wheeler, Mrs Heather
 Whittaker, Craig
 Whittingdale, rh Mr John
 Wiggin, Sir Bill
 Wild, James
 Wood, Mike
 Wright, rh Jeremy
 Young, Jacob

Tellers for the Ayes:
Amanda Solloway and
Gareth Johnson

NOES

Abbott, rh Ms Diane
 Abrahams, Debbie
 Aldous, Peter
 Ali, Tahir
 Allin-Khan, Dr Rosena
 Amesbury, Mike
 Anderson, Fleur
 Antoniazzi, Tonia
 Barker, Paula
 Betts, Mr Clive
 Blake, Olivia

Brennan, Kevin
 Brown, rh Mr Nicholas
 Burgon, Richard
 Campbell, rh Sir Alan
 Carden, Dan
 Champion, Sarah
 Charalambous, Bambos
 Clark, Feryal
 Cooper, Daisy
 Cooper, rh Yvette
 Creasy, Stella

Cruddas, Jon
 Cryer, John
 Cunningham, Alex
 Daby, Janet
 Davey, rh Ed
 Davies, Geraint
 Davies-Jones, Alex
 De Cordova, Marsha
 Dodds, Anneliese
 Doughty, Stephen
 Dowd, Peter
 Eagle, Dame Angela
 Eagle, Maria
 Eastwood, Colum
 Edwards, Jonathan
 Efford, Clive
 Elmore, Chris
 Eshalomi, Florence
 Esterson, Bill
 Farron, Tim
 Fletcher, Colleen
 Fovargue, Yvonne
 Foxcroft, Vicky
 Furniss, Gill
 Gardiner, Barry
 Green, Kate
 Green, Sarah
 Greenwood, Margaret
 Haigh, Louise
 Hamilton, Mrs Paulette
 Hardy, Emma
 Harris, Carolyn
 Healey, rh John
 Hillier, Dame Meg
 Hobhouse, Wera
 Hollern, Kate
 Hollinrake, Kevin
 Hollobone, Mr Philip
 Hopkins, Rachel
 Hunt, rh Jeremy
 Hussain, Imran
 Jones, Gerald
 Jones, Ruth
 Jones, Sarah
 Kendall, Liz (*Proxy vote cast*
by Mr Pat McFadden)
 Khan, Afzal
 Kinnock, Stephen
 Kyle, Peter
 Lake, Ben
 Lavery, Ian
 Leadbeater, Kim
 Lewer, Andrew
 Lewis, Clive
 Lloyd, Tony
 Lockhart, Carla
 Long Bailey, Rebecca
 Lucas, Caroline
 Lynch, Holly
 Madders, Justin
 Mahmood, Mr Khalid
 Mahmood, Shabana
 Malhotra, Seema
 Maskell, Rachael
 Matheson, Christian

McCarthy, Kerry
 McCartney, Jason
 McDonnell, rh John
 McFadden, rh Mr Pat
 McGovern, Alison
 McKinnell, Catherine
 McMorris, Anna
 Mearns, Ian
 Miliband, rh Edward
 Moran, Layla
 Morden, Jessica
 Morgan, Helen
 Morgan, Stephen
 Morris, Grahame
 Mumby-Croft, Holly
 Murray, James
 Olney, Sarah
 Oppong-Asare, Abena
 Osamor, Kate
 Owatemi, Taiwo
 Peacock, Stephanie
 Pennycook, Matthew
 Perkins, Mr Toby
 Phillipson, Bridget
 Pollard, Luke
 Rayner, rh Angela
 Reed, Steve
 Rees, Christina
 Reeves, Ellie
 Reynolds, Jonathan
 Rodda, Matt
 Saville Roberts, rh Liz
 Shah, Naz
 Shannon, Jim
 Sharma, Mr Virendra
 Slaughter, Andy
 Smith, Cat
 Smith, Jeff
 Smith, Nick
 Smyth, Karin
 Stevens, Jo
 Stone, Jamie
 Streeting, Wes
 Stringer, Graham
 Sultana, Zarah
 Tami, rh Mark
 Tarry, Sam
 Thomas, Derek
 Thomas, Gareth
 Thomas-Symonds, rh Nick
 Timms, rh Stephen
 Twist, Liz
 Vaz, rh Valerie
 Wakeford, Christian
 Whitehead, Dr Alan
 Whittome, Nadia
 Williams, Hywel
 Wilson, Munira
 Winter, Beth
 Yasin, Mohammad
 Zeichner, Daniel

Tellers for the Noes:
Mary Glendon and
Navendu Mishra

Question accordingly agreed to.

Government amendments (a) to (n) made in lieu of
Lords amendment 80.

Lords amendment 81 disagreed to.

After Clause 148**DISPUTE RESOLUTION IN CHILDREN'S PALLIATIVE CARE**

Motion made, and Question put, That this House disagrees with Lords amendment 90.—(Edward Argar.)

The House divided: Ayes 259, Noes 147.

Division No. 241]

[8.57 pm

AYES

Adams, rh Nigel
Afolami, Bim
Afriyie, Adam
Aldous, Peter
Allan, Lucy
Anderson, Lee
Andrew, rh Stuart
Ansell, Caroline
Argar, Edward
Atkins, Victoria
Bacon, Gareth
Bacon, Mr Richard
Badenoch, Kemi
Bailey, Shaun
Baillie, Siobhan
Baker, Duncan
Baldwin, Harriett
Baron, Mr John
Baynes, Simon
Bell, Aaron
Beresford, Sir Paul
Bhatti, Saqib
Blackman, Bob
Blunt, Crispin
Bottomley, Sir Peter
Bowie, Andrew
Bradley, Ben
Bradley, rh Karen
Braverman, rh Suella
Brereton, Jack
Bridgen, Andrew
Brine, Steve
Bristow, Paul
Browne, Anthony
Bruce, Fiona
Buchan, Felicity
Burghart, Alex
Butler, Rob
Cairns, rh Alun
Carter, Andy
Cartlidge, James
Cash, Sir William
Cates, Miriam
Caulfield, Maria
Chalk, Alex
Chishti, Rehman
Chope, Sir Christopher
Clark, rh Greg
Clarke, rh Mr Simon
Clarke, Theo
Clarke-Smith, Brendan
Clarkson, Chris
Cleverly, rh James
Clifton-Brown, Sir Geoffrey
Coffey, rh Dr Thérèse
Colburn, Elliot
Collins, Damian
Courts, Robert
Coutinho, Claire

Crosbie, Virginia
Daly, James
Davies, David T. C.
Davies, Gareth
Davies, Dr James
Davies, Mims
Davison, Dehenna
Dinenage, Dame Caroline
Djanogly, Mr Jonathan
Docherty, Leo
Donelan, rh Michelle
Dowden, rh Oliver
Drax, Richard
Drummond, Mrs Flick
Duddridge, James
Duguid, David
Duncan Smith, rh Sir Iain
Dunne, rh Philip
Eastwood, Mark
Edwards, Ruth
Elphicke, Mrs Natalie
Eustice, rh George
Evans, Dr Luke
Everitt, Ben
Fabricant, Michael
Farris, Laura
Firth, Anna
Fletcher, Katherine
Fletcher, Mark
Fletcher, Nick
Ford, Vicky
Foster, Kevin
Fox, rh Dr Liam
Frazer, rh Lucy
Freeman, George
Fuller, Richard
Fysh, Mr Marcus
Gale, rh Sir Roger
Garnier, Mark
Gibson, Peter
Gideon, Jo
Graham, Richard
Gray, James
Green, Chris
Green, rh Damian
Griffith, Andrew
Griffiths, Kate
Gullis, Jonathan
Halfon, rh Robert
Hall, Luke
Hammond, Stephen
Harper, rh Mr Mark
Harris, Rebecca
Harrison, Trudy
Hart, rh Simon
Heald, rh Sir Oliver
Heaton-Harris, rh Chris
Henderson, Gordon
Higginbotham, Antony

Holden, Mr Richard
Hollinrake, Kevin
Hollobone, Mr Philip
Holloway, Adam
Holmes, Paul
Howell, John
Huddleston, Nigel
Hughes, Eddie
Hunt, Jane
Hunt, Tom
Jack, rh Mr Alister
Javid, rh Sajid
Jayawardena, Mr Ranil
Johnson, Dr Caroline
Johnston, David
Jones, Andrew
Jones, rh Mr David
Jones, Fay
Jupp, Simon
Kearns, Alicia
Keegan, Gillian
Knight, Julian
Kruger, Danny
Lamont, John
Largan, Robert
Latham, Mrs Pauline
Leadsom, rh Dame Andrea
Leigh, rh Sir Edward
Levy, Ian
Lewer, Andrew
Lewis, rh Dr Julian
Liddell-Grainger, Mr Ian
Loder, Chris
Logan, Mark
Longhi, Marco
Lopez, Julia
Lord, Mr Jonathan
Loughton, Tim
Mackinlay, Craig
Mackrory, Cheryl
Maclean, Rachel
Mak, Alan
Malthouse, rh Kit
Mangnall, Anthony
May, rh Mrs Theresa
Mayhew, Jerome
Maynard, Paul
McCartney, Karl
McPartland, Stephen
Menzies, Mark
Mercer, Johnny
Merriman, Huw
Metcalf, Stephen
Millar, Robin
Miller, rh Mrs Maria
Mills, Nigel
Mohindra, Mr Gagan
Moore, Damien
Moore, Robbie
Mordaunt, rh Penny
Morris, David
Morris, James
Mortimer, Jill
Morton, Wendy
Mullan, Dr Kieran
Mumby-Croft, Holly
Mundell, rh David
Nici, Lia
Nokes, rh Caroline
O'Brien, Neil
Opperman, Guy
Parish, Neil

Patel, rh Priti
Pawsey, Mark
Penning, rh Sir Mike
Penrose, John
Philp, Chris
Pincher, rh Christopher
Prentis, Victoria
Pursglove, Tom
Quin, Jeremy
Raab, rh Dominic
Randall, Tom
Redwood, rh John
Rees-Mogg, rh Mr Jacob
Richardson, Angela
Robertson, Mr Laurence
Rowley, Lee
Russell, Dean
Saxby, Selaine
Scully, Paul
Seely, Bob
Selous, Andrew
Shapps, rh Grant
Shelbrooke, rh Alec
Skidmore, rh Chris
Smith, Chloe
Smith, Greg
Smith, Henry
Smith, rh Julian
Smith, Royston
Spencer, Dr Ben
Spencer, rh Mark
Stevenson, Jane
Stevenson, John
Stewart, rh Bob
Stewart, Iain
Stride, rh Mel
Stuart, Graham
Sunak, rh Rishi
Sunderland, James
Swayne, rh Sir Desmond
Syms, Sir Robert
Thomas, Derek
Throup, Maggie
Timpson, Edward
Tolhurst, Kelly
Tomlinson, Justin
Tomlinson, Michael
Tracey, Craig
Trott, Laura
Vara, Shailesh
Vickers, Matt
Villiers, rh Theresa
Walker, Sir Charles
Walker, Mr Robin
Wallis, Dr Jamie
Warman, Matt
Watling, Giles
Webb, Suzanne
Whately, Helen
Wheeler, Mrs Heather
Whittaker, Craig
Whittingdale, rh Mr John
Wiggin, Sir Bill
Wild, James
Wood, Mike
Wright, rh Jeremy
Young, Jacob

Tellers for the Ayes:

**Amanda Solloway and
Gareth Johnson**

NOES

Abbott, rh Ms Diane
 Abrahams, Debbie
 Ali, Tahir
 Allin-Khan, Dr Rosena
 Amesbury, Mike
 Anderson, Fleur
 Antoniazzi, Tonia
 Barker, Paula
 Begum, Apsana
 Betts, Mr Clive
 Blake, Olivia
 Brennan, Kevin
 Brown, rh Mr Nicholas
 Burgon, Richard
 Campbell, rh Sir Alan
 Carden, Dan
 Champion, Sarah
 Charalambous, Bambos
 Clark, Feryal
 Cooper, Daisy
 Cooper, rh Yvette
 Corbyn, rh Jeremy
 Creasy, Stella
 Cruddas, Jon
 Cryer, John
 Cunningham, Alex
 Daby, Janet
 Davey, rh Ed
 Davies, Geraint
 Davies-Jones, Alex
 De Cordova, Marsha
 Dodds, Anneliese
 Doughty, Stephen
 Dowd, Peter
 Eagle, Dame Angela
 Eagle, Maria
 Eastwood, Colum
 Edwards, Jonathan
 Efford, Clive
 Elmore, Chris
 Eshalomi, Florence
 Esterson, Bill
 Farron, Tim
 Farry, Stephen
 Fletcher, Colleen
 Fovargue, Yvonne
 Foxcroft, Vicky
 Furniss, Gill
 Gardiner, Barry
 Green, Kate
 Green, Sarah
 Greenwood, Margaret

Haigh, Louise
 Hamilton, Mrs Paulette
 Hardy, Emma
 Harris, Carolyn
 Healey, rh John
 Hillier, Dame Meg
 Hobhouse, Wera
 Hollern, Kate
 Hopkins, Rachel
 Hunt, rh Jeremy
 Hussain, Imran
 Jones, Gerald
 Jones, Ruth
 Jones, Sarah
 Kendall, Liz (*Proxy vote cast by Mr Pat McFadden*)
 Khan, Afzal
 Kinnock, Stephen
 Kyle, Peter
 Lake, Ben
 Lavery, Ian
 Leadbeater, Kim
 Lewis, Clive
 Lloyd, Tony
 Lockhart, Carla
 Long Bailey, Rebecca
 Lucas, Caroline
 Lynch, Holly
 Madders, Justin
 Mahmood, Mr Khalid
 Mahmood, Shabana
 Malhotra, Seema
 Maskell, Rachael
 Matheson, Christian
 McCarthy, Kerry
 McDonnell, rh John
 McFadden, rh Mr Pat
 McGovern, Alison
 McKinnell, Catherine
 McMorris, Anna
 Mearns, Ian
 Miliband, rh Edward
 Moran, Layla
 Morden, Jessica
 Morgan, Helen
 Morgan, Stephen
 Morris, Grahame
 Murray, James
 Olney, Sarah
 Oppong-Asare, Abena
 Osamor, Kate
 Owatemi, Taiwo

Peacock, Stephanie
 Pennycook, Matthew
 Perkins, Mr Toby
 Phillipson, Bridget
 Pollard, Luke
 Rayner, rh Angela
 Reed, Steve
 Rees, Christina
 Reeves, Ellie
 Reynolds, Jonathan
 Rodda, Matt
 Saville Roberts, rh Liz
 Shah, Naz
 Shannon, Jim
 Sharma, Mr Virendra
 Slaughter, Andy
 Smith, Cat
 Smith, Jeff
 Smith, Nick
 Smyth, Karin
 Sobel, Alex
 Stevens, Jo
 Stone, Jamie
 Streeting, Wes

Stringer, Graham
 Sultana, Zarah
 Tami, rh Mark
 Tarry, Sam
 Thomas, Gareth
 Thomas-Symonds, rh Nick
 Thornberry, rh Emily
 Timms, rh Stephen
 Turner, Karl
 Twist, Liz
 Vaz, rh Valerie
 Wakeford, Christian
 Western, Matt
 Whitehead, Dr Alan
 Whittome, Nadia
 Williams, Hywel
 Wilson, Munira
 Winter, Beth
 Yasin, Mohammad
 Zeichner, Daniel

Tellers for the Noes:
 Mary Glindon and
 Navendu Mishra

Question accordingly agreed to.

Lords amendment 90 disagreed to.

Government amendment (a) made in lieu of Lords amendment 90.

Lords amendment 105 disagreed to.

Government amendment (a) made in lieu of Lords amendment 105.

Lords amendments 1 to 10, 12 to 28, 31 to 41, 49, 50, 65, 83, 102 to 104, 106 and 107 agreed to, with Commons financial privileges waived in respect of Lords amendments 34 to 37.

Ordered, That a Committee be appointed to draw up Reasons to be assigned to the Lords for disagreeing to their amendments 29, 30, 57, 81, 85 to 88 and 108;

That Edward Argar, Michael Tomlinson, Saqib Bhatti, Gareth Davies, Karin Smyth, Chris Elmore and Martyn Day be members of the Committee;

That Edward Argar be the Chair of the Committee;

That three be the quorum of the Committee.

That the Committee do withdraw immediately.—
(Mrs Wheeler.)

Committee to withdraw immediately; reasons to be reported and communicated to the Lords.

Electric Vehicle Charging Infrastructure

Motion made, and Question proposed, That this House do now adjourn.—(Mrs Wheeler.)

9.10 pm

Sir Bill Wiggin (North Herefordshire) (Con): I must declare my entry in the Register of Members' Financial Interests and, more importantly, the fact that I am an electric car driver. I am delighted with the performance of the Hyundai Kona, although it is due for a battery recall, which I hope will happen very soon. I have driven it for a while, and it is fast—very fast—and a joy to drive. It is no wonder that at the end of November 2021 there were more than 365,000 fully electric cars on UK roads. More than 20,000 electric vehicles were registered in that month last year, and it is expected that over 6 million families will have purchased an electric vehicle by 2030. In addition, National Grid is preparing for the need to power 36 million cars by 2040.

There are some giant challenges facing this area. For example, the amount of electricity needed to travel will increase massively as the number of electric cars grows by some 30% as we swap our energy source from petrol to electricity. We are nowhere near ready for such a step change in demand for electricity yet.

Jim Shannon (Strangford) (DUP): In Northern Ireland, the rise in electric car ownership has been dramatic, but what has not risen is the number of charging points. Does the hon. Gentleman agree that if we are going to have take-up of electric cars, the number of charging points will have to match that? Does he also agree that they need to be not only in shopping centres but in town centres?

Sir Bill Wiggin: They also need to have sufficient speed of charge. For me, the 50 kW ones are the meaningful ones. I will come on to this later in my speech. When we look online, it is difficult to identify the ones that will get us home, as opposed to the ones that are in people's drives for their overnight charging.

Coupled with a decrease in VAT on fuel tax as we embrace the opportunities that electric vehicles present, we need to build parking and charging spaces and opportunities into our new housing stock, for no less a reason than that the national car pool could, with smart chargers, be a part of a national battery network. Over a quarter of the UK's net greenhouse gas emissions come from the transport sector. It is therefore clear that getting the public into electric cars is a key part of the Government's ambition to reach net zero emissions by 2050. However, we all want the public to be persuaded to abandon their fossil fuel-powered cars, rather than be forced to do so. To help to achieve this, we need to ensure that owning an electric vehicle is as convenient as owning a traditionally powered vehicle.

The main way of fulfilling this ambition must be a focus on range anxiety, and part of the solution to this serious concern is the ability to recharge electric cars easily and quickly. This is what the hon. Member for Strangford (Jim Shannon) was talking about. The Government should therefore regard the prevalence and proper function of EV chargers to be just as important as petrol stations are for fossil fuel vehicles.

The Government have already invested heavily in developing a network of fast chargers across the UK: £950 million has been committed to ensure that a motorist is never more than 30 miles away from a rapid charging site. Largely due to this support, more than 500 new fast charging points are being installed in the UK every month. However, those fast charging points suffer from a multitude of issues that prevent consumers from buying into the technology, not least being that "fast chargers" can range from 7.5 kW to 22 kW. These are not fast, and that is one of the massive key failings in the Government support.

Other issues include reliability, ease of use, and the impossibility of tracking down chargers when the need arises. Just the other day, I found to my horror that every fast charger at Membury services on the M4 westbound was broken or would not fit my vehicle. One looked like it had been hit by a car. The next looked like it worked until I downloaded the app, plugged it in and took a photograph of the code, only to be told that it was out of order. The last one was unwilling to accept a payment card, and the instruction screen was so scratched that it was almost impossible to read. Next to them was an immaculate Tesla charging area, with eight unoccupied chargers, which had no screens and so were unavailable to us mere mortals.

The inability to find a fast charger is especially distressing for the electric vehicle owner—it is worse late at night in the freezing cold, although in my case, thankfully, it was not raining—because running out of charge in an electric vehicle is not an option. First, there is no comparable technology to the jerry can, which can be used with fossil-fuelled vehicles. To make matters worse, most electric cars should not be towed, as they lack a true neutral gear, which means that once the vehicle has run out of charge, it is stranded and has to be retrieved by a low-loader lorry. Happily, I was lucky enough to find an operational charging point in Swindon, although it was not listed on any website I could find. I just happened to see it.

It is incidents like that one that rightly damage the public's perception of the utility of electric vehicles and prevent their further adoption. It is clear that my experience is not unique. Channel 4's "Dispatches" programme found that last year over 10% of car charging bays in the UK were out of order on a given day. Many charging points consist of only two bays, so a single broken bay plus one other customer in the next-door bay adds to the risk and misery of trying to find a working charging point. The charging process already takes a little longer than refuelling fossil-fuelled cars, and having someone in the queue ahead makes matters doubly worse.

Infrastructure concerns are especially worrying in rural areas like my North Herefordshire constituency, which is home to just four fast charging locations. I am not even sure where they are, but I really would like to know.

Adam Afriyie (Windsor) (Con): I was delighted to give my hon. Friend a lift in an electric vehicle to his home last night. I am less anxious about charging because we have a home charger and we use the Tesla superchargers, but does my hon. Friend agree that the electric vehicle charging infrastructure should be regarded as part of our national security infrastructure? Should

[Adam Afriyie]

it not be included in the consideration of ways not only to reduce our carbon emissions, but to ensure that our nation's transport is secure, even in a crisis?

Sir Bill Wiggin: My hon. Friend is not only extremely generous to have given me a lift in his very smart Tesla, but absolutely right in everything he says. This message to the public that we can move away from fossil fuels and enjoy electric vehicles—they are great—comes to nothing if the security of the sites is not adequate.

Despite the vast subsidies—almost £1 billion—given to install EV charging points, sufficiently high standards have still not been set for their maintenance, which I think is what my hon. Friend was talking about. The Government would not accept a scenario where 10% of petrol stations were not in working order. During the fuel protests in 2001, the Government provided police escorts to fuel tankers to ensure security of supply, and just last September, the Army was called in to deliver fuel to petrol stations running low on petrol and diesel. So the public know that the Government take the refuelling of traditionally powered cars very seriously. As it stands, the same confidence cannot be had in their backing for electric vehicle charging. That lack of confidence is holding back the widespread adoption of EV technology. Range anxiety is not only real but justified.

The Government's own figures show that 75% of motorists are reluctant to purchase an electric vehicle as they are concerned about being able to charge it, and 67% of people stated that they thought it was not possible to charge an electric vehicle conveniently and quickly on long journeys. The problem is only exacerbated by the poor quality of information available to those wishing to charge their cars.

Jim Shannon: To back up what the hon. Gentleman is saying, in my constituency of Strangford, which has about 70,000 people, we have only two charging points.

Sir Bill Wiggin: To encourage people to adopt electric vehicles, we will need considerably more. However, equally important is the ability to find those two charging points, and at the moment not a single map—electronic or physical—can display every fast-charging station and whether it is in working order, the size of the charger available and a route to get to it. We should be able to do that. Zap-Map claims to have recorded 95% of public charging points in the UK, but there is accurate information on the condition of only 70% of them. Zap-Map also requires members of the public to report when a fast-charging station is broken, so the information is far too often outdated or incorrect. It is also hard to remove red herring chargers—the little ones below 50 kW—and EV owners do not necessarily have time to use a slow charger. It is so bad that when I visited Manchester for the party conference, there were parking bays allocated for electric vehicles, but they had no chargers, so they were completely useless, yet they shone out of the map invitingly. It is not right to expect electric vehicle owners to roll the dice. Charge point operators must be made to provide a better service in return for the large public subsidies that they receive.

We look to the Government to set strong standards for the maintenance of charge points. That must be paired with penalties for companies that fail to meet them. Now, I am not calling for the return of the death

penalty, but I could be persuaded to support its reintroduction for the failure to maintain an EV charging site. In addition, I call for more and better information to be made available to EV owners about where they can charge their cars, as well as all fast-charging locations to be made available on all common map applications and car sat-navs. Clear details on what types of chargers, how many bays are available and their operating condition must be readily available. That information should be shown on forecourt display signs in the same way that petrol and diesel prices are advertised.

Providers who do not follow those common-sense regulations are holding back EV technology across the country and hindering progress towards our net zero emissions target. There is no better example of that than the £350 subsidy for home chargers. It is possible to buy one on eBay for £269, yet that will not be eligible for the subsidy, so the contractors simply add £350 on to their bills. Even when EV charge points do work, they are still somewhat inconvenient to use. Each charging point is operated by a particular company, and each company requires its own subscription and/or app to use it. Despite many previous discussions on this matter, it is hard to know whether the chargers with blue “I'm free” lights showing are actually available to someone who wants to pay with their credit card. EV drivers in the Netherlands can charge their cars on any operator's network using a unified payment system. I see no reason why we have not already regulated for a similar system in Britain. There is no problem with charge point operators offering preferential rates to their subscribers, but they must also offer a simple contactless or mobile payment option to other motorists.

It is clear that if we are to continue to offer such large subsidies to charge point operators, we must ensure that they are doing more for consumers. In return for public money, these companies owe the Government—and therefore the public—better maintenance, better ease of use and better information. The same is true for local authorities who are exploiting this situation to some extent, too. For example, Hammersmith and Fulham Council provides lots of chargers. When the charger works, the light is green and while charging it is blue. Finally, it turns red, signalling to any passing traffic warden that a fat fine is available. That is hardly encouraging, and as a result the bays are mostly empty.

The Government should now use legislation to ensure that 50 kW charge points should be easy to find on all common map applications and car sat-navs. There is a proper need to identify fast chargers so people are able to get home, rather than the 7.5 kW chargers or the little ones, which may take many hours to charge a car. The quality and availability of that information needs to be clear so that we can find it from the car. Sitting in a warm office is really not an acceptable alternative, but that is how the Government's report reads. Information listing types of adaptors, how many bays there are and if they are working should be easily available, both online and on petrol price-style display boards.

We also need to enforce standards to ensure that EV charging points are consistently and properly maintained and we must take the power to impose penalties on companies that do not deliver. Taxpayer-funded charging points mean standards, and standards need to be delivered

and enforced. Only then will we see consumer confidence grow, more EVs bought and our net zero goals met on time.

9.26 pm

The Parliamentary Under-Secretary of State for Transport (Trudy Harrison): It gives me great pleasure to respond to the debate. I thank my hon. Friend the Member for North Herefordshire (Sir Bill Wiggin) for initiating it, and I thank the hon. Member for Strangford (Jim Shannon) and my hon. Friend the Member for Windsor (Adam Afriyie) for their interventions, because this is a really important issue. For decades, we have talked about moving away from fossil fuels. As we move towards green technologies and set ambitious targets to end the sale of petrol and diesel vehicles in 2030, we know we need an infrastructure to match it.

I would like to begin by adding to my hon. Friend's already impressive set of statistics—he has clearly done his homework—covering the entirety of Herefordshire. There are indeed 68 public devices, 15 of which are rapid—that is over 50 kW—and there are 848 grant-funded domestic services in Herefordshire, plus a further 77 workplace charge points. What we do not have from Herefordshire Council, I am afraid, are any applications to the on-street charging fund. I therefore encourage my hon. Friend to work with me in trying to encourage the council.

On the quality and reliability of charge points, my hon. Friend is absolutely spot on. We have already identified a number of improvements that must be mandated if we are to secure the transition we want away from fossil fuel vehicles to a far more electrified transport network. On reliability, we are ensuring that public charge points will be reliable by mandating a 99% reliability charging requirement across the rapid network, which will include trunk roads and motorway service areas, of which there are 114. That means that the rapid charging network must be maintained to a high standard. Where operators fall short of that standard, we will work with our enforcement body—to be set up—to ensure consumers get the very best experience. We are also going to publish a league table of all charge point operators in the UK and we are mandating a 24/7 helpline that must be free for consumers to use at every charge point in the UK. The helplines must be available within one year after the legislation comes into effect. We hope to bring forward that legislation later this year.

My hon. Friend referred to the apps that need to be downloaded. We in my Department agree that that is unacceptable, so we are mandating that a non-proprietary, non-phone payment method, such as contactless, should be available for all newly installed fast and rapid charge points and existing rapid charge points over 7.1 kW.¹ That will come into effect one year after the legislation is laid.

We want to make sure that operators open up their charge points to a roaming provider. We simply do not care whether that is a charge point operator, a third-party roaming provider or a Government-accredited roaming provider, but we want it done quickly. Industry is already making tremendous progress. We will set the enforcement date as 31 December 2023 to ensure that any industry actors that are reluctant to offer roaming are forced to offer it to their consumers.

My hon. Friend spoke about how motorists will find the right charge point for their needs. That is critical. We will also mandate open data to enable consumers to find a reliable, working and available charge point. We will mandate a data standard, the open charge point interface protocol, to standardise industry data and to specify how the data will be made openly available. We will allow a one-year lead time for those regulations to come into effect to allow for the development of an industry data solution.

And we will go further by mandating pricing transparency through a single pricing metric—pence per kilowatt-hour—that must be offered to consumers at each public charge point. That will exclude payment bundles, where pricing can be offered alongside another service. The total bundle cost, however, must provide the consumer with the equivalent cost in pence per kilowatt-hour to charge their EV. That will come into effect immediately after the regulations come into force.

I hope that I have set out how seriously we are taking this issue. We have listened to the feedback from motorists and consumers, and our ambition is matched only by our incentivisation. We will provide support to local authorities, organisations and householders through a range of funding streams that are available for homes, streets, workplaces, local authorities, motorway service areas, individuals, organisations, companies and motorway service area operators. That support is available right across the UK.

The hon. Member for Strangford referred to the pitiful amount of charge points, and I encourage him to work with his local authority, because those schemes are UK-wide, whether we are talking about the plug-in grant for cars, vans, motorcycles or taxis, the electric vehicle homecharge scheme, the workplace charging scheme, the on-street residential charge point scheme, any of the infrastructure support or our hydrogen transport programme. I repeat that our ambition is matched only by our financial incentivisation.

Adam Afriyie: The Minister is making it clear that the Government are utterly committed to getting this right and we very much appreciate that. The Royal Borough of Windsor and Maidenhead, where I am, has taken advantage of some of the Government schemes. We have some pretty good fast charging points, and really good preference is given to local residents who use them. Some of the schemes are working, but it is important that we look at home charging unit subsidies, as my hon. Friend the Member for North Herefordshire (Sir Bill Wiggin) said, because they are definitely just being skimmed off by a lot of the suppliers.

Trudy Harrison: I thank my hon. Friend for that intervention and I am certainly happy to meet him. We have discussed at length some of the benefits that he experienced for his electric vehicle. There is nothing like speaking to the motorists, who explain some of the challenges and how we will improve on the charging infrastructure to ensure that it is world-leading and fit for the Government's ambitions as we decarbonise transport.

It is important to recognise the crucial role of local authorities in developing local EV charging strategies and facilitating local provision, especially for residents who do not have access to off-street charging. We are

1.[Official Report, 31 March 2022, Vol. 711, c. 8MC.]

[Trudy Harrison]

pledging at least £500 million to support local charge point provision. As part of that, the local EV infrastructure fund will provide approximately £400 million of capital and £50 million of resource funding to support local authorities.

We are developing a toolkit and assessing how local authorities can best be supported with extra resources. We have launched a £10 million pilot as a springboard for the development of the full fund. We are working with the Energy Saving Trust to run the local government support programme, which provides free impartial advice to local authorities in England to help them to develop local policies and strategies to support zero-emission vehicle uptake.

Our electric vehicle infrastructure strategy, which was launched just last Friday, sets out our direction of travel. It has put flesh on the bones of the transport decarbonisation plan and our net zero strategy. We need to go further—and we are doing just that. Last year, we launched a consultation on improving the consumer experience at public charge points; I have set out the results of that consultation, which I think demonstrate that we have listened and are taking action.

We cannot take our foot off the clean, sustainable gas as we roll our plans out across the country. We have a responsibility to protect our future and make it cleaner and greener as fast as possible. In the light of the situation in Ukraine, switching to our own clean, cheap energy is no longer just about hitting net zero targets; it is a matter of national security. We will shortly publish a new energy security strategy to accelerate clean power in the UK from offshore wind and solar to hydrogen, nuclear and more.

The Government have set out a clear plan to support the transition to electric vehicles. We have set out our role with partners, and are committing funding and continuing to work with industry to make sure that we have a world-leading charging network up and down the country. This transition is a team effort. I welcome challenge from Members across the House, because no body or sector can do this alone. It is only together that we can meet our ambitious targets to reach net zero carbon emissions by 2050.

Question put and agreed to.

9.37 pm

House adjourned.

Westminster Hall

Wednesday 30 March 2022

[CHRISTINA REES *in the Chair*]

British and Overseas Judges: Hong Kong

9.30 am

Christina Rees (in the Chair): I remind Members that Erskine May states:

“Reflections on the judge’s character or motives cannot be made except on a”—
substantive—
“motion.”

I hope Members will bear that in mind when making their contributions. I call Sir Iain Duncan Smith to move the motion.

Sir Iain Duncan Smith (Chingford and Woodford Green) (Con): I beg to move,

That this House has considered the role of British and overseas judges in Hong Kong.

It is a pleasure and a privilege to serve under your stewardship, Ms Rees. Today’s debate was meant to be a demand from across parties that the Government should intervene and that British judges now serving in Hong Kong’s courts should withdraw. We have known for some time that the very presence of those judges has lent legitimacy to a brutal, totalitarian regime that has been prosecuting in Hong Kong against the Sino-British agreement terms and has been prosecuting people in Hong Kong whose only crime has been to cry out for freedom—the kind of freedom that we in this Chamber and in this country have taken for granted for years, and that we see the people in Ukraine fighting for. Meanwhile, in Hong Kong, British judges and lawyers have been serving in and around those courts and aiding them—not that they were setting out to do so, but their very presence has lent legitimacy.

However, just before I came in for this debate, I discovered that the Government have now agreed with us and wish the British judges to withdraw. Although that is not in the Government’s power, we have heard some interesting statements subsequently from the President of the Supreme Court. Will the Minister take this opportunity to intervene and make it clear what exactly the Government have said?

The Parliamentary Under-Secretary of State for Foreign, Commonwealth and Development Affairs (Vicky Ford): I thank my right hon. Friend for calling us all together on this very important issue and for inviting me to update colleagues by way of an intervention on the decision that has been made. It was laid in a written ministerial statement last night and published this morning. The statement is as follows:

“British judges have played an important role in supporting the judiciary in Hong Kong for many years. Since 1997 judges from other common law jurisdictions, including the UK, have sat on the Hong Kong Court of Final Appeal as part of the continuing commitment to safeguarding the rule of law.

However, since Beijing’s imposition of the National Security Law in 2020, our assessment of the legal environment in Hong Kong has been increasingly finely balanced. China has continued to use the National Security Law and its related institutions to undermine the fundamental rights and freedoms promised in the Joint Declaration. As National Security Law cases proceed through the Courts, we are seeing the implications of this sweeping legislation, including the chilling effect on freedom of expression, the stifling of opposition voices, and the criminalising of dissent.

Given this concerning downward trajectory, the Foreign Secretary has agreed with the Deputy Prime Minister and Lord Chancellor and the President of the UK Supreme Court Lord Reed, that the political and legal situation in Hong Kong has reached the point at which it is no longer tenable for serving UK judges to participate on the Court of Final Appeal. As such Lord Reed and Lord Hodge submitted their resignations to the Hong Kong authorities today. We are grateful for their service, and that of their predecessors.

The UK remains committed to stand up for the people of Hong Kong, to call out the violation of their rights and freedoms, and to hold China to their international obligations.”

Sir Iain Duncan Smith: I am grateful to the Minister for intervening on my opening remarks to make it clear what the Government have said, and I welcome that. We set up an organisation, the Inter-Parliamentary Alliance on China, a few years ago. It takes parliamentarians around the world from the left and right. There are 22 or 23 countries involved, from Japan to America, and we have all—as one voice throughout, and from all sides and from different parties—cried out for this for some time, so I unreservedly welcome today’s statement. I understand that my right hon. and learned Friend the Member for South Swindon (Sir Robert Buckland), who was himself Lord Chancellor, wants to intervene.

Sir Robert Buckland (South Swindon) (Con): I am grateful for the work that my right hon. Friend has done. When I was Lord Chancellor, I worked with the then Foreign Secretary, who is now my successor, to agree a set of objective parameters that would be used in order to assess the situation in Hong Kong. That was done because we, unlike China, respect the independence of our judiciary. We respect judges’ right to sit in courts where they are not providing a veneer of respectability, but importantly, at the end of it all, the politics of the situation demanded that sort of objective test. It is a sad moment, but it is one that I am glad the Government have not flinched from, which is why I wholeheartedly support the decision made today. It is not just an important decision in legal terms; it is the United Kingdom sending a very clear message that we will not be party to giving regimes that are sliding into tyranny any shred of respectability whatever. That is why I welcome the statement today.

Sir Iain Duncan Smith: I am grateful to my right hon. and learned Friend. I know that he has privately been a big supporter of what we have been trying to do, so I appreciate his coming here now that he is no longer Lord Chancellor.

I simply say that this is a momentous decision, because right now in Ukraine—I referred to this earlier—we are seeing a totalitarian regime try to stamp out democracy and freedom in another country. In a funny sort of way, maybe we are seeing that the fight for freedom in Ukraine influences all of us to ensure that, whatever we do from the peaceful area that we live in, it does not allow other totalitarian regimes to have the legitimacy

[*Sir Iain Duncan Smith*]

that would be given to them by our independent judiciary playing a part in Hong Kong and letting everybody believe that there is nothing wrong.

Mr Alistair Carmichael (Orkney and Shetland) (LD): The right hon. Gentleman knows that I have argued for this move for some time now. I am particularly pleased to welcome it, not least because the Lord President of the Supreme Court, Lord Reed, is somebody whom I have known and respected for many years. I never felt comfortable being on the other side of the argument to him, and we seem to have resolved that.

Does the right hon. Gentleman agree that this now requires a response not just here, but from all those who have perhaps taken some comfort from the presence of the British judiciary in Hong Kong? I think it was the Hong Kong Bar Association that said the presence of British judges was a “canary in the mineshaft.” That canary has well and truly fallen off its perch today, and those in Hong Kong who care about the rule of law have a responsibility to respond.

Sir Iain Duncan Smith: I am grateful for that intervention, because I had a meeting with the Bar Council about this issue. To be fair, its members understood the dilemma that they had. Bear in mind that Essex Court Chambers have been sanctioned by the Chinese Government, as have I and others present. I do not understand how it is viable any longer for those at the Bar to argue that they are not somehow changing, influencing or moderating what may be going on in Hong Kong.

I have in front of me the statement from the Lord President. I will not read it out, as that is for others to do. Now that he has made that statement—he was one of those who actually did service in Hong Kong, so it is an extra-powerful statement on that point—I would call on the Bar Council, barristers and other lawyers who work in corporate law, and who now have all their offices in Hong Kong, to very carefully think about their position. If the judiciary are moving, and if the Bar does too, what price their ability to lend legitimacy to an area that is essentially no longer operating seriously under common law?

Catherine West (Hornsey and Wood Green) (Lab): That is a finely tuned decision on the Government’s part. Labour’s position has been clear for more than a year, since my predecessor, my hon. Friend the Member for Aberavon (Stephen Kinnock), made it clear that British judges were giving a sheen of legitimacy to what was going on in Hong Kong. I am an original member of Hong Kong Watch—like many other right hon. and hon. Members in this Chamber—and we have been worried for a number of years.

Despite being the shadow Minister, I do not intend to gloat over a U-turn or the Government caving in, but to put across a hint of sadness, because there is a sense that the withdrawal closes the door on a very civilised legal system that we consider to be the best in the world—it is shared by Australia, Canada and other places. It is sad to close the door on that level of standards and trust, and that will have a knock-on effect on the business community.

On balance, in the light of the Ukraine invasion in the last month, the judgment call is that this is no time to abstain, turn the other cheek or be neutral on things. We have to force partners and friends across the globe to make decisions. That may help to inch China towards making decisions on how it relates to Russia, and partners in the Indo-Pacific on how they approach this difficult time. The violence on our screens means that we cannot but make a decision; we cannot sit on the fence in these crucial days.

Sir Iain Duncan Smith: The hon. Lady is quite right. As I said earlier, the shockwaves from what is going on in Ukraine will wash around the world. Most of all, the important thing that that teaches us—and why I am doubly pleased that the Foreign Secretary has made the statement today—is that democracy, human rights and the rule of law are delicate. They do not exist by right; they exist only by human endeavour.

Underpinning those freedoms is our concept of independent judicial oversight. We may argue with judges, and we may get angry with them here in Parliament, but an independent judiciary is required to oversee the very workings of a democracy, as well as its freedoms, which will sometimes be taken away from people. That is why it is so important today that we send out the signal that when a Government dismisses those freedoms and natural rights, what is left is oppression and brutality. I believe that our judiciary has finally recognised that operating in isolation from the terrible new laws bearing down on people’s human rights in such countries is not feasible.

I had prepared a speech calling on the Government to do exactly what they did just before I began speaking. As a politician, that would not normally stop me making the speech for the sake of it, but I will restrain myself.

Afzal Khan (Manchester, Gorton) (Lab): I thank the right hon. Gentleman for his tireless work on human rights throughout this period. Although I welcome the Government’s statement, I think it has come a little late; the Labour party has been calling for action for more than a year. The fact remains that the deterioration of Hong Kong’s legal system means that lending it a false veneer of respectability is just not acceptable. China shows no signs of slowing down its blatant attacks on human rights and freedoms, be it in Hong Kong or in its genocidal campaign in Xinjiang.

Does the right hon. Gentleman agree that the Government should show more commitment by sanctioning the Chinese officials who are responsible for such human rights abuses, including Carrie Lam and Chen Quanguo? Will the Minister, when she speaks, confirm the precise amount of remuneration the UK Supreme Court has received in the last year for serving there?

Sir Iain Duncan Smith: In this very Chamber, I and others from the APPG on Magnitsky sanctions called on the Government to sanction more people. The hon. Gentleman has listed two people who are responsible for the abuses now in Xinjiang and what I believe to be a genocide. He will note that I have tabled an amendment, which has been signed by many Conservative Members, to today’s Health and Care Bill—the only reason I did so was to send a signal to the Government—saying that we want the NHS no longer to procure a single item that could possibly come from an area that uses forced or slave labour. The fact that we say we are doing that,

and now know from reports that we are buying such equipment, is anathema, and we need to end that as well.

I agree with him that there is more to be done but steps by Government are welcome. This is one step in the right direction; the President of the Supreme Court has made a matching step. I hope to hear from the Bar Council and others that they will step up.

Jim Shannon (Strangford) (DUP): I thank the right hon. Member for Chingford and Woodford Green (Sir Iain Duncan Smith) for all he has done. Today has been another step in the programme of how to combat Chinese aggression. As chair of the all-party parliamentary group for international freedom of religion or belief, I concur with the right hon. Gentleman and understand, as we all do, the importance of freedom of religious views in China, for the Falun Gong, the Christians and the Uyghurs.

I noted that the right hon. Gentleman had tabled that amendment. I have asked questions on that matter before, because it is wrong that the NHS should buy any product of slave labour. We welcome the process, and I see what the Minister has said today as a proactive response. The Government have responded to the hard work. Let us be thankful for where we are going and that we are now on the same page working together. That is the message we should send, and the House should endorse that. I am sorry I was longer in my intervention than I wished to be. I just want to commend the right hon. Gentleman.

Sir Iain Duncan Smith: The length of the intervention matches the exceptional nature of where we are. Normally, one would make a speech asking for the Government to do something, but they have done it before I asked for it. To that extent, I am sure the Chair will give leeway to the hon. Member for Strangford (Jim Shannon).

I conclude by saying that I unreservedly welcome the statement from the Government and the action today. I unreservedly welcome the statement from the President of the Supreme Court. I hope that others involved in the oversight of law, such as the Bar Council and the Law Society, will respond in terms to what is happening, not stay as outliers, and recognise the important and vital position of independence of the courts and those who practise in them and ply their trade. I say that as someone with a son who is a criminal barrister. The job is to represent people in a free and liberal society that understands the human rights of those who may be prosecuted.

I end by saying that, in a way, this is an emotional moment, because we have campaigned for this for so long. We have taken testimony in the Inter-Parliamentary Alliance on China and Hong Kong Watch from so many who have fled Hong Kong and are now here, because they are unable to live in freedom in Hong Kong, under the rules of an international treaty signed by the British and Chinese Governments at the time. The trashing of that, the ending of those rights, the disabusing nature of the Government's behaviour, prompts us to ask, how can common law exist in a country that does not believe in the rights and freedoms of individuals? What Ukraine shows us is that freedom has to be fought for, nurtured and protected. Today, I believe, is a step in that direction, and I congratulate the Government.

9.49 am

Andy Slaughter (Hammersmith) (Lab): It is a pleasure to serve under your chairmanship, Ms Rees. You must be finding this an interesting debate; it is veering in slightly different directions from the form that Westminster Hall debates normally take, but we can adapt. It is good that the Government are keeping us on our toes with statements; I think the U-turn was announced a full 15 minutes before the debate started. I will abandon my speech and instead make just one or two brief points, which probably means I will go on for longer than I would have otherwise done.

I would say a word on behalf of the judges—not that they need me to say a word on their behalf, but they have been put in a difficult position. Two statements were issued—on 17 July 2020 and 27 August 2021—by the President of the UK Supreme Court. The first ended by saying:

“Whether judges of the Supreme Court can continue to serve as judges in Hong Kong will depend on whether such service remains compatible with judicial independence and the rule of law.”

The 2021 statement made the judgment that:

“At this time, our shared assessment is that the judiciary in Hong Kong continues to act largely independently of government and their decisions continue to be consistent with the rule of law.”

Members may have disagreed with that assessment at that time, and I think we all disagree with it now—the actions of the Beijing Government have been something of a moving target—but the sitting Supreme Court judges have been placed in a difficult position. They have been waiting for a steer from the Foreign, Commonwealth and Development Office for some time. I say a steer; this is about the independence of the judiciary, and it is not for the Foreign Office to tell senior judges what to do. None the less, the opinion of the Government has been lacking for some time.

As my hon. Friend the Member for Hornsey and Wood Green (Catherine West) said, the Labour party has made its position clear, not just in debates, but in the statement made by the then shadow Foreign Secretary, my hon. Friend the Member for Wigan (Lisa Nandy), and the shadow Attorney General, Lord Falconer. The Government could perhaps have not left the decision until the eleventh hour.

Sir Robert Buckland: The hon. Gentleman is making an important point about the need for the Government not to direct judges, which would play entirely into the hands of China. We have an independent judiciary. Frankly, China does not respect the rule of law. That is why the Government's position has been very carefully calibrated. Gently but firmly, I reject the contention that there was somehow benign neglect here. There was a very careful monitoring of the situation by me and the then Foreign Secretary, my right hon. Friend the Member for Esher and Walton (Dominic Raab)—precisely calibrated on respect for the independence of the judiciary, but also making sure there was a very clear political hand on the tiller when it came to the overall evidence and assessment of the situation, month by month.

Andy Slaughter: I entirely respect the right hon. and learned Gentleman's opinion and his record as Lord Chancellor, but the issue could have been handled a little better. There were signals in those statements, at

[*Andy Slaughter*]

least on knowing the opinion. I entirely agree with him, obviously, that the last thing we want, either in relation to China or of itself, is for the Government to be banging the table and telling judges what to do, although they do seem to do that rather a lot—presumptions seem to be finding their way into legislation rather too often, in my view. Nevertheless, let us maintain today's harmonious spirit. We will endeavour to do that.

I think it will be something of a relief to the Supreme Court that this statement has been made today. The question, as other hon. Members have already raised, is what the consequences will be. The Minister may want to clarify. As far as retired judges and practitioners are concerned, it will still be for them to make an individual decision. There may be views expressed by the Bar or other professional bodies, but I wonder whether the Government are going to go further and say what they would wish to see—there is no element of direction there; none is possible. Former Presidents of the Supreme Court and former judges of the Supreme Court sit. There are judges from other Commonwealth jurisdictions who are even more remote, but who I suspect would also take note of the decision that has been taken here. That will be an interesting point to look at.

I think that this situation is an exception and it is right that it is judged on the individual and particular facts as to the conduct of the Beijing Government. Generally speaking, however, the ability of senior UK judges to sit in other jurisdictions is something that we should be very proud of and, indeed, encourage. I suspect that the Government will wish to see more of that happening. It does happen in many circumstances that are controversial. I am thinking of judges sitting as the final court of appeal on capital cases from the Caribbean and other very controversial matters. No doubt some people would say that they should not do that and should not associate in that way, or that British judges have no locus in doing it. I think that, whether one looks at it in terms of soft power and the reputation of Britain abroad, or whether one looks at the experience that is gained by both sides, it is a positive thing, and the situation that we are discussing is, one hopes, the exception that proves that rule. There are particular circumstances in this situation that mean that it is right that certainly the President and Deputy President of the Supreme Court no longer sit in the court of final appeal.

I have had the opportunity to discuss this matter over the past few weeks with senior sitting and retired judges, but also with campaigners and human rights activists from Hong Kong, and I would like to say that their cogency, their bravery and their articulation of the view that, notwithstanding the arguments—there are arguments on both sides—it was wrong for UK judges to continue to sit there is something that we should respect. I have absolutely no doubt that, as far as they were possibly able to do so, the judges—whether sitting judges, retired judges or judges from other jurisdictions—were doing absolutely the best they could to uphold not just their independence but the rule of law when they were sitting in Hong Kong. But there is the issue of lending legitimacy to the Beijing regime and the way in which it has acted.

There is also the fact that we have moved on over the past two or three years, given not just the national security law but the intervention of the Executive. Frankly,

the constant intervention by Beijing has now made the position untenable, so I am pleased that the UK Government have come to this conclusion. I am grateful, of course, for the 15 minutes' notice before the start of this debate, and I will conclude my remarks there.

9.57 am

Fiona Bruce (Congleton) (Con): I, too, would like to express my appreciation to my right hon. Friend the Member for Chingford and Woodford Green (Sir Iain Duncan Smith) for securing this important debate and for succeeding in his purposes before he even stood up to speak. I know that that success comes from considerable time spent campaigning on this and many other issues relating to human rights in Hong Kong and the concerning, deteriorating situation there. For that, I commend him and others in this Chamber, and of course I join them in welcoming the Government's statement today.

I will make just a few comments. The UK legal community remains one of the most highly respected in the world. I am proud to declare an interest as a solicitor still on the roll. Nearly one third of the world's population today lives in an English common-law jurisdiction or a jurisdiction with common-law features, and the fact that citizens from all over the world travel to our country to receive justice is a reflection of our leadership when it comes to protection of the rule of law. That is why today's announcement of the Government's decision is so important, because we have to retain that consistency in order to retain the respect that we have worldwide for our system of justice.

I see this day after day in my role as the Prime Minister's special envoy for freedom of religion or belief. I work on cases from around the world, so I know that for many of us it has been particularly—my notes say “difficult”, but I would say that it has been distressing to look on at the deteriorating human rights situation in Hong Kong over what has actually been a very few years. The speed and alacrity of that deterioration has indeed been distressing—the dismantling of rights previously protected under Hong Kong's basic law and of not only the “one country, two systems” model, but the English common-law system.

I have curtailed most of my speech, but I will take this opportunity briefly to put on record some specific concerns and examples of why today's decision is so important. There have been attempts to intimidate the Hong Kong legal community, such as the shameful targeting of the former head of the Hong Kong Bar Association, Paul Harris SC, who was forced to flee the city after being questioned under the national security law last month. We saw judges who offered what were perceived as lenient sentences targeted by the pro-Beijing media, as was the case with district judge Sham Siu-man, who also had to flee the city in October 2021 after being attacked by the pro-Beijing publication *Wen Wei Po*. Like others, I am a patron of Hong Kong Watch, a UK-based non-governmental organisation, which has been targeted even more recently under the national security law.

I recognise that some in the UK legal community endeavoured to make the case that our foreign judges could be a moderating influence on the Hong Kong Government while they remained, and could serve as a ballast against extreme sentencing and further deterioration

of human rights. I am glad that the Government have wholly rejected that view today, because that moderating influence has been in severely short supply. Hong Kong Watch reports that in the past two years there were over 720 political prisoners in Hong Kong, and over 10,000 protesters have been arrested since 2019. Student activist Tony Chung received three and a half years in jail for social media posts advocating independence, and Tong Ying-kit was given six and a half years of his national security sentence for waving a flag with the protest slogan “Liberate Hong Kong, revolution of our times”.

Clearly, we could not allow the Hong Kong Government to continue to use the credentials and credibility of UK judges and their counterparts in Canada, Australia and New Zealand—although this is obviously an issue that those counterparts will have to look at themselves—as a smokescreen to hide their attacks on the rule of law, democracy and basic human rights. Today, I am delighted that the Government have stood on the side of the oppressed, not with the oppressor, and withdrawn our judges from Hong Kong.

10.2 am

Jim Shannon (Strangford) (DUP): It is a pleasure to speak in this debate, Ms Rees—with a revised speech, like everybody else. It is not often that just before a debate starts the Minister announces the introduction of what we are asking for, so that is really quite good news. We all have to thank the right hon. Member for Chingford and Woodford Green (Sir Iain Duncan Smith) for all that he does. I am a great believer, as I know he and the hon. Member for Congleton (Fiona Bruce) are, in the power of prayer. Our prayers for this conclusion and the Minister’s announcement have to be put on the record—we have prayed for those things every day, and this is an answer to prayer.

We all know the reasons behind the announcement. For some time there has been concern about Hong Kong and all the problems there. We know about the legislation that criminalises what it deems to be secession, subversion, terrorism—violence and intimidation—and collusion with foreign or external forces. It is a suppression of the rights of the people.

We commend the work that the hon. Member for Congleton does in her role as special envoy, because there is no doubt that she does it with passion and commitment each and every day of her life, and we appreciate that very much. Like her, and as the hon. Member for Manchester, Gorton (Afzal Khan) did in his intervention, as chair of the all-party parliamentary group for international freedom of religion or belief, I want to speak up for people in China, where human rights abuses are rife and the persecution of religious belief is instilled and enforced by the Chinese Government.

I am greatly aggrieved about this issue. As hon. Members will know, I speak about it quite often, due to the commitment and interest that I and others in this Chamber have. Christians are unable to worship; their churches are knocked down, or they are not even allowed to build them. People sit in the back of churches, monitoring those who attend and monitoring the sermons. It is impossible for anyone to move without the Chinese security forces knowing who and what they are. Off the back of that comes the suppression of education, job opportunities and ownership of houses and cars. It is all downright suppression, and it is suffered not only by

Christians but by the Falun Gong. We have all spoken about the organ transplants that take place on a commercial scale. It grieves us greatly.

This debate is about overseas judges. The reason we are saying these things is that the situation grieves us greatly, and that is why the Government have now supported our stance. The hon. Member for Manchester, Gorton spoke of the Uyghurs; I have a burden in my heart for them, as much as all the other groups. I am very pleased that the right hon. Member for Chingford and Woodford Green brought this debate today, as I have asked many questions on this subject. If it is pushed to a vote, we will certainly support it. We need to use every tool in our armoury against that suppression, and today the Government have given us that encouragement.

I am ever mindful that the situation in Ukraine has focused attention on where we currently are. It has brought NATO and the western world together. I was reading the newspaper before coming to this debate; I am not sure what credence these stories have, but the intelligence coming from the States seems to indicate that China has said it will not invade Taiwan for four years. It would be better if it did not invade Taiwan at all, or if it had no intention of doing so. However, my point is that the situation has hardened the west and the UK in leadership, with the leadership of our Government, our Prime Minister and the Minister present; it has galvanised the free west to stand firm. We have seen that today in what the Minister has said.

I will quote from the House of Commons Library briefing paper, which reinforces the Government’s statement today:

“Chief Executive Carrie Lam, now has the power to appoint judges to hear national security cases. Beijing will also have power over how the law should be interpreted, rather than any Hong Kong judicial or policy body. If the law conflicts with any Hong Kong law, the Beijing law takes priority.”

That is why the Government have made that statement today, and that is why we welcome it; it is what we want to see. The thrust of our debate was going to be just that.

I would like to gently say something to all hon. Members present. To be honest, the situation in Hong Kong seems a wee bit similar to what the EU has been doing with Northern Ireland. It is making us abide by its laws above our own, regardless of the Belfast agreement, which is not worth the paper it is written on. *[Laughter.]* I am just saying that for the record—I could not let it go without saying something. The Minister and I share many things, including the fact that we were born in the same town: Omagh, in County Tyrone, Northern Ireland. We share a fondness for that town and a fondness for Northern Ireland. I am very pleased to see the Minister in her place. I digress, Ms Rees.

I welcome the approach taken today. I am so pleased to hear it. I feel encouraged. There are other things we want to see—the right hon. Member for Chingford and Woodford Green outlined other steps that we want to take. In her reply, maybe the Minister could give us more encouragement. If she does, we will perhaps have had a debate where we got the conclusion we wanted before the debate even started.

10.9 am

Siobhain McDonagh (Mitcham and Morden) (Lab): Huge congratulations to the right hon. Member for Chingford and Woodford Green (Sir Iain Duncan Smith)

[Siobhain McDonagh]

for all his leadership, time and commitment on this issue, and to all the other Members across the House who have made their views clear and put effort into encouraging the Government to take today's decision.

I appreciate that it cannot have been easy. Any of us involved in human rights issues across the world are regularly frustrated with the response of the Foreign Office, because of the argument that staying there and arguing the case is better than walking away and standing up. I appreciate that the balance in that argument is a very fine one, but there must come a point at which carrying on in the hope of diplomacy is simply not the right answer.

I have a few simple points to put on the record today. We all know that the presence of overseas judges stretches back to a 1997 agreement, which aimed to maintain Hong Kong's judiciary's independence and credibility. However, the circumstances have changed.

The introduction of the Hong Kong national security law has undeniably restricted those rights and freedoms guaranteed to Hong Kong 25 years ago, and the legal system is unquestionably compromised. Now, the Hong Kong Secretary for Justice decides the charges in sensitive national security cases; there is a pre-vetted list of designated national security law judges; the Hong Kong Government decide on the judge; and everything is held closely to account by the pro-Beijing press.

Some people—with the best of intentions, I am sure—argue that overseas judges maintain influence, and that they have some kind of sway. However, in reality they are only able to preside over trials in the Court of Final Appeal, and given that they have no influence over the cases that come before that court, it is unlikely that they would ever have been chosen for a national security law case. In fact, we were still waiting for an overseas judge to participate in a case considered under the law, because the Hong Kong Chief Executive and National Security Commission were able to hand-pick them.

I am glad that the Government have agreed that the overseas judges' presence on the grounds of influence was erroneous at best. The simple fact is that as long as overseas judges continued to serve in Hong Kong, they would have been providing unwitting support for the Chinese Government's crushing of the city's democracies, rights and freedoms. That is not just the view of the Members here today, or of the Government; Hong Kong's Chief Executive, Carrie Lam, herself noted that foreign judges have helped

"maintain a high degree of confidence"

in Hong Kong's legal system.

I am glad that the British Government share my concerns. After all, they have already introduced the new visa route for British nationals overseas, extended the arms embargo for exports to China to include Hong Kong, and suspended the UK's extradition treaty with Hong Kong indefinitely. The concern was always apparent. However, when we consider the changes since those measures, the reality is that the situation in Hong Kong has not improved. The Chinese Government continue their clampdown on freedoms in the city, so the question had to be asked as to the difference made by continued support lent to the judicial system.

I recognise that there are difficult decisions to be made here. In theory, the question is whether it is better to be in the room or watching from outside. However, the longer we remained inside, the clearer it became that the ability to influence was close to redundant, and that our presence instead provided a veneer of legitimacy to a judicial system that had long since lost its democratic legitimacy.

I am glad that the Government have made their decision today. I hope that they will go further—that they listen to the amendment suggested by the right hon. Member for Chingford and Woodford Green on procuring items for the NHS, and extend the number of people to be sanctioned for their involvement in the genocide of the Uyghurs.

10.14 am

Alyn Smith (Stirling) (SNP): It is a pleasure to serve, Ms Rees. I always think, when I am considering my speeches, that nobody ever criticised a speech for being too short, but I think I can excel myself today.

I am a solicitor by trade. I trained with Clifford Chance, which has significant interests in Hong Kong, so I am aware that this is complicated; it is not a black-and-white issue. However, in the 9 June 2021 debate on this subject, I said:

"Speaking of dubious legality, UK judges should absolutely withdraw from the Hong Kong judicial system. They are lending a veneer of credibility and respectability to a system that simply does not merit it.—[*Official Report*, 9 June 2021; Vol. 696, c. 412WH.]

I did not say that lightly at the time.

I obviously welcome the UK Government's indication that the judges should withdraw, but I do so with much sadness because it is an admission that staying put and trying to be a mediating influence has failed. It sounds the death knell of "one country, two systems" and the failure of the Sino-British agreement, which is a terrible, humiliating failure of statecraft. We cannot abandon the people of Hong Kong; we remain a guarantor of their rights. So the withdrawal is welcome, in that we should not give a veneer of respectability to a system that does not merit it, but saddening in that it is an admission of defeat. This is not the end of the story.

I have been struck by hon. Members' comments. I lend my congratulations to the right hon. Member for Chingford and Woodford Green (Sir Iain Duncan Smith), who has been at the forefront of this. This cannot be the end of the story. We remain bound to the people of Hong Kong; we remain bound to the people of China. There are grievous human rights abuses going on in Hong Kong and in China. This is not for a second the last time that we will be discussing human rights in Hong Kong and China, but I do welcome today's decision.

10.15 am

Catherine West (Hornsey and Wood Green) (Lab): It is a pleasure to serve under your chairmanship, Ms Rees. Like other hon. Members, I will not speak for long. It is a pleasure for us all to enjoy the U-turn made 15 minutes before the start of the debate, which was inspired by the former Leader of the Opposition, the right hon. Member for Chingford and Woodford Green (Sir Iain Duncan Smith); he must feel that he is getting so much done these days.

I want to mention briefly the excellent speeches that have been made. My hon. Friend the Member for Hammersmith (Andy Slaughter) thanked the judiciary for their continuing commitment to safeguarding the rule of law. We thank the members of the judiciary who have signalled that they will no longer serve in Hong Kong, and thank them for their role to date. My hon. Friend the Member for Manchester, Gorton (Afzal Khan) asked the Minister about further sanctions; I wonder whether she will comment.

My hon. Friend the Member for Mitcham and Morden (Siobhain McDonagh) spoke of how the freedom of the press has been compromised. I am very aware of that, having held this brief from 2015 to 2017 and again since December 2021. It has been clear for some time that the situation has significantly deteriorated. Those of us who were involved from the beginning with Hong Kong Watch thought we were a very small group, and that there was a minor problem. Sadly, the situation has become worse and worse.

The heavy-handed crackdown on democracy and civil liberties continues apace, with the shattering of independent media outlets, the suppression of trade unions and the continued arrest of democracy activists. In a recent meeting with trade union members from Hong Kong in the House of Commons, no photographs were taken because it simply was not safe enough for them to meet an Opposition Member here in the British Parliament and talk about workers' rights in Hong Kong. That speaks volumes.

It has been a positive debate. It would be great to be able to run the Government like this—by consensus—would it not? I look forward to hearing the Minister cover the remaining loose ends that have come up during the debate, and to continuing our combined commitment to human rights and the rule of law going forward.

10.18 am

The Parliamentary Under-Secretary of State for Foreign, Commonwealth and Development Affairs (Vicky Ford): It is an absolute pleasure to serve under your chairmanship, Ms Rees. I thank the many colleagues who have taken part in this debate, which has been slightly unusual. I start by saying how grateful I am to my right hon. Friend the Member for Chingford and Woodford Green (Sir Iain Duncan Smith) for securing the debate and for all the work he has done on this subject.

The Minister for Asia and the Middle East, my right hon. Friend the Member for Cannock Chase (Amanda Milling), would have been delighted to take part, but she is currently travelling in the region on ministerial duties. Therefore, it is my pleasure to respond on behalf of the Government. I will try to respond to a number of the points that have been raised. I apologise, but I will take some time to do so.

Before I address the specific questions about foreign judges, I want to set out the Government's current assessments of rights and freedoms in Hong Kong. I share the deep concerns expressed across Westminster Hall today. The situation is worse now than at any time since the handover. In 1984, the Sino-British joint declaration made it clear that Hong Kong's high degree of autonomy, rights and freedoms would remain unchanged for 50 years from 1997. China undertook to uphold rights and freedoms, including freedom of speech, freedom

of the press and freedom of assembly. It also agreed to keep in force the international covenant on civil and political rights, to maintain the independent judiciary and to maintain the rule of law. However, time and again it has reneged on that promise. The national security law imposed by Beijing in June 2020 is a clear and serious breach of the joint declaration. It has since been used to systematically restrict rights and freedoms—especially freedom of expression.

In March 2021, China further breached the joint declaration by introducing radical changes to Hong Kong's electoral system, reducing the space for democracy. The UK believes China to be in an ongoing state of non-compliance with the joint declaration. Almost all of Hong Kong's pro-democracy opposition are detained or arrested or have chosen to leave Hong Kong. As a result, the legislator has lost all meaningful opposition, as demonstrated by the outcome of the December 2021 legislative elections. That is part of a concerted campaign by the mainland Chinese and Hong Kong authorities to remove all dissent. They have conducted a targeted assault against civil society and against pro-democracy news outlets, such as *Apple Daily* and Stand News. Just this month, the authorities threatened the UK-based non-governmental organisation Hong Kong Watch in an apparent attempt to silence those who stand up for human rights. The Foreign Secretary made it clear at the time that attempts to silence democratic voices are unacceptable and will never succeed.

Turning to the role of judges, the chilling effect of the national security law is of deep concern, and the trajectory appears negative. It is against that increasingly worrying backdrop that the Foreign Secretary, the Deputy Prime Minister and Lord Reed, the President of the Supreme Court, have all decided that it is no longer tenable for serving UK judges to sit on the Hong Kong Court of Final Appeal.

Andy Slaughter: That is clear from the Minister's statement. What is the Government's message to retired judges and practitioners who continue to work in the Hong Kong courts?

Vicky Ford: I thank the hon. Member for his intervention. It is for UK and foreign retired judges to make their own decisions about whether to remain sitting. However, it is important to remember that the national security law is not aligned with UK values. As cases under that law proceed through the courts, judges will increasingly be required to enforce Beijing's laws—not laws aligned with the UK.

I thank Lord Reed and Lord Hodge for their work. They have submitted their resignations today and they are effective immediately. I agree with the Opposition spokesman, the spokesman for the SNP and so many others across this House that this is a sad reflection of how far the political and legal situation in Hong Kong has deteriorated.

I put it on the record that British judges have played an important role in supporting the judiciary in Hong Kong since the handover. There is no legal requirement for the UK Supreme Court or the UK Government to uphold the agreement that the UK would provide two serving judges, but they have since been provided. It was a part of the UK's continuing commitment to safeguard the rule of law in Hong Kong. However, the

[Vicky Ford]

UK Government have said for some time that our support for the presence of UK sitting judges in the Court of Final Appeal was finely balanced. Since it came into place, it has been very clear that the national security law violates Hong Kong's high degree of autonomy, which was provided for in the joint declaration.

I thank every single Member in this House—across the House—for their support for the decision that has been made by the Foreign Secretary, the Lord Chancellor and the judges. In particular, I thank the former Lord Chancellor, my right hon. and learned Friend the Member for South Swindon (Sir Robert Buckland), for coming here today, and for his wise words about the importance of the independence of the judiciary. However, the decision to withdraw sitting UK judges from the Hong Kong Court of Final Appeal should not be misconstrued as a weakened UK commitment. We absolutely remain committed to the people of Hong Kong, and will continue to call out violations of their rights and freedoms and hold China to its international obligations.

As hon. Members will recall, the UK Government responded quickly and decisively to the enactment of the national security law. That included introducing a new immigration path for British nationals overseas, suspending our extradition treaty with Hong Kong and extending our arms embargo on mainland China to cover Hong Kong. The visa route for BNOs opened on 31 January 2021, and by the end of the year there were almost 104,000 applications. On 24 February, my right hon. Friend the Home Secretary announced changes to the BNO route to enable individuals aged 18 or over but who were born after 1 July 1997 and have at least one BNO parent to apply to the route independently of their BNO parent.

We have also co-ordinated action with international partners to hold China to account, including through our presidency of the G7. In December, we released two critical joint statements with G7 partners and the Foreign Ministers of Australia, Canada, New Zealand and the United States, following Hong Kong's Legislative Council elections. In February, we co-led a media freedom coalition statement, signed by 21 international partners, which called out attacks on media and press freedoms, including closure of Stand News and the associated arrests of journalists. Earlier this month, we used the latest session of the United Nations Human Rights Council to call out China's systematic undermining of rights and freedoms in Hong Kong. We remain in regular contact with our international partners about Hong Kong and continue to work intensively on the world stage to hold China to its international obligations.

The hon. Members for Manchester, Gorton (Afzal Khan), Mitcham and Morden (Siobhain McDonagh), Strangford (Jim Shannon) and others mentioned the situation in Xinjiang. The evidence of the scale and severity of human rights violations being perpetrated in Xinjiang against the Uyghur Muslims is far-reaching and paints a truly harrowing picture. The UK Government have led international efforts to hold China to account for its human rights violations in Xinjiang, as well as in Hong Kong, and earlier this month the Foreign Secretary again reiterated our deep concerns about the situation in Xinjiang in her personal address to the UN Human Rights Council.

The hon. Member for Hornsey and Wood Green asked about sanctions. On 22 March, the former Foreign Secretary announced that under the UK's global human rights sanctions agreement, the UK posed asset freezes and travel bans against four Chinese Government officials, as well as an asset freeze against one entity responsible for enforcing repressive security policies across many areas of Xinjiang.

Sir Iain Duncan Smith: Following on from what the hon. Member for Hornsey and Wood Green (Catherine West) said, however, while welcoming all those sanctions, the problem is that we have sanctioned fewer people than the United States and other countries. I urge the Minister to take back to the Department what we have already said in the all-party parliamentary group and what has been said elsewhere here today. We are behind the curve on this now. These people are abusive and are responsible for the literally deathly imposition of slave labour and genocide. Can she please now catch up with the United States?

Vicky Ford: I thank my right hon. Friend for that intervention. I will certainly take that away. I noted his point regarding the Health and Care Bill, and I know that no one in this House supports the use of forced labour, particularly in creating goods for the NHS. We are fully committed to ensuring that that does not happen and will set out this afternoon further measures that we are intending to take on that issue.

Catherine West: I thank the Minister for her constructive tone. Would she respond specifically to my hon. Friend the Member for Manchester, Gorton (Afzal Khan) on his question about Carrie Lam and Hong Kong officials?

Vicky Ford: I thank the hon. Member for Manchester, Gorton for his intervention on the issue of Carrie Lam and Hong Kong officials, but I cannot make any statement on that at this point.

More broadly, I return to the actions that China is taking at this incredibly important time for sovereignty and democracy across the world. My right hon. Friend the Member for Chingford and Woodford Green reminded us of the situation in Ukraine and the fact that 24 February was a turning point for the world—for those who believe in standing up for democracy and freedom. We in the UK will continue to support the Ukrainian Government in the face of this terrible assault on Ukraine's sovereignty and territorial integrity, and we will continue to stand with members of the international community against aggression and for freedom, democracy and sovereignty.

The world is watching China's words and actions very closely. We have urged China to use its relationship with Russia to press for an end to this terrible war and to prevent further humanitarian crises, rather than condoning or excusing Russia's actions. We are therefore extremely disappointed that China was the only country on the UN Security Council to support Russia's humanitarian resolution.

The UK condemns any military support to Russia, and expects China to stand up for Ukraine's sovereignty and territorial integrity, and to uphold its commitment to the UN charter. The world is watching to see whether China's actions contribute to peace and stability, or

whether it instead chooses to fuel Russian aggression and prolong this ruinous invasion, with all its civilian costs.

To conclude, the UK has very deep and long-standing ties with Hong Kong, and we want it to succeed and prosper. However, Hong Kong's way of life relies on respect for fundamental rights and freedoms, and the rule of law. We are fully committed to supporting liberty and democracy, and to defending universal human rights; and we will continue to hold China to the commitments that it willingly undertook, and to stand up for the people of Hong Kong.

10.33 am

Sir Iain Duncan Smith: Normally, to get up with almost half an hour left in which to summarise a debate would be a sheer joy for a parliamentarian or politician. *[Laughter.]* However, I will not take the full time on this one.

I will simply conclude by saying that today is a remarkable day. It may not be a day that people will discuss in the bars and the pubs across the country, because many of them probably do not understand or have not heard much about the issue, but it is something that we, as democrats and politicians, know about. We should be celebrating the fact that the UK Government have acted, as a result of the continual campaigning by many of us in this area—from Hong Kong Watch to IPAC, and others—for an end to the superficial legitimacy that our judiciary had been lending to a regime that had been breaking, and is breaking, many of the rules regarding human rights, the rule of law and democracy, not just in Hong Kong but more widely across China.

In my last few remarks, I want to remind everybody what this matter is all about. It is not really just about judges agreeing not to serve in Hong Kong in a common law system that has become debauched, and it is not just that those judges have taken a self-denying ordinance. It is about something much more important—shedding light on the single fact that we are seeing, as I said earlier, literally being fought out in Ukraine. For too long, we have felt that we must accommodate totalitarian regimes that have no regard whatever for the basic things that we believe in and that make us who we are:

that sense of human rights, the rule of law and democracy, without which this place could not exist, and this country and so many other countries in the west could not exist in the shape that we do.

The reality, writ large, is that we now have to end that accommodation with the Chinese Government. Our dependency on them allows and fuels them to continue to believe that their form of government and their concept of the ending of these rights is the right way to go and the natural order. Democracy, the rule of law, the independent judiciary and human rights are delicate flowers; they cannot be maintained unless we fight for them, talk about and believe in them, and unless, when people end them, we ostracise them and tell them they are wrong.

I thank the Government for moving on this issue, and the President of the Supreme Court for accepting independently that judges will not serve. Following many comments on the subject, it is important for others who ply their trade in the same courts to think again about what they do. I call on the Bar Council to recommend, as has the President of the Supreme Court, that its members think carefully about adding legitimacy to these courts in Hong Kong. I know it is complicated, but I also call on the Law Society to make a strong statement about the limits of action that lawyers in Hong Kong, representing companies, should take in the pursuit of commercial interests.

Today is not the end, and, as has been said before, it is not the beginning of the end, but it may just become the end of the beginning. The action that we take today may stave off future violent invasions that could come from a country that believes it has impunity. Today we have sent a signal that freedom matters and that people's freedoms, above all else, are critical to the very way we live our lives. On that basis, I thank the Government for having moved on this matter.

Question put and agreed to.

Resolved,

That this House has considered the role of British and overseas judges in Hong Kong.

10.37 am

Sitting suspended.

Healthcare: Carshalton and Wallington

11 am

Christina Rees (in the Chair): I will call Elliot Colburn to move the motion, and then call the Minister to respond. There will not be an opportunity for the Member in charge to wind up, as is the convention for 30-minute debates.

Elliot Colburn (Carshalton and Wallington) (Con): I beg to move,

That this House has considered healthcare outcomes in Carshalton and Wallington.

It is a pleasure to serve under your chairmanship, Ms Rees. It is also a pleasure to be here, because it is just over two years since I made my maiden speech in the Commons Chamber, when the House was debating the health and social care element of the Queen's Speech, and I made it abundantly clear that afternoon that health and social care outcomes in Carshalton and Wallington would be a top priority for me, as they were for my constituents.

I want to read out some statistics that demonstrate why the issue is so important. I am particularly concerned about four areas of health, beginning with cancer. One in two, or 50%, of us will receive a cancer diagnosis in our lifetime. The London Borough of Sutton is very lucky to be home to the Surrey branch of the Royal Marsden and the Institute of Cancer Research. The plans for the London cancer hub will be truly groundbreaking in the UK and will deliver better cancer outcomes for all patients.

Dementia is another issue I am concerned about, after having my own family experience with it. There will be a predicted 25% increase in the number of people diagnosed with dementia in Carshalton and Wallington by 2030, which presents a huge challenge for health and social care services.

My third concern is obesity, which has got progressively worse—I have had my own struggles with obesity, having once been as heavy as 21 stone—so we need a decent obesity strategy to tackle the problem from a young age. My fourth concern is mental health. Throughout lockdown we saw how the rates of mental health cases spiked as people struggled to cope with isolation.

I am sure the House will be aware of my many contributions on health and social care issues, and one of the topics I raise most—unashamedly—is my local hospital, St Helier. I offer no apology for doing that, and it should come as no surprise that St Helier will feature as a major part of my speech today.

I was born at St Helier, as were most of my family. The hospital and the staff have supported my family and me through some of our darkest days and have saved the lives of people I know. They also saved my life at Christmas. It is difficult to articulate just how grateful I am, and the residents of Carshalton and Wallington are, for that local hospital and all the amazing work it does.

St Helier opened its doors in 1941, during the second world war. Despite a few bombings—and the birth of a former Prime Minister—the building has barely changed. At the time of construction it was considered a modern 1930s design, but almost a century later the way that we

practise medicine has developed and improved, and the buildings are now anything but modern. Over recent years, particularly throughout the last two years of the pandemic, the limitations of that old building have become glaringly obvious. For example—this is one of the worst examples—some of the lifts are too small to fit a modern-day hospital bed, so money has to be spent on transferring patients from the back of the building to the front via ambulances.

When I made my maiden speech in the Chamber and spoke about St Helier, I never imagined that I would be serving as an MP during a global health pandemic. St Helier was hit hard by covid-19, as were all our hospitals across the country. I thank the staff for their tireless efforts and their uphill battle with the limitations of older facilities in trying to tackle the pandemic. There was a very worrying moment in the winter of 2020 when oxygen supplies nearly ran out, but thanks to the innovation and enthusiasm of the team there the situation was quickly resolved.

Over the 20th century, St Helier helped to raise our local care and health services to a much higher plane, but it is now time to take that care even higher. That is why I am incredibly grateful that the Government are using the nation's resources to do just that by investing £500 million—half a billion pounds—in the NHS in Carshalton and Wallington. That does two things: it protects St Helier and Epsom hospitals, allowing them to make the improvements needed to become more modern medical facilities, and it allows us to have a third brand-new, state-of-the-art and built-from-scratch acute care hospital in Sutton. That record level of investment will do wonders to improve healthcare outcomes for local residents, so I am incredibly grateful to the NHS and colleagues at the Department of Health and Social Care who developed the plan and allowed the funding for it to come forward.

I want to make it clear that, for the first time, the plan was developed by our local NHS services. We have heard so many times in this place about reorganisations of the NHS or plans for the NHS coming from politicians and bureaucrats, but this was an NHS-led initiative. The NHS came to the Government and asked for the funding, and I am so pleased that the Government listened.

It is therefore disappointing that my Lib Dem opposition in Carshalton and Wallington have turned their backs on St Helier and refused to support the £500 million investment. I would like to read out a statement I received only yesterday from a Lib Dem councillor, who does not want to be named but who is retiring and not re-contesting their seat at the elections in May:

“Hi Elliot, I wanted to pass this onto you as I think you've actually done a great job since taking over as the MP, but please don't tell anyone I sent you this.

As you may know, I am standing down as a Lib Dem councillor. I was promised a lot by the party when I agreed to stand. I was told it would be easy and I'd be well paid, but it's been hell frankly and the party's been no help at all. I can't keep asking my family to go through this.

I also cannot support my party's u-turn on St Helier. We were all so excited when we heard the £500m was being announced for St Helier, but we were told we had to campaign against it as St Helier is one of the only reasons people used to vote Lib Dem.

This experience has not been what I was led to believe. I feel betrayed, let down and hurt.

Again, please don't pass this onto anyone—they can be very angry and vindictive, anyone who raises any issue get shouted down, but keep up the good work, you have my support!"

That is a very striking and brave statement for someone to make, particularly to a member of an opposing party, and it demonstrates why it is so important to invest in St Helier Hospital.

I want to talk about the positives of the investment and why it is such good news. The new specialist emergency care hospital will treat the sickest 15% of patients in my constituency—those normally arriving by ambulance—and the specialist team will be available 24 hours a day to diagnose patients more rapidly, start the best treatment faster and help patients recover more quickly. St Helier and Epsom will also remain open 24/7, with updated and improved facilities. This will be absolutely groundbreaking for health and social care outcomes in Carshalton and Wallington. I cannot say how long we have waited for investment to come into St Helier. Time and again I have seen the threat of closure and loss of services, such as A&E and maternity going to St George's, Tooting or Croydon, but they are now staying in the London borough of Sutton and can treat local patients, which is absolutely incredible news.

To reiterate, the purpose of the plans is to improve local health outcomes, which all my local residents want to see. Our priority has always been the outcomes for people's health. Since the covid-19 pandemic hit, the NHS has slightly amended its plans for the project. It has learned from the pandemic to future-proof health and social care against future shocks. The new hospital ward designs will increase ventilation, and single room occupancy rates have gone up, which will help to reduce the risk of disease transmission.

In terms of timelines for the new project, a planning application is due to be submitted later this year. Over the next three years, some of the planned improvements will begin to be implemented at St Helier, including the building of a new pathology centre and a nursery. From 2025 onwards, the plan is to build a new main entrance to St Helier, to improve accessibility, and a new multi-storey car park, as well as to make major internal changes to A and D blocks and other improvements. As things stand, the new specialist hospital is due to open in 2026.

I have a number of quotes from local NHS professionals on why these changes are so important. When the independent reconfiguration panel last year backed the proposals for a new hospital and upgrades to Epsom and St Helier, it emphasised the need to expedite the project, stating:

"The problems facing the Epsom and St Helier University Hospitals NHS Trust are real and require urgent attention...The Panel understands the heightened sense of uncertainty created by Covid-19 but does not believe the interests of local health services will be served by pausing—rather work should proceed on the basis that there may well be benefits should another pandemic arise in the future."

Commenting on the confirmation of the investment, Arlene Wellman, the chief nurse at Epsom and St Helier said:

"What covid-19 has shown the NHS is that for all our communities survival rates are higher if specialist hospital staff work together in one team, in one place to care for the sickest patients around the clock".

Dr Andrew Murray, a GP and clinical chair of NHS South West London clinical commissioning group commented:

"Covid-19 has shown that there's no time like the present to invest in our hospitals. Now more than ever we need to ensure the right healthcare services for local people".

Finally, Surrey Downs integrated care partnership clinical chair and GP, Russell Hills, said:

"This pandemic shows we cannot afford to delay improving and modernising our local health services for the benefit of both patients and staff—and the independent analysis of feedback shows there is clear support for this vital investment."

It is clear that the £500 million investment in our local healthcare system is much needed and very much welcomed by the NHS.

I hope the Minister will be able to provide an update on work on the project, which should be expedited and delivered as soon as possible. As always, I am more than happy to meet her and her departmental colleagues to discuss the issue, alongside my hon. Friends the Members for Wimbledon (Stephen Hammond), for Sutton and Cheam (Paul Scully) and for Reigate (Crispin Blunt), who have been fighting for this project longer than I have been in the House.

Unfortunately, attempts to frustrate the delivery of this record investment will no doubt continue for reasons of political point scoring. Nevertheless, I am not deterred, and I hope the Government will not be deterred. I am proud of what we are trying to achieve—prioritising health outcomes above everything else—so let us get on with the job and raise the plane of health and social care delivery, which has been almost a century in the making.

11.13 am

The Parliamentary Under-Secretary of State for Health and Social Care (Maggie Throup): It is a pleasure to serve under your chairmanship, Ms Rees. I congratulate my hon. Friend the Member for Carshalton and Wallington (Elliot Colburn) on bringing forward this important debate and on his commitment to tackling the range of health and social care issues that affect his constituents. A new hospital for Epsom and St Helier University Hospitals NHS Trust is part of our plans to build 40 new hospitals by 2030—the biggest hospital building programme in a generation.

The new hospital programme team is working closely with all schemes in the programme on how and when new hospitals will be built across the decade. I thank my hon. Friend for his praise and support for the new hospital programme. He campaigns tirelessly for his constituents, despite local opposition on purely political grounds. I assure him that we remain fully committed to the delivery of a new hospital for Epsom and St Helier University Hospitals NHS Trust to deliver improved local health outcomes.

The new hospitals will transform the way we deliver healthcare infrastructure for the NHS, prioritising sustainability, digital technology and the latest construction methods. This will result in outdated infrastructure being replaced by facilities for staff and patients—in his constituency and across the country—that are on the cutting edge of modern technology, innovation and sustainability. As my hon. Friend said, we can learn lessons from the covid pandemic to ensure that we future-proof our infrastructure.

The trust and the programme are working closely together on options for a new specialist emergency care hospital at the Sutton site, while general acute services

[Maggie Throup]

remain in the current Epsom and St Helier hospitals. The programme team is in regular and ongoing discussion with the trust regarding the development of their plans, in line with the overall programme approach for delivery. This includes working closely on the trust's expectations for the build and ensuring that those are in line with the financial envelope across the whole programme. The individual allocation for the scheme will be determined only once the respective full business case has been reviewed and agreed.

To date, the new hospital programme has approved over £31 million in public dividend capital allocation to the trust for a variety of works related to the scheme. This includes fees for design works, enabling funding for the construction of a multi-storey car park as part of the scheme, and a contribution towards the costs of a new electronic patient record system. Further allocations to the scheme will be decided through the proper process as the scheme is progressed.

The new hospital programme is working collaboratively with trusts across the programme to ensure that their plans get the most from available funding, while avoiding repetition of work and ensuring that the principles of repeatable design, modern methods of construction and net carbon zero are met. This will maximise the potential benefits of a programmatic approach to the scheme, resulting in the best possible value for money to the taxpayer and improved health outcomes for local constituents.

I will briefly talk more widely about the ambitions of the new hospital programme and our wider investment in our nation's hospital infrastructure. The Government have been doing incredibly ambitious work, providing substantial capital investment to support the biggest hospital building programme in a generation. On 2 October 2020, an initial £3.7 billion of funding was confirmed to support the delivery of 40 new hospitals, with a further eight schemes invited to bid for future funding to deliver 48 hospitals by 2030.

I am pleased that six of the hospitals in the programme are already in construction, including the Royal United Hospital Bath, which is the first of the 40 new hospitals

to begin construction. In addition, on 19 August 2021, the Secretary of State opened the Northern Centre for Cancer Care, the first of the eight hospitals confirmed by the previous Government that now form part of the new hospital programme.

This hospital building programme is in addition to significant upgrades to over 70 hospitals, worth £1.7 billion, and a wider programme of capital investment. The commitment to fund a programme of new hospitals is an exciting opportunity to build the next generation of intelligent healthcare facilities, as well as to embed a long-term capability for future capital investments within the NHS.

While this major scheme gets under way, we are supporting Epsom and St Helier University Hospitals NHS Trust with other capital investments, including £6.1 million for the expansion of the emergency department and same-day emergency care unit at St Helier Hospital and the extension of waiting room space and mental health cubicles at Epsom hospital; £7.4 million for the relocation of services from the New Epsom and Ewell Cottage Hospital to Epsom General Hospital; and £11.6 million to eradicate the backlog in maintenance across the estate. I take this opportunity to acknowledge the amazing contribution our health and care staff have made during the pandemic—none more so than those serving the constituency of my hon. Friend.

In conclusion, I pay tribute to my hon. Friend for all the work he is doing to support the new hospital scheme for Epsom and St Helier University Hospitals NHS Trust. My Department and I look forward to continuing to work closely with him, and we are happy to arrange a meeting with him and his colleagues, and to work with the trust, as these important and ambitious plans continue to develop and come to fruition, and as they deliver improved healthcare outcomes in Carshalton and Wallington and the surrounding area.

Question put and agreed to.

11.20 am

Sitting suspended.

Carer's Allowance

[HANNAH BARDELL *in the Chair*]

2.30 pm

Karl Turner (Kingston upon Hull East) (Lab): I beg to move,

That this House has considered carer's allowance.

It is an absolute pleasure to serve under your chairship, Ms Bardell. I thank all the Members who have taken the time to attend this incredibly important and timely debate.

It is no exaggeration to describe unpaid carers as the backbone of the social care system and of communities up and down the country. In caring for relatives and loved ones, their dedication ensures thousands of people living with disability or illness are able to live with dignity and respect. They are vital and their work is crucially important to society, but too often they are not treated with the decency and respect they deserve or given credit for their work, not just in caring for people but in benefiting wider society.

There are an estimated 11.5 million unpaid carers across the UK, with over 900,000 of them putting in the minimum 35 hours to receive the carer's allowance of just £67.60 per week. It is a crying shame that their efforts are so poorly recognised. Meagre as it might be, the benefit is crucial in allowing carers to perform their vital service, which would simply not be possible otherwise. However, working outside those caring responsibilities not only brings home much-needed wages, but we know there are many benefits from keeping in touch with the workplace, including carers' identities and self-esteem, and social engagement outside their full-time caring role.

Were carers not providing the care that they provide, and the state were forced to step in instead, the cost to the Treasury would be extremely high. The charity Carers UK estimates the economic value of unpaid care provided over the two years of the pandemic at more than £380 billion—that is more than the entire NHS budget over the same period. Given the vital importance of unpaid carers and the allowance that helps them do what they do, I was utterly appalled when my constituent, Mr Steve Spamer, wrote to me recently to explain the changes the Government will impose on him just a few weeks from now.

Steve is registered blind, and has been for many years. Not only does his wife provide round-the-clock care, but to make ends meet she works two jobs, up to the maximum hours permitted by the allowance's earning threshold. She does six hours cleaning in the local pub and eight hours in the local shop, on top of providing full-time care. Working 14 hours at the national minimum wage rate comes to £124.74 per week, just under the current earnings threshold of £128.

Next month, the minimum wage will rise by just under 7% to £9.50 an hour. While this is not enough to address the cost of living crisis, an issue that I will come back to shortly, it is of course welcome. As a passionate believer in the minimum wage, I am glad to see it rise. The carer's allowance will go up too, by approximately 3% to £69.70 per week. Again, that is a far cry from where it should be, in my view. Members across the

House, especially Ministers in London, should have frank conversations with themselves about whether they could survive on that sum. None the less, we welcome the increase.

The earnings threshold will rise by the same rate. The issue for Mr Spamer and his family, who will certainly not be alone, is that the rise in the minimum wage and in the earnings threshold simply do not match up, forcing them, and many others, into an impossible dilemma. The Minister might respond that Mrs Spamer could reduce her hours so that she does not exceed the earnings threshold. That is all well and good, but this is the real world, not a spreadsheet. She cannot work just one hour less; she would have to give up one of those jobs entirely. Even if that were the smaller job—at the pub, for example, at six hours a week—that is a loss of £57, nearly £200 a month. That is comparatively a fortune to the family, and the difference between having something to eat, putting grub in their tummies, and not turning on the central heating.

The only other option is to give up the carer's allowance, because if the earnings threshold is exceeded by just £1, 100% of the benefit is removed. That is the harshest withdrawal rate in the entire welfare system. That is the choice, though it can hardly be called that, that the Spammers and thousands of other families now face, cut back by £200 or £280 a month. They are stuck between a rock and a hard place, in the face of a devastating cost of living crisis, soaring inflation, sky-rocketing energy bills, and a Chancellor more interested in publicity stunts than putting money in the pockets of working people.

It is worth bearing in mind that the £20 universal credit uplift shamefully did not apply to those on legacy benefits, including carer's allowance. People in this position have received even less support than others. The Minister knows all of this. I was grateful to have had the opportunity earlier today to speak to her briefly about what I wished to raise, so I know this will come as no surprise.

I also wrote to her six weeks ago, to raise the Spammers' case. I had hoped that the discrepancy between the national minimum wage and the carer's allowance earnings threshold rises was a simple, honest oversight, rather than a catastrophic, seemingly deliberate omission, affecting unpaid carers. Sadly, the reply I received confirmed that the Department for Work and Pensions was proceeding exactly as intended, and would only consider further changes to the earnings limit

“where they are warranted and affordable”.

The Minister needs to have a long, hard think about how those words sound to families up and down the country, frankly doing the work of heroes, caring for people who are incredibly ill, some who might be near death, and saving the country an absolute fortune. In recent years, consensus has been reached in this House and the country on the need, though not the method, for root and branch reform of the social care system. A conversation on how the carer's allowance fits in to that picture is long overdue.

Mr Spamer and his family, and all the thousands of people like them, should not be subject to a drawn-out review and consultation. They are staring down the barrel of the gun in just a few weeks' time. The bare minimum I ask of the Minister today, without fudges and caveats, is to fix this punishing anomaly. Match up the rates and do not punish those who have done absolutely nothing but good for their family and society.

Hannah Bardell (in the Chair): Before we move to the next speaker, I ask hon. Members to be mindful of how much interest there is in this important debate. If they can keep their contributions to around six minutes, I will not impose a formal time limit.

2.40 pm

Barbara Keeley (Worsley and Eccles South) (Lab): It is a pleasure to speak in this debate with you in the Chair, Ms Bardell. I congratulate my hon. Friend the Member for Kingston upon Hull East (Karl Turner) on securing this important debate. The cost of living crisis is affecting everyone, but the toll on unpaid carers is particularly heavy, as we have just heard.

Carer's allowance is the lowest benefit of its kind at just £67.60 a week. Many carers are in arrears, but cutting back on what is spent is not an option when the person being cared for relies on an electric ventilator, an electric wheelchair, pressure pads, hoists or a stairlift, or that person must be kept warm due to a medical condition. Other costs facing carers are also likely to be higher and difficult to reduce, such as transport costs to attend medical appointments or food bills due to dietary or nutritional requirements. Inflation is rising as much as 10% for low-income households because a greater proportion of their income is spent on those energy costs. However, the 3% uplift in carer's allowance next month does not begin to match those spiralling costs of food and energy.

In a survey, Carers UK has reported that two thirds of carers are currently unable to meet their monthly costs and that is before all the spiralling increases. Furthermore, a quarter of the carers surveyed are already having to use foodbanks. That means the number of unpaid carers relying on foodbanks may be substantial, because as my hon. Friend the Member for Kingston upon Hull East just said, there are 11 million unpaid carers.

Katy Styles is an unpaid carer who cares for her husband and mother. She is a campaigner for the Motor Neurone Disease Association. She gave evidence this week to the House of Lords Adult Social Care Committee and said:

"It would be remiss of me not to mention carers' finances, because that makes you invisible and impacts on absolutely everything. I went from being a full-time teacher to being a part-time teacher to accommodate my caring role".

She then went from being a part-time teacher to

"having to give up my job because it was not flexible enough. You have to be there in core hours. You have to be there during term time. If your husband has an issue or needs a medical appointment that is out of that time, you cannot support them.

I am on £67.60 a week now, having had £150 a day. It is a very different thing. I am lucky, because I actually get carer's allowance. There are so many carers who are not supported with carer's allowance. That has to change. It needs reform."

There is a recognition of that need for extra support for unpaid carers in other parts of the UK. Unpaid carers in Scotland receive the carer's allowance supplement, while in Wales it was recently announced by the Labour Government that unpaid carers would be given a £500 payment to recognise their commitment to caring during the pandemic. By contrast, unpaid carers in England are being left to get by with only a £2 a week increase in carer's allowance. That miserly increase would be swallowed up, from this Friday, by paying £2.50 for a single lateral flow test just to keep the person they care for safe. On top of that come the soaring bills I have already mentioned.

My hon. Friend the Member for Kingston upon Hull East has talked about the mismatch between the increase in the national living wage and the carer's allowance earnings threshold, leaving carers, as he said, with impossible choices and loss of income. We cannot continue to leave carers without proper support. That includes carer's breaks. Funding for respite care has dried up and is no longer earmarked for breaks as it was up to 2010. Carers UK has estimated that 72% of carers have not had a break from caring during the pandemic. Three quarters of carers say they are exhausted and worn out from that caring during the pandemic. The Government's plan in the social care White Paper for five days of unpaid leave—unpaid leave—to care is woefully insufficient. Once again in her evidence to the Lords Committee on Monday, Katy Styles said:

"I do not know any carer that has had a break. I have not had a break or one day off in eight years. Indeed, I had surgery 10 days ago for a major eye operation. I was in the theatre at 6.30 and back home caring at 9.30, because there is no support."

Katy also highlighted how carers who are not identified as such do not get signposted or helped to access even the support that is available. She has been a full-time carer for 10 years, but has only received carer's allowance for eight. She said:

"If you don't identify then you're not signposted to any support...I didn't know that, I've missed out on benefits, Carer's Allowance, for some years, I've missed out on carer's assessments for years."

In 2012, I brought in a private Member's Bill on the identification of carers. That would have created a new duty on the NHS to identify carers and promote their health and wellbeing. The then Care Minister in the coalition Government did not support my Bill. When the carers action plan came along, it was not so ambitious; it proposed merely a system of quality markers so that GPs could demonstrate that they were good at identifying carers. Carers organisations know that proper identification of carers by the NHS would mean that we could support carers much more effectively. Carers such as Katy Styles would have been identified as carers more quickly, and signposted to benefits and support earlier, had my Bill been supported by the Government.

The carers action plan expired at the end of 2020. The Health and Social Care Committee, of which I am a member, has recommended a number of times that the Government publish a national carers strategy. An ambitious national strategy for carers backed up by funding is essential to tackle those problems of identification and support that I have talked about. I hope that the Minister will listen and understand the seriousness of the challenges facing unpaid carers, which have been outlined in this debate and will be more so by my colleagues. I hope that she will use the input and lived experience of carers, which were sent in when the Government consulted carers in 2016 to develop a national carers strategy—something they promised but never delivered.

I will finish with the words of one unpaid carer responding to a Carers UK survey this month, which highlights the situation that so many unpaid carers are in:

"It seems everything has increased in cost apart from the money we have to live on. It means that I don't always have 3 meals a day now. We don't always have the heating on. Why should someone who has a terminal illness not afford to have a warm home?"

2.46 pm

John McDonnell (Hayes and Harlington) (Lab): The reason I am participating in the debate is that I brought together an unpaid carers group that has been meeting over the past few months to talk about the current situation. The fact is, it is heart-rending to talk about the struggle that most of them are having. The pressure they are under is immense, and the pressure that they have been under as a result of covid has exacerbated the way in which their lives have been transformed by the altruistic act of caring for someone else.

The carers in the group are, basically, families looking after a child with a disability or a special need, or families looking after an elderly relative. What is also remarkable is the number of the children who look after others in their families. What came across in the group is that that act of caring has implications for the whole family: individuals who have given up their careers to undertake caring, and siblings who have given up the opportunity of going to university to help the family out with care overall.

It is interesting that none of them asks for anything in return. They do not even ask for thanks. They just want to get by. They just want to be able to survive. To be frank, from the discussions I have been having with them, I do not think that some will survive this coming period. We call it the cost of living crisis glibly, but it is a crisis for this particular group of people in our society in a way that it is possibly not for others.

To run through some things that they would emphasise—points others have made—for example, the issue of higher energy costs is not just about heating; it is the energy that is needed to maintain basic equipment to enable the person people are caring for to survive, as my hon. Friend the Member for Worsley and Eccles South (Barbara Keeley) said. Apart from the health-support devices and the special equipment, other issues raised were the transport costs to get to appointments—again, that can become very costly—and nutritional costs, in particular as inflation hits hard a number of nutritional inputs required for the person they are caring for.

It then comes down to what those carers receive. My hon. Friend the Member for Kingston upon Hull East (Karl Turner) raised the issue of the contradiction between the earnings allowance and carer's allowance. It is ludicrous—we all know that it is ludicrous—and it just needs resolving quickly. I do not understand what logic there is for arguing for anything other than reform on that issue. It comes down to the basic level of carer's allowance, as far as I am concerned. We are inflicting a level of poverty on these people, who do so much work to assist our society overall.

Liz Twist (Blaydon) (Lab): I thank my right hon. Friend for giving way. We have Carers Week, when we celebrate and thank carers, coming up in June. Does he agree that there is no better time to look seriously at raising the carer's allowance and making sure that we not only recognise carers with words but treat them decently?

John McDonnell: I fully agree. There is a sense of urgency about this issue now, because what came out of the discussions that I have had with the carers group that I brought together is the stress that carers are

under, and the mental health implications not only for themselves as individuals but for their whole family. We know that there are examples in the past of how such stress has caused a mental health problem that has led to suicide.

There is a need for urgent action now. We have gone beyond intellectual debates about this issue; we just need some action rapidly, given the fact that carers face these massive increases in prices, particularly around energy. And then effectively they face a cut—a 3.1% increase, as against inflation now, which ranges between 7% and 10%. That level of inflation comes in like a whirlwind for these particular families and we need urgent action now. Perhaps that action has not been considered effectively in the past, but it certainly needs to be considered now.

David Linden (Glasgow East) (SNP): I am grateful to the right hon. Member for giving way. Does he also believe that it is incumbent on the state to view this matter through the prism of preventive spending? If we pile so much pressure on these carers, who are caring for some of the most vulnerable people, and then the carers themselves end up in mental health predicaments or poor health, the costs of that will be borne by the state anyway. So it is a false economy not to support them.

John McDonnell: That is exactly the final point that I was going to make, because most of the people who I have talked to are at a tipping point, where they and their whole family can no longer survive on the level of income they have, given the pressure they are under.

What comes across time and again is that carers have to struggle: first of all for recognition; then for assessment of the person they are caring for; then for support services; and then for just a respite every now and again. For some of them, that struggle is becoming insurmountable. Then what happens? The person they are caring for is taken into care and the costs escalate beyond anything that we have seen so far. So there is a desperate need to resolve this matter.

I will just throw in one other point as well. The benefit that carers get is not an access benefit to other benefits. With regard to energy costs in particular, a small step would be access to winter fuel allowance and—to be frank—a doubling of that winter fuel allowance.

2.53 pm

Wendy Chamberlain (North East Fife) (LD): It is a pleasure to serve under your chairmanship, Ms Bardell.

We need our unpaid carers. Carers UK estimates that there were up to 13.6 million unpaid carers during the pandemic, providing care worth £530 million per day. However, carers have been left to fall into poverty by this Government. Carer's allowance currently equates to £1.93 per hour, assuming a carer only does 35 hours of care, which they need to do in order to receive the allowance. Even with the 3.1% uplift, that figure will increase to only £1.99, which is still less than £2 per hour.

Carers have borne the brunt of the pandemic. In research by Carers UK, 81% of carers said they had to provide more care during the pandemic; 35% were providing more care because services were closed or not

[Wendy Chamberlain]

available during the pandemic; and 80% of them were caring for someone whose condition worsened during the pandemic.

This Government forgot unpaid carers during the pandemic, which is evidenced by the fact they initially did not include carers in the priority categories for vaccination. I will just point out that, having previously been an unpaid carer himself, my right hon. Friend the Member for Kingston and Surbiton (Ed Davey) did a lot of work to ensure that that was rectified.

Unless someone has cared for somebody else, it is hard to know the day-to-day pressure of performing a caring role. It does not matter how much they love the person they are caring for; caring takes its toll. We know that the pandemic has taken its toll on everyone and we know the impact on mental health of lockdowns, uncertainty and constant worrying. For those in caring positions, it can be a million times worse. Caring can also be a very lonely role. All disabled people and all conditions are different. For some, caring means caring for a loved one who does not have the mental capacity, who cannot communicate and who potentially gets confused.

When preparing for the debate, I spoke to my researcher—I am grateful to her for allowing me to share this—who recalled the experience that she and her mother had when caring for her father, who developed early and severe dementia a decade ago. She told me how his constant confusion and distress at not being able to make sense of his thoughts or communicate them worried the whole family. Much like a toddler, he would lash out, shout words that made no sense, and sometimes cause harm to the people and things around him. She said that they saw themselves as lucky—not only because he passed away quickly and was put out of his distressing circumstances, but because it happened long before the pandemic. She said that the confusion of the new rules would have simply been overwhelming for him, and that the isolation of lockdown without any respite would have left lasting damage to both her and her mother. This will not be the experience for all carers, but it will be the experience for many. They need not only our thanks but our support, and it must be tangible.

Lifting restrictions means that more disabled people are being required to continue shielding, because underlying health conditions have not gone away. It means that some people are simply not leaving their homes. It means they avoid seeing others or going to support services in the community. It means avoiding going into care homes for respite, and it means that people rely more heavily on the friends and family who care for them.

My party opposed the Government's decision to scrap free lateral flow tests from this Friday, and although the Government have announced that some categories will be able to access testing, they do not include unpaid carers, who have been forgotten again. It is true that carers often share homes with the people for whom they care, so there is a risk of infection even if it is known that the carer has covid, but this is not always the case. Many carers provide full-time unpaid care to those outside their home, as reflected by the fact that people can apply for carer's allowance even if they provide care

to a friend outside their home, so I ask the Government to consider ensuring that unpaid carers have access to lateral flow tests.

I think that Members on the Opposition side of the Chamber agree that £69.70 is not enough to live on. It is a real-terms cut to the carer's allowance, and those on carer's allowance are already living on a knife edge. In Scotland, the carer's allowance supplement—£237.90 every six months—provides some additional help, but there ought to be an uplift for all unpaid carers everywhere. As the hon. Member for Kingston upon Hull East (Karl Turner) referred to in his opening remarks, it was disgraceful that when the uplift to universal credit was introduced, it was not extended to those on legacy benefits. The Government should have uplifted the remaining benefits at that time. If £69.70 is not enough for people to live on, one would think that the Government would support people who are trying to earn and do something to increase their incomes, but no. Carers are unable to earn more than £128 per week before having their allowance cut, which means that £197.70 per week is all they can hope to earn.

A constituent of mine wrote to me only yesterday. She talked about how she has had to leave her employment because she cannot get any help to support her disabled adult daughter. She would work full time if she could, and she would choose not to seek anything from the state, but it is just not possible. As it is, what little support she receives is not enough. In her own words:

"I cannot stress enough how life and death the question is. We are stuck and there is nothing we can do to change it."

Hon. Members have referred to the fact that unpaid carers have increased costs, often because the people for whom they care have higher costs. To make ends meet, this means going without in other ways, which was happening even before we faced the cost of living crisis that we now see.

Carers should be able to transition into work or education if they want, but at the moment there is a ban on carers receiving full-time education. This means that young carers who are learning and caring for their family are being left without financial support. With more flexible learning methods now being commonly used, there is no reason why an older person could not be doing full-time training from home while still providing care. The ban does nothing but stop carers reaching their potential in life, and it keeps them reliant on the small levels of benefits provided by the Government, who say they want to make work pay. Working not only puts vital money in the pockets of carers, but gives a source of identity and support outside that caring role.

In conclusion, being a carer is hard. Accessing the support needed to fulfil that role should not make it even harder. Providing a carer's allowance that actually cares is essential.

2.59 pm

Rebecca Long Bailey (Salford and Eccles) (Lab): It is a pleasure to serve under your chairship, Ms Bardell. I thank my hon. Friend the Member for Kingston upon Hull East (Karl Turner) for securing this very important debate, and for his passionate speech—one that I very much agree with. At the last census in 2011, 24,188 people over the age of 16 were carers in Salford. Nationally, Carers UK estimates that there are now 11.5 million

people across the UK who give unpaid support to someone who is elderly, seriously ill or disabled. It estimates that, by doing so, unpaid carers are saving the Government a whopping £193 billion a year.

Last year it was noted that there were only 900,000 full-time unpaid carers nationally who received support of any kind, in the form of carer's allowance. At only £67.25 per week, it is the lowest benefit of its kind. There are so many more who are excluded from receiving carer's allowance, including: carers in full-time education or studying for 21 hours or more a week; carers earning more than £128 per week, which is less than 15 hours a week on the national living wage; and carers who spend less than 35 hours per week on their caring responsibilities.

It is clear that even before the cost of living crisis, thousands of carers were facing extreme financial hardship. Indeed, a recent survey by Carers UK found that more than a third of those on carer's allowance are struggling to make ends meet; many had been struggling for months, often relying on food banks to feed themselves and the people they care for. Now, as energy bills increase by up to 50%, inflation rises and the cost of day-to-day essentials skyrockets, there is a real worry that without urgent support from Government many carers and their families will simply be unable to cope. Those in receipt of the menial carer's allowance have been awarded a 3.1% increase. However, as we know, inflation is set to reach at least 7.5%, so they face a real-terms benefit cut.

New research from Carers UK reveals that the financial pressures on unpaid carers have become untenable. Just under half—45%—of unpaid carers said that they are currently unable to manage their monthly expenses and that any further increase in energy bills will negatively affect their own physical and mental health, or that of the person they care for. Many also said that they were taking difficult steps to manage their monthly expenses; 58% had cut back on heating while 14% had already fallen into arrears with their energy bills. In the months ahead, more than two in five thought that they would not be able to heat their home to a safe level, while a third were worried that they would have to use a food bank.

It is clear that urgent Government action is required. I join Carers UK in calling on the Minister, first, to increase carer's allowance and other benefits so that they rise in line with current inflation predictions. Secondly, the Government should immediately extend the warm home discount scheme to ensure that it includes carers on the lowest incomes. Thirdly, the Government should increase the paltry earnings limit for those claiming carer's allowance, so that it is at least equal to 16 hours of work at the national living wage, and provide a carer's supplement to all carers with an entitlement in England, Wales and Northern Ireland, as carers in Scotland have been receiving since 2018.

Unpaid carers are the backbone of our families; they are our mums, dads, brothers, sisters, partners and friends. They support us in our time of need. It is time we gave them the recognition and thanks that they deserve by supporting them too.

3.3 pm

Yasmin Qureshi (Bolton South East) (Lab): It is a pleasure to serve under your chairmanship, Ms Bardell. I thank my hon. Friend the Member for Kingston upon

Hull East (Karl Turner) for securing this important debate. I begin by declaring an interest. I will be speaking from a place of personal experience, as someone who is a carer. Indeed, there are 13.6 million unpaid carers in the United Kingdom supporting family members and friends. Many of their stories go untold, as do their struggles. I know that some hon. Members have spoken about the struggles of the people they have come across, and how they have tried to cope with this.

I will talk a little bit about my situation. Effectively, over the past 10 years I have been a carer. First I was a carer to my mother, who passed away in 2017—during the course of the general election—and more recently I have been a carer to my brother, who has a number of chronic conditions. Trying to balance life—to balance working, family and caring—is very difficult. However, I am lucky enough to have a decent income. I am lucky because my work is flexible and I can rearrange appointments. If I had a nine-to-five job, I would not be able to look after my family members, and I would have to leave my job, as did the teacher, a constituent of my hon. Friend the Member for Worsley and Eccles South (Barbara Keeley), and that is not fair. We are the fourth or fifth richest country in the world. We should not have to be in this position and people should not have to do that.

Even though I am financially stable and have flexibility, even I get tired, as do others. For example, about eight weeks ago my brother telephoned me in the middle of the night, at 3 o'clock in the morning, to say that he had a massive pain in his arm. I called an ambulance and he was taken straight to Salford hospital. He had an MRI, was found to have a clot in his arm, and was operated on immediately. That same night I was with him, but the next morning was a Monday and I had to come down to Parliament. When we stay with family members for nights on end, in the morning we can hardly keep our eyes open and we take loads of paracetamol to try to get rid of the headache that we get from not having slept at night.

I know that social services provide some carers and people do get carers coming in, but that is not enough. Their hours are limited. They are there for half an hour or 45 minutes to give someone tea or lunch, but what about the four or five-hour gap before the next carer visit? More importantly, the night-time visits have now effectively been stopped by local authorities. I remember caring for my elderly mother. Because of her physical, emotional and psychological situation, I could be up three times a night with her. As I have said, I was able to cope, but others cannot.

As my right hon. Friend the Member for Hayes and Harlington (John McDonnell) has said, everyone knows about social care and the lack of financial provision for carers. We have discussed it in Parliament hundreds of times. It has been debated again and again, but no Government have grasped the issue and done anything with it. We need drastic changes in the whole care system. There are 13.6 million carers, some of whom, as other Members have said, have had to leave their jobs or stop their education, because that is the grim reality of caring for a sick member of the family.

For me it is a privilege and an honour to be able to look after my family. I feel pleased that I can be with them, but I feel sorry for all those whose families are not around them—people who are left on their own,

[Yasmin Qureshi]

often languishing for hours and hours without anyone to look after them. It is those people that we need to be concerned about, as well as the carers who end up looking after them.

This has already been mentioned, but the carer's allowance is going up by only 3.5%, and inflation is already more than 7%. We know that heating bills are going up. A lot of elderly and ill people often need extra heating, and if they are with their families, that often means the bill will be paid by their families.

Transport costs can be much higher because someone might need to be accompanied or they might need taxis to go to medical appointments. According to Carers UK, 24% of carers in receipt of carer's allowance are using food banks to make ends meet. It also states that:

"The additional costs of caring can be compounded by carers having to reduce their working hours",

as I said, or "leave employment" altogether.

What is the Minister and her Government doing to give support to carers at this very difficult time? What are they going to do in real terms to increase the benefits and allowances that carers get? Will they consider extending the warm home discount scheme to unpaid carers, to recognise the particularly high energy costs that carers often face to keep the person they are looking after safe and warm? Believe me, most ill people need extra heating.

We need a comprehensive plan for social care to support our ageing population and to relieve the pressures on the NHS. Many unwell people spend extra time in hospital because there is no social care support package available for them, delaying them there. The average person has a 50:50 chance of caring by the age of 50—long before they reach retirement age. Most will not be able to do that, and they cannot use private carers. The Government know that, the medical profession know it, social services know it, local authorities know it, and we all know it. There is a big problem and a sad situation. Something needs to be done now.

3.10 pm

Beth Winter (Cynon Valley) (Lab): It is an honour to serve under your chairship, Ms Bardell. Other Labour Members have outlined passionately the key issue that care, as a whole, has been insufficiently provided for by this and preceding Governments. Care work, whether paid or unpaid and whether for younger people, older people or disabled people, is undervalued. Having listened to other contributions, every one of us either currently cares for someone or knows someone who has a caring responsibility. Coming to terms with somebody's illness is difficult in any case, but to have to fight for recognition of the invaluable role that that person fulfils, and to beg for money not to have to suffer poverty, is shameful and must be addressed. After the last election, the Prime Minister stated:

"we will fix the crisis in social care once and for all".

More than two years later, we have seen no change or improvement in support for caring.

Today in this country, accessing care is too expensive; those who work in care are underpaid, undervalued and overworked. Owners of some care businesses have been accused of being asset strippers. Those who have to

conduct visits have too great expectations. The time and effort of those who care for family members is too often forgotten by this Government. As others have said, carer's allowance at its current rate is completely unacceptable. The pathetic uplift of just over £2 is absolutely shameful. Inflation could hit 10% this year. How can people be expected to survive on that paltry amount? It is beyond me and it should be beyond this Government.

The earnings threshold is very low and blunt, as others have said. It is lower than other income replacement benefits and needs to be reviewed urgently. We need a response from the Government. For more than a decade the Work and Pensions Committee has repeatedly called for an increased earnings limit and the introduction of a taper. The uprating of carer's allowance needs to be synchronised with the real living wage. Carers UK stated in response to the spring statement:

"Many carers are already dipping into savings using credit cards, and cutting back on essentials to keep the person they care for warm and to protect their health."

People currently cannot afford to eat or heat their homes; how are they expected to survive with a real-terms cut in their benefits?

I want to focus the rest of my remarks on my country of Wales. I am proud of our support for carers and am pleased to have the opportunity to pay tribute to a dear family friend who was the MP for Aberavon until 2005, Dr Hywel Francis, who sadly passed away recently. He was responsible for introducing the Carers (Equal Opportunities) Act 2004, which aimed to ensure that carers were adequately valued and supported. The dismal financial situation in which so many currently find themselves means that that aim will not be fulfilled. It has been impossible to implement all the excellent things in that Act, which is coming up to its 20th anniversary.

I am pleased that the Welsh Government are following Dr Francis's caring and compassionate example. I want to refer to some positive examples of support for carers, which the UK Government must look to. Last week, Julie Morgan, the Deputy Minister for Social Services in the Welsh Labour Government, highlighted how 60% of carers in Wales had reduced their hours at work to manage their caring responsibilities and 6% had given up work altogether. In recognition of that difficulty, she confirmed that 57,000 registered unpaid carers would be awarded a one-off £500 payment in a commitment worth £29 million.

There have been positive responses from agencies in Wales. Kate Young, the chair of Wales Carers Alliance and director of the All Wales Forum of Parents and Carers, welcomed the news that many unpaid carers across Wales would now be supported by that payment. Claire Morgan, director of Carers Wales, said:

"This £500 payment is an important first step in actively recognising carers' daily contribution to our society".

Even though Welsh Labour in government has taken more action than its counterpart in Westminster, we know there is more to do. The Welsh Government, as well as carer support organisations, recognise the need to reform the carer's allowance across the UK. They are keeping up the pressure on the UK Government to put that right for carers, as it is the UK Government's responsibility.

Last month, Julie Morgan said she regretted the fact that Wales did not control the carer's allowance. The Welsh Affairs Committee, of which I am a member,

published a report less than two weeks ago, saying that there should be an assessment of the potential merits of devolving the administration of social security benefits to Wales, as has happened in Scotland. Scotland has used those powers to establish the carer's allowance supplement.

I want to remind the House that Welsh Labour in government has also introduced a £1,000 bonus for 53,000 care workers in Wales, starting in April, which will be consolidated to ensure that the living wage is paid to social care workers. That is costing the Welsh Government £43 million. I have just come back from a Citizens UK gathering in Parliament Square with Welsh colleagues that was pushing for health and social care workers in England also to be paid the living wage. I look forward to seeing that change happen.

Barbara Keeley: It is worth mentioning that Salford City Council, which is represented by two of us present, is also paying the national living wage, as are a number of authorities around Greater Manchester. That is important in the debate because carers also depend on quality. Quantity of care is woeful but quality is important too, and quality improves with better pay.

Beth Winter: I fully agree, and that is excellent news.

To conclude, this issue is all part of building towards a national care service in Wales, which Welsh Labour's programme for Government is committed to. In announcing the uplift to care workers' pay, the Minister in Cardiff referred to the commitment

"to set up an expert group to support a shared ambition to create a National Care Service, free at the point of need".

That was a commitment that I made when I stood for Parliament in 2019 under our manifesto, and I am pleased that Welsh Labour in government are delivering on that. There is another way forward: a way that recognises and rewards care work for the contribution that people make to society. Labour Members recognise that, including my hon. Friend the Member for Kingston upon Hull East (Karl Turner). I hope the Government are listening, because millions throughout the country are tired of waiting.

3.18 pm

Mick Whitley (Birkenhead) (Lab): It is a pleasure to serve under your chairmanship, Ms Bardell. I am immensely grateful to my hon. Friend the Member for Kingston upon Hull East (Karl Turner) for securing this important debate. Across the country, millions of people make enormous sacrifices to care for the people they love. Looking after somebody in need of full-time care too often means giving up on work, friendships and so many of the ordinary opportunities that the rest of us take for granted.

Our country could not have survived the pandemic without the determination and resilience of unpaid carers. While doctors and nurses battled to save lives and as the virus engulfed care homes, which this Government unforgivably failed to make safe, millions of ordinary people stepped up to assume additional caring responsibilities and to paper over the cracks that have been inflicted on health and social care by successive Tory Governments.

In 2020, the campaign group Carers UK estimated that unpaid carers collectively save the nation £530 million in caring costs every single day of the pandemic. We owe them all a debt of gratitude. Nobody should be forced to resort to credit card debt or payday loans to cover the cost of care, but that is the terrible reality facing so many unpaid carers today. Unpaid carers have found themselves cruelly exposed to the catastrophic impact of soaring food and energy costs, with heating their homes and powering essential medical equipment becoming a daily struggle.

Last year, more than a third of carers reported having to cut back on luxuries, with more than one in 10 taking out additional debt just to make ends meet. Even before the energy cost rise again this week, many unpaid carers found themselves in the position of nothing left to cut. I was recently contacted by a constituent in a state of utter desperation. Having dedicated her entire professional life to caring for strangers in the NHS, she was forced to leave work to care full time for her husband. Now she tells me that, after paying bills, she is left with just under £40 to get by, and does not know how she will keep up with mortgage repayments.

Last week's spring statement by the Chancellor of the Exchequer was an opportunity to take meaningful steps to help unpaid carers survive the most dramatic cost of living crisis in recent memory; but instead of increasing the carer's allowance and other benefits in line with inflation and heeding Labour's call for ambitious action to cut energy bills, he put his own political ambition before the needs of millions of people and brandished his Thatcherite credentials to win over disaffected Tory Back Benchers, with a commitment to shaving a penny off income tax in two years' time. How does the Minister think that will help unpaid carers in my constituency who are barely getting by here and now?

We have heard plenty of warm words from Ministers at the Dispatch Box about the invaluable contribution that carers make. We have seen countless photo opportunities of Ministers meeting carers in their constituencies, or standing on the doorstep to applaud them during the darkest days of the pandemic, but that will not put food on the table or coins in the meter. It will not provide the slightest reassurance to unpaid carers in my constituency, who are genuinely petrified about whether they will survive the punishing months ahead.

The virtue signalling must stop; what we need is action. That means dramatically increasing the pitiful rate of carer's allowance, so that millions of households are not drowned by soaring prices; dramatic action to cut energy bills for the worst off and most in need; and, following the example of the pioneering Labour Government in Wales, introducing a one-off payment for unpaid carers to help see them through this Tory cost of living crisis.

3.23 pm

David Linden (Glasgow East) (SNP): It is always a great pleasure to serve under your chairmanship, Ms Bardell. I realise that, being in the Chair, you are constrained in what you can say. You probably want to take part in the debate, and I am sure you would want to put on record your thanks to the carers of West Lothian for the work they do to support your constituents, but I will not seek to bend the rules further.

[David Linden]

I congratulate the hon. Member for Kingston upon Hull East (Karl Turner) on bringing the debate. I am acutely aware that the situation with P&O Ferries is also taking up a huge amount of his time. It is testament to the care he has for all his constituents that he is able to spin all those plates. With the indulgence of the Chair, I would also like to recognise Ian Dick, who is down from Glasgow and in the Public Gallery. I know that hon. Members will want to welcome him to Westminster.

Far too often, carers are invisible to those in positions of responsibility and authority. They are overwhelmingly women; 72% of them are women, and often unpaid. They are normal working people, put in the position of taking care of a loved one. The huge pressures that they face in taking on that responsibility for the care of a sick or elderly family member can be monumental. Today is a good reminder of that.

Carers in Glasgow's east end find themselves performing a precarious balancing act, having to balance work, school and family alongside the intensive act of caring. Not only does caring often dominate people's lives, as they have to work around meal times, medication and doctor's appointments, but caring also leaves very little personal time for the carer. As several hon. Members have referenced, the survey by Carers UK found that 72% of carers have not had any breaks from caring and 74% are exhausted and worn out. I think we would all agree that the situation has only been exacerbated by the pandemic and the associated lockdowns.

The role of a carer is so often underappreciated and I want to take a moment to recognise the hard work and dedication of carers right across these islands. I thank Glasgow North East Carers, led by Jean McInaw, and East End Community Carers, which I ran for in the 2018 London Marathon.

Last week, I met representatives of Carers UK to discuss the pressures that carers are feeling in the cost of living crisis. As a group, carers are particularly vulnerable to rising costs, due to the additional costs that come with caring. It is right that a number of hon. Members have put on the record that the shameful decision by the Government not to extend the £20 uplift to legacy benefits very much impacted on carers as well. Let us not forget that 2.5 million disabled people were literally left out in the cold by a Government who clearly do not care enough about them. For carers, food bills may be higher because of nutritional requirements, transport costs may be higher because of mobility issues, and all these additional expenses will only increase in the cost of living crisis.

I must say that it somewhat sticks in my craw to hear Members of this House talk about a cost of living crisis, because what we are actually talking about is 12 years of Tory austerity that just happen to be exacerbated by recent economic turbulence. Let us not kid ourselves: the cost of living crisis is not a result of what is happening in Ukraine or global energy prices. The pressures that our constituents and the most vulnerable in our society face are a direct consequence of decisions taken by Conservative Ministers in Whitehall, none of whom were elected in Scotland.

Those in receipt of carer's allowance or the carer element of universal credit will still struggle financially in the cost of living crisis. That is deeply concerning.

Carers UK has already reported that a quarter of those claiming those benefits have to use food banks to make ends meet. The UK Government like to talk about a big society, but they do not want to talk about a broken society. The very fact that people who are out there working and caring—saving the state money—are having to be fed by food banks is an absolute abomination.

The increase in costs is not helped by the fact that many carers have been forced to reduce their hours or leave employment entirely in order to care for loved ones. As a result, many carers face a precarious financial situation. Some 1.2 million carers are living in poverty. The rising cost of living will undoubtedly increase the strain on those families who already face financial pressures.

As a number of hon. Members have mentioned, the Scottish Government recognise the invaluable work of carers and their families. The carer's allowance supplement, which increased carer's allowance by 13%, was the first payment to be paid by Social Security Scotland. Is that increase enough? No, it is not, but it is a step in the right direction for my constituents in Easterhouse, Barrowfield and Tollcross.

Over the past two years, the Scottish Government have invested a further £40 million to provide two extra payments to support carers through the impacts of the pandemic. Together with the additional coronavirus carer's allowance supplement, eligible carers received an extra £690.30 last year compared with carers south of the border. In recognition of rising cost of living pressures, the Scottish Government have now decided to further increase the eight Scottish benefits by 6%—a change from the previous plan to uprate by 3.1%. I challenge the Minister to explain why, if the Scottish Government, with a fixed budget and without borrowing powers, can uprate benefits by 6%, the UK Government think it is in any way appropriate to have a real-terms cut of just 3.1%.

I want to say a word about young carers, who are supported so well by Glasgow North East Carers in the Easthall area of my constituency. The SNP's young carer grant started in October 2019 and supports more than 3,680 young carers in Scotland. We cannot have this debate in a vacuum and lose sight of the fact that young carers are playing a crucial role, saving money for the state, yet many do not even realise that they are in fact carers.

Many people never imagined that they would be put in the position of becoming a carer for a loved one. It is difficult, and often upsetting, to think that one day a loved one would need such intensive care and support. However, that is why we should all increase support for carers, because it truly could happen to anyone whom we represent, and indeed to any one of us in this Chamber—a point that was highlighted by the hon. Member for Bolton South East (Yasmin Qureshi).

Becoming a carer can be difficult, expensive and a scary labour of love. It can dominate families for years on end, putting untold stress and anxiety on people who were, in many cases, absolutely unprepared to become full-time carers. It is therefore vital that there is proper support for carers and their families, from adequate carer's allowance to funded short breaks to counselling. Carers across these islands should be appreciated and valued for their hard work and dedication.

I think it was the hon. Member for Birkenhead (Mick Whitley) who made the point that warm words are all well and good, but they are not enough. I am sick and fed up of standing up in these debates and paying tribute to people. My constituents who are carers right across the east end of Glasgow do not just need warm words; they need proper uprating. That is something that we are providing in Scotland, but this debate is not an opportunity for whataboutery and for me to come here and talk about how wonderful things are north of the border—they could be better—but I have to say to the Minister that warm words will not cut it. We need proper support for carers and that is the message that we all look to hear from her today.

3.30 pm

Vicky Foxcroft (Lewisham, Deptford) (Lab): It is a pleasure to serve under your chairship, Ms Bardell.

I congratulate my hon. Friend the Member for Kingston upon Hull East (Karl Turner) on securing this extremely important debate. Sadly, carers—especially unpaid carers—seem to have been long forgotten by this Government, so I genuinely commend him for raising their plight, particularly around carer's allowance. I hope that Ministers will respond positively to the many important points that my hon. Friend made, in particular about his constituents the Spammers and the positive impact of the increase in the national minimum wage. Unfortunately, there has been a negative impact on carer's allowance, which we had all hoped was an oversight. Sadly, that does not seem to be the case, but this situation can be rectified if Ministers decide to do so.

As many hon. Members have said today, carers make a vital contribution to society. They do fantastic work, but we really do not thank them enough. According to Carers UK, 6.5 million people are carers—a figure that rose to 13.6 million during covid. Those people supported a loved one who is older, disabled or seriously ill. That is one in eight adults who are unpaid carers for family and friends. Every day 6,000 people become carers, and many do not know how or where to get help, which can be frightening and lonely.

I pay tribute to my right hon. Friend the Member for Hayes and Harlington (John McDonnell) for setting up a carers group and for listening to unpaid carers, who are the experts on the subject; that is so important. As he rightly said, carers do not ask for anything, apart from to be able to get by. As my hon. Friend the Member for Salford and Eccles (Rebecca Long Bailey) highlighted, unpaid carers are the backbone of our society.

I thank my hon. Friend the Member for Bolton South East (Yasmin Qureshi) for sharing her personal experience of how tough it is for carers, even if their financial situation is okay, and for saying how much tougher it is when their financial situation is not okay.

We all know heartbreaking stories from our constituencies. In my constituency of Lewisham, Deptford, I have an ongoing case of a single mother who is a full-time carer for her six-year-old disabled son, who uses a wheelchair. She supports him while suffering from depression herself. She is on universal credit and has been sanctioned for missing an appointment because she was caring for her disabled child. Instead of offering compassion and support, this hostile Government decided

that it was more appropriate to reduce her benefits. Having heard stories such as this time and again, we must all ask ourselves: are we doing enough to support carers? I am sorry to say that I do not think we are, especially this Government.

All Labour Members who spoke today said that carer's allowance simply is not enough. The Government's primary support is a measly £67.60 a week through the carer's allowance, and that is only if someone provides care for at least 35 hours a week. Carers organisations have long argued that the amount of carer's allowance payable to carers is insufficient to meet its stated purpose of providing a replacement income for those who give up work to look after another person.

That does not even begin to unpack the injustice of not properly supporting unpaid carers—people who save the state an incredibly huge amount of money, but receive nothing back. As the hon. Member for North East Fife (Wendy Chamberlain) and others pointed out, charging them for lateral flow tests to keep their loved ones safe is outrageous. Will the Minister look into scrapping that?

As my hon. Friend the Member for Cynon Valley (Beth Winter) said, carers should not have to fight for recognition and then beg for money. She highlighted some excellent work that is taking place in Wales but, as she said, there is always more that we can and should be doing.

All Members cited the excellent work of Carers UK. Carers UK and 78 other charities, including Z2K, Carers Trust, Age UK and many disabled people's organisations, wrote an open letter to the Chancellor ahead of the spring statement last week. The letter references recent research by Carers UK that paints a bleak picture of the coming months as the cost of living crisis deepens. Among other things, the research found that 42% of respondents feared that they will not be able to heat their home to a safe level, and 32% were worried that they will have to use a food bank.

As my hon. Friend the Member for Worsley and Eccles South (Barbara Keeley) put it so eloquently, carers are paying many extra costs, including for electrical ventilators, transport and extra heating. As my hon. Friend the Member for Birkenhead (Mick Whitley) said, the Government had the chance to address that in the spring statement, but they did nothing.

Last week, during questions to the Department for Work and Pensions, I raised the issue, pleading with DWP Ministers to lobby the Chancellor for proper support for disabled people. Disabled people, including those who are carers and who have carers, have to make impossible choices between heating their homes and affording to power lifesaving medical equipment in order to survive. This is a worrying time for many hundreds of thousands of carers up and down the country.

I thank my hon. Friend the Member for Kingston upon Hull East for bringing this forgotten-about group back before Ministers. I commend paid and unpaid carers for their selfless work, helping people up and down this country. The Government must act and support carers with a more generous support package—a measly £67.60 a week for carers will not cut it. If the Minister will not listen to me, she should listen to the many paid and unpaid carers, disabled people, disabled people's

[Vicky Foxcroft]

organisations, charities and other civil society organisations pleading with this Government to act with compassion and to support carers properly.

3.38 pm

The Minister of State, Department for Work and Pensions (Chloe Smith): It is a pleasure to see you in the Chair today, Ms Bardell.

I thank the hon. Member for Kingston upon Hull East (Karl Turner) for securing this important debate and for forgoing the chance to speak in the main Chamber, as he had competing interests. On behalf of his constituents, he has given us an important opportunity to discuss carer's allowance and the vital role that unpaid carers play. I will leave him some minutes to speak again at the end of the debate.

We have heard a number of thoughtful contributions, including the deep personal experience of the hon. Member for Bolton South East (Yasmin Qureshi); I thank her for sharing that. I thank the hon. Member for Cynon Valley (Beth Winter) for mentioning our former colleague, Hywel Francis, and I am grateful to the two Front Benchers, the hon. Members for Glasgow East (David Linden) and for Lewisham, Deptford (Vicky Foxcroft), for their contributions.

Let me begin by taking up the point made by the hon. Member for Lewisham, Deptford about a carer who was apparently sanctioned for non-attendance while caring. That sounds like a misunderstanding of some kind. A sanction should not be applied where there is good cause for non-attendance and the Department is notified, so I am happy to take up that case after the debate, unless the hon. Lady can clarify the position now.

Vicky Foxcroft: I appreciate the Minister taking up that case afterwards and thank her for doing so, but this happens all the time. I am sure that many other Members present will know of such cases, so I do not think it is an isolated incident.

Chloe Smith: I will turn to the other detailed points raised in the debate shortly, but like other hon. Members who have spoken, I also want to pay tribute to the millions of unpaid carers in this country. The Government certainly recognise and value the vital contributions made by carers every single day in providing care and continuity of support to family and friends, including pensioners and those with disabilities. More than six out of 10 of us may become a carer at some point during our lives and as many as 13 million people may be doing some unpaid care. That has never been more important than during the covid-19 pandemic, when unpaid carers played a vital role in supporting the most vulnerable in our society. I will come to some of the points made in respect of that in a moment.

Like other hon. Members, I see so much of the work that carers do through my own constituency post bag, such as the experiences that a Mr W recently shared with me, as well as through disabled people's networks. Carers are fortunate enough to have some wonderful advocates, including their MPs and organisations such as Carers UK, which has been mentioned a number of

times today. When I met Carers UK earlier this month, I was able to talk about some of the help that the Government provide to unpaid carers.

We recognise that people, including carers, are facing pressures with the cost of living, including higher fuel bills. That is why we are providing support with the cost of living worth £22 billion across this financial year and next. We have also promised to legislate so that employees will be entitled to five days of unpaid care leave per year, and, as hon. Members will know, we are reforming health and adult social care. I am working closely with the Minister for Care and Mental Health, my hon. Friend the Member for Chichester (Gillian Keegan), on that.

David Linden: The Minister mentioned the five-day paid care leave, which I presume will come in the form of an employment Bill. Will she give a cast-iron guarantee that there will be an employment Bill in the Gracious Speech that we expect in May, or are we going to have to wait yet more years for an employment Bill? People cannot wait any longer.

Chloe Smith: The hon. Gentleman tempts me down paths that I am afraid I am unable to go down in this debate, but I look forward very much to working with him and others to make that goal a reality.

We are spending record amounts to support unpaid carers. Real-terms expenditure on carer's allowance is forecast to be £3.1 billion in 2021-22 and to increase by two fifths by 2026-27, when the Government are expected to spend just under £4.4 billion a year on it.

Patterns of care have changed significantly over the last few decades. People are providing vital unpaid care for relatives and friends in a whole range of circumstances. Nearly 1 million people are now receiving carer's allowance and the weekly rate will increase to £69.70 in April. Since 2010, it will have increased from £53.90 to £69.70 a week, providing an additional £800 a year in cash for carers through the carer's allowance. There are additional amounts for carers in universal credit and other benefits.

Barbara Keeley: I am astonished that the Minister can read out those notes with a straight face, given what everybody has said. Most Members here have made the point that a £2 increase is an insult given what we know about what is happening with the cost of living—even just with lateral flow tests. How can she read those figures out and not be ashamed of them?

Chloe Smith: I am sorry if the hon. Lady thought that that was a useful use of the minutes we have left, when I have plenty more to say. She stops me to insult me rather than letting me talk about carers; that is not particularly helpful.

Like other hon. Members, I want to talk about the rate of carer's allowance. I will start with whether it is high enough. The Government continue to provide financial support to unpaid carers through carer's allowance, the carer element in universal credit, and other benefits. We have chosen to focus extra support on carers who need it the most. About 360,000 carer households on universal credit can receive nearly £2,000 year through the carer element, and that amount will increase from April 2022. Universal credit is of course a key benefit—indeed, it is the key benefit—for carers on low incomes,

on whom we most need to target the support. Indeed, carers in receipt of universal credit do not face the cliff edge identified by the hon. Member for Kingston upon Hull East in opening the debate.

John McDonnell: Will the Minister give way?

Chloe Smith: I am afraid I need to make progress.

The hon. Member for Salford and Eccles (Rebecca Long Bailey) argued that we need to increase the rate of carer's allowance even further to reflect the current rate of inflation, rather than last September's rate of CPI. Of course, the Secretary of State undertakes an annual review of benefits and pensions; and CPI in the year to September, as published by the Office for National Statistics, is the latest figure that the Secretary of State can use to allow sufficient time for the needed legislative and operational changes before new rates can be introduced at the start of the new financial year.

Let me turn to the carer's allowance earnings limit. Right hon. and hon. Members have mentioned the limit throughout the debate and argued that it ought to be increased. Carer's allowance has an earnings limit, which permits carers to undertake some part-time work if they are able to do so. This recognises the benefits of staying in touch with the workplace, including greater financial independence and social interaction. In many cases, carers are keen to work, so we want to encourage them to combine some paid work with their caring duties, if they wish to do so and wherever possible. That is why we regularly increase the earnings limit.

The limit for those in receipt of carer's allowance will increase to £132 net earnings a week from this year, which means that the earnings limit will have increased by about a third since 2010. Many of those who are receiving carer's allowance and doing some work will also be receiving universal credit. In those cases, the 55% taper rate and any applicable work allowance will help to ensure that people are better off in work, which means more generous treatment in universal credit of earnings above the carer's allowance earnings limit.

Right hon. and hon. Members have mentioned the increases in fuel bills, which I absolutely recognise. The Government acknowledge that people are facing pressures with the cost of living, including rising fuel and heating costs, and Members will know about the measures announced in the spring statement last week, which build on the existing support that the Government provide and will be worth over £22 billion.

A number of schemes are in place to help with heating costs, depending on carers' circumstances. They include the winter fuel payment, the cold weather payment and the warm home discount. I recognise the argument made by the hon. Members for Salford and Eccles and for Bolton South East about extending the warm home discount to carers. I think they will know that colleagues in the Department for Business, Energy and Industrial Strategy recently consulted on the scheme and announced that automatic rebates will be extended from those getting the guarantee credit in pension credit to include other low-income households whose homes are fuel inefficient.

The hon. Member for Worsley and Eccles South (Barbara Keeley) and others made the point that it is important that carers apply for all the support that might be available to them. Many working-age carers

receive means-tested benefits as well as carer's allowance, and I have already mentioned universal credit. Pensioner carers may be able to receive pension credit, which includes an additional amount for carers. Very importantly, receiving a means-tested benefit can act as a passport to other support, so if carers are not already receiving a means-tested benefit, I encourage them to look at gov.uk or to seek other advice, to see whether they might be entitled to that.

Karl Turner: Will the Minister clarify the percentage increase that was asked about by my right hon. Friend the Member for Hayes and Harlington (John McDonnell)?

Chloe Smith: Which percentage increase?

Karl Turner: I think there was a mention of 3.1%, but I am not sure if I heard the Minister properly.

Chloe Smith: The hon. Gentleman will recognise that as the September CPI figure. Yes, I can confirm that the figure is 3.1%.

I want to add a point about the personal independence payment. For some households where caring is taking place, it will be highly relevant. It is extremely relevant to the point that several Members have made about the extra costs that disabled people face. That is recognised, and it is exactly what the personal independence payment is for. Again, I encourage carers to ensure that they or their household look at that.

The hon. Members for Kingston upon Hull East and for Worsley and Eccles South raised points about the end of life. I want to make sure that hon. Members are aware that the Government are improving the so-called special rules for terminal illness and end of life. Two statutory instruments have already been laid and primary legislation will follow to ensure that, across five benefits, when they are in those very challenging circumstances people can get the support they need earlier.

Some hon. Members mentioned disabled or unwell children. I want to make sure that colleagues are aware of the special educational needs and disabilities review that was published yesterday. Low-income families with seriously ill or disabled people will be further supported through £27.3 million of funding next year, which could help pay for equipment, goods or services that those families might not otherwise be able to afford.

Let me move on to the position for Scotland and Wales. Hon. Members have asked why the Administrations differ in their approach. The UK Government's focus is to support those carers most in need through universal credit. In Scotland, as mentioned by the hon. Members for North East Fife (Wendy Chamberlain) and for Glasgow East, additional amounts are paid to carers by the Scottish Government through their carer's allowance supplement, using their powers under devolution and their own resources. That is done regardless of the carer's means. We think it is a better approach to focus extra support on carers on the lowest incomes, and I have already mentioned how that is done through universal credit.

I acknowledge the desire of the hon. Member for Cynon Valley to expand devolved powers in Wales, as well. I do not have time to engage fully with that point today, but I understand the arguments she makes and I look forward to responding to the Welsh Affairs Committee's report.

[Chloe Smith]

The hon. Member for North East Fife mentioned how unpaid carers had been supported during the pandemic and spoke about the policy on lateral flow tests. I want to ensure that she is aware that my Department worked with the NHS and Public Health England to share data so that unpaid carers had priority access to vaccines. It was very important for different parts of Government to work together to do such things for the benefit of those who needed the vaccinations the most at that time. I will ensure that Ministers in the Department of Health and Social Care are aware of the points raised by the hon. Lady about lateral flow tests.

I will draw my remarks to a conclusion to leave enough time for the hon. Member for Kingston upon Hull East to close his debate. We all agree that society relies on unpaid carers in many ways. They are appreciated and deeply important in their households. We recognise the challenges they face and we are helping carers with the rises in the cost of living, reforming social care and helping carers to stay in work. We are spending record amounts on the carer's allowance and providing unpaid carers with the help and support that they need and deserve. I am grateful for the range of points that have been made today, all of which will be very helpful in examining how we need to go forward. I hope that the contributions made today will help carers to know that we in this Chamber are thinking of them. Thank you for your chairmanship, Ms Bardell.

3.53 pm

Karl Turner: I thank you personally, Ms Bardell, for allowing me to leave the Chamber to speak on the P&O statement by the Secretary of State in the main Chamber.

I thank all Members for attending and for their incredibly instructive contributions to the debate. We all have constituents who are—if I can put it like this—truly at the sharp end of this anomaly.

I thank the shadow Minister, my colleague and hon. Friend the Member for Lewisham, Deptford (Vicky Foxcroft), who has been incredibly helpful in helping me to prepare for the debate. Some of this stuff, frankly, is quite complex. I have benefited from her incredible knowledge in this area.

I know the Minister a bit, and I think that she cares. I do not intend to be personal. However, the people who rely on this support are at the sharp end. They truly do not know whether they can afford to live; some of them are worried about using their electricity supply, which they need to operate the apparatus that is keeping their loved ones in the family home. Frankly, I am not convinced that the Government care quite enough. This is not a lifestyle choice. As we have heard, it could happen to any one of us—we could end up being a carer. People do not choose to do it. They do it because they need to, and they provide the most valuable service to society.

I know that the Minister has the power. She can leave here now, go to her Department and make changes that will affect these carers so that they do not have to rely on Treasury civil servants and Ministers and their spreadsheets that say no. Actions can be taken, and I very much hope she will do that.

Question put and agreed to.

Resolved,

That this House has considered carer's allowance.

3.56 pm

Sitting suspended.

Special Schools Eye Care Service

3.59 pm

Hannah Bardell (in the Chair): I will shortly call Siobhain McDonagh to move the motion. I will then call the Minister to respond. There will not be an opportunity for the Member in charge to wind up, as is the convention for 30-minute debates. I call Siobhain McDonagh.

Siobhain McDonagh (Mitcham and Morden) (Lab): I beg to move,

That this House has considered NHS Special Schools Eye Care Service.

I am delighted to lead a debate on a hugely beneficial development for the children who are often the most overlooked and yet most in need of targeted healthcare. The NHS special school eye care service has long been in the offing, originating from the stark statistic that children with learning disabilities are 28 times more likely to have a sight problem than other children. Four out of five children with a severe learning disability attend a special school, and decades-worth of studies and reports have all identified a higher level of sight problems in children attending day special schools.

I was first alerted to the issue when I visited my local special school, Perseid in Morden, in 2015. The school has an exceptional record of innovation, with a fantastic headteacher. I was delighted to learn that the Minister also knows the school from her recent visit to see the service in action. In 2013, Perseid began to work with the charity, SeeAbility, to offer sight tests and dispense glasses in the school environment.

A user-friendly report on what the children could see was part of the scheme for parents and teachers. Parents like Alyson told me on the visit that her daughter, Ellie, was getting used to eye care in the familiar environment of school and not having to take time out for hospital eye clinic appointments. That provided one less thing for her to worry about as a parent and had greatly reduced Ellie's anxiety.

I was so impressed that seven years ago I initiated a debate and the Minister at the time, Alistair Burt, readily gave his time to visit the project and see the benefits for himself. The Department of Health and Social Care then granted innovation funding for the SeeAbility project to expand in other day special schools and report on its findings. As well as finding a huge level of vision problems and a need for glasses in particular, it found that children were not accessing their right to an NHS sight test in the community. Only one in 10 children has ever had an NHS sight test, and over four in 10 have no history of eye care.

NHS England has a responsibility to ensure equitable access to sight tests and primary eye care, but there was a clear picture of unmet need. Moreover, it was clear that where services were targeted, it was only down to motivated eye care professionals filling a gap, usually through secondary care. The project found that almost half of the children had accessed or were under the care of a hospital eye clinic, but often for routine eye care such as a sight test.

Fast forward to 2018 and, to its huge credit, NHS England accepted that it lacked a strategic approach to targeting much needed NHS sight tests and to improving

primary eye care for people with learning disabilities. It began working collaboratively with eye care professional bodies and learning disability charities, first on a proposal for an NHS special school eye care service with the potential to reach 130,000 children, but also on longer-term plans to improve community optical practice access, too—pathways for the children not at special schools and adults with learning disabilities. They exist in only a few areas of the country.

The new NHS special school eye care service model does not exist anywhere else in the country, because it provides a one-stop shop for multidisciplinary eye care through full NHS sight testing, glasses dispensing, and specialist lenses and testing kits, alongside the report on a child's vision and liaison with hospital eye clinics and teaching staff. It is important to put on the record that clinical backing for the service has come from all of the eye care professional bodies and colleges, and from Public Health England.

In 2019, I was pleased to attend an event at Perseid, with NHS England in attendance, to celebrate its commitment, which was signed off at a senior level earlier that year. The service has therefore been promoted as a long-term proposition. Although the pandemic knocked everyone off course, I understand funding proper began in April 2021. We are in the early days as the service is in its proof of concept phase, although it is important to put on the record that the pilot is not about the need for a service. That is beyond doubt. It is a phase that will help evaluate an appropriate fee and glasses dispensing service, and therefore the best way to operationalise nationally. The service is now up and running in 97 special schools, 91 of which are day schools, with a total pupil population of more than 12,000. Clinicians from Bradford to London, Cheshire to Durham, are also under contract to deliver the service.

Some of the new NHS teams have only just begun their work, but the early picture is of much unmet need, with many children not having had a sight test before and with a high need for glasses. So far, so good, but some ambiguity has crept in recently, which is the reason for calling today's debate. Back in 2019, wording in "The NHS Long Term Plan" specified that dental, hearing and sight checks would be delivered in residential special schools, but that was in addition to a wider pledge in the same plan to improve access to eye care for children with learning disabilities. However, it now appears that NHS England is promoting the need to establish the service in residential special schools, and recruitment has stopped for new day special schools.

Anxieties are building about whether the long-term intention is to limit the service to a few thousand children in residential special schools only, despite all the important work done so far, and about what that ambiguity means for day special schools where there is now a new NHS service—for schools such as Perseid and children such as Ellie. There is talk of evaluation, but does that raise the prospect of a halt in day special school services, which have only just got off the ground, and for how long will we have to wait for evaluation?

As I have outlined, there is no doubt about the need for reform. That much is sure. I am sure that it cannot be the intention to send children who are now being seen by a service, some of whom have already been discharged to it by hospital eye clinics, back into hospital

[*Siobhain McDonagh*]

eye clinics, particularly as there is a separate NHS programme that is actively trying to reduce out-patient eye clinic use. I remind the House that one study found that 54% of children with disabilities do not attend their eye clinic appointments because of the difficulties they have—something that a special school service does not experience, as children who miss a visiting clinic one day can be seen quickly at the next and their place taken by another child who has been waiting to be seen.

Tens of thousands more children with severe learning disabilities attend day special schools than attend residential schools, and the residential school population is decreasing, with no residential special schools at all in some areas. How will a focus on residential special schools address the bigger picture of a huge cohort of children, young people and adults with learning disabilities missing out on the NHS eye care they need? Paring back a service to a much smaller number of schools—if that is the plan—misses the bigger picture of unaddressed health inequalities and leaves unreformed the NHS sight testing scheme for patients with a severe learning disability seen in optical practices or day special schools.

It has already been wonderful to read of the Minister's recognition of the potential for the service and the work of Perseid School. I know that she already recognises the folly of sending children with learning disabilities into out-patient eye clinics for sight tests, as they are some of the busiest places, with the longest waits for appointments. Only yesterday we saw the publication of the Government's ambitions for the special educational needs system. If anything, this is a programme of work that delivers outcomes for SEND children on so many levels. Let us get the Department for Education on board, too. It already recognises the need for glasses in mainstream schools through its "Glasses in Classes" initiative.

I conclude with a quote from a new school, Kingsley special school, which has just started with the service. Reshma Hirani, assistant head, says:

"This service should be part of the NHS core offer so that it never stops. My pupils have struggled to access eye care in the community and now they have, quite rightly, something that is going to transform their lives. Well done NHS England for thinking about schools like Kingsley and our children. As a Qualified Teacher of Children and Young People with Vision Impairment I can now put in the support that children need, with the confidence that I have all the right information to hand. It really is the gift of sight."

I finish by asking the Minister to reassure me today that the Department of Health and Social Care and NHS England will publicly reaffirm the commitment to the special school eye care service and push on with the job of establishing it. Ongoing evaluation can still happen to understand how to fully operationalise, while ensuring that children get the service. These children deserve an equal right to sight.

4.13 pm

The Parliamentary Under-Secretary of State for Health and Social Care (Maria Caulfield): It is a pleasure to serve under your chairmanship, Ms Bardell. I thank the hon. Member for Mitcham and Morden (*Siobhain McDonagh*) for securing this important and timely debate. As she said, I have visited Perseid in her constituency and seen its incredible work at first hand, as well as the

work that SeeAbility does on assessing young people's eyesight and supporting them with glasses and their bespoke needs, which are not always able to be supported on the high street—it can be difficult for parents and children to attend appointments elsewhere.

People with learning disabilities experience a higher prevalence of visual impairment than the general population. The hon. Lady said they are 28 times more likely to have a serious sight problem. More than 40% require the use of glasses. Very often, children with learning disabilities have specific issues on the fit of glasses. When children are able to get glasses that fit, teachers tell us of the difference in their behaviour, mood, anxiety and ability to learn. That difference makes it even more vital that this group have access to eye testing and services.

I reassure the hon. Lady that we are keen to ensure that eye testing is available for children with learning disabilities. NHS England and NHS Improvement are responsible for the contracting of the testing service to meet local need. All children under the age of 16, or 19 in full-time education, are entitled to free NHS sight tests on the high street, but I recognise that attending a high-street sight test is easier said than done for some children with learning disabilities. High-street services are available for some children with learning disabilities, and these services can meet many children's needs. However, such children often do not like crowded, busy places and going into a high-street optician whom they do not know and where the environment is different from what they are used to can be quite difficult.

SeeAbility and other charities do a lot of work to support high-street opticians to make them aware of specific needs, including familiarisation visits, extended and split appointments, as well as adapting how the sight test, which can be very difficult for some children, is undertaken. Some children might need three or four visits just to put on a pair of glasses and have the eye test.

The hon. Lady mentioned the anxiety of her young constituent Ellie, and her mum, about going for a test. For many children who do not have a learning disability, going for an eye test is not an issue, but a learning disability or autism can mean additional challenges and I fully understand that.

A hospitalised service is also available. It can provide routine eye care services and ongoing care but, again, there can be challenges with hospital visits. Departments are busy, often in out-patient settings, with multiple patients and healthcare professionals, and for children with learning disabilities, that is a difficult environment as well.

We therefore have the special schools proof-of-concept pilot. The hon. Lady is right that the long-term plan has made the commitment to ensure that children and young people with a learning disability, autism or both in residential schools have access to eye checks. It is important that that group of young people, too, have the facility to have their eyes tested and to have ongoing support and supervision with glasses or whatever treatment is recommended. That recognises that children and young people in special residential schools are likely to be placed a distance from home, so the option of a high-street optician or local hospitals is almost impossible. Having residential provision is a key part of the service that we want to make progress with.

To progress that long-term plan commitment, the proof-of-concept programme started pilots in residential and day schools in many parts of the country—London, the north-west, the north-east and Yorkshire. More than 93 special schools are participating in the programme, with more than 3,000 children having received an eye test, of whom more than 1,300 required and received glasses.

Sight testing in special residential schools means that children receive their eye care in a familiar place. I am sure that that the hon. Lady appreciates that the residential setting also needs the services that the day school in her constituency has received. We are able to share a child's visual ability and needs between parents, children and teachers, and share how that is likely to develop and impact their learning. When children need glasses, they are provided free of charge, including a spare pair, so that children are not left without glasses should they break or lose them.

Fundamentally, it is right that we evaluate the proof-of-concept model, and the hon. Lady is right that that phase is coming to an end. In July, NHS England will review the proof-of-concept model, gathering information and feedback on the experience, looking at the effectiveness of the model in residential and day schools, and listening to the stakeholders, including providers such as SeeAbility, and the teachers and staff involved. The information will be looked at and further decisions about future roll-out considered.

The hon. Lady touched on the work of SeeAbility. I saw at first hand its extensive knowledge, and how that is used in practice with children who have difficult needs in addition to any eye problems, and its full understanding of how that fits together. Given the rapport that the people at SeeAbility have with the children, they can do checks on their eyes. Without that rapport and experience, checks would be difficult. I fully appreciate and thank SeeAbility for all its work in special schools, in particular in London.

Siobhain McDonagh: SeeAbility is very worried that, by raising this issue, it will be seen as just trying to keep its work. It wishes the Minister to be absolutely clear that its concern is for this invaluable service to remain in the special day schools that it already exists in, and for other children and young people to get the opportunity to have that life-changing service as well.

Maria Caulfield: I absolutely take on board the hon. Lady's point. There is no impression at all that SeeAbility is touting for work. In fact, I would say the opposite: it demonstrated to me the value of its work and the value that similar organisations could provide if the services were rolled out to residential schools and other day schools.

I reassure the hon. Lady that NHS England will be evaluating the proof-of-concept programme when it comes to an end in July. I very much acknowledge her point that she wants to know how long that evaluation will take and what the process after will be. I am happy to tell her that I will speak to NHS England about that. It is not something that I, the Minister, will be deciding, and nor will I be looking at the evaluation. However, having seen it for myself and having heard the hon. Lady's words today, I am conscious that there is some uncertainty about the future of the service. I think there is certainty for residential schools, but once July comes

and NHS England starts the evaluation, I am happy to keep a close eye on that and to work with the hon. Lady so she has some certainty about what will be happening.

We have local commissioners as well as national commissioners. The Health and Care Bill will provide integrated care boards that will be able to commission local services. I am not sure if the hon. Lady has spoken to any of her local commissioners about what they envisage for eye testing in day schools, but I am happy to meet her to talk through the particular options in her constituency, to see if local commissioners are looking at this and to iron out some of her points about the proof-of-concept pilot coming to an end in July, the evaluation process going forward and potential options after that.

Siobhain McDonagh: The Minister will be aware that the problem with these services is that they are small and difficult to set up on a local basis. Given the pressure that the NHS is under to do big things and to commission work that large numbers of people need, this sort of specialist service gets left behind, except where an individual is personally committed to it. That does not happen everywhere, not because people are bad but simply because they have so much on. It is important that NHS England takes on this service as a whole and is committed to it as a whole. Will the Minister help me, and any other Members who are interested, to secure the opportunity to speak to NHS England?

Maria Caulfield: I take on board the hon. Lady's point that NHS England is responsible for the roll-out of this programme and for the evaluation of the proof of concept. I am happy to organise a meeting with her and NHS officials to discuss this, so she has some certainty that she can take back to the parents and teachers at Perseid, who value this service very much. I am happy to do that because I am keen that the hon. Lady's questions are answered and that she has some confidence.

I reassure the hon. Lady that the service I have seen is second to none, and I have seen the difference it makes. We are committed in the long-term plan to providing that service in residential schools, but I take her point that not all children have access to residential schools and they are not available in all parts of the country. Where day schools are available, the proof of concept model seems to have made a difference.

Siobhain McDonagh: The Minister is being generous with her time, but I am sure she understands why I am so passionate about this service. It is not just great quality for the children, but it helps the teachers if there is an easier way of learning. A parent of a child with severe special needs has a huge number of appointments to attend, as well as the demands of other children and their work. Just getting their child into a high-street or hospital eye clinic is yet another problem that takes time, is difficult to do and causes a bit of mayhem when they get there. This scheme works for everybody: the children, the schools and the hard-pressed parents.

Maria Caulfield: I commend the hon. Lady for her campaign. She makes her points very well. Given that the proof of concept will be re-evaluated in July, a good

[*Maria Caulfield*]

way forward will be for us to meet with NHS England before then, to iron out some of her questions. I hope the hon. Lady is happy with that suggestion and, with that, I bring my remarks to a close.

Question put and agreed to.

4.24 pm

Sitting suspended.

Disposable Barbecues

4.30 pm

Hannah Bardell (in the Chair): Before I call Holly Lynch to move the motion, I inform Members that we are due to have a vote at 5.10 pm. If you do not want an interruption partway through the debate, you might want to take that into consideration, but we will be very happy to come back if there is still more to be said.

Holly Lynch (Halifax) (Lab): I beg to move,

That this House has considered the potential merits of banning disposable barbecues.

I very much hear what you have said, Ms Bardell, and it is my sincere pleasure to see you in the Chair.

West Yorkshire Fire and Rescue Service has already attended 75 wildfires this year, and those are just the fires that fulfil the criteria set out in the national operational guidance. To meet the criteria, the fires will all have involved a geographical area of at least 1 hectare, had a sustained flame length of more than 1.5 metres, required a committed resource of at least four fire and rescue appliances, and presented a serious threat to life, the environment, property and infrastructure. In addition, hundreds of incidents of smaller fires on our moorland have fortunately been stopped either by early firefighting actions or by weather conditions. From the very outset, we can see the scale of the challenge that we face in West Yorkshire alone, and I am really pleased that colleagues from other parts of West Yorkshire have joined us for this debate.

There were two moor fires at Marsden moor only last week. Six fire crews had to battle against two enormous raging fires, both of which were a mile long. Several others have also made the headlines in recent weeks, and although the stats are for wildfires more generally, we know that a significant number are caused by careless and reckless use of disposable barbecues on our moorland.

During the space of a single weekend on 26 and 27 February, West Yorkshire Fire and Rescue Service had to respond to a fire caused by a barbecue that had been lit by a group in a campervan next to moorland on Marsden moor, near Huddersfield. The service also attended a fire caused by a barbecue on New Hey Road in Scammonden, and a third barbecue incident at Brun Clough car park. On 3 March, firefighters had to tackle a 538-square-foot blaze at Brimham Rocks, near Harrogate. The National Trust said that “precious moorland heather habitat” had been destroyed and issued a reminder that barbecues should not be used in the area.

We know that this a problem, and there are a number of reasons why our moorland is so precious and cannot continue to sustain this amount of damage. In Calderdale, I am afraid to say that managing flood risk is an ongoing and constant challenge. It was hit by devastating floods on Boxing day 2015 and during the 2020 February floods, with several incidents and near misses in between. Moorland fires substantially undermine the natural flood management that we need as a key part of our defences.

Nearly a quarter of England’s blanket bog habitat is located in Yorkshire, with about 50% of the country’s peatlands in the Pennines, so we feel the responsibility as custodians of the precious moorland and peatbogs, which also provide crucial carbon storage. That is an

essential tool in the fight against climate change, but if the peatland is damaged by fire, it not only loses the ability to store carbon but starts to emit it, which why it is so crucial that we look after our moorland and work to restore it when it is damaged. Moorland also provides natural habitats and enhances biodiversity, with the suffering inflicted on wildlife as a consequence of such fires being one of the greatest tragedies of this problem.

The fires also put a tremendous strain on our emergency services. Although working out the cost for responding to such fires is not easy, the burden that falls on councils, the police, the Environment Agency, organisations such as the National Trust and, most of all, the fire service is enormous. After years of austerity, the frontline is already stretched to breaking point, and I was staggered to learn that fire and rescue services, which have to pull in national firefighting resources or support from neighbouring services in order to fight some of these massive moorland fires, can be expected to pick up the bill for having no choice but to call in those additional resources. I hope the Minister will work on that with her colleagues in other Departments; perhaps she could refer to it in her summing up.

I have set out the scale of the problem and it is clear that we could and should do more to prevent moorland fires. I appreciate that banning the sale of disposable barbecues sounds like a big step, and I fully accept that many users of disposable barbecues use them responsibly. However, I have been clear in outlining the scale of the problem and the devastation it causes, which warrants consideration of all the ways in which we can manage the risk, up to and including a ban on the sale of disposable barbecues. Indeed, ultimately those responsible users also have to pick up the cost of the response.

To further make the point, between 2019 and 2020 alone, 240 accidental fires in England were caused by barbecues, and those are just the fires where the source was identified. Therefore, we know that introducing a ban on disposable barbecues would start to bring down the number of moorland fires by hundreds every year.

Currently, the toolkit used by local authorities and the emergency services to prevent moorland fires is not robust enough. Sections 59 to 75 of the Anti-social Behaviour, Crime and Policing Act 2014 allow for council officers and the police to implement a public spaces protection order. A PSPO is designed to deal with a particular nuisance or problem in a specific area by imposing conditions on the use of that area.

In Calderdale, people are prohibited from lighting fires, barbecues or Chinese lanterns, and from using any article or object that causes a naked flame and which poses a risk of fire in certain restricted areas. Best practice is encouraged and people are still allowed to enjoy picnics on moorlands, as long as they do not use cooking equipment that requires a naked flame or that presents a risk of fire. Calderdale Council also runs a Be Moor Aware campaign with emergency service partners, which calls on the public to be vigilant and responsible when enjoying our great countryside. The existing available powers are being deployed and agencies are being proactive, but the fires persist. So, what else can be done?

I commend the many large businesses and retailers that are taking steps to end the sale of disposable barbecues. People might think that the lobby against a ban would come from retailers, who stand to lose out

on sales, but when those retailers are themselves leading the way, we know that the situation requires the Government to play catch-up.

Last June, the Co-op stopped the sale of instant barbecues from UK stores within a mile radius of a national park. This month, Aldi became the first supermarket to remove disposable barbecues from sale in all stores. In addition to the benefits that I have outlined, Aldi estimates that that will eliminate 35 tonnes of single-use plastic every year. Waitrose has also just committed to ending the sale of all disposable barbecues and to removing them from all of its 331 supermarkets. It estimates that that will prevent the sale of about 70,000 disposable barbecues every year.

It is incredibly welcome that these major national retailers are taking steps to end the sale of disposable barbecues, and I certainly applaud them for doing so. It is unequivocally clear that they are the real trailblazers, with Government proving too slow to respond to the scale of the problem, the damage caused and the cost to communities.

We are only in early spring and, as I have said, this debate follows two significant fires this week alone, in addition to the 75 official wildfires, and hundreds of others, in West Yorkshire this year. I ask the Government to introduce robust measures that will protect our countryside. A ban would have an instant and transformative effect in protecting our moorlands and would help to safeguard them and our communities in the years ahead.

Before closing, I pay tribute to all the emergency service workers and partner agencies involved in the response to the recent wildfires in West Yorkshire. In particular, I place on the record my thanks to Calderdale District Commander Laura Boocock and deputy Chief Fire Officer Dave Walton for giving their time and insight on the challenges they face on the frontline of this very serious problem.

4.39 pm

Robbie Moore (Keighley) (Con): It is a pleasure to serve under your chairmanship, Ms Bardell. I thank the hon. Member for Halifax (Holly Lynch) for securing this important debate. We seem to talk in this Chamber about many things on which we have common consensus; if it is not our attempts to tackle the unscrupulous housing developments of Harron Homes in our constituencies, it is matters such as this.

I want to touch on many issues relating to disposable barbecues, not least how they are made. They contain many materials that are not recyclable or easily disposed of. As the hon. Member said, they contain single-use plastics but also different bits of metal that, when left in situ, inevitably cause havoc to livestock, even before any attempt to dispose of them. Many cannot be recycled or composted, meaning they will inevitably end up in a landfill site.

The issue that I want to focus on is their effect on the environment, particularly in causing wildfires. We have experienced that in my constituency, particularly on Ilkley moor, time and again. Ilkley moor, Marsden moor and other moors across West Yorkshire are among the most beautiful places to be found across the UK. Unfortunately, like many other West Yorkshire moors,

[Robbie Moore]

Ilkley moor has fallen foul of wildfires as a result of disposable barbecues being lit and left in situ by individuals who disappear home.

Only five days ago, West Yorkshire fire brigade had to attend an incident on Ilkley moor as a result of a disposable barbecue being left behind. In May 2021, the fire brigade attended an incident where individuals had left a barbecue alight before disappearing. On the Easter weekend of 2019, there was a much bigger fire on Ilkley moor. The challenge with Ilkley moor is that it butts right up to residential property. Ilkley itself goes right on to the moor, which causes a huge amount of concern and worry to many of my constituents.

The inevitable challenge of moorland fires is having to deal with a lot of dry vegetation. When that vegetation has not been managed, the fire spreads very quickly, especially through dry summer months, causing huge devastation not only to the moor but to flora, fauna and the wild habitat. Fire spreads dramatically, as we have seen on Ilkley moor, Marsden moor and Saddleworth moor; and, of course, people live in close proximity to many of these moors. A fire can take hold and pose a threat to human life as well as to wildlife. It takes a huge effort by local fire brigades to deal with wildfires that catch hold. I pay tribute to West Yorkshire fire brigade, which has done a fantastic job many times in dealing with these blazes.

This is a small product that can be purchased in many supermarkets and outlets, but it causes huge problems for many areas. I pay tribute to the supermarkets that have taken a lead, particularly Waitrose and Aldi, which have introduced a blanket ban on sales of disposable barbecues. I also recognise the work that has been done by West Yorkshire fire brigade, particularly Benjy Bush, the Bradford district commander. Along with local authorities, he has advocated the Be Moor Aware campaign, which the hon. Member for Halifax referred to. It is a great campaign creating great awareness at a local level of the damage that can be caused by small disposable barbecues.

A ban on the use of disposable barbecues on moors was introduced in the Bradford district in 2019. That is set to expire this summer, but the local authority is seeking to extend it. Members of the council's regulatory and appeals committee have begun a public consultation, which I shall follow closely. I urge them to keep that ban in place.

I still think that we could go further at a national level on the challenges associated with disposable barbecues, because they create far more havoc than benefits. It is not just disposable barbecues; other products cause equal amounts of havoc. For example, I am absolutely behind the proposal to ban sky lanterns. When a sky lantern is set off, who knows where it will eventually land or drop. Sometimes they are still alight when they fall on moorlands and fields, causing huge challenges with regard to farm animals and livestock—they can even kill them. I have heard that if an animal eats lantern debris, it can puncture its internal organs, leading to a potentially life-threatening situation. Animals can also get splinters in their skin and get trapped in the metal, plastic and paper that make up a sky lantern.

At a national level, there is more work that the Government could do to explore the possibility of banning disposable barbecues and, most definitely, sky

lanterns. That is something that I am definitely behind. As we have heard from the hon. Member for Halifax, they cause havoc to our moorland areas, to livestock, to ecology and potentially to people's homes that abut the areas where these fires take place. I am pleased that we are having this debate and thank the hon. Member for Halifax for securing it. I look forward to the Minister's response.

4.46 pm

Mike Amesbury (Weaver Vale) (Lab): It is a pleasure to serve under your chairmanship, Ms Bardell. I congratulate my hon. Friend the Member for Halifax (Holly Lynch) on securing this vital debate—one that affects many of our communities, up and down the country. I know that Members here will share my delight at the fact that, after a long winter, spring has sprung and summer will soon be with us. Like many people around the country, I will be making the most of the good weather by getting outside, joining my family on walks in the local countryside and possibly having the odd pint in a beer garden. More people are enjoying the countryside than ever before, thanks to the support that nature provided to the public's health and wellbeing during the lockdowns. It was a garden on the edge of our communities. However, that makes it more important that we work together to ensure our natural world is given the respect and protection it deserves.

With temperatures now rising, and as summer comes upon us, moorland fires will increase. We have heard Members raise terrible examples of the real impact that fires, sometimes accidentally caused by barbecues—particularly disposable barbecues—can have on our natural environment. We have heard about the danger they present to people, wildlife, property and the environment. The hon. Member for Keighley (Robbie Moore) spoke about the impact on Ilkley moor. It is a place I am very familiar with; I lived for five years partly up Ilkley moor, when I studied at Ilkley College. I share his concern.

I praise Liam Thorp of the *Liverpool Echo*, who highlighted Sefton park—not in the countryside but an urban park—and the terrible impact that the irresponsible use of disposable barbecues is having in that environment. The hon. Member for High Peak (Robert Langan) is not here today, but he has done significant work on this in his 10-minute rule Bill. He has highlighted the impact of the 2019 Marsden moor fire on the environment; carbon capture from the peatland was destroyed, and that had an effect on the livelihoods of farmers in his constituency. As a Member for a partially rural constituency, which I have in common with Members present, I have seen the impact of that on my community.

As my hon. Friend the Member for Halifax stated, between 2019 and 2020 there were 240 accidental fires caused by disposable barbecues. Although local authorities and the police can put in place public safety protection orders directed at naked flames, barbecues or lanterns, which the hon. Member for Keighley referred to, it is clear that figure of 240 requires more work to be done by hard-pressed local authorities and, indeed, fire services, which have been noted. I am pleased that supermarkets and local retailers have taken steps themselves to prevent such fires, with the Co-op, which has been mentioned, Aldi and Waitrose all moving to remove instant barbecues from being sold either around national parks or nationwide.

Some park authorities, such as New Forest national park authority and the Peak District national park authority, have worked with local stores and so forth to ensure instant barbecues are not sold near those parks.

As my hon. Friend the Member for Halifax and, indeed, the hon. Member for Keighley, mentioned, not selling or using disposable barbecues also has the added benefit of saving huge amounts of plastic, foil and metal that are used to make each barbecue and which are not always disposed of correctly or respectfully. However, it should not be up to individual retailers to decide what protection to give our natural environment. Given the scale of the current problem and the fact that the climate emergency means that, sadly, we may have more devastating wildfires, we need greater intervention from the Government. Can the Minister tell us what consideration she has given to banning disposable barbecues? I am uncomfortable with banning things—I think we all are—but it would be useful to have an update from the Government.

We have retailers leading the way in the market's response. I know the Minister will point to the countryside code and I am pleased that the updated version, released last month, contains stronger language around barbecues and other types of fires than in previous versions. However, it could probably go further. As my hon. Friend the Member for Halifax suggests, is there anything in the future to strengthen that code even further? As we come up to that pinch point of the summer, will there be any campaigns driven by the Government and the relevant Department to warn people of the consequences and dangers, in partnership with local authorities and fire services?

I concur with the idea of banning sky lanterns. I have seen their devastating impact up and down the country, so I would love to hear what the Minister has to say about that. I look forward to the Minister's response and I thank hon. Members for today's qualitative debate on this vital subject.

4.53 pm

The Minister for Farming, Fisheries and Food (Victoria Prentis): It is lovely to serve under you in the Chair, Ms Bardell. I too wish to thank the hon. Member for Halifax (Holly Lynch) for securing the debate. I also want to echo her and others' thanks for the important work of our fire and rescue services.

In September last year, I visited Ollerbrook farm in the Peak District's Hope valley with my hon. Friend the Member for High Peak (Robert Langan). He was able to show me some of the areas affected by wildfire and told me about the effects that had had on local wildlife and farmers. It is interesting that so many of us here today have a close personal link with Ilkley. In my case, I married it—Owler Park Road, to be precise. My hon. Friend the Member for Keighley (Robbie Moore) was right to raise the devastation caused by those dreadful fires on Ilkley moor. It is important to remember the nature of the moorland we are talking about. I know we will come on to discuss moorland management in many forums in future, and it is also important in respect of treating wildfires.

As we know, our natural environment is made up of a mosaic of habitat types, which deserve protection from a variety of threats, both natural and, in this case, often

sadly man-made. Protecting our natural environment is a team effort, and that is true of the work of the Government in this respect. I know, from previous conversations with the hon. Member for Halifax, that she appreciates that, while the Home Office is the lead Government body in relation to wildfires—particularly around prevention and data collection—the Department for Environment, Food and Rural Affairs also has a key role to play in managing our natural landscapes in a way that helps to prevent wildfires. The Department for Levelling Up, Housing and Communities is also responsible for encouraging partnership working at a local level, especially where there is a heightened risk of wildfire incidents.

Disposable barbecues, if used correctly, do not, in themselves, pose a wildfire risk; it is when they are left unattended, or used recklessly, that the risk occurs. It is clear to me that we do not have enough data on the role that disposable barbecues play in wildfire incidents. However, anecdotal evidence—not least in this debate—suggests that they have been responsible for a number of serious incidents.

The latest data from the Home Office suggests that about 4% of accidental primary fires can be robustly linked to barbecue use. That data does not differentiate between the use of a barbecue in somebody's home or garden and its use elsewhere. It also does not describe the type of barbecue responsible. Obviously, evidence can be hard to find. By a wildfire's very nature, there are often no initial witnesses—they would have put the fire out—and the primary source of the fire is often destroyed by it. What is clear is that many hundreds of families and groups of friends use disposable barbecues responsibly, and the National Fire Chiefs Council is not yet asking for an outright ban. However, clearly, an issue remains in the way that barbecues are used in the countryside, which proactive campaigning has not yet managed to resolve.

I would therefore like to announce that we are commissioning research to examine the role that barbecues—and specifically disposable barbecues—play in wildfire incidents. We will also use that research to examine the role of other flammable items, such as sky lanterns and portable stoves, that also have the potential to cause significant damage.

Where there is evidence that disposable barbecues pose a significant local risk that warrants immediate action, I would urge Members to talk to their local authorities, because existing legislation can be used to restrict the use of disposable barbecues under bylaws. I would also draw attention to the fact that Dorset, Bournemouth, Christchurch and Poole councils have already taken such action on a local level.

I would also highlight the excellent work done by the New Forest and Peak District national park authorities, which have banned the use of disposable barbecues within their boundaries and have successfully collaborated with several retailers to remove disposable barbecues from sale by nearby stores. Members should discuss with their local authorities the use of a public spaces protection order if there is significant local concern and they feel that it is warranted.

We are also working with landowners to make our landscapes more resilient to wildfire risk, so that if a fire starts, it does not spread quite as quickly as it has done in some of the more devastating incidents. Last April,

[Victoria Prentis]

we were pleased to support the development of a new training programme—which we will support for at least the next three years—which was designed to consolidate knowledge, skills and understanding of vegetation fires. Within the first year of its operation, 125 people in land management have benefited from that training, and the Department is talking to the National Trust about how we can roll out that learning among National Trust managers, who, of course, manage some of those precious landscapes.

I congratulate the hon. Member for Halifax on raising this vital issue, and all hon. Members on this very useful debate.

4.59 pm

Holly Lynch: I thank all hon. Members for taking part in today's debate. My hon. Friend the Member for Weaver Vale (Mike Amesbury) is quite right; it is about quality, not quantity, in Westminster Hall this afternoon.

I am grateful to the Minister for engaging with this issue. I very much look forward to understanding more about that research piece. I may follow up in writing, if I

may, to get a better understanding of the timelines involved in that. Once we have that evidence base in that data, I will no doubt be coming back, again, to say, “Well, what do we do now with that data?” regarding further measures, and considering a ban if the data confirms what we suspect from anecdotal evidence—that we could be, and should be, doing more.

I also recognise that this is not the Minister's direct responsibility, but there is the point about the cost that fire services have to cover if they have to pull in resources—national or neighbouring resources—in managing a significant fire. I may pick up on one or two of those points in writing, but I am grateful for the spirit in which the Minister has engaged with this problem, and I hope that all hon. Members will join me in campaigning to see what we can do beyond today's debate.

Question put and agreed to.

Resolved,

That this House has considered the potential merits of banning disposable barbecues.

5 pm

Sitting adjourned.

Written Statements

Wednesday 30 March 2022

FOREIGN, COMMONWEALTH AND DEVELOPMENT OFFICE

Hong Kong Court of Final Appeal: UK Judges

The Secretary of State for Foreign, Commonwealth and Development Affairs (Elizabeth Truss): British judges have played an important role in supporting the judiciary in Hong Kong for many years. Since 1997 judges from other common law jurisdictions, including the UK, have sat on the Hong Kong Court of Final Appeal as part of the continuing commitment to safeguarding the rule of law.

However, since Beijing's imposition of the national security law in 2020, our assessment of the legal environment in Hong Kong has been increasingly finely balanced. China has continued to use the national security law and its related institutions to undermine the fundamental rights and freedoms promised in the joint declaration. As national security law cases proceed through the courts, we are seeing the implications of this sweeping legislation, including the chilling effect on freedom of expression, the stifling of opposition voices, and the criminalising of dissent.

Given this concerning downward trajectory, the Foreign Secretary has agreed with the Deputy Prime Minister and Lord Chancellor, and the President of the UK Supreme Court Lord Reed, that the political and legal situation in Hong Kong has reached the point at which it is no longer tenable for serving UK judges to participate on the Court of Final Appeal. As such Lord Reed and Lord Hodge submitted their resignations to the Hong Kong authorities today. We are grateful for their service, and that of their predecessors.

The UK remains committed to stand up for the people of Hong Kong, to call out the violation of their rights and freedoms, and to hold China to their international obligations.

[HCWS742]

HOME DEPARTMENT

Domestic Abuse Plan

The Secretary of State for the Home Department (Priti Patel): Today, I am pleased to announce we are publishing the new cross-Government tackling domestic abuse plan.

The plan sets out the Government's vision to drive down domestic abuse and domestic homicide cases. And ensure that those who experience domestic abuse get the support they need.

It was developed using responses to the tackling violence against women and girls call for evidence, which included the brave and harrowing testimonies of domestic abuse victims and survivors. These were invaluable in the development of the plan. It is also closely aligned with the tackling violence against women and girls strategy and shares the same four pillars:

Prioritising Prevention, which includes measures to identify and address the root causes of domestic abuse, including teaching children about healthy relationships.

Supporting Victims, which sets out a wide-ranging package of support for victims and survivors, including a minimum of £15.7 million per annum ringfenced for community-based services supporting victims and survivors of domestic abuse and sexual violence, with the offer of multi-year funding for providers to aid delivery of high-quality support. In addition, there will be a minimum of £81 million to fund 700 independent domestic violence advocate and independent sexual violence advocate roles, with more funding for an additional 300 roles to be confirmed later this year. The pillar also includes a commitment to review whether the existing statutory leave provisions do enough to support domestic abuse victims and survivors.

Pursuing Perpetrators, which, along with the wider plan, delivers the statutory requirement to produce a strategy for the prosecution and management of domestic abuse perpetrators. The approach it outlines is uncompromising and unrelenting. It involves electronic monitoring, £75 million for perpetrator interventions and research, as well as a commitment to explore tougher ways of managing perpetrators including the creation of a register of domestic abusers.

A Stronger System, which explains how we will identify more cases, improve co-ordination and collaboration between agencies, and improve our data on and knowledge of domestic abuse. This will be done through up to £7.5 million investment in interventions in healthcare settings, trialling the innovative Ask for ANI codeword scheme in Jobcentre Plus offices and reforms to Domestic Homicide Reviews (DHRs), including steps to increase the number of suicide cases referred for DHRs.

Today, we are also publishing updated versions of the violence against women and girls national statement of expectations and violence against women and girls commissioning toolkit. These documents will support local areas in commissioning effective support services.

We are also publishing a supporting male victims document today in recognition of the specific challenges which may be faced by men and boys who experience crimes considered violence against women and girls, including domestic abuse.

The tackling domestic abuse plan has been laid before Parliament as a Command Paper (CP 639). The national statement of expectations, the commissioning toolkit and the supporting male victims document will be placed in the Libraries of both Houses. All documents will be made available on gov.uk.

[HCWS743]

JUSTICE

Parole System: Public Protection

The Lord Chancellor and Secretary of State for Justice (Dominic Raab): Today, the Government are publishing the "Root and Branch Review of the Parole System: The Future of the Parole System in England and Wales".

As Secretary of State for Justice, I am committed to protecting the public and improving victims' experience of the criminal justice system. The parole system has a critical part to play in ensuring both aims are met; it prevents criminals that continue to pose a threat from leaving prison and helps victims to feel they have the information they need and a voice in the process. So, it

is paramount to maintaining public confidence that our parole process functions effectively. In recent years, a number of decisions to release offenders who have committed heinous crimes have led to a loss of public confidence in the parole system. People have questioned how safe it really is to release certain offenders and why those recalled to prison were allowed to leave in the first place. I share these concerns, which is why I am determined to refocus the system to put public protection at the forefront of all parole decisions.

I want to see the parole process take a more precautionary approach when it comes to decisions affecting public protection. In particular, in cases which involve those who have committed the most serious crimes, it is right that Ministers should provide a measure of oversight and be able to intervene more directly in decisions on release. The key proposed reforms set out in this review will ensure public protection is the overriding consideration for release decisions.

The current release test used by the parole board has moved away from Parliament's original intention. A court judgment in the case of *Bradley* in 1991 stated that the role of the Board is to

"carry out a balancing exercise between the legitimate conflicting interests of both prisoner and public".

The statutory test has therefore changed over time to become a "balancing exercise" between public protection and the rights of the prisoner. We will revise the test to reinforce it, so its overriding focus is on public protection.

At present, 5% of all parole board members come from a law enforcement background. We will increase substantially that number, because those with operational law enforcement experience have greater first-hand experience in dealing with serious offenders and the risk they present. This will ensure a greater focus on public protection.

The review also announces our intention to introduce ministerial oversight over parole decisions to release serious offenders in the top-tier of higher risk cases. That top-tier will be defined as offenders serving sentences for murder, rape, terrorism and causing or allowing the death of a child. Where the parole board has directed release, the Secretary of State will be able to review the release decision of any "top-tier" cohort offender. We will further consider the details of the procedural mechanism and set out two options in this review for how this power could operate in practice.

Alongside this is the Government commitment to increase victim participation in the parole process. For the first time, we will allow victims to attend a parole hearing in full should they wish to do so. In addition, we will require the board to take account of submissions made by victims and allow for victims to ask questions in those submissions.

The review also outlines the new process on the transfer of life and other indeterminate sentenced prisoners to open prison conditions. Similar considerations of risk and public concern arise here, and in December 2021,¹ changed the process to introduce a ministerial check on such decisions, delivering greater oversight to the process in the interests of public protection and public confidence.

Protecting the public is this Government's top priority and the proposals in this review will reinforce public safety and increase confidence in our justice system. As we continue to develop policy and begin legislating, we will consider fully the impact of the proposals and have due regard to the requirements of section 149 of the Equality Act 2010.

[HCWS744]

Petitions

Wednesday 30 March 2022

OBSERVATIONS

TREASURY

National Insurance payments

The petition of residents of the constituency of Glasgow East,

Notes that Her Majesty's Government proposes a rise in national insurance payments for all to offset costs related to reforms of health and social care policy in England; and declares that these measures will be deeply regressive to low income and young earners.

The petitioners therefore request that the House of Commons urge the Government to abandon proposals to raise national insurance payments with immediate effect.

And the petitioners remain, etc.—[Presented by David Linden, *Official Report*, 28 February 2022; Vol. 709, c. 875.]

[P002713]

Petitions in the same terms were presented by the hon. Member for Leeds East Richard Burgon.

Observations from The Financial Secretary to the Treasury (Lucy Frazer):

It is right that health and social care has a new, completely dedicated, and sustainable source of revenue not just today but into the future as well. Every penny collected from the health and social care levy goes direct to the NHS and social care. The Government are committed to responsible management of the public finances. That is why the Government have taken the tough, but responsible decision to increase taxes. Funding is required now to reduce the covid backlog.

The levy is progressive. Over half of the levy revenue comes from just the highest 15% of earners, so a reversal would not significantly benefit lowest and middle earners. To help ensure fairness and parity, the Government will extend the levy to those working over state pension age from April 2023. The rates of dividend tax will also increase by 1.25 per cent from April 2022 ensuring that business owners and investors will be making a contribution in line with that made by employees and the self-employed on their earnings.

Further, at Spring Statement 2022, the Government announced that the national insurance primary threshold and lower profits limit—the point at which employees and self-employed respectively start paying national insurance contributions (NICs)—will increase to £12,570 from July 2022.

This is a tax cut worth over £330 for a typical employee in the year from July; the equivalent saving for a typical self-employed person would be worth over £250. Around 70% of workers who pay NICs will pay less NICs, even accounting for the introduction of the levy. An additional 2.2 million people will be taken out of paying class 1 and class 4 NICs and the health and social care levy entirely, on top of the 6.1 million people who already do not pay these NICs.

This measure is in addition to the PT-LPL increase introduced by the Government in April 2020 that increased the point at which employees and the self-employed

start paying the main rate of national insurance contributions, by over £850 to £9,500. The Government have also increased the income tax personal allowance by over 40 per cent in real terms since 2010, ensuring some of the lowest earners do not pay income tax (22-23).

Specifically on the issue of a wealth tax, the UK does not have a wealth tax, but it does have several different taxes on assets and wealth. The UK taxes assets and wealth across many different transactions, including the acquisition, holding, transfer and the disposal of asset, as well as taxing the income derived from holding assets. Notably, the Wealth Tax Commission which has no connection or link to the Government, found in 2020 that if considering inheritance tax, capital gains tax, stamp duty and stamp duty land tax, the UK is among the top of the G7 countries for wealth taxes as a percentage of wealth.

VAT and fuel duty on petrol and diesel

The petition of residents of the constituency of North Ayrshire and Arran,

Declares that there is an urgent need to address the ongoing spiralling fuel prices across Scotland and the UK, with the cost of petrol and diesel in the UK hitting an all-time high as the average cost of filling up a typical family car has broken through the £90 barrier for the first time ever; is concerned that motoring organisations have warned of “unbelievable financial pain” as fuel prices climb at unprecedented rates with oil prices reaching over \$130 a barrel; is mindful that these rising costs will quickly feed into the cost of living as hauliers pass on extra costs to customers and there is genuine concern that inflation could reach 10% this year resulting in the biggest squeeze on living standards since the 1970s; understand that whilst fuel duty has remained at 57.95 pence a litre for the last 1 years, motorists pay an additional 20% VAT of 12p on that fuel duty effectively paying a tax on a tax of every litre of fuel bought before the cost of extractions, purchase, shipment and forecourt sales are added, which also incur VAT; appreciates that the Treasury is raking in billions as VAT on fuel costs at forecourts rockets and other prices rise, accelerating rising inflation.

The petitioners therefore request that the UK Government immediately and urgently reduces VAT on fuel and/or fuel duty to ease the pressure on households, businesses and essential road users and to help keep inflation in the single figures.

And the petitioners remain, etc.—[Presented by Patricia Gibson, *Official Report*, 22 March 2022; Vol. 711, c. 307.]

[P002722]

Observations from The Exchequer Secretary to the Treasury (Helen Whately):

The Government thank Patricia Gibson MP for submitting the petition, on behalf of her constituents in North Ayrshire and Arran, that—in the context of increasing fuel prices—requests an immediate reduction to fuel duty or VAT on fuel.

The Government recognise that fuel prices have reached their highest ever levels in the recent weeks. That is why the Chancellor announced at Spring Statement 2022 a temporary 12-month cut to duty on petrol and diesel of 5p per litre.

This is the largest cash-terms cut across all fuel duty rates at once, ever, and is only the second time in 20 years that main rates of petrol and diesel have been cut. This cut represents savings for households and businesses worth around £2.4 billion in 2022-23.

HOME DEPARTMENT

Barnet Police Station

The petition of residents of the constituency of Chipping Barnet,

Declares that petitioners strongly object to the Mayor of London's decision to close Barnet Police Station and his subsequent plans to sell off the building.

The petitioners therefore request that the House of Commons urge the Government to press the Mayor of London to drop his plans to permanently close Barnet Police Station and to work to re-open it as soon as possible.

And the petitioners remain, etc.—[Presented by Theresa Villiers, *Official Report*, 10 March 2022; Vol. 710, c. 578.]

[P002716]

Observations from The Minister for Crime and Policing (Kit Malthouse):

The Government remain of the view that it is the responsibility of locally elected Police and Crime Commissioners (PCCs), Mayors with PCC functions, and Chief Constables to take decisions about police resourcing and estates.

The Government understand the importance of accessibility to the police. Police stations remain one of many important methods where incidents can be reported by the public.

Chief Constables, PCCs and Mayors with PCC functions should take this into account and, where possible, stations should remain open in line with local needs.

Ministerial Corrections

Wednesday 30 March 2022

EDUCATION

Schools White Paper

The following are extracts from the statement on the Schools White Paper on 28 March 2022.

Nadhim Zahawi: I remind the hon. Lady that there are now 217,000 teaching assistants in classrooms, a 6,000 increase since 2010.

[Official Report, 28 March 2022, Vol. 711, c. 582.]

Letter of correction from the Secretary of State for Education, the right hon. Member for Stratford-on-Avon (Nadhim Zahawi).

An error has been identified in the response given to the hon. Member for Lewisham East (Janet Daby).

The correct response should have been:

Nadhim Zahawi: I remind the hon. Lady that there are now **271,000** teaching assistants in classrooms, a 6,000 increase since **last year**.

Nadhim Zahawi: My hon. Friend raises a really important point. The frontline—the 461,000 teachers and 217,000 teaching assistants—and the support staff and leaders in our education system have gone above and beyond to make sure that schools reopened, stayed open and dealt with omicron.

[Official Report, 28 March 2022, Vol. 711, c. 588.]

Letter of correction from the Secretary of State for Education, the right hon. Member for Stratford-on-Avon (Nadhim Zahawi).

An error has been identified in the response given to my hon. Friend the Member for Runnymede and Weybridge (Dr Spencer).

The correct response should have been:

Nadhim Zahawi: My hon. Friend raises a really important point. The frontline—the 461,000 teachers and **271,000** teaching assistants—and the support staff and leaders in our education system have gone above and beyond to make sure that schools reopened, stayed open and dealt with omicron.

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