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# HOUSE OF COMMONS
## OFFICIAL REPORT

# PARLIAMENTARY DEBATES

## (HANSARD)

**Monday 19 May 2025**

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# House of Commons

*Monday 19 May 2025*

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

**PRAYERS**

[Mr Speaker *in the Chair*]

# Oral Answers to Questions

## DEFENCE

*The Secretary of State was asked—*

### Defence Procurement: SMEs

1. **Dr Jeevun Sandher** (Loughborough) (Lab): What steps he is taking to ensure that small and medium-sized enterprises are able to participate in defence procurement contracts. [904194]

6. **Mr Luke Charters** (York Outer) (Lab): What steps his Department is taking to increase support for SMEs in the defence sector. [904200]

8. **Catherine Atkinson** (Derby North) (Lab): What steps he is taking to ensure that small and medium-sized enterprises are able to participate in defence procurement contracts. [904202]

19. **Baggy Shanker** (Derby South) (Lab/Co-op): What steps he is taking to ensure that small and medium-sized enterprises are able to participate in defence procurement contracts. [904213]

**The Secretary of State for Defence (John Healey):** The House will note that this afternoon we are without the Minister for Veterans and People, my hon. Friend the Member for Birmingham Selly Oak (Al Carns). He is halfway up Everest with a group of soldiers, raising funds for armed forces charities and raising the profile of veterans, and I am sure that the whole House wishes him well. Most of us also think, "Rather him than me."

This Government have confirmed the biggest increase in defence spending since the end of the cold war, which will boost national security and make defence the engine for growth in every part of the United Kingdom. For too long, small businesses have felt left out of defence, but no more. We are setting new targets to ensure that smaller firms benefit from that increase in defence spending. We are setting up a new support centre to guide small businesses on access to defence and, for the first time, we are making British-based businesses a priority for British taxpayers' defence investment.

**Dr Sandher:** I, too, wish the Veterans Minister the best of luck as he climbs Everest, and I am sure we all agree: rather him than us.

In today's world warfare is changing dramatically. Drones costing $1,000 can destroy tanks worth $10 million, but the innovation cycle for those drones is rapid; they are designed to become obsolete within months. We need a dynamic SME sector to produce those drones, but defence SMEs are struggling to get the finance they need, with a lack of long-term contracts and a lack of guarantees. A multilateral defence bank could help to ensure that those firms get the finance they need. Will the Secretary of State please set out the discussions he is having to help to found that multilateral defence bank?

**John Healey:** My hon. Friend is quite right about the fact that capabilities are now changing in weeks, not months or even years. He is also right about finance. That is why I went to the London stock exchange last week and closed the markets—I think it was the first time a Defence Secretary has ever done that. I wanted to signal that this Government want a new partnership with not just industry and innovators, but investors, and that means changing the way in which defence does its work.

**Mr Charters:** I have met outstanding UK SMEs, such as Supacat, 4GD and many others, which contribute to the sovereign industrial base that our security depends on. However, under the last Government, the percentage of Ministry of Defence direct expenditure going to SMEs fell, from 5% to 4%. Will my right hon. Friend confirm when this Government expect to surpass that record and therefore back the innovation we need to equip our forces and support our allies?

**John Healey:** I congratulate and thank my hon. Friend, as well as my hon. Friend the Member for Aldershot (Alex Baker), for the work that they are doing on innovative finance, which will help SMEs in future. I look forward to the publication of their Royal United Services Institute report shortly. I can confirm that SME involvement in the defence supply chain will be boosted by new spending targets that I will set in June to produce exactly the sort of result that my hon. Friend the Member for York Outer (Mr Charters) is looking for.

**Catherine Atkinson:** When I spoke at the Make UK Defence summit in Derby, I met with lots of small and medium-sized businesses in the sector. The issues that they raised with me were echoed during my visit last week to a local composites manufacturer, Pentaxia, including accessing finance to grow and complicated defence procurement processes. What is the Defence Secretary doing to engage with small and medium-sized companies to ensure that they can get a fair crack at Government defence contracts?

**John Healey:** My hon. Friend knows better than most the challenge for small firms entering into the supply chain in defence, and she does more than most to champion their case. We want defence to do business differently, and making it easier for small firms and newer entrants to start doing their business with defence a big part of that. That is why we have announced a new SME support centre—a new front door for small firms that can then become part of the defence supply chain, unlocking new jobs and putting more money in the pockets of workers.

**Baggy Shanker:** Earlier this year, I had the pleasure of hosting a roundtable and listening to businesses in Derby—small and medium-sized businesses in engineering and manufacturing, including the vital defence sector. With nearly 70% of Government defence spending directed towards businesses outside of London and the south-east, we know how every pound spent with UK defence businesses has the power to create jobs and employment for local people. Will the Secretary of State therefore outline how the Department will ensure that as many SMEs as possible are aware of Government procurement opportunities, so that they can deliver jobs in areas such as Derby?

**John Healey:** My hon. Friend makes an important point. The access of SMEs to defence is very often through primes and subcontracting, rather than directly with the Ministry of Defence itself. It is the certainty of long-term relationships and long-term contracts for the primes that allow them to pass those benefits on to smaller firms. That is why it is significant that when my hon. Friend joined me at the Derby Rolls-Royce factory when I announced the eight-year £9 billion Unity contract for Rolls-Royce, 240 small firms were part of that submarine supply chain.

**Mark Pritchard** (The Wrekin) (Con): I do not wish to end the Defence Secretary's glittering career here on the Floor of the House, but may I praise him as my new favourite Minister—alongside the Defence Procurement Minister—for today announcing the new £400 million investment in my Shropshire constituency for Rheinmetall to build a new gun barrel factory? I thank him and his Defence Procurement Minister for working with me, across parties and in the national interest, to ensure that the UK has the very latest and most technologically advanced Challenger 3 tank—the best in NATO.

**John Healey:** I am grateful to the right hon. Gentleman for that question. We will always work across parties in the national interest and in the interests of defence—I hope he is wrong that doing so may ruin my career. Nevertheless, I am grateful to him for noticing the £400 million investment in its Telford factory that Rheinmetall is announcing today. That is a direct response to the UK-German defence agreement that I signed in October, and it is confirmation that this is a Government who are delivering for defence.

**Gideon Amos** (Taunton and Wellington) (LD): Somerset's defence-related SMEs help to make the south-west the biggest region for defence after the south-east. Will the Secretary of State take a particular look at how SMEs are supporting Somerset Armed Forces Day? They are a backbone of that operation. Will he also look at the fact that Armed Forces Day is run by veterans and volunteers who sometimes do not receive funding until six months after they have held the event, and will he agree to support the biggest Armed Forces Day in the country, which is Somerset Armed Forces Day?

**John Healey:** There may be a competition for the title of the biggest Armed Forces Day event in the country—I refer the hon. Gentleman to my hon. Friend the Member for Great Grimsby and Cleethorpes (Melanie Onn). I am not sure whether his question was about SMEs or Armed Forces Day events, but I welcome the support that his small firms are giving to Armed Forces Day. From the centre, we are making sure that we can support local Armed Forces Day events where councils and local charities are willing to organise them. We are doing so right around the country, and I know the whole House will back those events, locally and nationally.

**Sarah Dyke** (Glastonbury and Somerton) (LD): Somerset is home to many growing defence sector SMEs, such as Needles and Pins Aerospace in Somerton, which will shortly be opening a new factory in the town. It has been a supplier of bespoke support equipment to Leonardo helicopters for many years. What support is the Minister providing to SMEs such as Needles and Pins to ensure that they can compete for defence procurement contracts?

**John Healey:** If the hon. Lady alerts her local small firms to the commitment I have made that next month we will set a target for direct defence investment in SMEs, she will then get confirmation of our commitment to boosting this important area of our economy. She will also recognise that every 1% more of defence spending we put into SMEs is worth £250 million more for those small firms.

**Tim Farron** (Westmorland and Lonsdale) (LD): Given that at the moment only 4% of defence procurement goes to the SME sector, I very much welcome what the Secretary of State is saying about opening up that scope. Does he recognise, though, that part of the problem with SMEs getting defence contracts is not just the amount of money—although that is vital—but that the procurement portals and processes need to be accessible for smaller businesses with less of a back-room operation than the huge corporations? What can he say about that, particularly given that I represent a constituency in which the entire economy is SMEs?

**John Healey:** First, the new SME support centre, which we have announced and will set up shortly, will help with exactly those sorts of challenges. Secondly, the hon. Member is right to point to that low 4% level of direct defence spending into SMEs. That was the level under the last Government, and it went down for every one of the three years before the last election.

**Mr Speaker:** I call the shadow Secretary of State.

**James Cartlidge** (South Suffolk) (Con): On behalf of the official Opposition, we send our best wishes to the Minister for Veterans and People, the hon. Member for Birmingham Selly Oak (Al Carns), on his ascent of Everest.

On defence procurement, we will all have enjoyed the Red Arrows fly-past as part of our VE Day celebrations, but the fact is that the Hawk jet needs replacing. Given that one of the publicly stated roles of the Red Arrows is "supporting British industry", will the Secretary of State guarantee that the next jet for the Red Arrows will be designed and manufactured in the United Kingdom?

**John Healey:** As a former procurement Minister, the shadow Secretary of State will know that the replacement of our jet trainer is long overdue. He will have heard me say earlier that, for the first time, this is a Government who will look to direct British taxpayers' defence investment to British-based firms, British-based jobs, British-based technology and British-based innovation.

### UK-EU Defence and Security Agreement

2. **John Milne** (Horsham) (LD): If he will make it his policy to negotiate a defence and security agreement with the EU. [904195]

15. **Alison Bennett** (Mid Sussex) (LD): If he will make it his policy to negotiate a defence and security agreement with the EU. [904209]

21. **Alex Ballinger** (Halesowen) (Lab): What assessment he has made of the potential impact of a security and defence partnership with the EU on NATO. [904215]

**The Secretary of State for Defence (John Healey):** This is a Government delivering for defence. Today we have agreed a new bespoke and ambitious security and defence partnership between the United Kingdom and the European Union. The SDP will strengthen NATO, the cornerstone of the UK's defence, and it will grow the economy. It allows us to step up more effectively together on European security against growing Russian aggression and the increasing threats that we face.

**John Milne:** The ill-advised decision to leave the EU in 2016 saw us leave the European Defence Agency at the same time. With defence expenditure rising at record rates across Europe in response to the invasion of Ukraine, the EDA has a vital role to play in our national security. What plans do the Government have to secure a more effective working relationship with Europe's defence procurement strategy and to form stronger links with the EDA?

**John Healey:** Quite simply, the answer to both the hon. Gentleman's first question and his second question is exactly the partnership deal that we have signed this afternoon.

**Alison Bennett:** I welcome the news that the UK is deepening defence ties with the European Union, including participation in the €150 billion Security Action for Europe, or SAFE, defence fund. However, given that France has previously said that it wants the UK's access to be limited to 15%, will the Secretary of State confirm what level of access has been agreed?

**John Healey:** This is a big step today—a broad and bespoke agreement between the European Union and the UK on security and defence—but it is a first step. Settling the details and the terms of access for European programmes, including the SAFE funding programme, is exactly the task beyond today.

**Alex Ballinger:** Before being elected, I was proud to serve alongside our European allies, including French, Dutch and Estonian forces, in Afghanistan and elsewhere. In the face of Russian aggression in Ukraine, it is more important than ever that we build on those alliances to strengthen European security. Can the Secretary of State tell us how we can do more to strengthen European mechanisms for security, such as the joint expeditionary force, to build our collective security?

**John Healey:** My hon. Friend is right about the joint expeditionary force, and he is right to emphasise the importance of the step today. While NATO is the cornerstone of our European security—and recognised as such by the European Union in its White Paper—the step today will mean that we will be able to upgrade our co-operation with the European Union on the mobility of military matériel and personnel, on maritime and space security, on irregular migration and on protecting our critical infrastructure. It opens the door to closer defence industrial collaboration, including potential participation in the EU's €150 billion SAFE arrangements.

**Torcuil Crichton** (Na h-Eileanan an Iar) (Lab): Will the Minister join me in congratulating the crew of HMS Dragon, which succeeded in obliterating a supersonic missile with a Sea Viper missile off the coast of the Hebrides? The Royal Navy hit their target thanks to the work of the MOD Hebrides range. Will he also congratulate them on their continued work?

**John Healey:** I will indeed. We congratulate the crew of HMS Dragon on their professionalism and skill, and they will welcome my hon. Friend's championing of that skill in the House this afternoon.

**Mr Speaker:** I call the shadow Secretary of State.

**James Cartlidge** (South Suffolk) (Con): I have previously raised, during Defence questions, my deep concern about the possibility that the Government would give away our fishing rights in order to gain access to the European Union rearmament fund, but in fact it is far worse than that. Is not the truth that we have surrendered our fishing grounds for at least 12 years and will become a passive rule taker, and that all we have in exchange is a glorified talking shop with not a penny of guaranteed defence funding?

**John Healey:** The hon. Gentleman is quite right. *[Interruption.]* He is quite right, in that during the last Defence Question Time he talked about our not being excluded from the Security Action for Europe defence fund that would include EU states. I would have thought that he would welcome this afternoon's agreement, because this is the open door to those arrangements. Let me ask him this: does he therefore agree with his party leader, who declared before even seeing the agreements that will be signed today—including the security and defence partnership agreement—that she would tear them up?

### Support for Veterans

3. **Sadik Al-Hassan** (North Somerset) (Lab): What steps he is taking to improve support for veterans. [904197]

**The Secretary of State for Defence (John Healey):** Earlier this month the nation celebrated 80 years since Victory in Europe Day, and the Government announced the Operation Valour programme, a new UK-wide veteran support system to ensure that veterans have improved access to essential care and support. It is backed by a new £50 million investment, starting this year.

**Sadik Al-Hassan:** The rights of the charity PTSD Resolution—which provided vital healthcare services in our stretched NHS—to deliver services that imprisoned veterans desperately need have been taken away in England. Will the Secretary of State meet me to discuss how the MOD and other signatories to the armed forces covenant can support the case of veteran prisoners, and to explain why precious support from a charity has been taken away?

**John Healey:** We made an election commitment to put the armed forces covenant fully into law, and we will do that. The Minister for Veterans and People is working across Government to ensure that veterans receive the support they need from all services, including Op Nova, which provides for ex-forces people who become caught up in the criminal justice system. I know that I can speak for my hon. Friend the Minister while he is on Everest in saying that he would welcome a meeting with my hon. Friend, and I will ensure that it takes place.

**David Davis** (Goole and Pocklington) (Con): I take it that the meeting will not be on Everest.

The Secretary of State knows as well as I do that one of the most distressing experiences for our veterans today is the fear of being dragged into court in the face of politically motivated prosecutions after the Clonoe and Coagh inquiries, which opened a month ago. Some action will obviously have to be taken to protect them. Is the MOD currently researching the legal, judicial and legislative requirements that are necessary to protect our veterans from this appalling treatment?

**John Healey:** The right hon. Gentleman is right. We owe the Operation Banner veterans a huge debt of gratitude. Their professionalism and, in many cases, sacrifices of their lives saved civilian lives and helped to bring about the peace that Northern Ireland now enjoys. In respect of Clonoe, the right hon. Gentleman knows that the MOD is seeking a judicial review of the coroner's findings, and he will also know that I am working closely with the Northern Ireland Secretary to ensure that the welfare and legal support that we have provided for veterans who are caught up in any investigations is reinforced further so that we can protect this special group of veterans from the impact of such investigations.

**Mr Speaker:** I call the shadow Minister.

**Mr Mark Francois** (Rayleigh and Wickford) (Con): A group of Army veterans who feel totally let down by this Government have started a parliamentary petition entitled "Protect Northern Ireland Veterans from Prosecutions", which has so far amassed nearly 87,000 signatures in just over a week. Assuming that they successfully obtain the further 13,000 that are required, may I ask whether we can then debate, in Parliament, the question of why Labour wants, via its proposed remedial order, to make it easier for Gerry Adams to sue the British Government, while legally abandoning our brave veterans and throwing them to the wolves?

**John Healey:** I hesitate to turn this into a party political debate, but the right hon. Gentleman has just done that. He must accept that the previous Government's woeful legacy Act did nothing to help veterans. It was found unlawful over and over again, and any incoming Government last summer would have had to deal with that legacy, which is what we are doing. I am working with the Secretary of State for Northern Ireland. I am looking to ensure that we minimise the impact of any investigations on this special and unique group of veterans, who served—with great distinction in most cases—to keep the peace, secure long-term peace and protect civilians.

**Mr Francois:** Labour could have appealed those judgments to the Supreme Court but chose not to. Labour MPs and peers have already voted for this barmy process in the Joint Committee on Human Rights on 26 February. Labour will now be expecting all its MPs to vote for it again this autumn. Given that many of the young soldiers who served on Operation Banner in Northern Ireland were recruited from "red wall" seats—from Barnsley to Blackpool, and from Bolton to Burnley—how on earth do this Government expect any Labour MP to do Gerry Adams a favour at the expense of the veterans who opposed him, and then to go back to their own seats and look their constituents, including veterans and their families, in the eye?

**John Healey:** The previous Government's legacy Act has been found to be unlawful time and again. We have to deal with that problem, and any Government would. My concern is for the UK service personnel who served in Northern Ireland over a period of 38 years, who were there to protect the peace, protect civilian lives and prevent civil war. We support anyone who is now caught up in investigations or litigation with welfare and legal support, and I am determined that we will protect them further. I am working with the Northern Ireland Secretary as part of the plans for replacing the legacy Act arrangements, and we will ensure that we discharge our duty to the veterans who have served our country so well.

### Troop Mobility: Europe

4. **Mike Tapp** (Dover and Deal) (Lab): What steps he is taking with his international counterparts to improve troop mobility across Europe. [904198]

**The Minister for the Armed Forces (Luke Pollard):** As we speak, Exercise Hedgehog is currently demonstrating the rapid deployment of the 4th Brigade by road, rail, sea and air to Estonia as part of NATO's forward land force, with nearly 2,000 British service personnel in addition to those already permanently deployed to Estonia. To keep Britain secure at home and strong abroad, we are working with our EU, NATO and JEF partners to enhance military mobility.

**Mike Tapp:** I thank the Minister for his answer. The new Rail Baltica, under construction from Warsaw to Estonia, is a potentially useful project to assist troop movement, if needed in the future. Does the Minister agree that we and our allies need to be agile to respond to the threats emanating from Russia, particularly in support of Baltic states such as Estonia?

**Luke Pollard:** I met the Estonian ambassador and, indeed, all ambassadors from JEF nations on board HMS Sutherland last week, and my hon. Friend is absolutely right: fast, deployable forces are vital deterrents against Russian aggression. They underline our key commitment to NATO's eastern flank, and particularly our strong commitment to our friends in Estonia. We will continue to have their backs and to ensure that we have forces deployed there, securing that nation's freedom.

### Defence Sector Jobs

5. **Douglas McAllister** (West Dunbartonshire) (Lab): What steps he is taking to support jobs in the defence sector. [904199]

12. **Nick Smith** (Blaenau Gwent and Rhymney) (Lab): What steps he is taking to support jobs in the defence sector. [904206]

20. **Sam Carling** (North West Cambridgeshire) (Lab): What steps he is taking to support jobs in the defence sector. [904214]

**The Minister for Defence Procurement and Industry (Maria Eagle):** This Government are making defence an engine for growth across the UK. Our forthcoming defence industrial strategy will grow a faster, more integrated, more innovative and resilient defence sector. Prioritising UK-based firms for Government investment will drive economic growth, boost British jobs and strengthen national security. We are sending a signal to the market and our adversaries: with a strong UK defence sector, we will make Britain secure at home and strong abroad.

**Douglas McAllister:** Increasing our investment in defence not only bolsters our national security, but is an opportunity to support vital, skilled defence sector jobs and boost economic growth. Will the forthcoming defence industrial strategy spread prosperity across the regions and nations of the UK, and will the Minister use defence procurement and investment to generate wealth and create high-quality jobs in the west of Scotland and make defence an engine for growth across Scotland?

**Maria Eagle:** I thank my hon. Friend for that question. We are delivering for defence across all the nations and regions. The Clyde infrastructure programme—a £1.8 billion programme—will create skilled jobs in the west of Scotland over the next 40 years, while delivering our triple lock commitment on keeping the continuous at-sea deterrent. I recently opened the Rolls-Royce submarines office in Glasgow, which aims to access skilled talent pools in his area to support Dreadnought and AUKUS-class boats. As he said, this all goes to show that defence is an engine for growth.

**Nick Smith:** General Dynamics already provides good jobs in south Wales. As a former member of the Public Accounts Committee, I welcome plans to cut delivery times for the new communications and weapons systems of the future. Does the Minister agree, however, that we need to overcome public scepticism about defence kits taking too long to get to the frontline?

**Maria Eagle:** I do agree with my hon. Friend, because under the previous Government the average time to contract was six years, and only two out of the 49 major projects they oversaw were on time and on budget. Our procurement reforms will speed up and improve delivery to the frontline, and thus boost our defence and security.

**Sam Carling:** To encourage more people to pursue a career in our armed forces, we need to ensure that the whole offer is strong, including accommodation. Concerns have been raised with me about poor performance by managing agents involved in maintaining Ministry of Defence properties in my constituency, often with complex subcontracting arrangements that make it very difficult to hold anyone accountable. I know of cases where people were dealing with a rodent infestation for six weeks due to inaction after it was reported to the managing agents. Can the Minister assure me that we are working to ensure that managing agents are held accountable by the MOD?

**Maria Eagle:** My hon. Friend makes a good point. We are delivering for defence by putting people at the heart of our defence plans. The new consumer charter for families in military homes will include improved repairs, a named housing officer for every family, and a better and clearer complaints process. I am aware of the issues he raises about pest control at RAF Wittering. This has been raised with Amey, the contractor that has the maintenance contract there, and I will expect to see an improvement.

**Ben Obese-Jecty** (Huntingdon) (Con): My constituency of Huntingdon is the home of our defence intelligence capability. It is also home to the joint intelligence operation centre Europe, which is an analytics centre for the US air force, and the NATO Intelligence Fusion Centre. Wyton airfield has recently been designated as a trailblazer site, and it could be a key location at which to build defence technology. Will the Minister meet me to discuss the potential of building a technology hub in Huntingdon, alongside the combined authority and Huntingdonshire district council?

**Maria Eagle:** The hon. Member has set out a compelling reason why I should meet him, and I am very happy to do so.

**Charlie Maynard** (Witney) (LD): *The Times* has reported that the UK has fewer than 10 tanks stationed in Estonia and that troop numbers have been cut from 1,650 in April 2022 to around 1,000 today. By comparison, Germany has 5,000 troops on track to be stationed in Lithuania by 2027. Is this correct, and is it a concern for the Minister?

**Mr Speaker:** That is of borderline relevance, but I am sure the Minister can respond.

**Maria Eagle:** The hon. Gentleman has set out some troop movement issues. We are moving to a lighter formation, but there is no reason why we cannot meet him and explain the situation in full, and I am very happy to volunteer my hon. Friend the Minister for the Armed Forces to do so.

**Mr Speaker:** There we are. I call the Liberal Democrat spokesperson.

**Helen Maguire** (Epsom and Ewell) (LD): In dodging last week's peace talks in Turkey, President Putin proved once again that he has no interest in stopping the fighting; his goal remains the subjugation of Ukraine. Moreover, this afternoon's reported phone call between Putin and President Trump once again presents the alarming possibility that, between them, the Kremlin and the White House will agree a carve-up of Ukraine, which would be utterly intolerable. What more are the Government doing to invest directly in Kyiv's weapon production to ensure we strengthen Ukraine's ability to resist Putin's war machine, resist attempts at a carve-up by Putin and Trump, and secure maximum leverage for any peace negotiations?

**Maria Eagle:** Mr Speaker, I was waiting to hear whether the hon. Lady had got the wrong question, but she fitted it in and it was in order, so I congratulate her on that. We are co-operating across different European arrangements, and our own, to ensure we can supply Ukraine. We in the UK have stepped up, spending £4.5 billion this year. We co-ordinate a lot of the UK and European-wide efforts to ensure that Ukraine can stand up to the aggression it still faces from Russia, no matter what President Putin or anybody else has to say about it.

**European Rearmament Fund**

7. **Johanna Baxter** (Paisley and Renfrewshire South) (Lab): Whether he has had recent discussions with his EU counterparts on UK access to the European rearmament fund. [904201]

**The Minister for Defence Procurement and Industry (Maria Eagle):** The landmark agreement secured today will complement our bilateral partnerships with European countries. It will pave the way for UK defence industries to participate in EU defence programmes, supporting thousands of British jobs, boosting growth and making our continent safer.

**Johanna Baxter:** I am pleased that today the United Kingdom is hosting a summit in London to reset our relationship with Europe—yet another sign that this Labour Government are restoring our reputation as a global power after it was trashed by a decade of Tory incompetence. Will my right hon. Friend outline what steps are being taken to ensure that our world-leading defence industry can access the European rearmament fund, to drive economic prosperity at home, benefit my constituents, and strengthen security across Europe?

**Maria Eagle:** The UK and the EU will use this opportunity to explore closer collaboration across defence industrial initiatives in a way that will support economic growth and jobs on both sides, and help to prevent fragmentation across our shared industrial base. We can now go on to discuss a bilateral agreement to facilitate participation in EU schemes such as ReArm and SAFE—Security Action for Europe.

**Sir Bernard Jenkin** (Harwich and North Essex) (Con): What financial commitment will the UK have to make to participate in the fund?

**Maria Eagle:** Any financial commitment that has to be made will be subject to the further discussions that I have just set out. Today's agreement enables us to discuss bilaterally what arrangements we can make to have access to those programmes.

**Support for LGBT Veterans**

9. **Claire Hughes** (Bangor Aberconwy) (Lab): What steps he is taking to improve support for LGBT veterans. [904203]

**The Minister for the Armed Forces (Luke Pollard):** I am sure the whole House will join me, on the death of Lord Etherton, in passing on our condolences and sympathy to his friends and family. His legacy will continue to shape an inclusive and fair future for our armed forces community. The LGBT financial recognition scheme has a budget of £75 million, which is 50% higher than that set by the previous Government. The Ministry of Defence has made £90,000 available for grants to charities, including Royal British Legion and Fighting With Pride, to support LGBT veterans in completing their applications.

**Claire Hughes:** One of my constituents was outed and then dismissed from the RAF when he was just 21, an experience that affected his whole life, so I was very pleased to hear that last week his application for compensation under the LGBT financial recognition scheme was accepted and that he is due to receive his payment shortly. It is great to hear that the Labour Government are getting on with the job for these veterans who were so badly dealt with by the state, but can the Minister give an update on the progress of the scheme?

**Luke Pollard:** I thank my hon. Friend for raising the issue and that case. It is vital that no matter who you fall in love with, there is a place for you in our armed forces. I am pleased to announce that since the LGBT financial recognition scheme was launched on 12 December 2024, we have now made a total of £1 million in payments to the dismissed or discharged, to people who are terminally ill, or the over-80s who were dismissed or discharged due to their sexuality. Some 964 applications for non-financial restorative measures have been received and are being processed. The recruitment of the independent panel and appeals board is complete, so payment for the LGBT FRS impact payments can begin shortly.

**NATO: European Security**

10. **Uma Kumaran** (Stratford and Bow) (Lab): What recent discussions he has had with NATO allies on European security. [904204]

17. **Andrew Lewin** (Welwyn Hatfield) (Lab): What recent discussions he has had with NATO allies on European security. [904211]

**The Minister for the Armed Forces (Luke Pollard):** The Secretary of State and I are in regular and close contact with our NATO allies on strengthening Euro-Atlantic security. Last week, the Secretary of State and I were both in Germany discussing closer co-operation and how to further enhance bilateral defence co-operation. The Secretary of State attended a meeting of the E5 Defence Ministers driving European leadership in Ukraine, and next month will meet allies in preparation for the Hague summit in June.

**Uma Kumaran:** NATO has never been more vital for Britain's defence and security than in this era of global instability and volatility. I was therefore alarmed that certain Green party politicians have suggested that the UK leave NATO, abandoning our commitment to our allies, including other European nations, and the defence of Ukraine and of our shared democratic values. Will the Minister reassure this House that this Labour Government will recommit to working even more closely with our allies for our collective defence, and will he confirm that unlike certain other parties, Labour will always put the security of our citizens first?

**Luke Pollard:** Let me be absolutely clear with the House: NATO is the cornerstone of our security, and this Government's commitment to the alliance is unshakeable. The Greens, if that is the case, would be out of step with the British people, who recognise the importance of NATO membership. We should also be clear that the only person who would benefit from taking apart the NATO alliance sits in the Kremlin: President Putin. That is a victory we will not give him.

**Andrew Lewin:** The Ukrainian military's response to Putin's invasion has been formidable. One of the ways it has been so impressive is through its innovation in drone technology, with Ukraine now a world leader in strategic and tactical drones. Does the Minister agree that it is important that the UK, along with our NATO allies, continues to invest in the Ukrainian military, so that it can continue its fight for freedom and so that we can benefit from the advances in technology that the Ukrainian military has brought forward?

**Luke Pollard:** I absolutely agree. The UK is co-leading the drone capability coalition with Latvia, and we are improving and learning from the experiences of our friends in Ukraine. Drone technology in Ukraine iterates every two to three weeks, so it is absolutely vital not only that we create the environment for new investments in drone technology, but that the UK military looks at those lessons learned. I would expect a large part of the strategic defence review to be looking at the lessons that we can learn from Ukraine and applying them to our own military.

**Sir Julian Lewis** (New Forest East) (Con): Unlike certain other institutions, NATO is an alliance of separate sovereign countries. I thank the Minister for his strong support of NATO, but does he agree that we should follow the example of the frontline NATO states like Estonia and Poland, which recognise that the difference between deterring a hostile Russia and actually having to fight a war is the difference between spending 4% or 5% of GDP on defence, as we did in the 1980s, and 40% or 50% if, God forbid, we ever have to engage in open hostilities?

**Luke Pollard:** I thank the right hon. Gentleman for that question. This Government are delivering for defence with increased defence spending. By April 2027, we will be spending 2.5% of our GDP on defence, which includes an extra £5 billion for defence in this financial year; that will rise to 3% in the next Parliament, when economic conditions allow. What we spend that money on is just as important, and that is what the strategic defence review, when it is published, will set out.

**Richard Foord** (Honiton and Sidmouth) (LD): At the end of March, the US Secretary of State told the Foreign Ministers of the Baltic states that the US wanted to continue participating in EU defence procurement initiatives. What has the UK discussed with the EU about any exclusion of US companies linked to the security and defence pact?

**Luke Pollard:** It is certainly true that right across Europe, there are European and American firms providing the capabilities we need to keep our people safe. It is right that we continue those discussions with our European friends to look at how UK firms can participate, because UK firms are already present around Europe, providing resources, as indeed are our American friends. We all need to spend more on defence and we all need to renew our capabilities. We are working together to ensure that we have the frameworks and structures to enable that renewal of our forces to take place.

### Armed Forces Housing

11. **Alison Hume** (Scarborough and Whitby) (Lab): What steps he is taking to improve armed forces housing for military families. [904205]

**The Minister for Defence Procurement and Industry (Maria Eagle):** We are delivering for defence by putting people at the heart of our defence plans. We have secured a deal to buy back 36,000 military homes to improve housing for forces families and save taxpayers £600,000 a day in rent. Our new consumer charter means that families will have a named housing officer, improved repairs and a clearer, shorter complaints process. Our forthcoming defence housing strategy will set out plans to undertake a generational review of our properties.

**Alison Hume:** In December, the Defence Committee found that two thirds of service family homes

"need extensive refurbishment or rebuilding"

to meet modern standards. We know that poor-quality housing impacts children's ability to learn and to attend school, as well as their physical health. What steps are the Government taking to ensure that the 3,500 children from service families who attend school in North Yorkshire live in adequate accommodation?

**Maria Eagle:** I agree with my hon. Friend's analysis of the impact of poor housing. We have regained control of 2,793 of the 3,221 service family accommodation units in Yorkshire and Humber previously owned by Annington, after a landmark deal earlier this year. As well as saving taxpayers rent that can be recycled into improvements, that enables us to plan a once-in-a-generation improvement of service family homes. The detailed plans will be set out in the defence housing strategy later this year.

### Support for Veterans: Operation Banner

13. **John Cooper** (Dumfries and Galloway) (Con): What steps he is taking to support veterans of Operation Banner. [904207]

**The Secretary of State for Defence (John Healey):** The Government recognise the important service and sacrifice of those forces veterans who served in Northern Ireland. More were killed during the troubles there than in Afghanistan. I am acutely aware of the anguish caused to those veterans and their families by historical investigations. While the Ministry of Defence continues to provide welfare support and legal support to those affected, I am determined that we will do more.

**John Cooper:** Operation Banner defeated the IRA militarily and paved the way for the Good Friday agreement, so why are this Labour Government now pushing two-tier justice, to the obvious detriment of our brave Northern

Ireland veterans and to the advantage of Gerry Adams and his Sinn Féin fellow travellers? Where is the justice in that?

**John Healey:** This Government are dealing with the woeful shortcomings of the last Government's Northern Ireland Troubles (Legacy and Reconciliation) Act 2023. As we do so, we will give priority to strengthening the protections that preserve dignity and respect for our veterans who served in Northern Ireland.

**Armed Forces Recruitment and Retention**

14. **Jamie Stone** (Caithness, Sutherland and Easter Ross) (LD): What steps he is taking to improve recruitment and retention in the armed forces. [904208]

**The Minister for the Armed Forces (Luke Pollard):** We inherited a recruitment and retention crisis from the last Government, but since July we have taken decisive measures, slashing the time it takes to access medical records from weeks to hours and restructuring the Army's recruitment organisation, and it is working. Year on year, inflow is up 20% and outflow is down 8%, the Navy's yearly recruiting target has been exceeded, Royal Air Force applications are up 34% compared with early 2024, and the Army is seeing a seven-year high in applications.

**Jamie Stone:** It may or may not come as a surprise to the House that I was once a Royal Navy cadet. I believe that the cadet force is hugely important to retention and recruitment. The trouble is getting people to step forward to help run cadet forces. I wonder whether the Government will consider some form of inducement scheme to encourage veterans—we know that every community has them—to step forward and help organise the cadets.

**Luke Pollard:** The hon. Gentleman is a role model for what someone can do by serving in the cadet forces. They are a fantastic way of growing in confidence, learning new skills and, for many young people, finding a career in the armed forces. Supporting those people who work with our cadets and help train them is vital. We know that there is a huge opportunity in expanding the cadets and investing more, and that is what the Government intend to do.

**Support for Veterans**

16. **Damian Hinds** (East Hampshire) (Con): What steps he is taking to help support veterans into employment. [904210]

**The Minister for the Armed Forces (Luke Pollard):** The Government are expanding UK-wide employment support for the armed forces community through Op Ascend, a free advice service for veterans and their families launched earlier this year. We also continue to offer tailored employment support via the career transition partnership.

**Damian Hinds:** National insurance relief for employing veterans comes at really quite a low cost to the Treasury, but it is effective, not just in its financial incentive but because it opens up conversations within employers. In written answers of late, the Government have been slightly equivocal about the future of the programme. Can the Minister confirm that this programme of relief will continue to support veterans' employment beyond the next year?

**Luke Pollard:** It is vital that we support our veterans. We have extended the national insurance relief for a further year. I am very happy to arrange a conversation with the right hon. Gentleman and my Treasury colleagues if he would like to make a further case, and I am sure he would join a chorus of voices in doing so.

**Lola McEvoy** (Darlington) (Lab): In January 1945 in Darlington, William McMullen, a Canadian air pilot, was flying a plane across the densely populated town when it set fire. He steered it away from the populated area and evacuated his six crew mates, unfortunately losing his life in the process. This act of heroism has not been recognised by the Canadian Government because it was a training exercise, so I urge the Secretary of State to join my campaign, with local veterans in Darlington, for a posthumous recognition.

**Luke Pollard:** I thank my hon. Friend for the way in which she raises that case; it is certainly something that the whole House can get behind. Telling the stories of the bravery and courage of those who served in that golden generation is vital to ensuring that we learn lessons from it and understand their sacrifice. I would be happy to arrange a meeting between her and the Veterans Minister to see what we can do with our Canadian friends.

**Topical Questions**

T1. [904219] **Anneliese Midgley** (Knowsley) (Lab): If he will make a statement on his departmental responsibilities.

**The Secretary of State for Defence (John Healey):** Last year, we pledged to the British public that if we were elected we would seek a new security pact with the European Union. Today we have made good on that promise. The UK-EU security and defence partnership is an ambitious agreement. It will strengthen NATO, and it will grow the economy. In a further demonstration that defence is a powerful engine for growth, I can confirm that Rheinmetall will be opening its new gun barrel factory in Telford, bringing 400 new jobs to the area and boosting investment in the UK economy by nearly half a billion pounds. This is what resetting Britain's relationship with Europe and stepping up on European security looks like, and this is what delivering for defence looks like, to make Britain secure at home and strong abroad.

**Anneliese Midgley:** Abbey Group in Knowsley partners with Sweden's Saab to produce the world-class Saab Barracuda camouflage system used by the British Army. It is a prime example of British manufacturing at its best: backed by international collaboration and providing good jobs. However, small and medium-sized enterprises such as Abbey need stability and support. What is my right hon. Friend doing to ensure that they get it?

**John Healey:** We have committed to set new SME spending targets and establish a new SME support centre. In the last week, we have launched a new tech scaler, and we will strengthen the SME voice on the new defence industrial joint council.

**Mr Speaker:** I call the shadow Secretary of State.

**James Cartlidge** (South Suffolk) (Con): On the highly topical subject of fishing rights, the Secretary of State will no doubt share my profound concern at reports that last week Mauritius and Russia agreed to deepen their co-operation on fisheries and other maritime issues. Does that not show that Labour's policy of spending billions renting back a military base that we already own is not only a waste of taxpayers' money but a major risk to our national security?

**John Healey:** No. It shows that when we were elected last summer we inherited a situation of increasing questions and jeopardy over the continuing sovereignty—our operational sovereignty—of the Diego Garcia base. That is why we have been taking action since then.

**James Cartlidge:** The Chagos chaos continues, as multiple reports now suggest that No. 10 has put the whole £18 billion Chagos nonsense on hold. It has done that for fear that Labour MPs, who are being whipped to withdraw winter fuel payments from up to 10 million pensioners, will not vote for it. Can the Secretary of State confirm whether it is still the Government's policy to stand by their crazy Chagos deal, or has he finally decided to give it all up?

**John Healey:** The Diego Garcia base is essential to our security and to our security relationship with the US. It was increasingly under threat under the previous Government. We have had to act, as the previous Government started to do, to deal with that jeopardy. We are completing those arrangements and will report to the House when we can.

T3. [904221] **Damien Egan** (Bristol North East) (Lab): With the defence review coming, alongside the welcome extra investment in defence, how will things change so that more school leavers in Bristol can learn about the opportunities in the military and across Bristol's wider defence sector?

**The Minister for the Armed Forces (Luke Pollard):** A career in the armed forces or a defence industry is a good career for any school leaver in Bristol, in Plymouth or anywhere across our country. I commend my hon. Friend on the work that he and people in Bristol are doing to promote a career in our armed forces and the defence industries. There are good, well paid careers available in every part of our country—indeed in every single constituency—in defence.

**Helen Maguire** (Epsom and Ewell) (LD): Last week's "Panorama" documentary brought fresh allegations of war crimes by Special Air Service and Special Boat Service forces, raising grave new questions about the conduct of the special forces during Operation Herrick in Afghanistan. It also highlighted the vital importance of promoting transparency and accountability across our armed forces. In the light of these developments and the ongoing public inquiry, will the Secretary of State consider looking at how Parliament could scrutinise the work of the special forces?

**John Healey:** The previous Government, with our support, set up the Haddon-Cave inquiry, whose job it is to get to the bottom of any allegations and investigate them fully. That is the job it is doing, and it has our full support—and, I hope, the continued support of the House—in doing it. The hon. Lady mentioned the "Panorama" programme. Anybody who is willing to talk to the media about the information they have and what they allege must be willing to do the same to the Haddon-Cave inquiry.

T4. [904222] **Catherine Atkinson** (Derby North) (Lab): I met Major Eales and the Derby and Derbyshire Ex-Services Association, who do so much with fellow veterans at events all year round. Following the launch of Operation Valour, will the Minister join me in paying tribute to the work that it and other associations do and tell us what is being done to encourage and recognise volunteers who support our veterans?

**Luke Pollard:** I am delighted to pay tribute to Major Eales and so many other volunteers who are working to support our veterans. Valour marks a departure from the PR-focused postcode lottery diet of short-term funding for headlines that we were fed by the last Tory Government. No more sticking plasters for veterans; long-term, sustainable funding on a nationwide basis is what Operation Valour is delivering.

T2. [904220] **Clive Jones** (Wokingham) (LD): Will the Minister tell the House how much of the European Union's €150 billion rearmament fund he anticipates will be available to our defence companies, who provide high quality jobs, and to our armed forces?

**John Healey:** It is simply too early to say that about any of the nations, including all 27 EU nations. What I can say is that today's agreement is the necessary key that opens the door to that potential for our Government and our defence industry.

T5. [904223] **Joe Morris** (Hexham) (Lab): Over the weekend, a drone attack was launched targeting a number of regions, including Kyiv. It was arguably the biggest drone strike since the full-scale invasion began. While I am pleased that significant headway has been made between Russia and Ukraine regarding a possible prisoner swap, does the Minister agree that the Government must continue to urge for a wholesale ceasefire to ensure that no more civilian lives are lost?

**Luke Pollard:** A sustained, unconditional ceasefire is the quickest way to stop the killing while creating the space for serious talks to achieve a lasting peace. President Zelensky has consistently shown his commitment to peace. Putin has refused to meet Zelensky in person while continuing barbaric attacks on the Ukrainian people, as we saw once again over the weekend. We will stand with Ukraine for as long as it takes.

**Sir Jeremy Hunt** (Godalming and Ash) (Con): If the Government end up paying a fee for British companies bidding for European defence contracts, will they charge the EU a fee when its companies want to bid for British defence contracts?

**John Healey:** Any arrangements that we make will be in the best national interests of this country and the interests of our industry. They will be fair, and they will ensure that our UK industry can participate fully in any programmes and make the biggest possible contribution alongside the European Union, within the context of NATO, to making European security stronger.

T6. [904224] **Juliet Campbell** (Broxtowe) (Lab): The recent E5 meeting marked a significant step towards greater strategic autonomy in Europe, with the security of Ukraine being central to that. Does the Minister agree that, given the changing nature of the threats we face, working ever more closely with our NATO allies is crucial to keeping the UK secure and safe abroad?

**Luke Pollard:** I do indeed. Our commitment to NATO is unshakeable, as is our commitment to our European friends, especially those along NATO's eastern flank that are being threatened by Russian aggression. We will continue to work with our friends, including: with Germany via the new Trinity House agreement; through the refreshed Lancaster House agreement; and with our EU friends via the security and defence agreement signed today. That is a really important part of keeping Britain safe at home and secure abroad.

**Sir Desmond Swayne** (New Forest West) (Con): Will the Secretary of State delay putting before the House the remedial order until he is certain that the Government have a way of delivering the Prime Minister's commitment to preventing Gerry Adams from claiming compensation?

**John Healey:** The right hon. Gentleman is a regular attender in this House, and I suggest that he be here on Wednesday for Northern Ireland questions to put that question directly to the Northern Ireland Secretary.

**Mr Speaker:** Only if there is the opportunity, I might add.

T7. [904225] **Richard Baker** (Glenrothes and Mid Fife) (Lab): Does the Minister agree that shipyards—such as Methil in my constituency, which has been saved by this Government—have fantastic opportunities to benefit from increased defence spending in the UK, and from initiatives such as Programme Euston? Will she continue to do all she can to identify opportunities for Scottish yards, including Methil?

**The Minister for Defence Procurement and Industry (Maria Eagle):** I will certainly do that. Programme Euston is a £2 billion investment aiming to deliver resilient out-of-water engineering capability at His Majesty's naval base Clyde by the early 2030s. Market engagement is under way, but it is too early for me to let my hon. Friend know of any kind of outcome. However, I recognise the skills and experience at Methil, and I welcome the certainty that Navantia UK's purchase of Harland and Wolff has brought to that facility. I look forward to seeing any bids that come in.

**Dave Doogan** (Angus and Perthshire Glens) (SNP): The number of nuclear safety incidents at Faslane and Coulport is on the rise. They include six incidents in the last 12 months in which there was actual or high potential for radioactive release into the Scottish environment. The Ministry of Defence has ceased providing information to either the Scottish Government or the Scottish people about the nature of these incidents. Furthermore, the Ministry of Defence has stopped providing information to the Infrastructure and Projects Authority so that it can grade nuclear projects on value for money and success likelihood. What does the Secretary of State think about this veil of secrecy over the nuclear enterprise?

**John Healey:** I reject any accusation of a veil of secrecy. I will look into the allegations that the hon. Gentleman makes, and I will write to him, or can meet him, if that is helpful.

T8. [904226] **Sojan Joseph** (Ashford) (Lab): Joining a cadet force offers young people a fantastic opportunity to develop key skills, including enhanced communication skills, and to improve their self-confidence and physical and mental wellbeing. What steps are the Government taking to support the cadets, and to encourage more young people to join and obtain life-changing skills?

**Luke Pollard:** I agree with my hon. Friend: joining the cadets is a great opportunity for any young person, and provides a lifetime's-worth of skills. The Government are looking to make further announcements in support of our cadets, because the work that they do nationwide is exceptional, and the cadets are a superb platform for young people to build a career on.

**Rebecca Smith** (South West Devon) (Con): The British defence company Babcock employs over 2,000 people from my constituency. The long-awaited strategic defence review is due any day now, so will the Secretary of State set out how the Government will do more to prioritise British defence jobs, and British firms that will not only provide training and employment opportunities in the UK, but help to develop the vital sovereign capability that has never been more critical for our national security?

**John Healey:** We will indeed. We will set out in our defence industrial strategy the detail that the hon. Lady wants. She mentions Babcock, which has welcomed today's UK-EU agreement as a step forward, describing it as strengthening the critical defence partnership between the EU and the UK in uncertain times. I am sure that she will welcome that as well.

T9. [904228] **Jenny Riddell-Carpenter** (Suffolk Coastal) (Lab): I welcome the recent investment of £117 million in Rock barracks in my constituency, which will deliver new living accommodation, technical facilities and a much-needed upgrade to assets by spring 2030. What plans does the Department have to bring unused military homes back into use for families in Suffolk Coastal?

**Maria Eagle:** I thank my hon. Friend for her welcome for that investment in her constituency. We have to do more to improve housing for military families, including in Suffolk Coastal. The defence housing strategy work includes an extensive review of our entire service family accommodation portfolio to determine how we will use our properties. It will report later this year; she will then know more.

**Josh Babarinde** (Eastbourne) (LD): One of Eastbourne's last surviving world war two veterans, the incredible Eric Deach, celebrates his 100th birthday three weeks today, on 9 June. Will the Secretary of State join me in wishing him a very happy centenary, and thank him for his service to our country?

**John Healey:** I would be delighted to, and if the hon. Gentleman would give me Mr Deach's address, I would like to write to him as well.

**Chris McDonald** (Stockton North) (Lab): I had the privilege last week of spending time on board HMS Sutherland, alongside the Armed Forces Minister. Will he join me in commending her captain and crew for their vital service safeguarding our subsea infrastructure? What steps are the Government taking to protect our critical undersea communications?

**Luke Pollard:** As HMS Sutherland is a Devonport-based warship, this Devonport-based MP says: congratulations to the crew, the ship's company, the captain, and all those who made the visit to London so successful. The cross-party delegation visit was warmly received by the ship's company. It is vital that we continue to invest in our capabilities, not just for protecting undersea infrastructure, but for anti-submarine warfare. Perhaps more important than the ship and the steel is investment in our people, and the Government are making precisely that investment.

**Wendy Morton** (Aldridge-Brownhills) (Con): I recently dropped in on an Armed Forces Network community event in my constituency, one of many organised by Lee Chapman, a veteran. The network is supported by the council and local volunteers. I have been made aware that there is no official system automatically recording and publishing statistics on veteran suicide in the UK. A petition has been launched, but will the Minister look into that, and see what action can be taken?

**John Healey:** I congratulate Lee Chapman on the event that he organised in the right hon. Lady's constituency. I will indeed look into the matter, and if she has additional data and information for me to go on, I would be grateful if she could let me have it.

**Sean Woodcock** (Banbury) (Lab): The war in Ukraine has shown the importance of drones on the modern battlefield. The previous Government published a drone strategy that was only 12 pages long, and half of that was pictures. They failed to fund UK companies that are investing in, and making, world-leading drone tech here at home. Will the strategic defence review correct that wrong, and support drone development in the UK? *[Interruption.]*

**John Healey:** The shadow Defence Secretary, the hon. Member for South Suffolk (James Cartlidge), shouts, "Total rubbish," but his 12-page drone strategy was half-full of pictures and totally unfunded. The strategic defence review will look at how our technologies are changing the nature of warfare, and will ensure that we can make Britain secure at home and strong abroad.

**Jim Allister** (North Antrim) (TUV): Following the particularly adverse findings against the Special Air Service soldiers in the Clonoe inquest, will the Secretary of State reflect on the fact that better law pertains to inquests in England? In England, when there is a suspicion of criminality, the inquest is stopped, and the matter is referred to the Crown Prosecution Service. In Northern Ireland, however, the inquest reaches highly prejudicial findings, on the balance of probabilities, and then concludes, and there is then a referral to the Public Prosecution Service for Northern Ireland. Would it not be far better to bring the law in Northern Ireland into line with that in England?

**John Healey:** The hon. and learned Gentleman knows that the Government and the Ministry of Defence are seeking judicial review of the coroner's work on the Clonoe inquiry. If there are other factors to be taken into account and lessons to be learned, the Government will do that.

**Luke Myer** (Middlesbrough South and East Cleveland) (Lab): Yesterday, a Conservative councillor in my constituency said that the Government were "dancing to the tune of warmongers" because of their support for British defence manufacturing, despite one of those manufacturers being in his ward. Do the Government believe, as I do, that we need to do more, not less, to support British defence manufacturing?

**Maria Eagle:** I agree with my hon. Friend: we need to do more to support British defence manufacturing, and we are doing more by reforming procurement and prioritising UK-based businesses for the work that we can give them.

**David Mundell** (Dumfriesshire, Clydesdale and Tweeddale) (Con): Land at Eastriggs in my constituency, formerly part of MOD Eastriggs, was declared surplus, and 18 acres were successfully leased to a rail business that provided important jobs in the constituency. However, the plans for the remainder of the site seem to have got bogged down. I hope that Ministers can expedite a decision, so that more valuable jobs can be created in my constituency.

**Maria Eagle:** I thank the right hon. Gentleman for that point. I will look into it and get back to him.

**Emma Foody** (Cramlington and Killingworth) (Lab/Co-op): Salute Her, a veterans' charity in the north-east, does incredible work to support women veterans with specific needs in accessing support. Will the Secretary of State reassure me that women's voices and needs will be heard and catered for in the upcoming veterans' strategy?

**John Healey:** We are developing the veterans' strategy in close consultation with veterans and the organisations that represent them. They are at the heart of the process; I can give my hon. Friend that reassurance. I am glad that she is looking forward to the strategy's publication.

**Vikki Slade** (Mid Dorset and North Poole) (LD): UNCLOS—the United Nations convention on the law of the sea—is an incredible international anti-piracy and anti-drug-running tool, but as the House of Lords discussed in 2022, it needs upgrading to include measures on modern slavery and human trafficking. What work are the Government doing on that in the international sphere?

**Luke Pollard:** The UK promotes UNCLOS, freedom of navigation and the UNCLOS rules. I would be very happy to have a meeting with the hon. Lady, but a conversation with the Department for Transport, which owns that relationship, may also be beneficial.

**Alan Gemmell** (Central Ayrshire) (Lab): The Minister may know that I have spent months convincing British scale-up Aeralis to choose Prestwick as the location at

which it will build a proposed Hawk replacement—the first British jet built in 50 years. That would create 4,000 jobs. Will she do all she can to bring Aeralis to Prestwick, and make the Red Arrows British and Scottish?

**Maria Eagle:** I have met representatives of Aeralis on a number of occasions, as have my senior officials. The MOD has provided the company with considerable support as it develops its concept of a modular aircraft with digital design. The Department remains engaged with Aeralis, and with the sector as a whole, to seek a solution that will generate the combat air pilots of the future. We have begun considering what aircraft will replace the Hawk fast jet trainer, which is currently in operation in the Royal Air Force.

**Claire Young** (Thornbury and Yate) (LD): I welcome last week's written statement confirming that the cases of many of the Triples—the Afghan commandos who served shoulder to shoulder with UK special forces—will be reviewed. What guarantees can the Minister offer that those individuals will be protected, wherever they are, and that their evidence will be heard by the public inquiry relating to Afghanistan?

**Luke Pollard:** We concluded phase one of the Triples review last week, in which there was an overturn rate of approximately 30%. The second phase will consider where we hold records relating to top-up pay. On the second part of the hon. Lady's question, if anyone globally has any evidence that they feel should be submitted to the Haddon-Cave inquiry, the Government encourage them to do so. There is no geographical limit on who may submit evidence, and we are working through Afghan relocations and assistance policy cases to ensure that everyone gets the correct decision, based on their circumstances.

**Chris Vince** (Harlow) (Lab/Co-op): In my work in the charity sector in Harlow, I saw that post-traumatic stress disorder is a huge barrier to not only getting veterans into employment, but supporting them once they are in it. What will the Minister do to support veterans into and in work?

**Luke Pollard:** It is absolutely vital that we support veterans who encounter difficulties in transitioning from military service to civilian life. The vast majority transition successfully, but support schemes are available nationwide for people who have served in our armed forces, especially through Operation Valour, which was announced by the Minister for Veterans and People last week. There is more to do in this space. I would be happy to arrange a conversation between my hon. Friend the Member for Harlow (Chris Vince) and that Minister very soon, when he is down from operation mountain goat on Everest.

**David Davis** (Goole and Pocklington) (Con): On a point of order, Mr Speaker.

**Mr Speaker:** Well, as there is no question from Jim Shannon.

**David Davis:** I do apologise to the hon. Member for Strangford (Jim Shannon). I am glad that the Secretary of State is here. As we have heard today, a very successful parliamentary petition was put up by a member of the public just over a week ago, and was supported by a large number of regimental associations. In the middle of last week, an email was sent from the Directorate of Infantry to regimental headquarters. It said:

> "With immediate effect"—

that bit is highlighted in red—

> "please ensure that all of your communication channels (including Twitter/X etc) remove any feeds related to the Northern Ireland Troubles Act announcement and any associated petitions."

Regimental associations are there to defend and look after the interests of, and to support, veterans. It is not for the MOD hierarchy to dictate what they can or cannot promote, particularly through legitimate parliamentary engagement. Veterans' voices must not be silenced by bureaucratic interference. Is it appropriate, Mr Speaker, to pressurise regimental associations to remove content that supports democratic participation?

**Mr Speaker:** Perhaps someone on the Front Bench would like to answer.

**John Healey:** I am grateful to the right hon. Gentleman for raising his point of order. I was not aware that he was going to raise it, and I have to say that it is news to me; most regimental associations that I know cannot be pressured by anyone from outside. However, I am grateful to him for raising the issue in the House. Anything that interferes with the parliamentary process is of concern to all Members of the House, and I will certainly look into it and get back to him.

**Mr Speaker:** May I say thank you to the Secretary of State for answering that point of order? It saves me from getting involved, but we recognise how important organisations are. Nobody should be stifled.

# NHS and Care Volunteer Responders Service

3.45 pm

**Dr Caroline Johnson** (Sleaford and North Hykeham) (Con) *(Urgent Question):* To ask the Secretary of State for Health and Social Care if he will make a statement regarding the volunteer and care service.

**The Minister for Secondary Care (Karin Smyth):** I thank the hon. Member for giving me the opportunity to speak about this topic and highlight the important role that volunteering plays in our health and social care system. The NHS has always benefited from the generous contribution made by volunteers, who play a vital role in supporting our patients, staff and services. We are grateful to the thousands of volunteers who donate their time to support the NHS in a wide variety of roles, from helping patients to leave hospital faster and settle in at home, to supporting emergency cardiac incidents and providing companionship to patients during end-of-life care.

The national NHS and care volunteer responders programme was first established as part of the covid response, and then adapted to respond to other organisational pressures. However, a model that worked well in that national crisis is no longer the most cost effective way of facilitating the important contribution of our much valued volunteers, so NHS England has recently taken the decision to close the current programme. Instead, a new central recruitment portal for NHS volunteers will be fully launched this year, providing opportunities for the current pool of volunteer responders to continue to play their part. Volunteers will have had that information emailed to them recently.

NHS England will also work with NHS providers that draw on the support of the volunteer responders programme to ensure that they are helped in developing other volunteering interventions that meet their service needs.

The roles of 50,000 additional volunteers who are recruited and supported by NHS trusts directly will be unaffected by the closure of this programme. That is in addition to many more thousands of volunteers who support the NHS either directly or indirectly via other local and national voluntary sector organisations.

Successive volunteering programmes in the NHS are primarily run locally by individual trusts and integrated care systems identifying the best opportunities for volunteering interventions that meet their specific service needs. That means local NHS action to build relationships with voluntary sector organisations and co-developing volunteering programmes and pathways that support patients, staff and NHS services. There will continue to be opportunities to strengthen and encourage innovation in NHS volunteering at national level. The Government recognise the need for sufficient and agile volunteering capacity and capability of support in particular scenarios, such as pandemics and flu seasons, when the health and care sector is particularly stretched.

**Dr Johnson:** Thank you, Mr Speaker, for granting this urgent question. At the start of the covid pandemic, NHS volunteer responders were set up to support vulnerable people. Following its success, the previous Government expanded the scheme into adult social care, forming a joint NHS and care volunteers programme. That service has mobilised more than 750,000 ordinary citizens who have completed more than 2.7 million tasks and shifts, including more than 1.1 million telephone support calls, 1 million community response tasks and almost 400,000 steward shifts. I saw at first hand as a volunteer and doctor during the pandemic that NHS and social care teams benefit from volunteer support, and I put on record my thanks to all those who give up their time to support those around them.

Out of nowhere, the Labour Government have decided to cancel this service at the end of the month. No tasks allocated after 31 May will be completed, seemingly leaving patients in the lurch. Has the Minister thought about the real-world implications of the additional pressure placed on NHS local authorities, the loss of institutional knowledge and the impact on vulnerable patients? What alternative measures are being put in place to support the people who were supported by volunteers? The Minister said that something would be put in place later this year, but when? Why leave a gap? The telephone helpline is open only until 31 May, so what happens if people need support after that?

Will the Minister explain why the decision was taken so suddenly and which Minister signed it off? The volunteer website says that the decision was taken due to financial pressures, so can the Minister tell us how much the scheme costs? What is that cost as a proportion of the total NHS budget?

The Public Accounts Committee report published last week on the reorganisation of NHS England was damning. The Secretary of State said he would

"devolve more resources and responsibility to the frontline, to deliver…a better service for patients."—[*Official Report*, 13 May 2025; Vol. 763, c. 1286.]

However, cancelling the volunteer programme takes services away from the frontline. This seems to be yet another example of Labour rushing into decisions without thinking them through properly, and yet another promise broken by this Government at the expense of the most vulnerable people.

**Karin Smyth:** The hon. Lady is right to highlight the tremendous effort that went into establishing the programme very quickly at a time of great crisis, and to thank the hundreds of thousands of volunteers across the country who took part and stepped up. It was a huge effort to get the scheme running and we were all very grateful for it. Everyone learned a great deal from that; as I outlined in my initial response, we will be taking forward those lessons as we look at the role of volunteering in the future.

The hon. Lady says that the changes have come out of nowhere; they have not. We are looking critically across the piece as we fix the foundations of our NHS and ensure that it is fit for the future. We are looking at the most cost-effective means of delivering the same outcome, which is why we will be moving to a centralised portal for part of this work. We have emailed people about that; some people may not have scrolled to the bottom of that email, where there is an option to push a button to register their details, so that they will be updated as new systems come online and we can make sure that we do not lose that great volunteering spirit. That is about digital techniques for the future, using the most cost-effective means and developing clear outcomes.

**Paulette Hamilton** (Birmingham Erdington) (Lab): Does the Minister agree with me that as we rebuild our NHS, volunteers at NHS trusts will not be used to plug gaps in service and staff will be allowed to focus on clinical matters?

**Karin Smyth:** I am happy to give my hon. Friend an absolute assurance. Volunteers support and complement the existing workforce; they do not replace it. Including volunteers signals a recognition of the important role they play in supporting staff, services and patients. Many hon. Members are volunteers and we have all seen how those volunteers can support the wider system. However, it is important that we keep our staff and respect their important roles.

**Mr Speaker:** I call the spokesperson for the Liberal Democrats.

**Helen Morgan** (North Shropshire) (LD): I was a volunteer vaccination steward during the pandemic, and the Liberal Democrats are hugely grateful to the thousands of volunteers who have made a difference to the lives of patients and vulnerable people in their communities since the pandemic ended. Their compassion and commitment have been inspiring.

We are concerned that the end of the programme has been announced at extremely short notice; there will be no further shifts in just 12 days' time. Will the Minister reassure the House that those currently receiving help from the volunteer scheme, such as collecting prescriptions or fetching shopping, will not be left high and dry after next Saturday? Has the Department conducted an impact assessment? If so, will it publish it? As with so many major decisions, such as dropping cross-party talks on social care or cutting funding for integrated care boards by 50%, it is concerning that the Government did not come to the House first to answer questions from hon. Members. Will the Minister reassure the House that these decisions will improve patient care and that they are not just a cost-cutting exercise dictated by the Treasury?

**Karin Smyth:** I thank the hon. Lady for her work volunteering and supporting the scheme during covid. The announcement is about NHS England. The organisation will continue to work with the NHS and voluntary organisations to ensure that where people are volunteering, that will continue, and that volunteers continue to be recruited, ahead of a fuller launch of the recruitment portal later this year. On her wider point, this Government are not dropping talks with other parties about social care, which is being taken forward by the independent commission under Louise Casey.

**Josh Fenton-Glynn** (Calder Valley) (Lab): I pay tribute to all the volunteers across Calder Valley and the rest of the country who helped with the fantastic vaccine roll-out. Will the Minister confirm that despite scaremongering from the Conservatives, people will of course still be able to volunteer for the NHS and support others?

**Karin Smyth:** This is a good opportunity, which I very much welcome, to highlight again how important volunteering is to the NHS and the care system. It will remain an important part of our plans going forward that. People may have had an email and thought that something is stopping and that there is not more to do, but they should ensure that they press that button and register for upcoming opportunities and are in contact with their local NHS systems. As I said, volunteering is done locally, and it is important that we support those local systems and encourage more and more people to come forward to undertake this important work.

**Dame Caroline Dinenage** (Gosport) (Con): I pay tribute to some of the volunteers across my constituency, who make such a difference to people's lives. The Minister will have noticed that polling by More in Common today found that more and more people feel disconnected from society. That is compounded by the fact that so many of our community spaces are struggling to make ends meet as a result of a combination of business rate changes, national insurance rises and energy price rises. Those health and care volunteers make such a difference by chatting with those who are lonely and vulnerable in my constituency. Has the Minister considered the impact of this decision, particularly in the interim period, on communities such as mine? What cost will not having this voluntary service to support people in their times of need drive into our health services?

**Karin Smyth:** I agree with the hon. Lady about the roles that people play, particularly by having conversations and connecting with people who feel disconnected. To be very clear, this decision is about particular arrangements: it does not mean that things are stopping across our country or with local health systems ensuring that volunteers are still available. We want to ensure that we use that knowledge in building systems for the future. I was very pleased to host a roundtable with organisations as part of our 10-year plan process. There are some fantastic ideas and opportunities out there to use the knowledge we have learned, particularly during covid, to use technology to link with people and to recognise where people are not linked by technology and ensure that they remain connected. All of that will form part of our future plans.

**Anna Dixon** (Shipley) (Lab): Before I ask my question, I draw attention to my entry in the Register of Members' Financial Interests: I am an unpaid trustee of Helpforce, a charity that supports volunteering in health and care and works with more than 100 NHS partners to embed volunteering in trusts.

As we have heard, volunteers make a huge contribution every day across the country, giving their time and skills to free up doctors and nurses to focus on their clinical tasks. Helpforce runs a scheme called Volunteer to Career, which enables people to try out through volunteering before making the transition into a frontline healthcare career. Does the Minister agree that schemes such as Helpforce's Volunteer to Career programme could play a huge role in filling some of the vacancies in NHS roles and that volunteers will play a central role in delivering the 10-year NHS plan?

**Karin Smyth:** I thank my hon. Friend for her work, expertise and knowledge. She is absolutely right—she almost pre-empted my answer—that embedding knowledge where it is needed in the frontline in our communities is exactly what we need to look to do, and we need to recognise where we can use volunteers well. We have micro-volunteering these days, which can help people to link in where it suits them, so that we can take advantage of people—I do not mean "take advantage"; that sounds bad. We can utilise people's opportunities—perhaps

they are working different or irregular shifts—so that they can give more, because we know that there is a great appetite out there to support the system more.

**Martin Vickers** (Brigg and Immingham) (Con): This appears to be another rather muddled decision from the Government. The Minister has acknowledged that these volunteers provide a vital service, but if they want to continue they now have the inconvenience of going to the new portal, registering and so on. Would it not have been better at least to maintain the current arrangements until a new alternative was in place? By the time we have provided extra support to medical professionals and so on during the interim, will it have saved any money at all?

**Karin Smyth:** I am afraid that I have to disagree with the hon. Gentleman—it is not muddled. The analysis undertaken by NHS England indicates that the current system is not providing good value for money, and we are making sure that we produce something better for the future. This Government will continue to act in the best interests of volunteers, patients and taxpayers in setting up the NHS of the future.

**Mr Richard Quigley** (Isle of Wight West) (Lab): I congratulate all the volunteers in my constituency, who do a great job. Does the Minister agree that the huge increase in volunteers over the past few years is because the Conservatives ran down the NHS? Now they are in opposition, they can no longer run down the NHS, so they talk it down instead.

**Karin Smyth:** Well, we could—*[Interruption.]* Sorry, the hon. Member for Farnham and Bordon (Gregory Stafford) is chuntering from a sedentary position. I partly agree with my hon. Friend. Yes, the Conservatives did run down the NHS and we inherited a broken system, but volunteering has always been a really important part of the NHS and the care system, so I pay tribute to those people who come forward. It is both good for the system and the people they help, and for many individuals. We talked earlier about people feeling disconnected, perhaps as receivers of volunteering, but we know how valuable it is for individuals themselves to be giving and volunteering, and we want to see more of that.

**Sarah Dyke** (Glastonbury and Somerton) (LD): This closure follows today's no-notice closure of the special care baby unit and maternity unit at Yeovil district hospital, and comes amidst a crisis in our health services. I take the opportunity to thank the hundreds of NHS volunteers in Glastonbury and Somerton, who give millions of volunteer hours to the NHS, but with NHS trusts implementing staffing freezes to keep afloat, there does not seem to be any consideration of the impact that this closure might have. How will the Government ensure that patients do not lose access to vital support and suffer as a result of these changes?

**Karin Smyth:** The hon. Lady makes an important point: it is important to make sure that people do not suffer from changes and that the impact is minimised. As I said, the programme was not delivering effective value for money, and we think the future system will. We encourage more people to come forward, to increase the sustainability of volunteering in local systems.

**Jenny Riddell-Carpenter** (Suffolk Coastal) (Lab): It is no exaggeration to say that during the pandemic, thousands of constituents were helping out in volunteering roles with the NHS and across their community in Suffolk Coastal. Will the Minister reassure my constituents that those who want to play a part in volunteering can continue to do so? Perhaps she would outline the steps they can take to register their interest.

**Karin Smyth:** My hon. Friend is absolutely right. We want to make sure that people in her constituency and all our constituencies who have volunteered or who want to—those who perhaps could not at the time, but want to in the future—can do so. Those who are already on the system and have received an email can register via that portal, and we will make sure it is easy for people to do so in future.

I have been reminded by a note that people who volunteered in the very early weeks of the pandemic might have been on a slightly different system from those who volunteered later on, so I think there will be a slightly different process for them. We do not want to lose them. Those who have received an email can register through that portal, but we will make sure that more opportunities are available when that is launched, and I will be happy to update the House when that happens.

**Tim Farron** (Westmorland and Lonsdale) (LD): I take this opportunity to say a massive thank you to all the NHS volunteers across the country, but especially those in Westmorland. It was a privilege to join with them—alongside my children, actually—to deliver prescriptions during that period, but the work of the volunteers in the NHS is not over. In communities such as mine, we particularly depend on volunteer drivers to help people in rural communities who live hours away from hospital or from doctors' appointments. As such, will the Minister take this opportunity to direct integrated care boards and trusts in Cumbria to support those volunteer drivers, so that volunteers are valued and patients are not isolated?

**Karin Smyth:** The hon. Gentleman makes an excellent point on behalf of his community, as well as rural communities more widely, about the role of volunteer drivers. We need volunteer drivers across a range of areas—in fact, my husband is out volunteering as I speak, driving for another charity. We need more of these people. There are plenty of opportunities for people who have time, and NHS England will continue to work with ICBs to make sure we take forward the best of what we already have into the rest of the NHS.

**Katrina Murray** (Cumbernauld and Kirkintilloch) (Lab): I thank the Minister for her answers so far. Prior to my election, I spent 23 years running a volunteer programme in the NHS, including during covid and the covid response. We should thank not only all the volunteers who have been involved, but those who run the volunteer programmes locally. Local infrastructure is important. It is all well and good having a national system, but where the infrastructure works well, the system works well. Where the system does not work well, it is due to lack of local infrastructure. What steps is the Minister putting in place to ensure that local infrastructure can support volunteering and make things better for all those who contribute?

**Karin Smyth:** I thank my hon. Friend for that contribution and her service in that role. She is absolutely right to highlight not just the people who come forward, but the people who run that local infrastructure. As I said in my opening remarks, much of this work is done at a local level. The learning we must take from what the national scheme did is how we bring that together in a crisis. We want to make sure that the learning is spread across the country and that we can use digital technology and a portal, where that suits the many people coming forward. She is absolutely right about local infrastructure and people to make sure things happen. They are best placed to know where the service gaps are and where the people are who can support them. They provide an important link. We will make sure that that is part of our 10-year plan.

**Jim Shannon** (Strangford) (DUP): I thank the Minister for her answers. The importance of the work of the voluntary sector in the NHS cannot ever be overstated, whether it is those who volunteer to help people find their way around the hospital maze, those who provide vital phone support and work within communities or the volunteers in hospital radio. It is a huge loss, and the question is clear: who will replace these volunteers and the support they have given, which has made such a difference to so many at a time of vulnerability when they need it most?

**Karin Smyth:** The hon. Member is absolutely right. We should be clear that the NHS and the care system need people. He is right about many hospitals being a maze and the importance of that friendly face to greet someone when they go into hospital. They are knowledgeable and know that most people go into hospital not for a good reason, so they recognise the anxiety people have when they enter those places. We know the cheer that is brought by hospital radio and so on.

I just gently correct the hon. Member: we are not losing the volunteers. This is a change to a contractual arrangement, so the volunteers are still there. We still want to make sure that they come forward, as we have discussed. Volunteering is more generally handled by local situations, and this is about the best way we can get the national system to spread into a local system. We need the local infrastructure, and we need to keep encouraging people to come forward. I hope that, as a result of this urgent question this afternoon, we are highlighting the role of volunteers and that more people will come forward.

**Emma Foody** (Cramlington and Killingworth) (Lab/Co-op): I echo the comments made today about the huge contribution that volunteers make up and down the country, helping and supporting NHS staff, day in, day out. I declare a bit of an interest, as someone who similarly started their volunteer journey with the responders programme and continues now as a community first responder with my local ambulance service. Can the Minister reassure me that those who wish to continue to play their part and to carry on volunteering in other ways with the NHS can do so? Will she join me in taking the opportunity to encourage those who are interested in volunteering to check for opportunities with their local trusts?

**Karin Smyth:** We are learning so much about each other this afternoon, are we not? I am pleased to hear that that is how my hon. Friend started her journey, and I am so impressed that she is continuing to do that. I was out with the ambulance service last week talking to staff, who highly praised those community first responders. The work that she and others are doing is valuable, and I know she will continue to use that knowledge to feed into the work we want to do in the future.

**Chris Vince** (Harlow) (Lab/Co-op): I thank the Minister for answering the urgent question.

May I pay tribute to the many volunteers in Harlow, both those who supported people during the pandemic and, in particular, the Butterfly Volunteers who support people receiving end of life care at Princess Alexandra hospital? I feel emotional just thinking about that they do. We found that it was best to seek volunteers locally in Harlow, both through Rainbow Services and through the volunteer co-ordinator Della Nash, who is wonderful but who, sadly, was made redundant by the last Government. How can local charities and other organisations feed into the Government portal once it is up and running?

**Karin Smyth:** I thank my hon. Friend for what he has said, and I thank the Butterfly Volunteers. Supporting people at that really important end of life stage is hard and critical work, and I commend them for it. The local link is also critical: we need to ensure that people can be directed from the national system to local systems, through NHS England and perhaps—if it is appropriate, Mr Speaker—through the House. It is in the interests of local Members of Parliament for us to ensure that what we have learnt from the national scheme is continued into the local scheme, and, as my hon. Friend says, we need the local co-ordination and infrastructure about which we have heard this afternoon.

**Dr Caroline Johnson** (Sleaford and North Hykeham) (Con): On a point of order, Mr Speaker. Notwithstanding the response to the urgent question that you were kind enough to grant, we still have no idea how long the gap in the service will last, or what will happen to the most vulnerable people who are using it. What other parliamentary mechanisms could I use to secure the answers to these questions?

**Mr Speaker:** I think that, in fairness, I cannot allow the debate to continue, which is what I think the hon. Lady is trying to tempt me towards. What I would say, however, is that I am sure that the good offices around her will give some very strong advice. I am sure that the Table Office and others will be able to advise her on how she can pursue this matter, and I am sure that those on the Front Bench have heard her point of order.

## National Security Act 2023: Charges

**Mr Speaker:** Before I call the Home Secretary to make her statement, I must remind the House that the resolution of the House relating to matters that are sub judice prohibits any reference to cases in which an individual has been charged. Three men have been charged with offences under the National Security Act, and the matter is therefore sub judice. However, since this case concerns matters of national importance and it is in the public interest for the House to hear from the Home Secretary, I am granting a limited waiver for the purposes of this statement only, to allow discussion of the wider security issues. Members should exercise a high degree of caution in their remarks and take every care to avoid saying anything that could potentially prejudice the criminal trial.

4.12 pm

**The Secretary of State for the Home Department (Yvette Cooper):** With permission, Mr Speaker, I will make a statement about the charging of three individuals under the National Security Act 2023 that took place on 17 May, and the further action that the Government are taking to counter national security threats. I want to thank the police and the security and intelligence agencies not just for their work on the vital operations and investigations that are currently under way, but for the dedication that they show each day to defending our national security and keeping our communities safe. Their tireless work—often in the shadows, often in secret, and often in great personal danger—is indispensable, and I hope that the whole House will join me in paying tribute to their service.

On Saturday, three Iranian nationals were charged with offences under the National Security Act 2023. All three have been charged with engaging in conduct likely to assist a foreign intelligence service. Additional charges were brought in relation to engaging in conduct, including surveillance, reconnaissance and open research, with the intention to commit acts of serious violence against a person in the United Kingdom. The foreign state to which these charges relate is Iran, and those individuals are the first Iranian nationals to be charged under the National Security Act. The criminal and national security investigations in these cases are ongoing, and the police and security services have my support in their vital work. These cases must now also progress through the criminal justice system, which means that until the trial, there are limits on what we can discuss so as not to prejudice that process. However, in respect of a series of grave, wider issues, I want to update the House on the stronger action that the Government are taking to strengthen our national security, including the introduction of new powers on state threats, further action on Iran, and strengthening our border security to keep the public safe.

This is the first time there have been charges under the National Security Act linked to Iran, although the House will be aware that it comes against a backdrop of a rising number of Iran-linked operations on UK soil, where there have been repeated warnings by Ministers, the police, and our security and intelligence agencies. The director general of MI5 said in October last year that the police and MI5 had responded to 20 Iran-backed plots presenting potentially lethal threats. Let me be clear: we will not tolerate growing state-backed threats on UK soil. The Iranian regime poses an unacceptable threat to our domestic security, which cannot continue.

Following the charging decision, I can confirm that the Iranian ambassador has been summoned, and my right hon. Friend the Foreign Secretary has told the Iranian Foreign Minister in the strongest terms that we will not accept any Iranian state threat activity in the UK. As the Security Minister set out in March, we have placed the whole of the Iranian state in the enhanced tier of the foreign influence registration scheme, which is due to come into effect on 1 July. The Government have also introduced sanctions as part of efforts to systematically dismantle the criminal networks and enablers that Iran uses to carry out its work, including the Foxtrot network, which was sanctioned last month.

International co-operation is critical in challenging Iranian transnational threats, which is why we are convening ministerial counterparts from allied nations facing similar threats to discuss co-ordinated action, but we need to go further in strengthening our powers to address national security threats. The Security Minister and I have both warned of the increasing complexity of the threats we face. Threats from extremist and terrorist groups and individuals, including from Islamist extremism and far-right extremism, continue, and vigilance and action against them remain crucial.

But malign activities against us by, or on behalf of, foreign states have grown and the threats we face have become more complex and intertwined. MI5 state threats investigations have increased by nearly 50% in a year, and police investigations into state threats, led by counter-terrorism police, are up fivefold since 2018. As well as growing, those threats are becoming more interconnected, and the old boundaries between state threats, terrorists and organised criminals are being eroded. We have seen malign foreign state organisations seek to exploit any vulnerability, from criminal networks to our cyber-security and our borders, to do us harm.

In our manifesto we committed to stronger action on state-based security threats. Before entering government, the Foreign Secretary and I set out plans for the establishment of a joint unit to pursue and co-ordinate action. I can announce that the new state threats joint unit is now in place, with staff from across Whitehall driving a broader approach across Government and building new partnerships with industry and academia. Last week the Security Minister set out the recommendations of a review by the defending democracy taskforce into transnational repression—where foreign states attempt the intimidation, surveillance and harassment of UK-based individuals—including providing stronger support for those who are being targeted. This is criminal activity and will be treated as such, because everyone in this country should be able to go about their daily lives freely and without fear.

We have of course supported the National Security Act, which was rightly brought in by the previous Government, but we need to go further. That is why I commissioned Jonathan Hall KC, the independent reviewer of terrorism legislation, to examine further gaps in the national security legislation where counter-terrorism powers could be emulated and to look at proscription powers, because I have long raised concern that it is too difficult to apply existing powers to state and state-backed bodies. Today Mr Hall has published his review, and I

*[Yvette Cooper]*

thank him for working so swiftly and comprehensively. He has concluded that there are gaps in a series of areas, including proscribing legislation, where he identifies a series of legal difficulties in using powers that were designed to deal with terrorist groups for state and state-backed organisations, such as the Islamic Revolutionary Guard Corps.

I can tell the House that we are committed to taking forward Mr Hall's recommendations and that we will draw up new powers, modelled on counter-terrorism powers, in a series of areas to tackle state threats. Crucially, I can tell the House that we will create a new power of proscription to cover state threats—a power that is stronger than the current National Security Act powers in allowing us to restrict the activity and operations of foreign state-backed organisations in the UK—including new criminal offences for individuals who invite support for or promote the group in question. We will not hesitate to use the power against organisations that pose a threat to UK residents, because we will not stand for foreign state organisations seeking to escalate threats on UK soil.

As was confirmed at the weekend, the three individuals who have been charged came to the UK between 2016 and 2022 by lorry and small boat. This Government have made it clear that border security is national security, which is why we are introducing new counter-terrorism powers at the border. However, let me also be clear that our border security needs to be strengthened. Those involved in organised crime, malign state actors and extremists can all exploit any vulnerabilities, so the Border Security, Asylum and Immigration Bill is introducing a wide range of counter-terrorism-style powers to pursue organised immigration crime and strengthen border investigations. We have introduced the Border Security Command, which is drawing together security operations around our border that have not been taken seriously enough before, modelled on the approach that successive Governments have taken to counter-terrorism.

As part of our existing CT capabilities, security identity and criminal record checks are carried out on everyone who applies for a visa through our immigration system, on identified clandestine entries and on those who arrive by small boat, so that immigration and counter-terrorism powers can then be used to address threats, including refusals, restrictions, tagging, heightened monitoring and immigration bail. However, I have instructed officials to review those capabilities against the state threats as well as the terrorism-related risks we face, so that we can strengthen our security response alongside the new counter-terrorism-style border powers that we are introducing. We are already reviewing our current response to criminality or threats in the asylum system, including the potential for greater use of a range of techniques and technology, as well as the existing ability to revoke or refuse asylum.

Finally, in the face of this increasing range of hybrid threats to our national security, the Prime Minister has committed to publishing a new national security strategy. The strategy, which is in development, will set out how not just our world-leading police and security and intelligence agencies, but the whole of Government and society, including businesses and communities, need to respond to these changing and complex threats.

National security is the first duty of Government, and it is the foundation of our plan for change. The threats we face are more intertwined than ever, and our response needs to adapt. Together with our international allies, we need to face down the security threats and strengthen the powers and capabilities of the police and security services, who work around the clock to investigate and disrupt those who mean us harm. Our agencies have the wholehearted support of this Government because, in a volatile and uncertain world, their efforts could not matter more. I commend this statement to the House.

**Mr Speaker:** I call the shadow Home Secretary.

4.22 pm

**Chris Philp** (Croydon South) (Con): I thank the Home Secretary for advance sight of her statement. I join her in paying tribute to counter-terrorism policing and the security services for the work they do daily to keep us safe. Let me straightaway put on the record that the Opposition support the Government's plans to place Iran into the enhanced tier of the FIRS regime, and we will also support the moves they wish to make to increase proscription powers and any other powers that are necessary to keep us safe. We will support those measures.

The whole House should be in no doubt about the malign influence that Iran spreads around the world. It is responsible for supporting Hamas, who perpetrated the sickening massacre on 7 October 2023. Iran takes western hostages, including Nazanin Zaghari-Ratcliffe, who was held in squalid conditions for years. Iran supports the Houthis, who have attacked and tried to sink civilian merchant shipping in the Red sea as part of their war against the Saudi-backed, internationally-recognised Government. In Ukraine we see Iranian drones and military equipment used by Putin to murder Ukrainians and further Russia's illegal invasion. Of course, Iran also threatens to acquire a nuclear weapon.

Iran also persecutes its own people. Women are abused, imprisoned, and in some cases even killed, for not adhering to the behaviour demanded by the ayatollahs. Twenty-two-year-old Mahsa Amini was arrested and killed by the Iranian religious police simply for wearing what she wanted, and I am sure every single Member of this House will condemn that atrocity. People who are gay in Iran are persecuted and sometimes killed, and those who oppose the Iranian regime are brutally oppressed and often murdered. We should be in no doubt about the threat that the Iranian regime poses to its own people and to international peace.

The tentacles of the Iranian state now stretch on to our very own soil here in the United Kingdom. Iran International TV, an independent TV channel, had to temporarily locate to the US not long ago, because its premises and people here were threatened by Iranian agents. Iranian dissidents on UK soil are threatened and harassed. And, as the Home Secretary set out, just two weeks ago eight Iranian nationals were arrested while planning attacks on UK soil.

In opposition, the Home Secretary said that she would proscribe the Islamic Revolutionary Guard Corps—she said so a number of times, including from this very Dispatch Box on 15 April last year. The Home Secretary has now been in office for nearly a year, so my first

question is this: why has she not yet done what she said she would do by proscribing the IRGC? She said that the Iranian ambassador has been summoned. That is not an adequate response. Why have Iranian diplomats, including any suspected of supporting espionage activity, not been expelled? What further steps can be taken to develop international sanctions against the Iranian regime?

The Home Secretary confirmed that the three individuals charged over the weekend entered the UK illegally, including by small boat. As recently as March this year, just a few weeks ago—I think it was on 6 March—extremist Abu Wadee entered the UK by small boat. He had previously been pictured on social media wielding an AK47, throwing pipe bombs and calling for the slaughter of Jews. This is the kind of illegal immigrant who is able to enter the country by small boat.

The Home Secretary talks about her new Bill, which we debated a week ago today, but the truth is that it will not make very much difference. Confiscating mobile phones from illegal immigrants and slightly enhanced powers to monitor communications will not stop the crossings. The Border Security Commander has no actual powers other than to publish an annual report and set some strategic objectives. I do not think people smugglers are going to worry too much about that.

What will stop the crossings is a proper deterrent so that all those who arrive—not just some, but all those who arrive—are removed. Then, they will not bother to attempt the crossing in the first place. This deterrent approach worked in Australia about 10 years ago. The Home Secretary must by now be regretting the decision to cancel the Rwanda deterrent before it even started. Crossings since she became Home Secretary are up by 30% year on year, and 2025 so far has been the worst in history. Does she finally agree that it is time to follow other countries and establish a proper removals deterrent applying to all those who arrive illegally by small boat? It is time to bring back Rwanda.

In their first six months in office, the Government have not returned a single Iranian to Iran—not one—including Iranian criminals. Does the Home Secretary agree that it is now time to repeal the Human Rights Act for immigration matters, so that criminals and other dangerous people can be more easily removed from the UK and can no longer persuade UK judges to allow them to stay here on ever-more tenuous human rights grounds? The only way to protect our borders and ensure security is to remove all illegal immigrants as soon as they arrive. I hope she urgently adopts that policy.

**Yvette Cooper:** I just say to the shadow Home Secretary that he was an immigration Minister when the number of small boat crossings soared and when net migration soared. On his watch, controls were reduced. Under his party, we saw returns plummet. This Government are clear that the rules need to be respected and enforced. That is why this Government are introducing counter-terrorism-style powers to strengthen our border security, something that his party, shockingly, has repeatedly voted against. The right hon. Gentleman still refers to his Rwanda scheme, which cost £700 million and, in the two years that it was operational, sent four volunteers—just four volunteers—to Rwanda.

Border security is a part of our national security. Frankly, I am sorry that the right hon. Gentleman is not taking sufficiently seriously the national security threats that we face. I supported the work that his Government did to introduce the National Security Act, but, as he will know, I warned repeatedly that the powers were not strong enough, and that we could not use legislation designed for terrorism to proscribe state-backed organisations. We called on his Government repeatedly, if they were unable to proscribe the IRGC, to strengthen and amend the powers to be able to do so under national security provisions. In fact, we even put forward an amendment to the National Security Act in the previous Parliament, and the Conservatives voted against it.

I am glad that the right hon. Gentleman now says he will support our measures to strengthen our national security and bring forward stronger proscribing powers that can be used against all kinds of state or state-backed organisations that might attempt to do us harm. Our national security is the first duty of any Government, which is why this Government will continue to take ever-stronger action to pursue issues around criminality and extremist or terrorist, border and national security threats. That is how we keep our communities safe.

**Sally Jameson** (Doncaster Central) (Lab/Co-op): Given the wide range of threats that we face from hostile state actors, it is more important than ever that we protect ourselves from state-backed cyber-attacks and similar threats. Can the Home Secretary update us on what is being done to increase the nation's resilience and countermeasures against such attacks?

**Yvette Cooper:** My hon. Friend is right, because the complex national security threats that we face now take different forms and are increasingly intertwined. Cyber-threats and the use of technology are increasingly a part of those threats. Work on that will form a central part of the new national security strategy that the Prime Minister has announced, which is being developed at the moment, so that we recognise the interplay between these different threats.

**Madam Deputy Speaker (Judith Cummins):** I call the Liberal Democrat spokesperson.

**Lisa Smart** (Hazel Grove) (LD): I am grateful to the Home Secretary for advance sight of her statement.

The Liberal Democrats remain extremely grateful to all the extraordinary people from our police, intelligence and security services who continue to put themselves at risk to keep our country safe. We support the action taken by the Government so far, and stand ready to support further robust sanctions and other actions against cowardly regimes that seek to destabilise our and other western democracies.

We last discussed the threat posed by the Iranian regime in this Chamber a couple of weeks ago. In response to questions about the proscribing of the IRGC, the Minister for Security, the hon. Member for Barnsley North (Dan Jarvis), referred to the work undertaken by Jonathan Hall KC to review the legislation we have in place, and it is good to hear that that review has been published today.

The Home Secretary mentions planned changes that will be made and additional powers that will be introduced to respond to the legal difficulties in using powers designed to deal with terrorist groups for state and state-backed organisations such as the IRGC. Could she confirm

*[Lisa Smart]*

that these new planned powers will finally enable us to proscribe the IRGC? I would be grateful if she could update the House on the timetable she foresees for bringing forward those changes and, given the difficulties with previous counter-terror laws, if she could tell the House whether any of those changes will be subject to the appropriate pre-legislative scrutiny.

Our democracy has faced and continues to face systematic threats from hostile foreign states—not just from Iran, but from China and Russia. Now that our police and security services have had a chance to use the provisions in the National Security Act, could the Home Secretary update the House on any further gaps they have found during their work?

We live in a perilous world with war on our continent, and we Liberal Democrats welcome the increase in defence spending. However, the decision to take that money from the official development assistance budget will leave a vacuum in some of the most vulnerable places. We know that China and Russia are seeking to fill that void, and Iran will undoubtedly try to do the same. What assessment have the Government made of malign actors using their soft power to influence events overseas and the resulting threats to our national security?

**Yvette Cooper:** I thank the hon. Member for her comments and her support for the police and the intelligence and security agencies. She asked about the IRGC. In his report, Jonathan Hall states specifically that, under the existing legal framework, there are significant challenges when it comes to trying to take restriction or banning action against state-backed and state organisations—there are legal challenges to doing that—and he refers particularly to the IRGC in that context. That is why he set out the need for new powers, and we are committed to bringing those in. Obviously, we will need to follow the process by bringing in the new legislation, but I continue to be concerned about the IRGC.

The hon. Member is also right to highlight threats from Russia and the different kinds of threats and challenges from China. In his report, Jonathan Hall identifies other areas where powers could be strengthened, including stop and search, cordons and post-charge questioning in specific circumstances. We will be looking at the detail in order to take forward all the recommendations and the issues that are raised.

**Luke Akehurst** (North Durham) (Lab): The charging of Iranian nationals raises alarming questions about the extent of Iranian state activity in the UK. We know that Tehran uses the IRGC to push its influence around the world, including by supporting attacks against Jewish people and Israelis around the world. What assessment have the Government made of the threat posed to the British Jewish community by Iranian operatives? What steps are being taken to protect the community and eliminate those threats?

**Yvette Cooper:** My hon. Friend is right to mention the importance of security for our Jewish communities, which should never be compromised either domestically or by any kind of foreign state influence or activity. That is why we work very closely with the Community Security Trust on a range of issues around support and protection for the Jewish communities across the UK, and why we take immensely seriously any malign Iranian influences that are targeted towards Jewish communities.

**Sir Oliver Dowden** (Hertsmere) (Con): The Home Secretary rightly says that the threats from hostile states are complex and intertwined, so will she update the House on what further steps the Government have taken to protect critical national infrastructure, in particular from cyber-attacks? Our security services commit vast expertise in our protection. Their successes must be hidden, but their failures are often picked over. The one thing they really need is additional resources, and I urge the Home Secretary to make the case for that vigorously during the forthcoming spending review. That is the least they deserve from this House.

**Yvette Cooper:** I know that the right hon. Member took these issues immensely seriously when he was in government. I agree with him about the importance of critical national infrastructure and the implications of cyber-attacks. I know that he will agree that the critical national infrastructure is changing: what is critical now is different from what might have been critical even 10 years ago, let alone 20 or 30 years ago. We need to have the processes to be able to adapt swiftly, and that will be considered as part of the national security review. He can be assured that I will always argue strongly for support for our intelligence and security agencies.

**Jon Pearce** (High Peak) (Lab): I thank the Home Secretary for her statement, in particular on the outcome of the Jonathan Hall review and the steps being taken to proscribe the IRGC. It is very sad that the previous Conservative Government failed to do that in 14 years. While we wait for the legislation, will she reassure the House by reaffirming that anyone in the UK who fails to declare a relationship with the Iranian regime is committing a criminal offence?

**Yvette Cooper:** My hon. Friend is right; that is exactly the reason we have put the IRGC on the enhanced tier of the foreign influence registration scheme, alongside the whole of the Iranian state. We expect people to abide by that law, and there will be criminal offences if they do not.

**Sir John Whittingdale** (Maldon) (Con): The Home Secretary may be aware of a visit I made to Iran International just a few weeks ago, during which it expressed its appreciation for the fantastic support it has received from the Metropolitan police and security services. If she has not already done so, will she or the Minister for Security visit Iran International in order to send the message that threats to its journalists and those of the BBC Persian Service are utterly unacceptable, as are threats to their families based in Iran?

**Yvette Cooper:** I thank the right hon. Member for his important question. Threats to Iran International, its journalists and their family members are disgraceful and completely unacceptable. He is right to commend the work of counter-terrorism police and the security services in addressing this issue. We take the safety of anyone on UK soil immensely seriously, and no threat to the safety of any individual, and certainly any organisation or journalist, will ever be acceptable in the UK.

**Mike Tapp** (Dover and Deal) (Lab): I thank the Home Secretary for this important statement, and I thank our security services—the finest in the world—for keeping us safe. It is important that we have tools to assess the threat or potential threat posed by those who arrive through irregular means, such as small boats. Can the Home Secretary update the House on progress made to intelligence sharing with our international partners?

**Yvette Cooper:** My hon. Friend raises an important issue. In order to address transnational and international threats, networks and challenges—whatever form or route they take—it is immensely important that we strengthen co-operation and work with our international allies. We are already working to strengthen international co-operation and information sharing, but we are looking further at what checks and security assessments we can do in the UK.

**Richard Tice** (Boston and Skegness) (Reform): The British people will be appalled to learn that Iranian nationals who have come across the English channel have been charged with terror offences. They will also be concerned that the Home Secretary talked in opposition about proscribing the IRGC, but now we have Jonathan Hall KC recommending a delay in proscribing the IRGC. Surely the right thing to do is proscribe it now and if any more powers are required, introduce them through emergency legislation, but we must not kick the can down the road.

**Yvette Cooper:** Our border security is national security. That is the approach the Government are taking. We will continue to strengthen border security, including by introducing counter-terrorism powers. When in opposition I repeatedly called on the previous Government to strengthen the legislation in order to be able to take much stronger action on state-backed organisations like the IRGC. The Jonathan Hall report that is out today identifies the legal difficulties and problems with applying legislation that was designed for terrorism to state-backed threats. It is important that any legislation we apply is actually effective and does not unravel.

That is why some years ago, in 2023, the Labour party put forward proposals to strengthen the legislation and bring in the new stronger powers that we are talking about for use against organisations that are state-backed, such as the IRGC. It is because we believe that national security is so important that we are prepared to give the Government, police and security agencies the powers they need to take action and make sure that something happens in practice.

**Emma Foody** (Cramlington and Killingworth) (Lab/Co-op): I thank the Home Secretary for her statement, and I put on record my thanks to those who work day in, day out to keep our streets and communities safe, and who undertake work and activities that many of us may never hear about. Can the Home Secretary assure the House that with this Government the police and security services will always have the powers and resources that they need to keep us safe?

**Yvette Cooper:** My hon. Friend is right to talk about the vital work that the police and the security and intelligence services do. It is because we support them so strongly that we are putting forward proposals to strengthen the law so that they have the powers they need at all stages to keep us safe.

**Dr Andrew Murrison** (South West Wiltshire) (Con): We understand that the three individuals concerned entered the country illegally and then claimed asylum. Does the Home Secretary agree that this country is particularly attractive to those who wish to claim asylum because it is relatively easy to be successful in that endeavour compared with, for example, France, so it makes sense to claim asylum here? Does she attribute any of that to the Human Rights Act? If so, how does she plan to amend it? Does she have cause for concern that those who are tasked with making decisions are sometimes guilty of overzealous application of the law in respect of asylum?

**Yvette Cooper:** The three individuals that the right hon. Member referred to entered the UK between 2016 and 2022 and were granted asylum. Grant rates for asylum have fallen in the last year and returns of failed asylum seekers have increased. We are strengthening our border security with counter-terrorism powers and strengthening the checks around criminality across the immigration and asylum system.

**Peter Swallow** (Bracknell) (Lab): I thank the Home Secretary for her statement and the Security Minister for his written statement last week on the work of the defending democracy taskforce. As the Home Secretary will be aware, the Joint Committee on Human Rights is conducting an inquiry into transnational repression. I am sure that she will look at our findings carefully. Will the state threats joint unit bring a cross-Government approach to the work on transnational repression so that we can tackle this important issue?

**Yvette Cooper:** My hon. Friend raises an important point. The inquiry that his Committee is pursuing is important. The Security Minister will give evidence to that inquiry about the work being done on transnational repression, including the work of the defending democracy taskforce. The state threats joint unit is looking at a wide range of issues in respect of how we tackle the threats we face across the country.

**Mark Pritchard** (The Wrekin) (Con): As President Trump seeks to negotiate a nuclear deal with Iran, may I ask the Home Secretary, along with senior Ministers across Government, to work with Five Eyes partners and the National Security Council and National Security Adviser team in the White House to ensure that any deal is comprehensive—it must not exclude ensuring that Iran cannot continue to work in proxy form, whether through criminal gangs or other states—in order that we do not have sanctions lifted without further action in the areas that she has discussed today?

**Yvette Cooper:** The right hon. Member makes an extremely important point. It is essential that Iran is prevented from developing any further nuclear threat. That is why the US-led talks are so important; we support them strongly. He is right that this needs to be a comprehensive approach, and we agree with the approach across the Five Eyes partners.

**John Slinger** (Rugby) (Lab): I associate myself with the praise for our intelligence, police and security services. I welcome the Home Secretary's statement about the combination of international co-operation and robust action at home, as was set out previously by the Security Minister, which is critical when tackling alleged acts of direct threat to life and property. Does the Home Secretary agree that measures such as the enhanced tier of the foreign influence registration scheme are really important because we are increasingly seeing actions by organised criminal gangs and other groups, which are an insidious force in our country, and we must deter other states and organisations from the nefarious actions that they are taking?

**Yvette Cooper:** My hon. Friend is right. We are increasingly seeing a pattern where foreign state organisations end up using criminal proxies to pursue malign activity. That is why we have to link up the work around serious and organised crime with work around counter-terrorism and work around state threats. It is about combining the different hybrid threats that we now face, which is why the new national security strategy is so important.

**Lee Anderson** (Ashfield) (Reform): The Home Secretary said in her statement:

> "The Iranian regime poses an unacceptable threat to our domestic security, which cannot continue."

Yet we know that Iranians make up the third-largest group of illegal migrants crossing channel, so does the Home Secretary agree that any Iranians crossing the channel should be detained and deported and should not be allowed to claim asylum?

**Yvette Cooper:** The system that we inherited from the previous Government—including a Government that the hon. Member was at different times a part of—was not strong enough. Border security needs to be treated as a national security issue, but it has not been for far too long. That is why we are introducing counter-terrorism-style powers as part of our border security response. I am really sorry that he and his party repeatedly chose to vote against those counter-terrorism powers, because we need those powers to be introduced. We are also strengthening the security and criminality checks across the asylum and immigration system, because we need to make sure that we are doing everything possible to keep our country safe.

**David Pinto-Duschinsky** (Hendon) (Lab): I welcome the measures that my right hon. Friend has announced today. I join her in paying tribute to the security services and thank them for keeping us safe. The actions of the last few days have underlined the profound threat that Iran poses to our country. Many of the Iranian community in my constituency of Hendon live in fear of transnational repression. Could my right hon. Friend say more about what the Government are doing to protect our Iranian community and all those who live in fear of transnational repression, so that they can live their lives in freedom in Britain?

**Yvette Cooper:** My hon. Friend is right to say that transnational repression has become a growing threat and challenge, not just from Iran but from other countries. The Security Minister provided an update to the House just last week on the further actions that we are taking, including further support for those who are being targeted and further advice and guidance for those who face threats. Those are the kinds of threats that our police and security service are particularly vigilant towards, to ensure that everyone in our country can feel confident that they will be kept safe.

**David Reed** (Exmouth and Exeter East) (Con): Can the Home Secretary explain why the British envoy in Tehran was summoned by the Iranian authorities at the weekend? More importantly, does this not signal a complete disconnect from reality on the part of the Iranian state?

**Yvette Cooper:** The hon. Member is right to raise this. We have made extremely clear to the Iranian regime our views about the unacceptability of state-backed threats on our soil, including through the summoning of the Iranian ambassador to the UK and through further measures, not just in the foreign influence registration scheme but those we are now going to take forward in response to Jonathan Hall's report. It is immensely important that the Iranian regime hears the points that we are raising and that it understands our determination to protect the security of those on UK soil.

**Chris Vince** (Harlow) (Lab/Co-op): I thank the Home Secretary for her statement today and for the work that she and her Ministers have done on this really important issue. I also want to put on record my thanks and the thanks of the people of Harlow for the work that the police and security services do to keep us all safe. Does she agree that, as the methods of state-backed agents change and adapt, we too need to change and adapt? I am thinking in particular of what my hon. Friend the Member for Dover and Deal (Mike Tapp) said about intelligence gathering, and the Jonathan Hall report will be an important part of that.

**Yvette Cooper:** My hon. Friend is right. The Jonathan Hall report identifies a series of areas where we have long-standing counter-terrorism powers that go further than the powers we have around state-backed threats. That might be something as simple as the power for the police to set up a cordon around the target of a potential terrorist incident, and they should have the same ability to do that for the potential target of a state threat incident. We will be looking to take forward those powers, but in order to use them most effectively, we also need the best intelligence gathering. We already have the best security and intelligence agencies in the world, but they need to be able to work ever more strongly with international partners too.

**Jim Shannon** (Strangford) (DUP): I thank the Secretary of State for her strong and determined words and actions—we appreciate them. I offer my thanks to the counter-terrorism unit for its work on the case. I know that this is the tip of the iceberg of the work being carried out unseen to keep us all safe across this great United Kingdom of Great Britain and Northern Ireland. The arrest of these three asylum seekers will naturally highlight the failings in the system, and I say that regardless of which party was in power at various times through that journey. What action will the Secretary of State and this Government take regarding the influx of

young single men claiming asylum who seem empowered to declare war against this nation that has fed and clothed them for so many years? How do we assure our British public—my British public—that the end has come to housing these foreign nationals who hate this nation and all it stands for?

**Yvette Cooper:** The hon. Member is right to pay tribute to the police and the security and intelligence services. He will know more than many in this House the complexity and wide range of different threats that our agencies have had to deal with through the years. They continue to need to deal with terrorist threats, from Islamist extremism to far-right extremism. They have of course had to deal over many years with Northern Ireland terror threats, and they have to deal with changing patterns of state threats, the different forms those threats can take and the way in which they interact with criminality.

This Government have made it clear that we see border security as part of national security. That is something the Prime Minister said in his speech to Interpol before Christmas, and it is why we are strengthening the counter-terrorism-style powers we are using and bringing forward through this House. We are also strengthening international co-operation. We held the first ever international summit on organised immigration crime because we see that as a national security issue, too.

## Legal Aid Agency: Cyber-security Incident

4.57 pm

**The Minister of State, Ministry of Justice (Sarah Sackman):** With permission, I will make a statement about an incident that has affected the Legal Aid Agency—an executive agency of the Ministry of Justice. The House will appreciate that while investigations are ongoing, there are limits to the amount of information that I can share publicly. However, the Government wish to be as transparent as possible with Parliament, and I will provide an update based on the information that we currently have.

On Wednesday 23 April, the Legal Aid Agency became aware of a cyber-attack on its online digital services. These are the services through which legal aid providers log their work and receive payment from the Government. The Government of course took immediate action to bolster the security of the system, working closely with experts at the National Crime Agency, the Government Cyber Co-ordination Centre and the National Cyber Security Centre. We alerted the Information Commissioner and, importantly, informed all legal aid providers that some of their details had been compromised. We also took some Legal Aid Agency systems offline between 7 and 11 May to carry out work to contain the breach. Officials have been working around the clock to stabilise the system and support a complex investigation.

I can now confirm that the cyber-attack was more extensive than originally thought. On Friday 16 May, we learned from the attackers behind it that they had accessed a large amount of information relating to legal aid applicants, and we assessed that threat to be credible. We believe they have accessed and downloaded a significant amount of personal data from those who applied for legal aid through our digital service some time since 2010. That data may include applicants' contact details, addresses, date of birth, national ID numbers, criminal history, employment status and financial data, such as contribution amounts, debts and payments. I should stress that this does not mean that every individual involved will be impacted in the same way, but we needed to act to safeguard the service and its users. In line with advice from the National Cyber Security Centre, the Legal Aid Agency took its online services down on Friday. I urge all members of the public who have applied for legal aid since 2010 to be on high alert for any suspicious activity. That includes messages and phone calls from unknown numbers. If anyone is in any doubt at all, please take steps to verify a person's identity before providing any information.

I understand the gravity of these events. At this stage, we believe that the breach is contained to the Legal Aid Agency's systems; there are no indications that other parts of the justice system have been impacted. The Government are committed to making every effort to ensure that the vital operational delivery of legal aid continues. We have put in place contingency plans to ensure that those most in need of legal support can continue to access the help that they need.

The House should be in no doubt that the Legal Aid Agency has suffered an unacceptable attack on its systems at the hands of criminals. Sadly, that attack is not altogether surprising; the vulnerabilities in the Legal Aid Agency systems have been known for many years.

*[Sarah Sackman]*

The risk of such an attack was steadily growing during through the previous Government's tenure, but they took no meaningful action to fix the systems, leaving them vulnerable to attack. The previous Government were repeatedly warned about the Legal Aid Agency systems being old, inflexible and unstable. In 2023, the Law Society called on the Government to urgently invest in the Legal Aid Agency digital system, saying that the system was "too fragile to cope." In March 2024, the Law Society pointed to the agency's "antiquated IT systems" as

"evidence of the long-term neglect of our justice system".

In short, this data breach was made possible by the long years of neglect and mismanagement of the justice system under the last Conservative Government. They knew about the vulnerabilities of the Legal Aid Agency digital systems, but did not act. By contrast, since taking office, this Government have prioritised work to reverse the damage of over a decade of under-investment. That includes the allocation of over £20 million in extra funding this year to stabilise and transform the Legal Aid Agency digital services. I am extremely grateful to legal aid providers across the country for their patience and co-operation, and to Ministry of Justice officials for their ongoing efforts to secure the system. The investigation is live, and the Government will do everything we can to seek justice.

Recent events have shown that every organisation, no matter how big or small, is at risk from this type of criminal behaviour. Sadly, the Government are not exempt. This incident has none the less demonstrated in stark terms that our legal aid digital systems are critically fragile and not fit for the 21st century. When I took up this ministerial role, I was frankly shocked to see just how fragile they were. This Government inherited a legal aid sector that has been neglected for far too long. We have invested in stabilising the current digital systems and have kick-started an ambitious reform programme to transform them. That means creating a modern, user-friendly and resilient service. The programme will also deliver a more flexible service, so that we can implement changes faster, and better respond to changing demands.

That transformation will take time. In the light of this incredibly serious incident, my right hon. Friend the Lord Chancellor and I are exploring options to expedite the programme and put our systems on a more secure footing. The Government will not hesitate to act to protect our vital public services, because without legal aid, our justice system would grind to a halt. This is an ongoing and sensitive issue, and our investigation and mitigating action continue. To ensure that Members are informed and updated, I will provide a written update in due course. I commend this statement to the House.

**Madam Deputy Speaker (Judith Cummins):** I call shadow Minister Dr Kieran Mullan.

5.4 pm

**Dr Kieran Mullan** (Bexhill and Battle) (Con): I thank the Minister for advance sight of her statement, although it was pretty disappointing to hear her deliver it as written. Before I had seen her statement, I drafted one of my own. In it, I was clear that I would limit my party political remarks, and thinking that the Minister would devote a significant part of her statement to condemning the immoral, malicious, criminal actors who are responsible for this attack, I intended to begin with strong words of support for what she said. However, if Members listened closely, they would have heard that she devoted most of her time to party political attacks, and managed barely one sentence of condemnation. I suggest that she looks at her statement when she leaves the Chamber, and reflects on that.

I will say what the Minister should have said to all those worried by what has happened, including those who may be victims of fraud as a result, and taxpayers who will pick up the bill: we should never lose sight of the fact that whatever the role of any Government, past or present, in unsuccessfully defending against such attacks, the primary responsibility for this lies with the despicable criminals who carried it out. This was not just an attack on a digital system; it was an attack on some of the most vulnerable in our society. Their data is deeply personal in some cases, given that sensitive medical records have been exposed. It is utterly appalling. We welcome the fact that the National Crime Agency and the National Cyber Security Centre are involved, and I hope that the Minister will agree that those behind this breach must be brought to justice. Nothing should stand in the way of full accountability for this crime.

Addressing the actions of those behind the attack is paramount. The Minister may seek to focus blame on a previous Government, but I have questions about this Government's response. First, why was the decision taken not to inform the House and the public about the breach when it was first discovered on 23 April? We now learn that the impact may extend to those who made applications as far back as 2010, and that more than 2 million pieces of information have been accessed. The delay of nearly a month in notifying the public and/or understanding the nature of the attack could have hindered individuals from taking necessary steps to protect themselves from potential harm, such as fraud or harassment.

Secondly, the Minister mentioned taking systems offline that are crucial for legal professional payments. Can she provide a clear update on the operational status of those systems? If they are not yet fully functional, what is the estimated timeline for their restoration? She mentioned contingency plans; could she tell us more about their nature? Thirdly, can she share any information about the origin of this attack? Is it believed to be a state-linked criminal enterprise? Fourthly, has the Ministry of Justice initiated a thorough risk assessment of its other digital systems, and digital systems across Government more widely? She says that the Government believe that the attack is contained, but on what basis has she reached that conclusion?

Fifthly, the Minister talked about the £20 million set aside for delivering improved systems. She will know the challenges that previous Governments faced in attempting to upgrade those systems. What specific improvements will be achieved by this funding, and when? Finally, will the Minister give a commitment to full transparency for the House, through regular updates as the investigations progress? She mentioned seeking to make the public more aware of the issue, so that people know if they might be affected. Will she ensure

that those affected by this breach are directly contacted and offered appropriate support? Will she reiterate the Government's commitment to ensuring that those responsible are brought to justice? The security of our justice system, public confidence and the wellbeing of vulnerable individuals depend on a robust and transparent response to this serious incident.

**Sarah Sackman:** The hon. Member is right to say that those responsible for this attack on our justice system are criminals—no ifs, no buts. What they have perpetrated on our legal aid systems is not only dangerous; it exposes the data of legal aid providers and applicants. The threats made to the Government are entirely unacceptable and malicious, and the Government will be robust in their response and in pursuing justice; I think I made that clear in my statement.

It is important that we are honest and frank about the vulnerability of the legacy IT systems that support our legal aid system. The vulnerability of that system exposed both legal aid providers and end users—as the hon. Member says, some of the most vulnerable people in our society—to unacceptable risk. I am focused on the short term and eliminating the threat, but also on the long term, on investing in resilience, and on the rescue and transformation of the platforms, so that we who are responsible for the legal aid system and our wider justice system do not expose people to that risk again.

The hon. Member asks why the House was not informed when Ministers were informed, in late April. The reason for that is simple: when Ministers were first informed about the exposure of the Legal Aid Agency's digital platforms to this risk, the full extent of the risk, and the nature and extent of the data put at risk, were not fully understood. As a Minister, I have competing responsibilities. I have a responsibility to keep the legal aid system going—to ensure that those who need to access legal support can do so, and that those providing legal aid to vulnerable clients are paid. At that point, given the understood risk, the responsibility to keep the system going outweighed any need to inform the House of the exposure of the system. However, the most important people in the system—the legal aid providers and, by extension, their clients—were informed, as was the Information Commissioner, whom we are legally obliged to inform. When the greater extent of the risk became known, we promptly and transparently informed the House of the position. That was a transparent and proportionate response to our understanding of the evolving criminal theat.

The shadow Minister asked about the restoration of the system. The system has been closed down to negate the threat and prevent further exposure of legal aid providers and users. We will not reopen the system until we are satisfied that it is safe to do so. As he will understand, I cannot comment further on this live and sensitive situation. However, I can assure him that we have put in place contingency plans to ensure that those who need to apply for legal support in the coming days and weeks, and those who are currently accessing legal aid, can provide information to the legal aid agencies through alternative means, so that we can keep the show on the road.

The shadow Minister asks about wider Government exposure to any risks. As I have mentioned, regrettably, Government Departments, local authorities, universities and our best-known businesses are exposed to the sort of criminal activity that the Legal Aid Agency has experienced, but from what we know, this attack is confined to the Legal Aid Agency, and goes no wider than that. He asks about our long-term plans. As I have said, our long-term plans involve a significant investment of £20 million to stabilise and transform the service. Indeed, we know about today's threat partly because of the investment that we have made since we came into government. We discovered the threat and became alive to the fact that hackers were infiltrating the system partly because of the work that we were doing to stabilise and transform the system. That work has to continue. The Lord Chancellor and I will look at whether we can expedite some of that work to bake resilience into the system.

The shadow Minister asked about full transparency and keeping the House up to date. As I said, I will provide a written update in due course, and today I can undertake to provide full transparency. Legal aid providers have been kept fully informed along the way, as have our professional bodies, such as the Law Society and the Bar Council, many of which are legal aid providers. That is because we need all of them, working in a robust system, to deliver the justice and legal aid that people so sorely need.

**Madam Deputy Speaker (Judith Cummins):** I call the Chair of the Justice Committee.

**Andy Slaughter** (Hammersmith and Chiswick) (Lab): The loss of very sensitive data relating to so many vulnerable people over such a long time makes this one of the most serious data breaches of recent years. It is also a wake-up call, alerting us to the poor state of the Legal Aid Agency IT systems, and perhaps Government IT systems more generally. I appreciate that the Minister has inherited this debacle, but it is on her desk now. Will she confirm the numbers affected, whether the leaks have been stemmed, and what steps are being taken to recover the data from the thieves who have taken it? I have more questions that there is not time to deal with here. She said that she will provide a written statement, but will she also brief the Select Committee and the opposition parties, if necessary in confidence, on the steps being taken to rectify the situation?

**Sarah Sackman:** I thank my hon. Friend for that pertinent question. He will appreciate that it would be inappropriate for me to comment in any great detail while the investigation is ongoing. As he and the rest of the House can imagine, if we are talking about those who have applied for or been in receipt of legal aid since 2010 and all the legal providers in this country that have had legal aid contracts with the Government, one gets a sense of the scale of the exposure. It is a very serious breach indeed.

The malign criminals who are responsible for the hack have given a figure for the amounts of data that they have, which has been trailed in some of the newspapers. Those who have read the papers will know that it is in the region of 2 million items of data, so one can see that the scale of the problem is very serious indeed. I should say that that figure cannot be verified, and I will not comment in further detail.

*[Sarah Sackman]*

With respect to my hon. Friend's request that the JSC and Opposition parties are kept up to date as the investigation develops and as we take steps to eliminate this risk from our systems, I am very happy to give that update.

**Madam Deputy Speaker (Judith Cummins):** I call the Liberal Democrat spokesperson.

**Josh Babarinde** (Eastbourne) (LD): I thank the Minister for advance sight of her statement. Hundreds of thousands of people across the country, including many in my patch of Eastbourne, will be hugely concerned that their information is in the hands of deplorable criminals whose identities we do not know and whose further intentions are unclear, and who should face the full force of the law. The damage is especially profound, because the state's inability to steward the public's data undermines people's trust in our justice system. More than that, given that legal aid applicants are the victims, the data breach risks disproportionately undermining the trust of some of the most vulnerable people in our society. The previous Government should hang their heads in shame for ignoring the Law Society's 2023 calls to address those vulnerabilities when they had the chance.

This Government must urgently restore trust, and I have a few questions in pursuit of that. First, how will the Minister proactively communicate with all those affected about this breach to provide guidance and support? Secondly, will she consider launching a dedicated advice line, for example, for anyone who is worried about what it means for them? Thirdly, the Legal Aid Agency's services were taken offline last Friday, as the Minister confirmed, so how will she ensure that that does not compromise people's access to legal aid in the meantime? Finally, will the Government conduct a cyber-security review of all the systems they use across their remit to identify and address further vulnerabilities before they are exploited at the expense of our constituents?

**Sarah Sackman:** The hon. Gentleman is absolutely right that incidents such as this perpetrated by cyber-criminals represent an attack on our justice system and are corrosive of trust. He is also absolutely right that, in so doing, they are hitting some of the most vulnerable in our society. That angers me, frankly, and the response needs to be commensurate to the damage that they have done not just in stealing people's private data, but to the wider system in undermining trust.

We are taking a proactive approach to communicating with people and with the sector. As soon as the risk and the exposure of the system to these hackers was identified, legal aid providers were updated on their exposure and told to take proactive security steps. That communication has been updated, and, as well as today's public statement, we are in constant communication with those legal aid providers. They are really the most important point of contact, because they have a relationship of trust with their clients, and they will be invited to pass on the warnings and messages coming from the Government. Where we know of particular individuals whose data may have been exposed and who may be particularly vulnerable, we are communicating directly with them. I will take away the hon. Gentleman's suggestion of an advice line, but for now what I have described will be the most important and effective way of disseminating the warnings and keeping people up to date as the situation evolves.

Turning to the wider security threat to Government and other vulnerabilities, before this attack we had indicated in any event that we would have a new national cyber strategy across Government by the end of the year. Obviously, we also intend to introduce the cyber-security and resilience Bill, which aims to improve and strengthen Government cyber-defences and Government responses to attacks just like this one. All of that is going to be important to improving the resilience not just of the Legal Aid Agency but of cyber-systems right across Government.

**Lauren Edwards** (Rochester and Strood) (Lab): A recent Public Accounts Committee inquiry found that the Government still have substantial gaps in their understanding of how resilient their IT estate is to cyber-attack. It was really helpful to hear from the Minister about the work that is ongoing, but in the light of this very serious incident, will she and all Departments urgently assess the robustness of cyber-defences, not only in arm's length bodies such as the Legal Aid Agency but in legacy IT systems and the supply chain—which the Committee found to be known areas of weakness—to ensure that our cyber-defences in Whitehall are as strong as possible?

**Sarah Sackman:** My hon. Friend is absolutely right. Whether in Government, local authorities or other bodies such as universities and businesses big and small—as we know, some of the most famous businesses in this country have recently been exposed to these sorts of risks—and whether the cyber-attacks come from state actors or from organised crime, as appears to be the case in this instance, legacy IT systems are one of the most serious vulnerabilities. That is precisely what today's incident highlights, and it is why that national cyber strategy is going to be so important. It will identify how we build up our resilience at pace and protect against these vulnerabilities, which are system-wide and affect public and private actors alike.

**David Reed** (Exmouth and Exeter East) (Con): In recent months, the UK has experienced a number of very high-profile cyber-attacks right across the public and private sectors. Does the Minister agree that now is the time to update the Computer Misuse Act 1990 to enhance cyber-resilience through strengthened legal protections for cyber-security researchers? If her answer is yes, which Department is responsible for bringing about that change?

**Sarah Sackman:** The hon. Gentleman will know that the cyber-security and resilience Bill will be introduced in this Session. The focus of that Bill is to improve the cyber-defences of this country by bolstering regulator support and the regulatory framework and setting out how our national security agencies can provide a strengthened and emboldened response to just such attacks. It seems to me that that Bill is the appropriate legislative vehicle for delivering what I think we all wish to see, which is a more robust defence of our cyber-systems.

**Chris Vince** (Harlow) (Lab/Co-op): I thank the Minister for her statement. What shocks me most about this attack is that it is an attack on some of the most

vulnerable people in our society. What can be done by residents in Harlow who are concerned that their data has been taken by these criminals, and how can they get legal aid if they need it?

**Sarah Sackman:** I thank my hon. Friend for that very important question. People can do two things: first, be in touch with their legal aid provider, because that will be the source of the data sharing and would have been the source of the application for legal aid. Secondly, if they are concerned that their data may have been affected, they can get in touch directly with the Legal Aid Agency. Legal aid providers have been informed of how those who need to apply for legal aid can continue to do so, because it is vital that we do not allow the justice system to grind to a halt and that those who need emergency legal aid can continue to access it. We have put in place business contingency plans to ensure that no one in this country, whether in Harlow or anywhere else, will be prevented from—or delayed in—accessing legal aid while we work to resolve this issue.

**Sir John Whittingdale** (Maldon) (Con): The Minister will be aware of the rising number of cyber-attacks by criminals and by hostile state actors. May I also express my disappointment that she has chosen to try to make party political points on this issue? Instead, can she say whether those responsible are UK-based, such as the DragonForce group or the Scattered Spider group who claim responsibility for the attacks on the Co-op and Marks & Spencer? Can she also say whether checks are being made across Government to identify any security breaches that may not yet have been acted on by those who are responsible?

**Sarah Sackman:** I will not disclose the name of the perpetrators of this malign attack. I do not think it would be responsible for me to do so while the investigation is live and while they are being pursued, not least through legal avenues. I am not able to share that information at the moment, but when I can share it, I will of course update the House.

**Dr Andrew Murrison** (South West Wiltshire) (Con): In her zeal to have a pop at the previous Government, the Minister implied that this country was peculiarly vulnerable to cyber-attack. There will be people listening to her out there who may be encouraged by that, so will she correct the record and reflect upon the International Telecommunication Union's global cyber-security index, which found Britain to be right at the very top of the league table for cyber-security, along with countries known to be experts, such as Estonia and Germany? Does she agree that while we must not be complacent, it is important to tell the whole truth?

**Sarah Sackman:** As I said, those responsible are the baddies here, but let me be clear: I was absolutely shocked when I came into the Department to find the state of the Legal Aid Agency's legacy IT systems. They were fragile, vulnerable, at risk and, frankly, not fit for purpose. That is not my view; that is the view of the Law Society and lots of users. They have to use an arcane system that is not only slow but, as we have now found, is so fragile that it has exposed many of its users to an unconscionable risk. That is not good enough. It is not talking down the system; it is the state of the system. That vulnerability has been exposed by these malign actors. The fact is that the previous Government knew about it and failed to fix it. We will not make the same mistake.

**Iqbal Mohamed** (Dewsbury and Batley) (Ind): I thank the Minister for her statement. She is absolutely right. I join the Opposition in condemning the criminals who perpetrated this attack. She has already explained what constituents who may be impacted should do, and I will not ask her to repeat that, but can she assure this House that the learnings from this cyber-attack are already being applied across Government and the public sector? If extra steps are required to access legal aid or process payments by legal aid providers, will the providers be compensated accordingly?

**Sarah Sackman:** Once we have resolved this investigation, once we can be assured that the hackers are no longer in the system and that people's data is safe and once we can be assured that our legal aid platform is operating properly and is handling people's data in a safe way, there will need to be a stocktake and an effort to learn lessons, not least as we embark—we are already in the process of doing this—on stabilising and transforming this system so that it is fit for the future. No doubt, there will be lessons from this particular attack for other public and Government bodies. The question of compensation must wait for another day. My priority is removing the hackers from the system, making sure that they feel the full force of the law and ensuring that, in the meantime, no person who needs legal aid cannot get it and the system continues to operate.

**Alison Griffiths** (Bognor Regis and Littlehampton) (Con): Recent cyber-attacks on retail targets have highlighted the cost to businesses and individuals of an organisation's failure to take cyber-security sufficiently seriously. This attack on the Legal Aid Agency, resulting in the theft of millions of pieces of deeply sensitive personal data, is perhaps the most egregious yet. Why has it taken a newspaper article to bring the Minister to the Chamber? What else is she not telling us?

**Sarah Sackman:** I am afraid that the hon. Lady has got her chronology the wrong way round. There was a newspaper article because the Ministry of Justice had published a public statement as soon as it became aware of the full extent of the threat. It did that to protect legal aid providers and their clients, the end users. We have been utterly transparent. It is not following the newspaper article; the hon. Lady has her facts exactly the wrong way round.

**Jim Shannon** (Strangford) (DUP): I thank the Minister for her detailed answers and reassurances. The legal aid system is an imperative cog in the wheels of justice, and this attack on it must be seen as an attack on justice as well. Can the Minister say whether the attack encompasses legal aid details from the entirety of the United Kingdom of Great Britain and Northern Ireland? What discussions have taken place with the Justice Minister in Northern Ireland, where people will have justified fears about their addresses being leaked to those who may harm them? What support is available to those who are now in fear, such as domestic abuse victims?

**Sarah Sackman:** My understanding is that the entirety of the Legal Aid Agency's system has been exposed. We do not know the full extent of that exposure and the theft that has taken place, and we will not know until investigations have been completed, but it is for that reason that we have taken the precaution of shutting the system down.

I can assure the hon. Gentleman that we will be in contact with all the devolved nations and regions to ensure that legal aid providers throughout the United Kingdom are kept informed. He is right: some of the most vulnerable people in society who are in receipt of legal aid will be feeling that much more vulnerable today. I deeply regret that, and it is what makes me so furious about what has happened. I urge them to be super-vigilant and to be in touch with their providers, and I urge those providers to contact the Legal Aid Agency, and contact us, about any particular vulnerabilities and about cases in which they need to continue to provide those clients with legal aid.

## Point of Order

5.32 pm

**Dave Doogan** (Angus and Perthshire Glens) (SNP): On a point of order, Madam Deputy Speaker. You may recall that last week Mr Speaker granted an urgent question to my hon. Friend the Member for Aberdeen North (Kirsty Blackman) to discuss the Government's adherence, or otherwise, to paragraph 9.1 of the ministerial code. During the proceedings following the urgent question, I asserted that

"there is no such duty on Scottish Government Ministers"——[*Official Report*, 14 May 2025; Vol. 767, c. 378.]

I wish to make it clear to the House that my office has since clarified the position for me, and that provisions 10.1 and 6.24 of the Scottish Government's ministerial code do confer broadly the same duty on Scottish Government Ministers. I have never misled the House before, Madam Deputy Speaker, and I am grateful to you for giving me this opportunity to correct the record.

**Madam Deputy Speaker (Judith Cummins):** I thank the hon. Member for giving notice of his point of order, and for his promptness in correcting the record.

## Mental Health Bill [*Lords*]

*Second Reading*

*[Relevant Documents: Third Report of the Joint Committee on Human Rights, Legislative Scrutiny: Mental Health Bill, HC 601; Report of the Joint Committee on the Draft Mental Health Bill of Session 2022–23, Draft Mental Health Bill 2022, HC 696, and the Government response, Session 2023–24, CP 1036.]*

5.33 pm

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

I want to place on record my thanks to Baroness Merron for her leadership of the Bill's progress in the House of Lords, and to thank Members on both sides of that House for their contribution to scrutiny of it. I particularly thank Baroness May of Maidenhead for the constructive way in which she has engaged the Government, and for commissioning Sir Simon Wessely to undertake the review of mental health that underpins so much of the Bill.

At the general election, Labour stood on a manifesto commitment to modernise the Mental Health Act 1983, and I am proud to say that we are delivering on that promise in the first Session of this Parliament. In doing so, we are providing a once-in-a-generation opportunity to profoundly transform the way in which we view and support people with serious mental illnesses. The measure of a society is how it treats its most vulnerable citizens, and when it comes to the treatment of people with serious mental illnesses, we are falling well short of the humane, compassionate society that we aspire to be. Patients live 15 to 20 years less than the average, and they are often accommodated far away from their families and loved ones. The facilities in which they are housed can be completely unsuitable. During his investigation last year, Lord Darzi found nearly 20 patients in a mental health facility who were forced to share two showers and live among an infestation of rats and cockroaches.

Patients are denied the basic choice and agency that is awarded to NHS patients with physical illnesses. People from ethnic minority communities, especially black African and Caribbean men, are more than three times as likely to be sectioned. Although they are very different conditions, people with a learning disability and autistic people are often lumped in with those who have mental illness, reflecting an outdated lack of medical understanding.

**Sir Jeremy Hunt** (Godalming and Ash) (Con): The Health Secretary will have been briefed by the Minister for Care about the tragic murder of Christopher Laskaris, the son of my constituent Fiona Laskaris, and the lack of a voice for parents, who know their own children extremely well, in very difficult situations like this. Have the Government considered whether they might table an amendment to make things like Christopher's tragic murder less likely in the future?

**Wes Streeting:** I am extremely grateful to the right hon. Gentleman for his intervention, and I place on record my thanks to Fiona for her campaigning work in circumstances that are completely unimaginable for those who have not walked in her shoes and experienced the kind of grief that she is experiencing. I know that my hon. Friend the Member for Rother Valley (Jake Richards) has been campaigning assiduously on this issue; similarly, we have had representations from the hon. Member for Dorking and Horley (Chris Coghlan), who is in his place, and the right hon. Gentleman. We are carefully considering the arguments that have been made, and looking at what we can do in this Bill to advance things in the way that Fiona and others like her would like to see. We will continue that engagement throughout the passage of the Bill, and see if there is a workable way in which we can improve it to ensure that others do not have to go through the unimaginable heartbreak that Fiona is living with every day.

**Peter Swallow** (Bracknell) (Lab): My right hon. Friend is touching on ways to strengthen this Bill even further. He will know that the Joint Committee on Human Rights has just this morning published our report on the Bill. We have praised it for all that it will do to address a number of inequalities, but we have picked out one or two areas where it could go even further. I know that he will not yet have had a chance to look at our report, but will he arrange for a meeting with members of the Committee and the relevant Minister to discuss our findings?

**Wes Streeting:** I wish I could correct my hon. Friend and say that I have already read in detail the feedback from the Joint Committee on Human Rights, but he is right: I have not yet had a chance to do that. However, I can assure him that I and my hon. Friend the Minister for Care will look at the Committee's report. We would be very happy to meet members of the Committee to discuss in further detail their findings and recommendations.

We want to ensure that the Bill is as strong as it can be, given the length of time that has passed since the Mental Health Act was reformed. Indeed, the Mental Health Act is as old as I am. *[Interruption.]* Thank you for those interventions. I assure Members heaping compliments across the Chamber that it will not affect investment decisions in their constituencies, but I am none the less very grateful.

There is a serious point here: whereas attitudes to mental health have come on in leaps and bounds in the past four decades, the law has been frozen in time. As a result, the current legislation fails to give patients adequate dignity, voice and agency in their care, despite the fact that patients have consistently told us that being treated humanely, and making decisions about their own care, plays a vital role in their recovery.

When patients are detained and treated without any say over what is happening to them, it can have serious consequences for their ongoing health. To quote one of the many patients who bravely shared their experiences with Sir Simon Wessely's independent review:

"Being sectioned was one of the most traumatic experiences of my life. Sadly, as a result of being sectioned I developed PTSD"—

post-traumatic stress disorder—

"as the direct result of the way I was treated".

Sir Simon's review was published seven years ago. It shone a light on a group of people who had been hidden, ignored and forgotten. In the time that has passed since, the case for change has only snowballed. The Bill now takes forward Sir Simon's recommendations.

*[Wes Streeting]*

The review stressed that legislation alone would not fix the system; culture and resources matter too. This was echoed in Lord Darzi's investigation into the NHS, which uncovered some hard truths: a dramatic rise in the use of restrictive interventions on children; and 345,000 patients waiting more than a year for their first appointment with mental health services—more than the entire population of Leicester—of whom 109,000 were under the age of 18. This Bill does not solve every problem in our mental health services, but it marks a vital step in our plans to improve the quality of care, combat long-standing inequalities, and bring about a stronger focus on prevention and early intervention in mental health.

**Peter Prinsley** (Bury St Edmunds and Stowmarket) (Lab): Does my right hon. Friend agree that while we are seeing record levels of mental health problems in our young people, investment in community services for people with mental health problems must be a priority?

**Wes Streeting:** I wholeheartedly agree with my hon. Friend. As he has heard many times from this Dispatch Box, we want to see a shift in the centre of gravity in the NHS out of hospitals and into the community as one of the three key shifts that will underpin our 10-year plan for health, which we will be publishing in the not-too-distant future.

The Mental Health Act is designed to keep patients and the public safe, but it is clear to anyone who has seen how patients are treated that it does so in an outdated and blunt way that is unfit for the modern age. It is too easy for someone under the Act to lose all sense of agency, rights and respect. It is sometimes necessary to detain and treat patients, but there is no reason why patients experiencing serious mental illness should be denied the choice and agency they would rightly expect in physical care. Not only should the health service treat all its patients with dignity and respect anyway, but giving people a say over their own care means that their treatment is more likely to be successful. In the foreword to his independent review, Sir Simon Wessely said:

> "I often heard from those who told me, looking back, that they realise that compulsory treatment was necessary, even life-saving, but then went on to say 'why did it need to be given in the way it was?'"

Another patient in the 2018 review said:

> "I felt a lot of things were done to me rather than with me".

We need to get this right. We need to give these patients a voice.

**Jim Shannon** (Strangford) (DUP): I commend the Secretary of State for bringing this Bill before the House. On all occasions when I have inquired of him, he has been keen to share ideas and thoughts on legislation in relation to Northern Ireland. On mental ill health, deprivation and poverty, the figures for Northern Ireland are some of the highest in the United Kingdom, which worries me as the MP with responsibility for my constituents back home in Strangford. I know he will, but will the Secretary of State share all the ideas in the Bill with Mike Nesbitt—the Health Minister back home—so that Northern Ireland can also benefit?

**Wes Streeting:** I am happy to reaffirm that we have a really strong working relationship with Minister Mike Nesbitt and the Northern Ireland Executive, and we are keen to share insight wherever we can.

The hon. Gentleman makes a very important point, which refers back to the remarks I made about the limitations of the legislation. Reform of the statute book is important in terms of how the law treats people. But as well as reforming the model of care, clinical pathways and looking at new treatments, innovations and technologies, we also need to focus on prevention, attacking the social determinants of ill health, including mental ill health, of which poverty is a key driver of stress, anxiety, depression and worse. That is why the Government will keep such a focus not just in our 10-year plan for health, but more broadly across public policy.

The current legislation has left many people with a learning disability and many autistic people in mental health hospitals, when they could receive much better care elsewhere. Around four in 10 people with a learning disability or autism could be cared for in the community. The Bill aims to improve the care and treatment people receive when detained, while keeping patients and the public safe. Through the Bill, we are: strengthening and clarifying the criteria for detention and community treatment orders to better support clinicians in their decision-making; introducing increased scrutiny and oversight for compulsory detention and treatment; and providing patients with a clear road to recovery by introducing statutory care and treatment plans for all patients detained under the Act, except if under a very short-term section.

**Jen Craft** (Thurrock) (Lab): Does the Secretary of State agree that a proper community treatment plan for those with learning disabilities and autism is not just reliant on the actions of his Department, but a cross-Government effort and an integrated care system at a local level?

**Wes Streeting:** My hon. Friend is absolutely right. I am very glad that my Department is working closely with other Departments across a range of issues, in particular with my right hon. Friend the Secretary of State for Work and Pensions on the link between employment, welfare and health, and with my right hon. Friend the Secretary of State for Education on the reform of special educational needs and disabilities, and the interface between health and education services—I could go on. The point is that a wide range of factors have an impact on people's health and wellbeing. Indeed, people's health and wellbeing can have an impact on a wide range of aspects of their lives, which is why we have to work in a mission-driven cross-Government way.

**Alison Bennett** (Mid Sussex) (LD): I thank the Secretary of State for giving way; he is very kind. I was interested, when he was talking about the impacts of mental health on society at large, whether he has given consideration to the Carers Trust proposal, which would amend the Bill so that when a parent has a mental health crisis, checks and safeguards are put in place to ensure that any young carers in that family are suitably cared for?

**Wes Streeting:** I am grateful to the hon. Member for that intervention and for raising the very serious issue—an issue of increasing prevalence—of the impact of parental mental ill health on children and young people. We are very happy to look at the Carers Trust proposal, and to take representations on that and other issues as the Bill progresses through its Commons stages. We want to

ensure that we get not just the legal basis of mental health provision in the right place, but practical care. As we think about children and young people's mental health and wellbeing, we also need to take into account their parents' mental health and wellbeing through that lens, too.

Patients' choices and needs will always be taken into account, thanks to the introduction of a new clinical checklist. It requires clinicians to involve patients and those close to them in decisions affecting their care, while retaining the power to treat individuals compulsorily where absolutely necessary.

**Richard Baker** (Glenrothes and Mid Fife) (Lab): Does the Secretary of State agree that that should be a case of "only when absolutely necessary"? In my previous role, I provided advocacy for the family of a young man who has been in a state hospital in Scotland for 17 years under a compulsory treatment order. His family live several hours away in north-east Scotland. That is, in my view, a horrendous infringement of his and their human rights. Will he share any learnings from the action the Government are taking, which is so welcome, on how community treatment can be placed effectively for people who are going through such horrific restrictions on their rights to family life?

**Wes Streeting:** My hon. Friend's question raises two key issues with the provision of mental health services. First, we must ensure that the bar is set in the right place for compulsory treatment. Secondly, we must ensure that both compulsory and voluntary treatment in a hospital setting is within a reasonable distance of family, friends and loved ones. My hon. Friend powerfully describes the impact of such cases, where there is not just a deprivation of liberty, but an impact on an entire family. We need to do much better on both sides of the border when it comes to the appropriate placement of people in mental health settings.

There will always be times when patients hit crisis points and lack the ability to express what they want. To ensure that their voice is not lost and that professionals are working with patients, the Bill introduces duties to encourage people to make an advance choice document while they are well. This document provides a record of their wishes for use by mental health professionals, should the patient later experience a crisis that renders them incapable of making their own decisions.

**Samantha Niblett** (South Derbyshire) (Lab): I was 11 years old when my mum first tried to take her own life; she was sectioned several times over the coming years, and until I was an adult. How will this new way of treating people and making that part of the community, as well as looking after the children of those impacted, be measured over time so that we know it is successful?

**Wes Streeting:** I am extremely grateful to my hon. Friend for sharing such personal lived experience of the issues we are debating this afternoon. I encourage her to take every opportunity to share those experiences directly with Ministers or through the passage of this Bill, which others in a similar situation will also have had, so that we can provide the best possible support for people experiencing a mental health crisis and for their loved ones, who also experience an enormous amount of pain and anxiety in supporting someone going through acute mental illness.

We are also updating the outdated nearest relative provisions to allow patients to choose someone to be their nominated person, which gives that individual important powers to represent the patient's interests when they cannot represent themselves. One patient explained:

> "My mother used to perform this role, but she now has Alzheimer's and she lacks capacity. Under the current system, I cannot specify who I wish to serve as my nearest relative. The responsibility would automatically go to my oldest sister—a sister I do not get on with".

Our reforms will ensure that this statutory role is not chosen for the patient, but is rather the choice of the patient.

Advocacy services are often a lifeline for those who find themselves in the vulnerable position of being detained, giving a voice to those who may otherwise feel voiceless. Patients have reported that an advocate can ensure that

> "their voice and opinion is valued and listened to. They came to my meetings, valued my opinion and put my views across to other people. People listened to my advocate."

We are also extending advocacy services to patients who come to hospital voluntarily and making changes to improve advocacy uptake among those who are detained, as well as working to change the culture of our health and care services so that everyone is listened to and so that patients do not have to rely on an advocacy service to get their voice heard.

**Calum Miller** (Bicester and Woodstock) (LD): I am grateful to the youthful Secretary of State for giving way. In the past few months, I have had a number of constituents describe the difficulties they have had in transitioning from care provided by child and adolescent mental health services to adult mental health services—a critical transition. They specifically faced difficulties in accessing the same medication when they turned 18 that they had previously been reliant on as young people. Can the Secretary of State describe to me how either the Bill or the change in culture for which he is advocating will improve the situation for people like my constituents?

**Wes Streeting:** I am grateful for that intervention. The hon. Gentleman raises what is, frankly, the depressingly familiar issue of the transition from youth and adolescent services to adult services, which applies across such a wide range of public services. It is so frustrating that we are still, in this decade of the 21st century, describing a problem that was prevalent in the '90s and noughties.

None the less, we are working to improve not just the law, but the performance in this space. Many of the changes we will be looking to make under the auspices of our 10-year plan are about better joining up of data, information and patient records, better care planning for patients and designing services around patients so that everyone—whatever their age or stage of treatment—receives joined-up services, with clinicians having a full picture of that patient's experience. Hopefully, that will also help to deal with some of the cliff edges and bumps in the road that people can often experience when transitioning from one part of the NHS to another, whether that is from youth and adolescent services to adult services or the interface between primary and secondary care.

**Helen Morgan** (North Shropshire) (LD): I welcome this piece of legislation, which I think is generally in a very good place. I have had a tragic situation in my constituency, where somebody who had been admitted to hospital in a suicidal state discharged themselves, after which, unfortunately, no follow-up care was provided, and they took their own life. It has been devastating for their family. Would the Secretary of State consider looking at how the community supports people experiencing a mental health crisis who might have discharged themselves, and how we can keep them safe in future?

**Wes Streeting:** I am very grateful to the hon. Lady for that intervention. The Bill deals to an extent with cases that would fall under the category she describes, in particular through reforms to community treatment orders. However, it would not necessarily cover the full extent of the sorts of people who might find themselves in that position, which is where I think we can use technology—which is not the answer to every problem in the health service, by the way. However, through better use of data, patient records and analytics, we will be better able in the future to predict risk and prevent tragedies as in the case the hon. Lady describes, which are a tragedy not just for those whose lives are cut needlessly short, but for those who live their lives with that intolerable grief and loss for the many years that follow.

It is a shameful truth about our society that people with a learning disability or autism are detained, sometimes for years, with little or no therapeutic benefit. The Bill will put an end to that injustice, limiting detentions so that people with a learning disability and autistic people are no longer detained beyond 28 days unless they have a co-occurring mental health condition that would benefit from treatment in hospital. This will require the necessary community provision in place to support people with a learning disability or autism, and we are working to set out what strong community services look like and on the resources required to implement them, so that there are robust alternatives to hospital care.

To help to plug the flow of inappropriate admissions to hospital, the Bill places a duty on integrated care boards to improve monitoring and support for people with a learning disability or autism who may be at risk of future detention. The Bill will introduce statutory care, education and treatment reviews to ensure that patients are safe and receiving the right care and treatment when detained, and that a plan to discharge them to the community is being worked up. We will also remove prison and police cells from the definition of "places of safety". Police cells are for criminals, not patients in desperate need of medical help.

Throughout the development of these reforms, we have maintained the central purpose of the Mental Health Act—to keep individuals and the wider public safe. The vast majority of people with mental illness, including severe mental illness, present no risk to themselves or others, and, for the majority of people, treatment can be provided without compulsion. However, there are some people whose illness, when acute, can make them a risk to themselves, and sometimes to others.

No one knows this better than the families of Ian Coates, Barnaby Webber and Grace O'Malley-Kumar, the victims of Valdo Calocane's violent rampage in Nottingham, whose campaign for justice and accountability has been truly awe-inspiring, or indeed the family of Valdo Calocane, with whom I have also spent time, listening to their experience of feeling badly let down by health services. As the independent investigation into the murders found, both he and his victims were failed by the health service, and their families have been left to live with the consequences with a level of pain the rest of us can scarcely imagine. I would like to place on the record my thanks to all four families for meeting me as my team and I worked on the Bill.

Thanks to the amendments that we are making to the Mental Health Act, decision makers will have to consider the risk of serious harm when making decisions to detain. That will ensure that any risks to the public and patients are considered as part of the assessment process. We will also introduce a new requirement for the responsible clinician to consult another person when deciding whether to discharge a patient, putting in place robust safeguards against the release of potentially dangerous people.

Finally, as I have said, legislation alone will not fix the wider issues of increasing mental health needs and long waiting times. To do that, the Government are investing in earlier intervention to meet patients' needs and prevent them from reaching crisis point.

**Iqbal Mohamed** (Dewsbury and Batley) (Ind): Will the Secretary of State give way?

**Wes Streeting:** I am just coming to my conclusion, I am afraid.

In the past 10 months, we have met the mental health investment standard for 2025-26; invested an extra £680 million in mental health services this year, which is a real-terms increase; funded mental health support teams in schools for almost an extra 1 million pupils; invested an extra £26 million to build new mental health crisis centres; funded NHS talking therapies for an additional 380,000 patients; and begun recruiting the 8,500 mental health professionals we promised in our manifesto. That is all part of the additional £26 billion this Labour Government are investing in health and care services—investment that was opposed by every party on the Opposition Benches; investment that is happening only because we have a Labour Government.

Mental health reform is not just about changing laws; it is about changing lives. The action we are taking will provide support and care to people at their most vulnerable, modernise our mental health services to keep us all safe, and create a safety net that any of us might need one day. I commend the Bill to the House.

**Madam Deputy Speaker (Judith Cummins):** I call the shadow Secretary of State.

6.1 pm

**Edward Argar** (Melton and Syston) (Con): I thank the Secretary of State for bringing the Bill before Parliament. The last update to the Mental Health Act, in 2007, took eight years following the Richardson review, and this Bill has been a similarly long time in the making, so I welcome the speed with which he has moved on it since taking office. Although we may tussle on occasion, as I have said since the election, we on the Conservative Benches will not oppose for the sake of opposition. We will be constructive, working to improve legislation and supporting the Government where we believe they are doing the right thing, and I recognise the Secretary of State's constructive approach to the Bill.

At the outset, let me join the Secretary of State in paying tribute to the families of Calocane's victims in Nottingham for what they have done subsequently—their campaigning, their dedication and their work, including on this legislation—and for the incredible dignity with which they have conducted themselves in unthinkable circumstances.

As the Secretary of State mentioned, the Mental Health Act 1983—I will not miss the opportunity to allude to his youthfulness—governs the compulsory detention and medical treatment of people with severe mental illness for the safety and protection of themselves and those around them. He also set out that sadly, all too often, those with learning disabilities or autism have been conflated with that group. We must take this opportunity to address that, and the Bill rightly seeks to do so. In the more than 40 years that have followed the 1983 Act, healthcare, treatments and, crucially, our understanding of mental health illnesses have come on in enormous strides. It is not only important but right that our laws are updated to reflect the modern world and the knowledge that we have today.

We are debating measures that impact those with the most severe mental health issues and their families, but as was highlighted in interventions on the Secretary of State, we should not forget the broader context, the challenges posed by mental health issues more broadly, or the importance of continued investment in this space. We should also recognise the many organisations that do amazing work both to educate society about mental ill health and to support people with mental health illnesses.

Let me take this opportunity to pay tribute to my right hon. Friend the Member for Godalming and Ash (Sir Jeremy Hunt), who has just left the Chamber, for the work that he did on mental health as Secretary of State. I think it is fair to say that, away from the to and fro of party politics, the current Secretary of State shares my right hon. Friend's passion and determination to address these issues. As he said, we have done much, but I believe we can and must continue to strive to do better.

Keeping legislation up to date is particularly important for a measure such as the Mental Health Act, which gives the state the power to deprive people of their liberties in order to protect the safety of the individual and those around them and to carry out treatment. Those powers should only ever be used when absolutely necessary, and it is therefore right that they are reviewed and updated to ensure that they remain relevant, proportionate and appropriate.

The most recent update to the Mental Health Act, in 2007 under the last Labour Government, introduced community treatment orders and independent mental health advocates and changed the detention criteria. Since then, as the Secretary of State alluded to, trends have emerged that have raised concerns. The overall number of detentions under the Act has been rising steadily. There were around 52,500 recorded detentions in England in 2023-24, including 963 of children aged 17 and under. That is a 2.5% increase on the previous year and around 14% higher than in 2016-17. In the same year, 2023-24, black people were 3.5 times more likely than white people to be detained under the Act, and seven times more likely to be placed on a community treatment order. The reasons for that are likely to be complex, and I will return to them later.

That is why in 2017, just 10 years after the previous update, the then Prime Minister, Theresa May—now Baroness May—commissioned an independent review of how the Mental Health Act was used and how it could be improved. The review considered not only the trends in detentions, but wider concerns about whether some processes were out of step with what should exist in a modern mental health system, including the balance of safeguards, patient choice and patients' agency in their own care, and the effectiveness of community treatment orders. Sir Simon Wessely published the report of his review in 2018, and I take this opportunity to put on the record again our thanks for his important work.

**Wes Streeting:** Hear, hear.

**Edward Argar:** The previous Government published a draft Mental Health Bill based on the recommendations in the report, giving others the opportunity to have their say. The draft Bill was subject to pre-legislative scrutiny by a Joint Committee of Parliament, allowing Members of both Houses to thoroughly review it and make recommendations before the final version was introduced.

Given the importance of this area of policy, which can have such a profound impact on people's lives, I believe it is right that we took the time to get this right. The work to update the Mental Health Act started under the previous Government and we had a commitment in our election manifesto to update the law in this area, and that has been carried on by the new Government. We continue to believe that this is the right thing to do, so I put on the record our in-principle support for the Government on the Bill.

I pay tribute to my hon. Friend the Member for Runnymede and Weybridge (Dr Spencer) for his work in this space as a shadow Minister. Not only does he have professional expertise, but he has brought it to the House's deliberations on this legislation. I suspect that we may hear from him a little later.

There are many areas of the Bill that we welcome, including the strengthening of the patient's right to express a treatment preference, the expansion of access to independent mental health advocates, and the removal of police and prison cells as places of safety so that patients can be treated in an appropriate setting. That said, of course we will not stand back without scrutinising and seeking constructively to improve the Bill as it passes through the House. Part of our role as the Opposition is to engage constructively in the scrutiny of legislation—to ask questions, to probe further, to seek to prevent unintended consequences, and to identify potential problems and ensure that they are aired in Committee—in order to improve it for everyone's benefit, and that is what we shall do. I know that my hon. Friend the Member for Hinckley and Bosworth (Dr Evans) will approach the Public Bill Committee in that vein.

We very much welcome efforts to improve patients' voice and involvement in their own care, including through greater use of advance choice documents. In its current form, the Bill places a duty on NHS England and integrated care boards to make patients aware of their option to have such a document, but this could be as simple as having a poster on a noticeboard, for instance. It does not necessarily require a conversation. Introducing it as a legal right for patients who are being treated or for someone who is at risk of detention

*[Edward Argar]*

would mean that they have to be specifically told about the option, allowing them to make a deliberate decision. I suspect that in Committee we may gently press the Minister to go further in strengthening the patient's right to have their voice heard. I have been on a number of Bill Committees, and gently hinting to the Minister areas where we might press further may make his and his officials' lives a little easier when amendments are tabled in Committee.

We were pleased that peers passed an amendment to better protect children who require a nominated person, removing the discretion where a court order regarding parental responsibility is in place. However, we believe there is more we can do to support and protect children, particularly regarding age-appropriate settings for treatment. I hope that when the Minister for Care winds up, or in Committee, he will explore in greater detail the steps the Government are taking to reduce the number of children being treated on adult mental health wards and to ensure that lessons are learned at both national and local service provider level.

Thirdly, we are conscious that a number of elements of the Bill will require additional resources to be put in place. The removal of police and prison cells—sensibly—as places of safety will require sufficient alternative capacity for people to be treated when they are detained. What approach do the Government intend to take in addressing this?

Increasing the frequency with which patients can apply to the mental health tribunal to have their detention reviewed and widening automatic referrals will potentially increase demand and pressure on the system. We know that the legal system is already under pressure, and the impact assessment acknowledges that there will be impacts and costs, so is the Minister confident that the system has the capacity to handle the additional demands? If not, what steps are being taken with the Ministry of Justice to address that?

**Iqbal Mohamed:** The shadow Secretary of State raises an important point about resources. The updated impact assessment estimates that the cost of reform is £5.3 billion. With the Secretary of State having confirmed that mental health spending is falling as a share of NHS expenditure from 9.01% to 8.73%, does the shadow Secretary of State agree that without legislative safeguards to protect mental health funding, the Bill may not achieve the aims it sets out to achieve?

**Edward Argar:** The hon. Gentleman is right to highlight both the costs and the investment that is needed, but the cost does not detract from the importance of and need for the measures set out in the legislation. He points out that as a proportion of overall health spending, mental health spending has fallen slightly in the latest figures. I hope that the Minister in his wind-up will address how the Government will ensure that this legislation, which enjoys broad support across the House, has the resources behind it to deliver the outcomes we all wish to see in practice?

**Wes Streeting:** Will the right hon. Member give way?

**Edward Argar:** I will regret doing so, but of course I give way to the Secretary of State.

**Wes Streeting:** I should point out for the record that mental health spending has increased in real terms this year, thanks to the decisions the Government have taken. As a proportion of spend on health services overall, it is true to say that it has decreased by 0.07%, but that does not take into account the fact that as well as investing heavily in our elective backlog and in clearing waiting lists, we are investing in general practice, which will benefit enormously people with mental ill health.

**Edward Argar:** The Secretary of State was kinder than he normally is, and I am grateful to him for acknowledging the reduction in the proportion of mental health spending—it is slight, but it is none the less a reduction. I hear what he says more broadly, but I hope that he and the Minister will reiterate their commitment to ensuring that the legislation succeeds, which we all wish for, and that the pressures it may place on parts of the system will be addressed and not simply be absorbed within the system. I suspect that the Minister will come to that in his concluding remarks.

While it is the right principle to direct more mental health patients away from in-patient hospital settings and to community treatment settings where clinically appropriate—this is key, and goes to the Secretary of State's point—we must ensure that the NHS has the capacity to provide community treatments when the Bill is on the statute book. The Government accepted that the reforms will take a number of years to implement, given the need to recruit and train more clinical and judicial staff, but what is the plan and how much will it cost? Will it be phased in over a number of years?

The NHS workforce plan will nearly double the number of mental health nurses by 2031-32, but the Secretary of State has said that he intends to update the plan. It would be helpful if, during the Bill's passage, he or the Minister could tell either the Bill Committee or this Chamber what the changes that he envisages making through this legislation will mean for the workforce.

We recognise the significance of the provisions limiting the detention of patients with a learning disability or autism. Under the Bill, they can be detained for treatment only if they have a co-occurring mental health condition that requires hospital treatment and meet the criteria in the Mental Health Act 1983. Autism alone would no longer justify continued detention under the 1983 Act; in theory, this will ensure that those with autism receive the appropriate support in the right setting, as we would all wish. What steps are being taken to ensure that there are sufficient services, with sufficient capacity, to properly support people with autism and learning disabilities? Can he confirm that under this legislation, there will always be a central role for professional clinical judgments on these matters?

This debate in part follows on from concerns being raised about racial disparities in the application of the Mental Health Act. Can the Secretary of State or the Minister provide more evidence to help the House better understand this issue? What research has been undertaken, or is being planned, to enable us to understand what is behind the statistics?

We welcome this important opportunity to look again at how we treat and protect people with the most severe mental illnesses, and to ensure that our laws remain relevant and proportionate in the modern world, empowering people and treating them humanely. Updating the Mental

Health Act is the right thing to do, and we will work constructively with the Government to improve the safety, treatment, agency and, crucially, dignity of mental health patients who are detained, and of the wider public.

6.17 pm

**Neil Coyle** (Bermondsey and Old Southwark) (Lab): I add my thanks to the Secretary of State and his whole ministerial team for bringing forward this crucial legislation so early in this Government, alongside other positive measures to fix our NHS. It was Labour that built the NHS and saved it in 1997, and here he is with his team, fixing our crucial NHS.

I serve a community, in Bermondsey and Old Southwark, with a higher prevalence of mental health conditions and psychoses. We are fortunate to have South London and Maudsley NHS foundation trust on our doorstep. This legislation will be crucial for the service professionals working on the frontline, as well as all those who need support. My borough of Southwark has additional help, funded by Southwark's Labour council and our integrated care board, including direct access to help through online systems, and a drop-in hub for young people—a means of support that allows them to avoid GP wait times and delays in accessing help. I am glad that this legislation adopts a similar principle of ensuring early access to help, but despite the additional support in Southwark, as the local MP, I see the impact that poor mental health has on people's lives, which are blighted by ill health and discrimination. I am acutely aware that just 5% of people with schizophrenia are in employment, for example. This Bill offers a chance to tackle some of the issues, but it is overdue.

I look forward to working with local organisations and people with direct experience, including trade unions in mental health services, carers, Blackfriars Settlement, food banks, and the drop-in clubs that support people with mental health conditions throughout Southwark, which are doing fantastic work, often on a shoe-string budget. As the constituency MP, I also see the impact on whole neighbourhoods if someone's ill health causes them to behave erratically, and sometimes antisocially—noise and drugs are often interrelated issues. There can also be police involvement, following cuckooing by criminals who take advantage of vulnerable people. I hope that the Bill will challenge that growing phenomenon. It would be good to hear from the Minister whether communities—including landlords and neighbours, where appropriate—can trigger interventions to support people in crisis.

Just two weeks ago, I joined a ride-along with the police 999 response team. Some might say that it was not the first time I had helped the police with their inquiries. On that ride-along, which was my third with the local police, I saw again the consistent and sad overlap between what they were dealing with and mental health crises. I ended my shift with those police officers at King's College hospital, trying to seek support for one ill man. I hope that the Government will retain the extension of section 135 and 136 powers, delivered in a Lords amendment. That would ensure that there was trained and qualified support, which would reduce the time that police lose. The amendment would save thousands of hours a week of officers' time in London alone, and police could be redirected to areas where they are more needed.

Going back further, in the run-up to the introduction of the Mental Capacity Act 2005, I was working at the Disability Rights Commission, and I recall that mental health organisations were almost envious of that legislation, given the need to reform the Mental Health Act. They wondered when access to advocacy and patient-centred treatment would be delivered for people with mental health conditions. It is sad that there have been missed decades in between, but I am glad that this Bill is before us today.

The advance choice documents are a step towards a return to the greater choice and control lost in recent years, as services declined under the last Government. The use of nominated persons, as outlined by the Secretary of State, also offers a great step forward, as does access to extended use of independent mental health advocates for those in hospital. That should be automatic, as Mind has advocated. It is great that the legislation is based on the Wessely independent review and the principles underpinning it.

On a more personal level, and going back even further, the reason I became more aware of politics was my mum's diagnosis of schizophrenia in the early '80s—at roughly the time when the Secretary of State was born. Then, Rethink was still called the National Schizophrenia Fellowship. Mum has been through the mill in the decades in between. I will not suggest that she has been detained more times than I have had hot dinners—hon. Members can see by my waistline that that is not true—but the fact that the Mental Health Act has not been updated since then is appalling. When I joined the Labour party in the early '90s, I never dreamed that I could play a part in improving legislation as an MP. I want to flag a couple of concerns, based on family experiences.

Recently, Mum told us that she believed she worked at a bank. That was news to us in the family—no doubt, it was news to the bank—as she is 75 and has not had to work for some time. I can laugh about it, but it is upsetting that she is unwell; it is frustrating that the system is mad; and trying to access support for her is maddening for us as a family. Her GP denies that she is unwell and refuses to see her. The last time this happened, she was sectioned for six weeks until she was back in rude health—and believe me, she was very rude when she came out.

South London and Maudsley NHS foundation trust estimates that it costs £3,000 a week to keep someone in hospital until they recover. NHS England has put a figure of £20,000 on detaining someone with schizophrenia until they are well. Those costs are avoidable if GPs act faster. Will the Bill result in better trigger points? This is not about artificial intelligence; it is about using known data in the system, so that there is access to supportive interventions that help individuals who have a mental health condition; help their family avoid the pain and suffering that they share when an individual is unwell; save a community the misery of associated antisocial behaviour or other problems; potentially save the police a fortune, as a result of their no longer having to accompany people to hospital for treatment, where that can be avoided; and, of course, save the NHS thousands in avoidable hospitalisation and in-patient treatment.

GPs can be part of the solution, but too often, they pass the buck and avoid the issue, as the Gardenia surgery in Luton does, pretending that everything is okay, despite

*[Neil Coyle]*

prescriptions being uncollected, which leads to the inevitability of mental ill health rising fast. I hope that the Bill will lead to better community care, as the Secretary of State has outlined, but I also hope that GPs and pharmacists will be supported in triggering outreach work from mental health trusts when someone does not collect their repeat prescription, for example. I hope that it will be confirmed clearly that this will be in the legislation, or that the Government will indicate a willingness to accept an amendment along those lines.

My final, linked point is that the Bill should come with Government targets for reduced readmissions and sectioning. If the Bill is successful, people will not be discharged and readmitted in quick succession, and patients known to the system will not require routine, cyclical readmission. With the right support, the dysfunctional system can be replaced. That will have huge benefits for people's mental health, and will mean huge savings for the NHS. There were, I think, 52,000 detentions last year. I hope that the Government will set out how that figure will fall.

I really look forward to supporting the Bill's progression. The Bill will be transformative for the people I serve in my community, and the people I love in my family. It will be transformative for millions of people across the country—people with mental health conditions, their families, carers and service professionals—and, if it is done right, it will save the NHS a fortune, too.

**Madam Deputy Speaker (Ms Nusrat Ghani):** I call the Liberal Democrat spokesperson.

6.25 pm

**Dr Danny Chambers** (Winchester) (LD): I thank the Secretary of State for introducing this really important Bill, and the Minister for his proactive engagement with us earlier this week. Before I entered Parliament, I was a trustee of the veterinary mental health charity Vetlife, which cares for the mental health of the veterinary profession—I have had to clarify before that it is not a mental health charity for animals with mental health issues. I became a trustee of the charity because my really close friend Sarah, at the age of just 31, when she had her whole life and career ahead of her, took her own life; I took her place as a trustee. Getting the news that I had lost her was one of the most painful experiences of my life. Many hon. Members in the Chamber will have suffered similar experiences with their friends and loved ones.

I speak about Sarah because while we are in this place, we rightly often discuss mental health issues using statistics—we talk about waiting times, workforce shortages and the economic impact—but we must never forget that there are individual lives behind the numbers, and nearly every person in the country is affected in some way. That might be through their own struggles or those of a loved one, or through grief after someone they care about has lost their battle with depression.

To return briefly to statistics, veterinary medicine—the profession I come from—has a suicide rate four times the national average. It is a small profession where everyone knows everyone, and everyone has lost a friend or a colleague to suicide. I share that not just for awareness, but because it reminds us that certain groups are at much higher risk—they are more vulnerable than others—and we should do much more to identify and support them.

**Sarah Dyke** (Glastonbury and Somerton) (LD): My hon. Friend, as a veterinarian, will know that farmers also suffer with significant mental health issues. My constituents are under immense pressure following the family farm tax and the sudden closure of the sustainable farming incentive. Alongside that, they work extremely long hours, and the unpredictability of farm work means that it is more difficult for them to access mental health support and doctors' appointments. Does he agree that we should introduce regular mental health MOT checks at key points in people's lives—when they are most vulnerable to mental ill health—particularly for those in rural areas where there are barriers to accessing support?

**Dr Chambers:** My hon. Friend will not be surprised that I agree with her; she may as well have read the next bit of my speech. She is completely right. Farmers, those working in agriculture, military veterans and their families, mothers in the first year after childbirth, people living in poverty and the LGBTQ+ community are just a few of the groups that we know are at heightened risk.

We already take a proactive approach when it comes to physical health; we have targeted cancer screenings for at-risk demographics. We should take the same approach to mental health. That is why the Liberal Democrats have long called for properly resourced community mental health hubs, which could reach people before they reached crisis point. We are also calling, as my hon. Friend just did, for regular mental health check-ups at key life stages—for example, when someone has just given birth or just been discharged from the Army.

**Freddie van Mierlo** (Henley and Thame) (LD): My hon. Friend is outlining the treatment options for patients. New medicines are also incredibly important, and groundbreaking research is happening at the Warneford hospital in Oxfordshire, a mental health hospital that is in desperate need of investment. Treatment options and new medicines go hand in hand, so does he agree that the Government should get behind the Warneford and invest in it?

**Dr Chambers:** I agree with my hon. Friend and thank him for his intervention.

Mental health MOTs could help to catch at-risk people early, so that we can start treating them before the problems develop further. I am sure that for all Members present mental health issues are among the top areas in our email inboxes and our correspondence. We receive emails from desperate parents of young people who are left on waiting lists for years throughout their schooling, and from adults falling between the cracks of an overstretched system. We should probably acknowledge that these are not anomalies. They are the symptoms of a system that is under immense strain. This long-awaited Mental Health Bill is a very welcome step, but it cannot be the only step, because at the heart of our approach must be the simple principle that prevention is better than cure.

**Victoria Collins** (Harpenden and Berkhamsted) (LD): I absolutely support the idea that we need to invest in prevention—I am 100% behind that—but I have also spoken to many constituents who have issues with emergency health care. One of my constituents, Ed, sadly took his own life. He went into A&E undergoing a psychotic episode and was left simply with a phone number and no assessment. Hours later, he was lost. We need to ensure that those who need emergency treatment get it on the spot, as well as investing in prevention. Does my hon. Friend agree with that principle?

**Dr Chambers:** I totally agree, and I will come on to the care of people once they have been discharged after an acute mental health episode, because it is a hugely emotive and problematic situation.

We need a comprehensive mental health strategy that sees mental health not just as a clinical issue but, as the Secretary of State said, something that needs to run through housing, education, employment and justice. Good clinical services are vital, but we cannot medicate or refer our way out of a mental health crisis. Many mental health issues are often rooted in deeper challenges including poverty, housing, insecurity, loneliness, debt and trauma. These are not medical problems, but they put people at huge risk of developing mental health issues, and if we are serious about prevention we must tackle these root causes head-on.

The Bill focuses very much on the rights and treatment of people once they are admitted to mental health units, which is essential, but what is just as important—as my hon. Friend the Member for Harpenden and Berkhamsted (Victoria Collins) has just highlighted—is what happens when they are discharged and what support they get in the community to prevent a relapse. In Winchester, we have seen a brilliant initiative between local NHS mental health teams and Citizens Advice. Teams from Citizens Advice are in a mental health unit called Melbury Lodge, and they help mental health patients with all their life admin—the bills, the correspondence—so that they are not discharged back into the community only to come home to a load of outstanding credit card bills and demands to repay their personal independence payments, for example.

What is remarkable is that every pound spent on that initiative saves £14.08 in cost avoidance for the NHS through shorter in-patient stays, fewer readmissions, better engagement of services once they are discharged and a reduction in medication use. This is a win-win for staff, patients and the taxpayer, but it is a pilot project and there is no funding secured for it to continue, despite the proven cost-saving benefits. We urge the Government to look seriously at rolling out such initiatives nationwide.

My hon. Friend the Member for Dorking and Horley (Chris Coghlan) has been passionately campaigning since entering this House to ensure that families have a greater input into medical decisions when there are questions over the mental capacity of vulnerable patients, and I invite him to make an intervention now.

**Chris Coghlan** (Dorking and Horley) (LD): I thank my hon. Friend. As he knows, in my maiden speech eight months ago I pledged that Fiona Laskaris would succeed in changing the law that had prevented her from saving her autistic son, Christopher, from murder. Fiona is here today. Despite pleading for years, she was never able to obtain a mental capacity assessment for her son. As we heard from the Secretary of State, the Government are now seriously looking at an amendment that would both honour Christopher's legacy and save lives. Does my hon. Friend support that amendment?

**Dr Chambers:** I thank my hon. Friend for that moving intervention and offer my condolences to those in the Gallery. We appreciate that the Secretary of State is seriously considering an amendment that might help save lives.

Early intervention cannot just be a slogan; it has to be the foundation of a functional system. Last week, I sat around a campfire with the amazing team at the Winchester youth counselling services. That charity has a nature therapy programme in which 11 to 16-year-olds can go camping, have walk-and-talk therapies and do bushcraft and outdoor cooking. While we were toasting our marshmallows, the team were talking about the free, confidential mental health support that they offer, providing services such as one-to-one counselling and a weekly wellbeing walk-in session. By immersing young people in nature, this programme helps to reduce stress and anxiety and fosters emotional wellbeing and resilience. Crucially, the services are accessible without the need for a doctor's referral or diagnosis. Young people can self-refer, ensuring that support is available promptly when it is needed most. This is why Liberal Democrats have been calling for mental health hubs for young people in every community. We support the Government's campaign for a mental health professional in every primary and secondary school—not just an occasional visit or a pilot scheme, but a permanent funded presence.

**Edward Morello** (West Dorset) (LD): Just to follow up on my hon. Friend's point about the importance of mental health hubs, in West Dorset the only child and adolescent mental health services centre is in Dorchester, and for many people in my constituency, especially young people, that means at least a 30-mile round trip to access services. In rural Britain, we are lucky if transport links exist, and those that do are often limited. That makes accessing services nearly impossible, which is what makes hubs so important.

**Dr Chambers:** I totally recognise the importance of that intervention.

We also need a system that is much easier to navigate. A psychiatrist came to see me in my office in Winchester and told me that his son had been referred to CAMHS. He said that despite the fact that he and his wife worked in the medical profession, they had really struggled to access the help that they needed. He said:

> "If we can't navigate the system, what chance does anyone else have?"

That is one reason that Liberal Democrats are calling for a mental health commissioner: someone to champion families, cut through bureaucracy and help people to get the support they need before things get worse. The system needs to be simplified, both for the parents and families who are trying to access the service and to allow the system itself to function.

For years, Liberal Democrats have campaigned for mental health to be treated equally with physical health, and we welcome the commitment to parity in the King's Speech, but it must be backed by action. The Darzi

*[Dr Chambers]*

report showed that mental health accounts for around 20% of the NHS case burden—as the Secretary of State acknowledged—yet it receives just under 10% of the funding. For this reason, we want to ensure that the mental health investment standard is maintained and strengthened, and not quietly scrapped or watered down. The Secretary of State also highlighted the scale of this challenge. Around 1 million people are on waiting lists for mental health services, but importantly, 340,000 children are on mental health waiting lists and some of them are waiting an average of 15 months for care, which is a huge chunk of their educational time and personal development. This is not a crisis that is waiting to happen; it is a crisis that is already here.

In this economic crisis, some people ask how can we afford to invest in mental health, but the real question is how can we afford not to do so, because we already pay the price in lost productivity, emergency call-outs, A&E admissions and—most tragically of all—lives cut short. We must spend to save.

The hon. Member for Bermondsey and Old Southwark (Neil Coyle) spoke about spending time with police. I have done the same thing—a fascinating and informative exercise. I encourage everyone to go on patrol with their police. In Winchester, the police say they spend up to 40% of their time responding to mental health-related incidents. We know that patients turn up to A&E in mental health crisis, many already on a mental health waiting list. I heard that the average amount of time someone spends in a mental health crisis in Winchester's A&E, often needing individual supervision, is 18 hours. That is not sustainable, because we are using the most expensive part of our health system to do the work that should be happening earlier, which would be more cost effective for the taxpayer and provide better outcomes for patients.

Finally, I pay tribute to all those on the frontline: the nurses, counsellors, psychiatrists, doctors, therapists, support staff and charities who prop up a system that should be supporting them. We very much look forward to working constructively with the Government to improve the Bill, and we support it. We will keep pushing until we live in a country where mental health gets the same attention and care as physical health.

6.40 pm

**Dr Marie Tidball** (Penistone and Stocksbridge) (Lab): One of the reasons I stood for Parliament was to work hard to create a society that values disabled people, that treats us with dignity and respect, and that ensures there is nothing about us without us. It is right that this Government will fix the broken system to ensure that we give mental health the same attention as physical health. I am pleased to see the four key principles from the independent review of the Mental Health Act at the heart of the Bill: choice and autonomy, least restriction, the principle of therapeutic benefit and, most importantly, treating people as individuals.

After 14 years of a Conservative Government, over 2,000 autistic people and people with a learning disability are in mental health hospitals in England. Some 92% of those people are detained under the Mental Health Act 1983, and the average length of stay for in-patients is almost five years. This is a human rights scandal, as the Joint Committee on Human Rights concluded in 2019. The current situation is simply wrong. Autism and learning disabilities are not mental health conditions, and yet under the current Mental Health Act, autistic people and people with a learning disability can be detained in mental health hospitals indefinitely. In my 15-year career working with autistic people and those with learning disabilities, along with autism organisations up and down the country, including the National Autistic Society and the Autism Alliance, I have seen the tragedy of autistic people cycling through the mental health system because of those measures and the failure of public services to provide adequate social care on discharge from hospital orders. As an MP, I know from my constituency that too many people are still being detained who could be supported to live well in our communities by organisations such as Greave House Farm Trust and Action for Autism Barnsley which are on my doorstep.

The most significant change in the Bill is the removal of autism and learning disability from the definition of mental disorder under section 3 of the existing Act. This vital change means that autistic people and people with a learning disability cannot be detained for treatment unless they have a co-occurring mental health condition that requires in-patient mental health care. The Government have said that

> "the proposed changes to the detention criteria for people with a learning disability and autistic people will only be switched on when systems are able to demonstrate a sufficient level of community support".

It is crucial for that to happen quickly, through the Government working closely with autistic people and those with a learning disability, as well with as advocacy groups, to publish a plan to build sufficient support in our communities up and down the country.

My book on the treatment of autistic people in the criminal justice system demonstrated that ensuring that there is an appropriate level of services in the community is essential in preventing the needs of autistic people and people with a learning disability from becoming too complex, leading to admission to mental health hospitals. It also demonstrated the need to support safe discharge out of hospital. Critical to reducing the numbers of those currently detained in hospital under the current law are care, education and treatment reviews for adults and children who are autistic or have a learning disability, which will help speed up discharges, prevent admission and ensure that the person is being given appropriate care. I am delighted that the Bill will make those reviews statutory in in-patient settings. The responsible commissioner, clinician, integrated care board and local authority must have regard to the recommendations arising from them. As chair of the all-party parliamentary group on autism, I am aware that recommendations are often not followed in an expeditious manner. Therefore, there is an opportunity to strengthen the duty on responsible parties to follow recommendations from those reviews.

The Health Secretary has been moving mountains to work on our 10-year plan. I therefore hope that the Bill's 10-year implementation period for the changes to detention criteria will align with his important work. He is also doing an incredible job to move to a prevention-led health system, and that provides an opportunity for an integrated approach to community support, including working with the Ministry of Housing, Communities and Local Government to ensure there is adequate housing in every integrated care system.

The exclusion and marginalisation of autistic people and those with learning disabilities through their institutionalisation in hospital perpetuates their exclusion from our society. I am proud that our Government are tackling these issues so early on in this Parliament, alongside their commitment to the mental health investment standard, the recruitment of 8,500 mental health workers, and work to deliver a long-term plan for the reform of adult social care. Society is an order of equality and non-discrimination. It is all the richer where autistic people and people with learning disabilities are included within it to fulfil their potential. I commend this Bill to the House.

6.47 pm

**Dr Ben Spencer** (Runnymede and Weybridge) (Con): I rise to speak in support of the Bill. To begin with, I need to make a couple of declarations. I have a family member who is a consultant psychiatrist. I am now a non-practising general adult psychiatrist with an endorsement and years in psychiatry, and I previously worked as a consultant psychiatrist. I took part in the 2018 Wessely review as a panel member on the tribunal working group, and I was on the pre-legislative scrutiny Committee in the last Parliament.

In a declaration of a more personal nature, this is an area that I feel passionately about. It is a great privilege to speak to this important piece of legislation and reforms going forward. The United Kingdom reforms its mental health legislation every 20 years or so. I did not want to correct the Secretary of State, but the first Mental Health Act was in 1959—I hope that was substantially before he was born, with reference to his earlier comments. The legislation has gone through various iterations from the original Lunacy Act and similar legislation in the 19th century. In the UK, we have always been at the forefront of reform to the law and to provisions and powers in this area.

It is important in this Second Reading debate to focus on what the Mental Health Act is and what it does. Members have talked more broadly about the challenges of delivering mental health care currently, but it is important to reflect that the Mental Health Act is very specific and precise. It is about the regulation of detention—sometimes for assessment, sometimes for treatment—of people with mental disorder, and has a range of powers on aftercare and guardianship. It is focused on detention and assessment, or treatment, of people with mental disorder. We need that because there are times when people with severe mental illness become so unwell that they are unable to recognise their illness. Their illness puts their health at risk—predominantly through self-neglect or non-treatment. It puts their safety at risk, again through self-neglect, as well as through suicide. And, less commonly but critically, it puts them at risk of causing harm to others.

The legal framework allows us to regulate compulsory treatment in that regard. It is absolutely critical that we have those powers so that, when people are so unwell that they do not recognise it and they lose agency, we can, as a compassionate society, take them into hospital and treat them, with a view to getting them back to themselves. I have used the 1983 Act countless times, applying it both to assessments and, as a section 12-approved doctor, to treatments, and I have used it as a responsible clinician. I suspect that I am one of the few Members of this House—certainly in this debate—who has had those roles and responsibilities.

In terms of framing, it is important to reflect that one of the key changes in the 1983 Act, which is such an important piece of legislation, was that it was about restricting powers and ensuring that there were strong procedures for reviewing detentions. As a former health professional in this area, I am certain that all professionals working in it are mindful of the scope of powers that the Act provides. When applying restrictions, people do not use these powers in anger or without a great degree of thought and contemplation. The most intrusive intervention available to us in the health service is to detain and treat people in hospital or in secure hospital settings. Those powers are not taken lightly.

A lot of concern was expressed at the start of the debate—and I am sure it will continue—about the way in which people have been treated in hospital. There have been some very high-profile scandals in which things have not worked well, to say the least, and care and treatment have been atrocious and abusive. However, people working in health and care in the UK are doing so because they want to see the best outcomes for their patients. Sometimes, they are limited in that because of the resources available. They do not use the Mental Health Act with a view to harming people, but with a view to helping them.

Being detained under the Mental Health Act is not a prime facie harm; it is a treatment and a good thing. If someone needs to be detained and treated in hospital, they need to be detained and treated in hospital. If I became so unwell that I needed to be detained under the Act, I would want to be detained. Thankfully, I am not in that position today—*[Interruption.]* At least I believe that I am not, although the shadow Minister, my hon. Friend the Member for Hinckley and Bosworth (Dr Evans), might have a different view on that. *[Laughter.]* Should I get to the point where I am so unwell that I cannot consider my own care, I would want the powers of the Mental Health Act to be used quickly, particularly if I were posing a risk to myself, my family and others, so that I can get better and back to living my life.

I pay tribute to Baroness May of Maidenhead, who kicked this off, and to Professor Sir Simon Wessely—a good friend—Stephen Gilbert, Sir Mark Hedley and Rabbi Baroness Neuberger for their work in the 2018 review. There is a lot of good work in the Bill, from the greater focus on advance care planning and the more frequent detention reviews, which I recognise may bring a workforce burden, to the provisions on nominated persons. I will not go into the detail in this Second Reading speech, but I will focus on a few general points on which I think a bit more work needs to be undertaken.

In some ways—I will have to message Sir Simon after this to ask his forgiveness—the Bill is a missed opportunity in that we have are not moving towards fusion law. For the benefit of those who are not all over the detail, at the moment the UK has two pieces of legislation regulating how to treat people in the absence of consent. The Mental Capacity Act 2005 came about from case law in the ’80s and ’90s and was codified in 2005. That Act broadly regulates physical health treatments for people who lack the capacity to consent—we have focused quite a lot on capacity in the recent debates on the Terminally Ill Adults (End of Life) Bill. The principles of the 2005 Act are autonomy and the functional capacity and best interests tests for people who lack capacity,

*[Dr Ben Spencer]*

meaning that we test someone's capacity, and only if they lack capacity can we intervene in their best interests, sometimes by using deprivations of liberty.

The Mental Health Act arose from a very different pathway. In its first days, it was more about the regulation of asylums. The Act is about status and risk. The gatekeeper conditions for the current Mental Health Act are that a patient has a mental disorder of a nature and a degree that requires assessment in hospital because of the risk to their health and to the safety of others. Capacity does not feature whatsoever.

We have two pieces of legislation. One applies to the most severe mental disorders and deals with status and risk, and the other deals with autonomy and best interests. I strongly believe that the two need to be merged. We should use capacity and best interest frameworks to regulate treatment of mental disorder in the absence of consent—there are ways of doing that. I like the fact that we are starting to incorporate a bit more in the Bill.

**Sojan Joseph** (Ashford) (Lab): Does the hon. Member not think that the deprivation of liberty safeguards, which, unlike the Mental Health Act, help to hold those who lack capacity in an environment that is not secure or locked, such as a hospital, are useful, and that bringing the two provisions together is unnecessary?

**Dr Spencer:** The hon. Member is of course very knowledgeable given his background as a mental health nurse. I would like to see in the Bill a provision setting out that, in order to detain someone for the purposes of health or safety, they must lack decision-making capacity for the detention to be authorised. For the prevention of harm to others, there are reasons to overcome autonomy in decision-making capacity, but I would like to see an additional component specifying that if the detention for assessment and treatment in hospital is purely based on health and safety and not on risk of harm to others, the patient must also lack capacity. Otherwise, people who have full and intact decision-making capacity can nevertheless come into the scope of the powers.

The liberty protection safeguards are a bit of a mess, quite frankly, and the DoLS were clearly a substantial mess. It is interesting that the legislative scrutiny of the Bill points out that it is a missed opportunity not to tidy up some of the interface between the Mental Health Act and the Mental Capacity Act—a point that I will come to a little later in my speech. In terms of parity of esteem, bringing forward fusion law and gelling the Acts closer together needs to be the direction of travel. I hope that we do not have to waste another 20 years until we get the opportunity something like that.

There is something else that we need to reflect on. It comes to my other points about the focus in the Bill, but I will reiterate it. The core focus of the Bill is on reducing detentions of people from black and minority ethnic groups, who are over-represented in detention. One of the key focuses in fixing that must be on socioeconomic deprivation—where we see socioeconomic deprivation, we see severe mental disorder following—but I worry that the Bill is a missed opportunity and will not do what is required to deal with those disparities.

There are three problems with the Bill, and two things that I wish to flag. I am sensitive to the concerns that have been raised about people with autistic spectrum disorders and learning disabilities, and the advocacy regarding such people being in hospital. Being in a general adult ward is a challenging environment as it is, and it is particularly challenging for someone with an ASD or a learning disability. People can get stuck in hospital not really going anywhere. That concern applies to most disorders—I do not think it is unique, given the lack of community support services. I disagree, however, with the focus on ASD and LD above all other conditions. If we want to talk about non-progressive conditions, I do not understand why a brain injury, or Korsakoff's dementia for example, are not within the scope of this measure. I do not understand why, rather than using the Bill to take people out of section 3 of the Mental Health Act, something like a bolstered treatability test is not used, which is what was in the Act before it was modified in 2007.

**Jen Craft:** I am grateful to the hon. Gentleman, who has brought his wealth of experience to this place. Would he concede that the focus on learning disability and autism is perhaps because those disorders have very specific features? Being in an unfamiliar, over-sensory stimulating or noisy environment, with a break from routine, has an adverse effect on some people precisely because of the nature of their disability, and perhaps more so than for some of the other conditions he has mentioned. Indeed, it seemed something of a weird anomaly that learning disability and autism were classed as mental illness for the sake of the Mental Health Act. I am sure the hon. Gentleman will agree they very much are not.

**Dr Spencer:** I thank the hon. Lady for her intervention. Sensory over-stimulation can be a particular issue for those with autistic spectrum disorders. I have been concerned when I have looked after patients, and I have thought carefully about the challenges, particularly in general adult wards, of catering to the needs of people with autistic spectrum disorders or a learning disability. I would argue that that would apply broadly to anyone in a general adult hospital, irrespective of diagnosis—everyone has particular needs and sensitivities and we need to be mindful of that.

I suspect this is something that the hon. Lady and I will disagree on, but I would consider an autistic spectrum disorder and a learning disability to be a mental disorder. It certainly is under the ICD-10 classification of mental and behavioural disorders. One problem with how this issue is framed in the Bill is, for example, where Rett disorder, which is also a pervasive developmental disorder, would come into it. Does it come under the term "autistic"? Where does a not otherwise specified pervasive developmental disorder come into it? I am not sure whether how the terms in the Bill will operate in real life has been thought through. I do not understand why we are not pushing for such a provision for every disorder and condition that people have when they come into hospital. That is why we are not focused on something like a treatability test, or otherwise.

This has a specific real-life fall-out. If people need to be in hospital after 28 days and there is a deprivation of liberty, that is going to happen. It will not stop happening; with the best will in the world, and even with this Bill, it will keep on happening. People will either be detained under liberty protection safeguards, or they will end up being detained with anxiety related to their ASD or learning disability, which would place them within scope of the Mental Health Act.

A further challenge and disparity in the Bill is that it does not affect forensic provisions. People could be keener to pursue a criminal prosecution of people with ASD or an LD because that would enable a longer stay in detention than 28 days. That is why in the pre-legislative scrutiny we suggested that there should be an option to get a pre-authorisation for detention beyond 28 days by going to a tribunal, which we thought might deal with some of the concerns raised. Personally, I like the idea of pre-authorisation in general beyond 28 days, and it is something that Professor Richardson spoke about in her review back in the late '90s. The Government recognise that there are challenges with this area, which is why these changes are in the schedules. There is a recognition that, frankly, this is not workable, and we will see as the Bill progresses that there are broader concerns about how it operates.

Another area of concern is nominated persons and parental responsibility. The Bill changes "nearest relative" to a "nominated person", which means that people can choose who performs that important role under the 1983 Act. The nearest relative or nominated person can discharge someone from the powers of the Act, which would inevitably mean that they would be discharged from hospital—there are powers to bar people, but it is quite a high threshold. This measure is important because it will allow someone under the age of 18 to choose someone who is not their parent to have that important statutory power. We raised this issue in the pre-legislative scrutiny Committee. We could have a situation in which a 16-year-old with competence who is detained under the 1983 Act in hospital chooses their mate, or somebody else—not their parent or someone with parental responsibility—to have the power to discharge them from measures under the Act, which would inevitably mean them leaving hospital. The parent, who in such situations is often responsible in some way for the after care, would lose that power.

I am concerned, as were the Lords, about the impact of that measure on the Children Act 1989. I think there is a serious problem in changing this area of law—we do not have this in physical health—and introducing the ability to give a statutory power to a non-parent. I know the Minister will look into that in the Bill Committee, but I think the Government will have to row back on that. They could easily amend the Bill to say that if someone is under the age of 16, the nominated person must have parental responsibility unless there is a good reason for them not to have it. Sixteen and 17-year-olds are a bit different, especially when people start getting close to 18 and there are other children's rights, but I cannot see why we should legislate to let someone under 16 choose someone who does not have parental responsibility to have that important power.

The third problem is that the Bill is silent on deprivations of liberty in A&E, which are ongoing. It has been a while since I worked in A&E, but there has always been the challenge of what to do with someone who turns up to A&E if the doctor thinks that they will probably need detaining under the Mental Health Act because they are suicidal or very unwell, and wants to keep them there while the assessment takes place. We can get through it using the Mental Capacity Act 2005, but it is messy. It would be a lot clearer for everybody if we said, for example, that section 5(2) of the 1983 Act, which allows for temporary detention, could apply to an A&E setting. There is a bunch of technical stuff about the interaction between deprivation of liberty and the Mental Capacity Act, but I suspect you will start giving me the evil eye, Madam Deputy Speaker, and telling me to move on if I start—*[Interruption.]* Madam Deputy Speaker says no, but I suspect that Members across the House might start doing that, so I will move on.

Let me flag two things in the Bill. It allows for a discharge from hospital under supervised conditional discharge to a deprivation of liberty. That is in response to the case of Secretary of State for Justice *v.* MM, which involves a problem with how the law currently operates. As far as I know, in mental health law we have never had a situation where deprivations of liberty in the community were authorised under the Mental Health Act—someone had to be in a registered hospital. That is a big Rubicon to cross. I see why the Government need to tidy up this area of law, but I am not convinced that we have realised what a big Rubicon this is to cross. The operation of the Mental Health Act has always meant that someone was detained in hospital, but when they are in the community they are in the community. Someone might have certain restrictions placed on them by a community treatment order, or otherwise, but they are not deprived of their liberty in their home or in some other community setting that is not a registered medical hospital. I think that measure needs a bit more reflection.

I believe that the majority of those who will undergo compulsory treatment under detention, certainly for a long period of time, under this legislation will be people with psychosis, such as schizophrenic forms of psychosis, schizophrenia and bipolar affective disorder, but lot of the debate and focus has been on non-psychotic illnesses. That is not to say that those illnesses are less important—they are certainly not less important, especially for those who experience them—but I am concerned that people with schizophrenia always get a raw deal. They are often marginalised by society and in terms of the amount of advocacy they have.

In fact, a lot of the evidence that we reviewed in the pre-legislative scrutiny Committee focused on non-psychotic disorders, perhaps because sadly people often turn their backs on people with psychotic illnesses. Sometimes those people find themselves in a situation where their illness is so debilitating that they cannot advocate for themselves, so there tends to be a bias towards disorders such as dementia, ASD and LD, where there is someone to advocate, such as CAMHS or families who might push a little bit more. I am not saying that any condition is more important—I really want to stress that—but as parliamentarians, we do not necessarily understand that the bulk of the conditions that the Bill focuses on concern psychosis.

Finally, I have spoken a lot about how psychosis can lead to people being detained in hospital and about the impact of that. Psychosis is a pretty terrible disease but it does not need to be: lots of people get better and it is one of the most treatable diseases. The Bill will help people to get better and we cannot lose sight of that.

7.11 pm

**Lauren Edwards** (Rochester and Strood) (Lab): I welcome today's Second Reading of the Bill. I would like to focus on one aspect of the legislation: the removal of autism and learning disability from the definition of mental disorder under section 3 of the Mental Health Act 1983.

*[Lauren Edwards]*

I recently visited a wonderful local charity, the Challenging Behaviour Foundation. It is the only UK charity specifically focused on the needs of children, young people and adults with severe learning disabilities whose behaviour may be described as challenging, and their families. On that visit, I was shocked to learn that under the Mental Health Act, autistic people and people with a learning disability can be detained in mental health hospitals indefinitely, just because they are autistic or have a learning disability.

I thank the hon. Member for Runnymede and Weybridge (Dr Spencer) for sharing his extensive professional experience, but I disagree with him on one point: in my view, autism and learning disability are not mental health conditions, and I do not believe that they should be treated as such in law, which is a view shared by a lot of people in the sector who I have spoken to in advance of the debate.

This issue is currently affecting a lot of people. As my hon. Friend the Member for Penistone and Stocksbridge (Dr Tidball) said, over 2,000 autistic people and people with a learning disability are in mental health hospitals in England today, the vast majority of whom are there under the Mental Health Act. Importantly, around 225 of them are under the age of 18, so this is affecting a lot of our young people.

Mental health hospitals are often inappropriate for autistic people and people with a learning disability. Once detained, they can get stuck in those settings for many years, which can be deeply overwhelming and damaging and lead to lifelong trauma. As my hon. Friend the Member for Penistone and Stocksbridge mentioned, the average length of stay for current in-patients is nearly five years, and we have to ask ourselves why that is. The latest available data shows that the key reasons for delayed discharge are a lack of suitable housing and a lack of social care. Charities like CBF continue to hear worrying stories of abuse, over-medication, unnecessary restraint and seclusion in these settings.

Back in 2011, "Panorama" uncovered abuse at Winterbourne View hospital, bringing attention to the fact that many people with a learning disability and autistic people were being detained in hospitals, when they could and should be living in the community. Since then, there have been numerous policy interventions and action plans from the previous Government. However, sadly they have not resulted in the changes promised and all national targets to reduce in-patient numbers have been missed; in fact, the numbers have increased.

Legislative change is clearly needed, and I welcome the change to detention criteria in the Bill that will mean that autistic people and people with a learning disability cannot be detained for treatment unless they have a co-occurring mental health condition that requires in-patient mental health care. However, on page 72 of the impact assessment, the Government say that the proposed changes

"will only be switched on when systems are able to demonstrate sufficient level of community support".

Ensuring appropriate provision of services in the community is crucial to supporting autistic people and those with a learning disability, so that they can be discharged from hospital, and so that we can prevent needs from escalating, and prevent admission to mental health hospitals. However, if there is no comprehensive, fully resourced plan to build capacity in the community and enable this change to be "switched on", this vital reform could be delayed for far too long. I urge the Government to publish a comprehensive plan to ensure that the change to detention criteria can be commenced, and to ensure accountability for this process. Ideally, commencement would be in 2027, in line with modelling in the impact assessment. I also ask that those changes be co-produced with the people who will be affected by them.

The previous Government's "Building the Right Support Service Model" could act as the starting point, but I draw the Minister's attention to the challenging behaviour national strategy group, co-ordinated by CBF, which has developed a co-produced, lifelong action plan that sets out not only the changes that need to be made to get community support right, but resources and best practice. I encourage the Minister to meet families to better understand the impact of inappropriate detention on people with a learning disability or autism and their families. I would be happy to help co-ordinate that through CBF.

7.16 pm

**Chris Coghlan** (Dorking and Horley) (LD): Eight months ago, in my maiden speech to Parliament, I said that Fiona Laskaris would succeed in changing the law that prevented her from saving her autistic son, Christopher, from murder. I am here today to honour that commitment. We are on the cusp of changing the law. We have got this far thanks to the National Autistic Society; MPs from across the Chamber working together to overcome injustice, including the right hon. Member for Godalming and Ash (Sir Jeremy Hunt), the hon. Member for Rother Valley (Jake Richards), the right hon. Member for Leeds South (Hilary Benn) and my right hon. Friend the Member for Kingston and Surbiton (Ed Davey); steadfast support from my party, the Liberal Democrats, and support from the Prime Minister and the Government, in a way that represents Parliament at its best; and Elisa Menendez and Romilly Weeks from ITV, who ran the story. Above all, we got this far because of the courage and determination of Fiona Laskaris to save others from the fate that befell her son, Christopher. Fiona and Cara, Christopher's sister, are in the Gallery.

Christopher was not unlike many autistic children. He was a sensitive, intelligent, loving and compassionate boy, who once asked his mum to stop on the way to school to rescue a lamb that was stuck in a fence. I first met Fiona when I was eight. I stayed in my bedroom and ignored her, perhaps because I was angry that she was buying my home off my dad; my mum had died when I was a few months old, and I was a sensitive boy. Well, they moved in; Christopher grew up in my old bedroom, and he loved the house as much as I did, but as a young man living alone in Leeds, he struggled. Despite Fiona pleading for help for years, she was never able to attain for him the mental capacity assessment that he needed to determine his support requirements. Horrifically, he was exploited and murdered by a man who had just been released from jail. Christopher was 24. We are working with the Government on an amendment to the Bill to ensure that the views of family members are considered when determining an adult's requirements for a mental capacity assessment.

Christopher's story is not unique. King's College London found that in 2022 alone, there were 95 preventable deaths of people with autism and learning disabilities in cases in which the Mental Capacity Act 2005 had not been correctly followed. It can be hard to grasp the scale of the special educational needs and disabilities crisis in this country, but tens of thousands of SEND children are out of school, including 1,800 in Surrey alone. We are losing autistic children, including my constituent Jennifer Chalkley, to avoidable suicide, and, at worst, we are abandoning autistic people in their 20s to murderers; we are failing a generation. How we answer their call for justice will serve as a measure of who we are, and I believe the answer is less a matter of money than of leadership. We know from Nobel laureate James Heckman that early intervention is exponentially more effective and economical in today's brutalised system, which has cost the lives of Christopher, Jennifer and too many others.

Although this amendment is only a small part of the answer, it can save lives. If one grieving mother can change the law, perhaps we can change the other things, too. If we succeed, it will be above all because of the voices of broken but unbeaten parents, like Fiona, demanding change. Although Christopher had a difficult life, he had the most precious thing that any man can have: a loving and devoted mum. It is up to us to ensure that Fiona is a witness that in our country, it is possible for the vulnerable to be heard, for injustice to be overcome, and to find, beyond grief, hope.

**Madam Deputy Speaker (Ms Nusrat Ghani):** That was a very moving speech.

7.20 pm

**Kevin McKenna** (Sittingbourne and Sheppey) (Lab): I commend the hon. Member for Dorking and Horley (Chris Coghlan) on a powerful and vital contribution to this debate. In fact, I commend everyone who has spoken so far, often from personal experience and expertise. This is unfinished business, and this Bill is long overdue.

I have been reflecting on my first placement as a pre-registration student nurse. I went straight into a mental health ward. I am not a mental health nurse; that was not the route I took, but not because anything I saw there particularly turned me off it. However, it was a remarkable experience. When I walked into the unit for the first time, I was shown a burned pool table; it had been burned down the day before. The staff apologised and we moved on. The staff were full of compassion, but also frustration, and one of the things that they were frustrated with was the Mental Health Act 1983. This is some time ago; we are talking about 1996. In one of my very first teaching sessions on that unit, I was told about all the things that needed to be changed in the Act, so it is slightly surprising that I have wound up in this place, with the opportunity to change and challenge those elements.

The points made to me then were particularly about the challenges for different communities, and the way that people from different ethnicities and cultures were assessed for mental ill health. The Bill will help to adjust that, and hopefully we can mitigate those problems, and move beyond and progress from the 1983 Act. Some things were not even properly on people's radar then; for example, there was less understanding of neurodiversity, autism and learning disabilities, and the inappropriate way that they were covered by the Act. Many Members have talked about the large number of people who are autistic or have learning disabilities who are incarcerated. That has been described as an offence against human rights, and I believe that to be true, but I also believe that it will be challenging to overcome.

In 2019, the long-term plan for the NHS was brought forward by Baroness May, and several Members of this House had a key part in driving forward that change. It said that we should challenge the detention of people who are autistic in mental health locations that people are left in for a very long time. We heard from my hon. Friend the Member for Penistone and Stocksbridge (Dr Tidball) that the average length of stay of someone who is autistic or has learning disabilities and is detained under the 1983 Act is 4.7 years. That is a lot longer than many people with psychotic illnesses would need to be detained.

That long-term plan for the NHS had great intentions, and made suggestions for overcoming the issue and liberating people from detention. It was not just the pandemic that came soon afterwards that kiboshed them: it is really hard to drive change in the system when the Mental Health Act protects clinicians and senior people in the NHS in not driving forward that change that is needed. To drive it forward, we need a change to the Act, and that is what we have in front of us. I commend everyone who has worked hard on the Bill to ensure that patients' voices are heard.

In my constituency of Sittingbourne and Sheppey, we have big mental health challenges. We have the highest suicide rate in Kent and, I think, the 37th highest suicide rate of any local authority area in the country. That means that 37 other Members in this House have even bigger challenges when it comes to suicide and mental health provision. I am sure that what many of those places and Members have in common is the challenge of economic deprivation and inequality, which—let us face it—is the biggest driver of poor mental health outcomes. That was mentioned admirably by the hon. Member for Runnymede and Weybridge (Dr Spencer), who talked at length about the complexities of the 1983 Act. I commend him for his insight on the challenges of changing that. We have to change things across the board—in housing, access to employment and transport, things that are way beyond the bounds of the Bill. We should use this Bill to drive that forward. We should look around our communities and see the creative approaches that we can use.

On Saturday, I had a lovely day out in the sunshine at Curly's farm on the Isle of Sheppey in my constituency. It is an active farm, set up by two fathers to support their son, who has profound learning disabilities and autism. It brings in children with learning disabilities, autism, mental health challenges and behavioural challenges generally. It is something like the Challenging Behaviours Foundation, which my hon. Friend the Member for Rochester and Strood (Lauren Edwards) talked about, and which is also very active in my constituency; I was glad to host an event for it. The farm really shows us that when we get people out of institutional settings and outdoors into different environments, they can thrive in a way that they do not in school, or in healthcare settings. It is transformational to the lives of the children and young people who go there, who often go on to work in agriculture. I am sure that many other hon. Members see that.

**Sojan Joseph:** My hon. Friend is absolutely right to say that patients with challenging behaviours should not be detained in a mental health ward for many, many years. They should be in a different setting. Does he agree that we do not have enough support or accommodation for patients? We need to invest more in community settings for some of these patients with challenging behaviours.

**Kevin McKenna:** My hon. Friend has jumped ahead of me on that—not surprisingly, given his background as a mental health nurse. That is absolutely true. We do need to invest more, but we need to think beyond the NHS. Although this is the Mental Health Bill and it has "health" in its name, this issue is much bigger than the services that the NHS can provide.

There is a weakness in this Bill. The concern I have, which several other Members have mentioned, is that it does not tie us down to a tight timeline for this transformation. The Bill provides a get-out. That is done to ensure that services in the community are properly set up, but I worry that that the timeline will slip and slip. The time to move is now. People have been languishing for too long in settings that do not offer them a therapeutic way forward, and in places that are frankly inhumane and breach what we would all consider to be our human rights. The Minister is here and listening, and I recommend that he thinks about how we can get an active plan, so that we do not let this issue slip, but actively ensure support for services in the community, invest in them where needed, and foster them.

**Jen Craft:** I very much support what my hon. Friend is saying about making sure that there is an active plan. One of my concerns is that implementation of this Bill will be delayed until community support is ready. Does he agree that it would be welcome if the Minister offered a reflection on what good looks like in this space, and what ready looks like, so that we know what we are aiming for?

**Kevin McKenna:** I absolutely agree. We should flip this around from a delay until we are absolutely ready to an active process of deciding what good looks like.

Two weeks ago in my constituency, I ran a mental health conference. That was largely because, as I was going around as a new MP talking to every different organisation I could, mental health was right at the top of nearly all their worry lists, whether it was the food bank, the schools, the police, the prisons, or organisations in my community that had set themselves up to support people with mental health. I have a MenTalk in Sittingbourne and a MenTalk in Sheppey; they work in different ways, but that shows the level of pressure that exists locally. All of those organisations brought out mental health as their biggest worry, even if it was not their primary purpose.

Just bringing people together and getting them to talk together—people who perhaps had not talked to each other until that point—really made a difference. You could see it in the room on that day. I am sure I am way behind the curve compared with a lot of other Members who have been doing this sort of stuff already, but for me, it really showed that we have got to be active in pushing this forwards. What we have learned from 2019 and the long-term plan for the NHS is that it is the implementation that matters. It is not the words in the strategy; it is getting an implementation plan really tight and fast on the ground. Given that the impact assessment talks about 2027 as a key point, I would like to see a commitment in the Bill to produce a workable plan by 2027 at the latest—one that can give us the road map we need for the future. That has been called for by organisations such as Mencap and the National Autistic Society, so I really commend it to the Minister.

7.31 pm

**Gregory Stafford** (Farnham and Bordon) (Con): Despite having worked in healthcare for most of my career and serving on the Health and Social Care Select Committee, having listened to the speeches thus far this evening, I feel in awe of the experience of hon. Members on both sides of the House, especially the hon. Member for Sittingbourne and Sheppey (Kevin McKenna) and my hon. Friend the Member for Runnymede and Weybridge (Dr Spencer). I also commend the hon. Member for Dorking and Horley (Chris Coghlan), who I know is supported by my right hon. Friend the Member for Godalming and Ash (Sir Jeremy Hunt), for his extraordinarily powerful speech.

This Bill is essentially about the duty of care not only to those who have mental health issues, but to the public, including the family, friends, carers, public servants and everyone else who interacts with those individuals. The duty of care also exists to protect those individuals from themselves. As many Members have said, our hope and ambition should be that as few people as possible find themselves in a crisis situation. I therefore entirely endorse and support the comments about ensuring that we have proper and well-funded mental health services, both in the community and in the acute setting.

**Iqbal Mohamed:** The hon. Member mentions support for the person needing help—to help themselves, and also to help society. Does he agree that more and more people are getting into situations where they do not feel that they are being helped, and that they just feel incarcerated and restricted?

**Gregory Stafford:** I agree with the hon. Gentleman that more can be done to help people in crisis. What I would say, however—I think my hon. Friend the Member for Runnymede and Weybridge also made this point—is that there are people who are at such a point that, unfortunately, they need to be incarcerated in order to be able to help themselves. Hopefully, they spend their time incarcerated not just away from society but being treated effectively and appropriately.

That brings me to the point that this is a balancing act and a difficult situation. I think all of us of all parties are clear that the current Act is no longer fit for purpose, especially when we think about forensic mental health. As such, I am glad that the Government are taking forward this legislation, which was started under the previous Government. The cross-party consensus we have heard this evening reflects the fact that this piece of legislation has come from both of the major parties. I am likely to be on the Bill Committee after the Whitsun recess, so I will not test the patience of the House by going through every single bit of the Bill I have some interest in or concerns about, but I will briefly raise three important areas, which I am pleased

were raised by Members in the other place. A number of Opposition amendments were tabled in the other place which would have strengthened the Bill, and I hope they will be made in Committee in this place.

The first area is reducing unnecessary police involvement. The noble Lord Kamall and Baroness May tabled some amendments that in my view represent a very significant and much-needed shift in how detentions and removals under the Mental Health Act can be managed. Under the current framework, the power to detain individuals and move them to a place of safety—particularly under sections 135 and 136—is largely restricted and falls under the responsibility of police officers. Although those provisions are designed to protect the public, they can often result in the criminalisation of people in acute mental health crisis, even when there is no threat of violence or risk to others.

The amendments tabled in the other place would have allowed authorised and qualified health professionals such as paramedics, approved mental health professionals or specialised nurses to carry out those detentions and to move individuals under sections 2, 3 and 5 of the Act. That would relieve police officers of responsibilities that fall outside their core expertise while reducing the stigma and trauma associated with police-led interventions. It would streamline the process, ensuring that individuals were supported by professionals trained specifically in mental health care and would maintain police involvement only where there was a clear and present risk to safety. That would significantly change and strengthen the system, placing mental health crises more firmly within the domain of health rather than law enforcement.

**Sojan Joseph:** Sections 135 and 136 of the current Mental Health Act give the police the power to break into someone's property or detain somebody in a public place where there is the possibility of the involvement of weapons. Does the hon. Member think that health professionals would be able to manage those kinds of situations? Would the police not be the best people to deal with those situations?

**Gregory Stafford:** I am sorry if I was not clear for the hon. Gentleman. I thought I had made it very clear that I was talking about situations in which there was no risk to other professionals. Clearly, in the situations he describes, the police are entirely the right people to be involved.

The second area that I want to touch on is that of strengthening safeguards for vulnerable children. What I would like to see introduced is an essential safeguard for children and young people within the mental health care system. As my hon. Friend the Member for Runnymede and Weybridge mentioned, the current legislation allows for a nominated person to be appointed to represent the child's interests. In my view, though, it does not provide adequate protection against the risk that that person could be coercive, abusive or in other ways inappropriate, particularly in cases involving looked-after children or those with complex family dynamics.

As such, I would like to see amendments made that address that gap by establishing clear criteria for who can be appointed as a child's nominated person. For looked-after children, the local authority would automatically become the nominated individual, ensuring oversight by a public body accountable for the child's welfare. For other children, only individuals with legal parental responsibility—such as a guardian or someone named in a court order—should be appointed. Such measures would ensure that no vulnerable child would be exposed to undue influence during what may be one of the most difficult or disorienting times in their life. They would align mental health law with broader child protection standards and reinforce the principle that safeguarding must be at the heart of any mental health intervention involving children.

Finally, I want to see amendments made that would introduce more patient voice and accountability. I accept that in its current form, the Bill makes steps in the right direction, but I would like to see an amendment made mirroring the one that was tabled in the other place by the noble Lords Howe and Kamall. Such an amendment would introduce the valuable and forward-looking provision of a mandatory debrief session within 30 days of discharge from detention under part 2 of the Mental Health Act. That session would be led by an independent mental health advocate, and would provide patients with the opportunity to reflect on their experience, raise any concerns about their treatment, and offer feedback in a safe, supportive and non-judgmental setting.

That would be more than just a procedural addition; it represents a shift in culture, which I think we would all agree with, towards embedding patient voice and accountability in the mental health care system. It recognises the importance of empowering individuals after detention, supporting their recovery and learning from their lived experience to improve future services. Mental health charities and third sector organisations have strongly endorsed the proposal, so I hope the Minister will give some indication in his wind-up that he would support a similar amendment.

Taken together, these reforms prioritise professional clinical opinion, safeguard children from inappropriate influence during periods of acute vulnerability and elevate the patient voice in the post-care process. In doing so, they align the Mental Health Act closer to modern standards of care, international best practice and evolving public expectations. These amendments are essential to strengthening the Bill, ensuring that our mental health system becomes not only more effective, but more compassionate, responsive and just.

7.40 pm

**Jen Craft** (Thurrock) (Lab): The Mental Health Bill is a long overdue update to the Mental Health Act 1983, and I hope it will be the start of a much wider overhaul of a mental health system that is often not fit for purpose and has historically been treated as secondary to the physical health system. It is a system where too often patient voices are ignored, injustices are common and the use of detention is relied upon in the place of person-centred community care. Too frequently, those in acute mental health crisis cannot access the right support. They are refused help in the community, forced to rely on accident and emergency, and detained against their will as their mental health deteriorates. Incidence of detention is three times higher in the most deprived areas. Black British people are detained at 3.5 times the rate of white people, and those with learning disabilities and/or autism are at a unique and increased risk from detention and the impact that it can have on their lives. I will initially focus on that latter group. I declare an interest as the chair of the all-party parliamentary group on learning disability.

*[Jen Craft]*

Under the 1983 Act, as we have heard, learning disability or autism in themselves can be a reason for detention. The hon. Member for Runnymede and Weybridge (Dr Spencer) said that we will disagree on this, and I am afraid that we will, because I do not think that learning disability or autism are necessarily conditions of the mind. A number of these conditions are genetic and also affect the physical health of a person.

**Dr Ben Spencer** *rose—*

**Jen Craft:** I am sure the hon. Member will want to come in on this.

**Dr Ben Spencer:** I appreciate the hon. Member giving way. There is a logical inconsistency, which is that people with autism and learning disability are looked after under mental health services for autism and learning disability. If the argument is, "Well, those conditions should not be within the scope of Mental Health Act", one could make an argument that they should not be within scope of mental health services full stop.

**Jen Craft:** I thank the hon. Member for his intervention. I would welcome the opportunity to discuss this issue in more detail with him, although we will probably continue to disagree. People with learning disabilities and autism can suffer from mental health conditions as much as the rest of the population, but they have a unique set of challenges. I point out as a note to policymakers in general that they should not conflate learning disability and autism as one and the same thing. That is vital.

At the end of January 2025, 2,065 in-patients in locked mental health facilities were autistic or living with a learning disability. As one of my hon. Friends said earlier, the average length of stay for these patients is nearly five years. For those with a learning disability or autism, a locked mental health ward can be a living hell. For someone with sensory issues, a reliance on routine, a need for a specialist diet or equipment or myriad other needs, being in a busy, over-stimulating environment—often with strip lighting and minimal privacy—often means they are set up to fail from the very beginning.

**Chris Vince** (Harlow) (Lab/Co-op): My hon. Friend is making an important speech, and I know that her experience in this issue is almost second to none. She is making a point about how those with learning disabilities being confined in the way she suggests could add to their mental health issues. Supporting them in the community would alleviate a lot of those mental health issues. In the long term, that is better for them and for the community.

**Jen Craft:** I will come to that point a little later, but that confinement is detrimental to their mental health. It can sometimes be hard to pick apart a co-existing or co-occurring mental health condition from the behaviour exhibited within that environment. This is part of the reason that it is all but impossible for some detained individuals, in the circumstances they are in, to demonstrate the behaviour change they need to prove they have become sufficiently well to be released.

My attention was drawn last year to the case of a young woman called Bethany, who was detained for the best part of half a decade under the Mental Health Act. She is an autistic young woman whose parents believed that her entering a secure unit was the best choice. However, she ended up being locked up for days, weeks and then months on end in a room with only a mattress on the floor. She was unable to see her family or her support network, and her parents were absolutely devastated at being unable to get her out of that environment and seeing her continually deteriorate. It is hard to imagine the anguish of people seeing someone that they love go through this. When this happens to someone or their family, how on earth can they ever again trust the system that put them there? Learning disabled people and autistic people who have been through that have their confidence in accessing support taken away. In turn, that can create a vicious cycle.

I strongly welcome the moves that this Bill makes towards removing learning disability and autism as a reason alone for detention. However, similar to my hon. Friend the Member for Sittingbourne and Sheppey (Kevin McKenna), I note that the Government have said that these changes to detention criteria will only be switched on when systems can demonstrate a sufficient level of community support. That is a source of real concern. As the NHS Confederation has warned, the

"success of the reforms will be dependent on the wider infrastructure to support"

the Bill. As others have said, there is no clarity on what a sufficient level of support means in practice. We do not know where we are heading or when we will have got there.

The most successful support for learning disabled and autistic people to live independently in their communities is integrated care that encompasses health, housing, occupation and much more besides. I would welcome the Minister's assurances on how that will be delivered in the timescales set out and how we get from where we are now to where good is. The continual detention of people in this way should shame us all, and an end to that cannot come fast enough.

I sound a note of caution—I think this is fairly similar to that of the hon. Member for Runnymede and Weybridge—that the legislation continues to allow for the co-occurrence of mental health conditions to be a reason to detain someone with a learning disability and autism. That in and of itself could lead to this continual cycle where people are detained for longer than is necessary for their treatment while in an environment that is entirely counterproductive to them becoming well. We also need those with a specialism in learning disability and autism to be present in assessing whether an individual also has a co-occurring mental health condition.

Finally, I put a plea in to the Minister that there is a real need for those who live with a learning disability or autism to be properly consulted. A number of disabled people's charities that are run by people with a learning disability, such as the "Bring People Home from Hospital" campaign, which is operating under the auspices of Inclusion London, do not feel that they have had sufficient opportunity to input. A very minor point is that some relevant documents related to this legislation have not been printed in easy read. If they have, it has taken a

while for them to arrive. People who have a lived experience of these conditions are unable to contribute in a meaningful way.

More broadly, I welcome the legislation's attempt to make progress in putting patient voice at the heart of care, particularly through advance choice documents, but there is scope to go further. The Royal College of Psychiatrists is advocating for a statutory right to an advance choice document, which the pre-legislative scrutiny Committee also recommended. That would ensure that all patients who would benefit from one would get one, with the aim of reducing detentions and involuntary treatment. While I recognise the importance of this step and this legislation alongside the Government's investment in mental health crisis centres, a pledge to recruit 8,500 mental health staff and the Secretary of State's commitment to the mental health investment standard, there is a desperate need to transform community mental health services to put patient voice and experience at its heart and avoid the need for detention orders in the first place.

As a member of the Health and Social Care Committee, I have had the privilege of hearing from some extraordinarily courageous individuals who shared their experience of living with a serious mental illness. It is in that same spirit that I will share my own experience now. I hope that it offers an insight into the limitations of our current system.

I was diagnosed with obsessive compulsive disorder as a teenager, and with bipolar disorder in my 20s. In two and half decades with these conditions I have received good care, but sadly that is the exception and not the rule. I have never been asked what it is that I want from treatment, what it is that I want for my life, and how I can be helped to get there. I have received care that is patronising, reductive, inconsistent and non-existent. During mental health crises I have had to tread a fine line between proving that I am ill, and sometimes extremely ill, and proving that I am not so ill that I need to lose my liberty, because I know that more often than not, treatment is based not on therapeutic care but on risk management. Like thousands of others, I have had to create my own care package and my own route to treatment, because I made the decision that I deserved to live, and I deserved to live well—and also that my children deserved their mum. However, I am very aware that my ability to do this is based on a number of privileges, in no small part a very supportive family, which so many do not have.

While I welcome the Bill for its advances in reducing the amount of detention and increasing the agency of those who are detained, I must call for a significant overhaul of community mental health services to prevent crises from occurring in the first place. We know that we can and must do better. I ask all Members to note that when we discuss people's serious mental illnesses, we often talk as though they were "others", which they are not. Let me say this: "There is someone standing here among you, a Member of Parliament, who has a serious mental illness. It does not prevent me from doing my job or from living my life; in some ways, it makes me better at it." While the Bill continues its passage through Parliament, can we please bear in mind that we are talking about individuals, and individuals who will be affected by it, and that what we seek to do—and what I hope we will accomplish—is give people who live with serious mental illnesses the ability and the right to live the best lives that they possibly can, with all the support that we can make available?

**Madam Deputy Speaker (Ms Nusrat Ghani):** The hon. Lady's family must be very proud.

7.52 pm

**Ian Sollom** (St Neots and Mid Cambridgeshire) (LD): I wish to draw the House's attention to the appalling case of a young man who was very badly failed by mental health services and, indeed, tragically lost his life as a result. Today I am representing his family, my constituents Graeme, Sam and Kaitlyn, who have been campaigning to ensure that no other family has to go through the distress that they have endured and continue to endure.

Declan Morrison was 26 years old when he died. He had complex needs, and required some of the most specialist care and support throughout his life. He had autism, associated severe learning disabilities, bipolar disorder and attention deficit hyperactivity disorder. He was non-verbal and required 24-hour residential care, which he had needed and received since he was 11 years old. Declan's behaviour could be challenging, and at times he would injure himself—and sometimes, latterly, staff members caring for him. That is why it is so important that he was supported by those who knew him well, and who were able to understand his behaviour and therefore provide, as best they could, for his needs. His family were unable to provide him with the care he needed in their home, and had to put their trust in the system and specialist carers to make sure that he was looked after. Sadly, their trust was broken, with the most devastating consequences.

Declan was moved into his final residential home in May 2021 after the previous placement had become unable to meet his needs, although in a subsequent independent safeguarding adult review following his death, that decision was called into question. For a brief period, Declan seemed to settle into his new placement, but quite quickly staff at the care home raised concerns that they could not safely care for him owing to his behaviour, which had become particularly challenging. However, attempts to find an alternative single-space home for him, which he needed, failed. There was nothing available, not a single appropriate placement, so he remained in that placement for a further 10 months, with his mental and physical health worsening. I will not describe here what life was like for Declan and his family at this time, because it is too distressing.

**Helen Morgan:** My hon. Friend is making an important point about lack of provision. Does he agree that the 10-year timescale for ensuring that that provision is available is critical? If the Government could speed that up, it would be extremely helpful in instances such as this.

**Ian Sollom:** I entirely agree, and I will come on to make that very point.

Needless to say, events took a very dark and ultimately heartbreaking turn. In March 2022, a serious incident occurred: Declan became very distressed, and assaulted some staff members. Police were called, and a number of officers assisted staff to restrain Declan. As a last resort, he was detained under section 136 of the Mental

*[Ian Sollom]*

Health Act and taken to the section 136 suite at Fulbourn hospital. Some may not be aware that under the law, patients who are placed in a section 136 suite should be there for no more than 24 hours, or 36 hours in extreme circumstances. Declan was there for 10 days—10 days in an emergency suite that was entirely unsuitable for a person with his severe needs; 10 days while more than 100 places were contacted; 10 days during which not one bed in suitable accommodation could be found locally, regionally or nationally for him. Finally, he simply could not cope, and he banged his head repeatedly against a wall, inflicting a catastrophic head injury on himself. He was taken to hospital and operated on, but he died some days later in April 2022, when his family made the heart-wrenching decision to turn off his life support.

It is painfully relevant that we are debating the Mental Health Bill today, because clauses 3 and 4 specifically address the detention of people with autism and learning disabilities, like Declan. The Bill would limit detention for treatment under section 3 of the Act, but I must ask the Minister: would these provisions have been enough to prevent Declan's tragedy? His case highlights the critical importance of having appropriate crisis provisions and suitable community placements available, not just in theory but in reality. The coroner's report on Declan's death and the independent care review found major failings in the system that was supposed to protect and care for him. He was acknowledged to have been in crisis for months. Ultimately there was, and there remains, an enormous shortage of available placements for someone with Declan's complex needs, both in the community and within the NHS. As Declan's father told me, in words that I hope will be heeded, the reliance on the section 136 suite to contain autistic individuals while they are in crisis is abhorrent, and must be seen as a breach of the Human Rights Act.

Declan's sister, Kaitlyn, has called for specific crisis provisions to be funded and created for individuals with autism who need a designated place of safety when experiencing a severe mental health crisis. Such provisions would need appropriately trained and experienced staff. In fact, one was created in Cambridgeshire following Declan's death. Sadly, the funding was pulled and it closed, but it operated at 90% capacity when it was open, showing the very real and immediate need for this kind of provision to exist permanently and across the country.

The Bill places new duties on integrated care boards and local authorities to provide community support for people with autism and learning disabilities, but how will the Government ensure that the duties it outlines translate into sustainable services that prevent cases like Declan's from ever happening again? Duties without resources are merely words on paper. Although it is welcome that clause 49 removes police stations and prisons as places of safety, Declan's case shows that even designated section 136 suites can be wholly inappropriate for individuals with complex needs. How will the Government ensure that appropriate alternatives are in place before the provisions commence?

I note with deep concern that the Government anticipate that full implementation of the Bill could take up to 10 years, which is too long for vulnerable people to continue to be at risk. In the light of the coroner's findings in Declan's case, will the Government commit to prioritising the provisions relating to autistic people and those with learning disabilities, particularly the development of appropriate crisis services, as outlined in the Bill?

On behalf of Graeme, Sam, Kaitlyn and all those people like Declan, I ask the Government whether they are satisfied that the provisions set out in the Bill will prevent tragedies like this one from ever happening again. If not, I urge them to make changes to ensure that it will. For Declan and all those with autism and learning disabilities, who deserve better from our mental health system, we must make sure that the Bill delivers the change they need—not in 10 years, but now. Their lives depend on it.

8.2 pm

**Josh MacAlister** (Whitehaven and Workington) (Lab): It is humbling to contribute to a debate with contributions like that from the hon. Member for St Neots and Mid Cambridgeshire (Ian Sollom). I pay tribute to him for sharing Declan's story in this place, and to my hon. Friend the Member for Thurrock (Jen Craft) for her very personal contribution.

I warmly welcome the fact that the Government are giving this issue the prioritisation that it richly deserves. The reforms will give patients greater choice and enhanced rights, and ensure that everybody is treated with dignity and respect throughout treatment. I will make three broad points about mental health services in England and how they relate to the passage of this Bill. The first is about Cumbria's hidden crisis.

Cumbria's suicide rate is 50% higher than that in the rest of the country. Over five people die from suicide every month in Cumbria—more than double the number of road deaths. Each one of these lives lost is a tragedy. They leave behind families, friends, co-workers, neighbours and emergency workers—a web of people in the community who try to make sense of the grief, loss and shock. Some fantastic local organisations in my constituency are working to bring that number down, including Every Life Matters, Andy's Man Club and the West Cumbria Mental Health Partnership, but they are fighting a growing problem of depleted resources. It is in this context that we need excellent mental health services, so it was particularly welcome that, weeks after the general election last year, the Government funded a new initiative called Hope Haven, an open-access mental health hub with some accommodation attached to it. This new service is being built by brilliant local partners in my constituency as we speak, and I have high hopes for the contribution that it can make.

However, the new service has come at the same time that Cumbria, Northumberland, Tyne and Wear NHS foundation trust has made the regrettable decision to close Yewdale ward, an in-patient mental health ward in Whitehaven that is the only in-patient service in the area. If it does close, patients will need to travel for over an hour to reach the nearest in-patient service, and the community has very poor public transport options. I have called for the ICB to investigate the process that has been followed to reach the decision, so that we can pause the closure. If we are to improve mental health services across our country, the reforms need to work for rural, isolated and coastal areas too.

My second broad point is about the needs of people with experience of growing up in the care system and the link to mental health services. Care-experienced adults are hugely over-represented in our systems of mental health detention, assessment and treatment, so the much-needed reforms will be a particularly welcome change for this group.

**Markus Campbell-Savours** (Penrith and Solway) (Lab): On the important issue of suicide and the extremely high rate in Cumbria, does my hon. Friend and constituency neighbour agree that it is extremely important that coroners work with, and provide information to, local authorities and local health services to ensure that we can deliver meaningful policies on anti-suicide strategies in areas like Cumbria?

**Josh MacAlister:** I thank my constituency neighbour for suggesting the types of solutions that we should look at. Some areas of the country have much higher rates of suicide than others, and we know far too little about why those areas have those trends.

Around half of children in care are expected to have some sort of mental health disorder, and they are estimated to be four to five times more likely than the rest of the child population to have a mental health need. Despite that, children in care are disproportionately rejected for support from CAMHS services, and this builds up unmet mental health needs for which we as a country are paying the price in social and economic costs further down the line.

Just one example of that is the surge in deprivation of liberty orders that we have seen in recent years. In 2017-18, there were 103 applications; in 2024, the figure was 1,280. Deprivation of liberty order applications often leave judges in our family courts with impossible choices over the secure accommodation option for children. Young people who grow up in the care system should receive the very best that our country has to offer, with help being speedy and tailored. Although wider changes are needed to make that a reality, humanising our mental health legislation in the ways set out in this Bill will make a difference.

**Chris Vince:** My hon. Friend has talked with real passion and expertise about children in care, and he makes some really important points. Does he agree that the mental health support we give to young carers—young people who support a family member—is equally important? They make such a huge difference to our communities and the NHS, and they too should be supported.

**Josh MacAlister:** Absolutely. We need to support young carers and young people in care. One of the common challenges facing both of those populations is that services sometimes fail to look at what support can be provided to the whole family unit, so I take my hon. Friend's point.

Finally, I will say a few words about a sensitive issue that is a growing trend. Most weeks, I visit a school in my constituency, and there is a growing theme: teachers, and now parents, are raising concerns about the potential over-diagnosis or misdiagnosis of ADHD and mild autism. I raise this point for two reasons: first, because the risk is that the scale of the increase in diagnosis is so great that it may take away much-needed mental health services from those with acute and genuine need; and secondly, because we have yet to grasp the potential negative impacts of treating what may be social challenges as medical disorders.

Some 400,000 children are currently awaiting an ADHD assessment, and rates of diagnosis have risen sharply in recent years. Diagnosis varies dramatically depending on where someone lives, who does the assessment and, worryingly, the socioeconomic background of the individual.

**Jen Craft:** Is my hon. Friend able to name an intervention for a diagnosis of mild autism that could be considered a medical intervention, not something to address one of the social issues he has identified, that could harm the individual?

**Josh MacAlister:** Yes, in a number of schools we have seen a growing number of ADHD and mild autism diagnoses that do not come with any form of treatment. That is in a system where there is an expectation that education, health and care plans will be filled and met by multiple agencies, and the families are often left battling the system, having to fight for a diagnosis to get that label and then finding that the help is not there. My argument is that those families—not all, but some of them—are battling a system that already has finite resources and now spends a huge proportion of its resources gatekeeping, when actually we should step back and look at what support the young person and their family need.

In the case of ADHD, the National Institute for Health and Care Excellence guidelines set out very clearly that, before an assessment is made, it should be established whether parenting support could be put in place to help. My guess is that, in many cases at the moment, that offer of parenting support is not in place before an ADHD diagnosis is made.

Diagnoses of autism have doubled in the last five years. I am not saying that that is incorrect, but I think the question needs to be asked, as part of the wider debate, whether that growing trend is a reflection of previously undiagnosed autism or, because of recent changes in the ICD-11 manual—the 11th edition of the "International Classification of Diseases"—people are being brought into that diagnosis who would previously have been supported in other ways.

I close by urging the Government to consider the implications of the reform of mental health services for those in rural and remote communities. They need to acknowledge the benefits that will come from these measures for those with a care experience, but also to think deeply about the need for residential care that can meet their need for a secure setting. They should also consider ways in which we as a country can have a full and rich conversation about the growing diagnosis of ADHD and mild autism, so that we can establish the best routes of support for the children crying out for support and the parents often battling against the system, who may be building up a future need for the crisis mental health services we have been speaking about this evening.

8.12 pm

**Iqbal Mohamed** (Dewsbury and Batley) (Ind): Before I begin, I want to pay tribute to right hon. and hon. Members for their extremely informed, personal and

*[Iqbal Mohamed]*

moving speeches in support of the positive elements of the Bill, and for making extremely important, constructive suggestions about how to make it even better than it is.

I stand today to speak in strong support of the Bill, and the urgent and long overdue reform of our mental health legislation. The Mental Health Act 1983, now 40 years old, was designed for a different era. While it has provided a legal framework for detaining and treating individuals in crisis, it no longer reflects our modern understanding of mental illness, patient rights or best clinical practice. As we have heard, the Act governs both civil patients and those involved in the criminal justice system, and it includes powers such as community treatment orders, but it is clear that the system it underpins is no longer fit for purpose.

The need for reform is stark and obvious. Patients detained under the Act often have little say in their treatment or about who is involved in their care. As we have heard, racial disparities are deeply entrenched, with black or black British people 3.5 times more likely to be detained and 11 times more likely to be placed under a community treatment order. The journey towards reform began with the 2018 independent review, led by Sir Simon Wessely, which identified rising detention rates, poor patient experience and systemic disadvantages for people with learning disabilities and autism. A draft Bill followed in 2023, and I commend the Government for taking forward the proposed Bill.

Each year, approximately 54,000 individuals are detained under the Mental Health Act. Alarmingly, as I have mentioned, black individuals are nearly four times more likely to be detained and 11 times more likely to be placed under a CTO. Furthermore, nearly 1,000 young people are detained annually, yet over half report that their hospital stay did not aid their recovery. These statistics are not just numbers; they are a call to action. There are serious concerns about the treatment of people with learning disabilities and autism. While the Bill rightly ends inappropriate detentions under section 3 of the Mental Health Act when there is no co-occurring mental illness, the delay in implementation due to the lack of resources raises fears of criminalisation, misdiagnoses, and exclusion from aftercare. We need a fully costed plan, with clear targets and accountability, to support this vulnerable group.

Mind, the leading mental health charity, has identified a further three critical areas in which the Bill must go further. The first is tackling racial disparities. The disproportionate detention of black individuals under the current Act is a glaring injustice. The Bill must include measures to reduce this disparity, such as limits on the use of community treatment orders, and the introduction of a "responsible person" to oversee treatment decisions. Additionally, a statutory duty to monitor and report on progress against these inequalities is essential. I therefore support the creation of a dedicated role to monitor and act on racial disparities in detention and treatment.

Secondly, the principle of least restriction is central to the Bill, yet it remains aspirational; there are no enforceable rights. Patients should have a statutory right to assessments and treatment, the ability to appeal treatment decisions, and expanded access to advocacy services. These rights are about not just legal protection, but respecting the dignity and autonomy of individuals facing mental health challenges.

Thirdly, young people detained under the Mental Health Act often find themselves without adequate support or a voice in decisions about their care. The Bill must include a transparent decision-making test, tailored for children and young people, to ensure that their best interests are at the forefront of all treatment decisions. There should also be safeguards and the standardisation of advance choice documents. The Government say that the implementation timelines could be up to a decade, but I urge them to implement each element of the Bill as soon as is practically possible.

This Bill is very welcome, and this is a pivotal moment in the history of mental health care in our country. It is a huge step forward, but it could go further. To truly transform mental health care, we must ensure that the legislation is not only progressive in its intentions, but robust in its protections. We have the opportunity to create a system that upholds the rights, dignity and humanity of every individual. Let us therefore not pass up this chance to make all the necessary changes. Let us amend this Bill to reflect the values of equality, autonomy and respect, and take this once-in-a-generation opportunity to build a fit-for-purpose mental health system that is fairer, more compassionate and more effective. I urge the Government to take this opportunity to address the gaps, take heed of the recommendations and concerns, and make the Bill right and proper.

**Several hon. Members** *rose—*

**Madam Deputy Speaker (Ms Nusrat Ghani):** Order. I want to retain the tone of this debate, but to get everybody in, we will have a speaking limit of seven minutes, which is still quite a long time.

8.19 pm

**Sojan Joseph** (Ashford) (Lab): It is a pleasure to be called to speak in this Second Reading debate. Prior to being elected to this House, I worked for 22 years in NHS mental health services, and I am the chair of the all-party parliamentary group on mental health. This is an issue I care about deeply.

It has been widely accepted that the Mental Health Act is outdated, and the need to modernise it has been talked about for some time. I pay tribute to Baroness May who, when she was Prime Minister, commissioned Professor Sir Simon Wessely to undertake an independent review of the Act, and I commend this Labour Government for introducing the Bill without delay.

As Members will be aware, last week was Mental Health Awareness Week. The discussions I took part in showed how far we have come in removing much of the stigma around mental ill health, but I fear that a lot of stigma remains when it comes to discussing severe mental ill health, such as cases of schizophrenia. I therefore welcome the importance that the Government have attached to the Bill, and to updating the law so that it is fit for the 21st century. I hope that, through our deliberations, we can play our part in ensuring that severe mental ill health is treated with the respect and understanding it deserves.

The Mental Health Act provides the legal framework for the detention of people when their mental ill health means that they are at risk to themselves or others, so that they can receive appropriate treatment. The Bill looks to modernise that legal framework. I welcome clause 1, which adopts the four principles of treatment proposed in Sir Simon Wessely's independent review. By adopting those principles, the legislation will give patients greater choice, enhanced rights and support, and ensure that being treated with dignity and respect is an integral part of their treatment.

This reform is long overdue. We talk a great deal about wanting to deliver personalised care in our health service. That should be the guiding principle in every part of the service, especially for the most vulnerable. Adopting the principles is about redressing the balance of power away from the system, so that the patient has more autonomy, and more say over their treatment. That will help to ensure that those in society with the most severe mental health conditions get better, more personalised care. I also welcome the statutory role that clauses 24 to 28 will give a nominated person, who will have a greater say over the patient's treatment and care. Replacing the old hierarchical list of relatives with a person who has been selected by the patient, albeit that there will be certain safeguards in place, is an update to the legislation to reflect today's world.

Clause 3 deals with the application of the Mental Health Act to autistic people and those who have a learning disability. The clause modifies the definition of mental disorder by introducing new definitions of autism, learning disability and psychiatric disorder. As a result, people with a learning disability or those who are autistic can no longer be detained or made subject to a community treatment order unless they have a co-occurring psychiatric disorder. This is a welcome and long overdue change. Under the Mental Health Act, autistic people and those with a learning disability have experienced inappropriate care, over-medication and extended periods of detention. As we look to modernise the Act, it is wholly appropriate to ensure that they cannot be detained unless they have a co-occurring psychiatric disorder.

However, concern has been expressed in parts of the learning disability and autism sectors that the change may have unintended consequences. For example, it may lead to an increase in alternative routes to detention. In particular, concern has been raised that people with high-risk behaviours who require treatment in appropriate and safe hospital environments may end up having to be dealt with by the criminal justice system if they cannot be detained under the Mental Health Act. These concerns were debated when the Bill was considered in the other place, but I would be grateful if the Minister could say whether the Government have given any further consideration to those points. I would also be grateful if he could give an assurance that he and his officials will engage with the learning disability and autism sectors as the Bill continues through this House.

In the other place, the Conservatives were successful in amending the Bill to allow the extension of police powers of detention under sections 135 and 136 to other specified healthcare professionals. The amendment provoked serious concern from representatives of healthcare professionals, and I understand it is not supported by the police either. The "right care, right person" model, put in place in 2023, has already reduced the time the police have to deal with mental health patients. Will the Government look into overturning that amendment? I would also be grateful if he said how the Government will build on the Bill to ensure wider reform of, and investment in, mental health, and how we can ensure that the aims of the Bill are accompanied by high-quality mental health services, especially community services for people experiencing poor mental health.

In preparation for today's debate, on Thursday, as chair of the APPG on mental health, I was pleased to organise for a small group of Members a visit to the mental health centre at the St Charles hospital in Kensington. During our visit, we were able to spend time in the mental health crisis assessment service. This excellent facility is open 24 hours a day, seven days a week, for anyone in the area who is experiencing a mental health crisis. I recommend that such facilities be instituted across the country, especially in my constituency. In Ashford, there are no mental health emergency facilities. Over 2,600 people whose primary issue was recorded as mental ill health presented themselves at the A&E department at the William Harvey hospital in 2024. Such facilities would help to prevent that. I press for more support to be put in place, alongside the Bill.

8.26 pm

**Zöe Franklin** (Guildford) (LD): I welcome the direction of the Mental Health Bill. It marks a long-overdue shift in how we treat some of the most vulnerable in our society, recognising that people deserve more than crisis care—they deserve dignity, choice and autonomy. It has been a real privilege to be in the Chamber for this important debate, and to hear the very moving speech by my hon. Friend the Member for St Neots and Mid Cambridgeshire (Ian Sollom), and by so many others across the Chamber who shared their constituents' stories, and their own.

The Bill rightly puts patients at its centre. It gives them more say in their treatment, improves the complaints process and introduces personalised care plans. Replacing the outdated "nearest relative" with a nominated person reflects a broader move toward a more respectful, person-centred system that listens, empowers and supports recovery. But here is the uncomfortable truth: however well-intentioned, the Bill will achieve little unless we confront the funding crisis already engulfing our mental health services. The Bill asks overstretched and underpaid staff to deliver changes that demand time and care when many are already at breaking point. My constituents across Guildford see that every single day. Jennifer came to me in despair over the care that her daughter Leah is receiving at a local mental health unit. Chronic understaffing and a lack of support mean that concerns go unanswered. Underfunding has created a cycle of inadequate care—treatment refused, early discharges to free up beds, and inevitable readmissions when Leah's needs are left unmet. I have heard from Samantha, whose son suffered a psychotic episode that ended in tragedy—a stark reminder of what happens when crises go unsupported. I also want to mention the story of a young woman whom I will not name, but who made a series of attempts on her life until she tragically succeeded, after gaining access to a poison from overseas. I know this is not a unique story, and that multiple coroners have written to the Secretary of State for Health and his predecessors on

*[Zöe Franklin]*

this issue. Will the Minister agree to meet me to discuss the case and whether it may be possible to use the Mental Health Bill to prevent further similar deaths?

There is also the fact that across the country people are waiting months and sometimes years for mental health care. Children and young people are falling through the cracks, as CAMHS is overwhelmed and referrals are delayed; patients are sent miles from home due to local bed shortages; and police are left to respond to mental health emergencies because there is no one else to call. Our system is not just stretched; it is at breaking point. Yet the proportion of NHS funding going to mental health care is falling—despite soaring demand, despite mental illness making up a fifth of the NHS's burden, and despite the Government's promises. These are not just gaps in the system; they are failures of political will.

**Iqbal Mohamed:** As well as NHS funding for direct mental health services, does the hon. Lady agree that we should invest in preventive steps to help children to avoid the mental health anguish that they are suffering today?

**Zöe Franklin:** Absolutely. I know from my own caseload of too many stories of where if young people had received preventive care and support, they would not be facing the tragic situations they and their families are now living through.

This Government have scrapped key mental health targets, including goals for early intervention, therapy access and physical health checks for people with mental illnesses. I am sorry, but this signals a retreat at the very moment we need to advance.

I support the vision outlined in the Bill, but its success depends entirely on the foundation on which it stands. Without adequate investment, even the very best intentions will struggle to take root. Ensuring that people can exercise their rights and that staff can support them demands more than legislation; it demands real resources and sustained commitment from this Government.

We need a national effort to rebuild mental health care from the ground up, with early intervention for young people, trained professionals in schools and communities, continuity of care and a culture shift that treats mental health with the same urgency and seriousness as physical health. Failure is not an option—not for the thousands still waiting, not for the staff stretched to their limits, and not for the communities left to pick up the pieces. We can and must do better.

8.31 pm

**Darren Paffey** (Southampton Itchen) (Lab): I rise to support this important Bill. I have been incredibly humbled by some of the speeches, particularly from the hon. Members for Dorking and Horley (Chris Coghlan) and for St Neots and Mid Cambridgeshire (Ian Sollom) on the Lib Dem Benches, from the hon. Member for Runnymede and Weybridge (Dr Spencer) given his experience, and of course from my hon. Friends the Members for Thurrock (Jen Craft) and for Sittingbourne and Sheppey (Kevin McKenna).

This Bill is incredibly welcome. It is long overdue and deserves the urgency and seriousness it is being given. I have heard from families in my constituency who have waited months and sometimes years for help; in many cases, the waiting list for CAMHS in Southampton exceeds two years.

**Alison Hume** (Scarborough and Whitby) (Lab): Recently, I met grandparents in my constituency who are caring for their grandchild, who was recently diagnosed with autism. Their grandchild is suffering from poor mental health and is unable to attend school, and the family is struggling to access support. I welcome the Government's work so far in this area, including the pledge to have a specialist mental health professional in every school, but does my hon. Friend agree that a three-year wait for an appointment with CAMHS, as my constituents are facing, is completely unacceptable?

**Darren Paffey:** My hon. Friend makes an incredibly important point, and I fully agree that the wait facing many people is excruciating. I have had constituents come to me in tears because they do not know whether their children will make it to adulthood. The services are just not there, and they are subject to hugely long waits and often inadequate provision. These changes are crucial.

Of course, there are some truly commendable local initiatives in Southampton that are making a real difference on the ground. I pay tribute to services such as The Lighthouse, an invaluable out-of-hours mental health support centre for adults in crisis, and No Limits, a brilliant charity that has for many years provided a wide range of health and wellbeing support schemes to children and young people across the city. These organisations exemplify the compassion and commitment of professionals and volunteers to those who need their services. Let us be clear, though: however dedicated those services and the people within them may be, they are operating under immense pressure. Demand has outpaced capacity, and that is why national action is so urgently needed to match that local effort with investment, modernisation and the workforce expansion required to ensure that no one is left behind.

There are two essential pillars upon which real improvement in mental health provision has to be built: the legal framework, which the Bill rightly seeks to modernise, and, as colleagues from across the Chamber have mentioned, the funding that underpins the delivery of services. Reforming the law is a vital step, but without sustained investment in frontline mental health care we risk changing the rules without changing the reality for patients.

**Lola McEvoy** (Darlington) (Lab): In my constituency we have a statistically significant suicide rate; I have mentioned several times in this place that I know seven men who have taken their own life. Does my hon. Friend agree that while funding is important, early intervention and preventive care in mental health services is also really good money, well spent?

**Darren Paffey:** As a former cabinet member for children's services, I have learned through experience that early intervention will always be far better value for money than reactive services, which are obviously very necessary but often come too late.

We need both compassionate, up-to-date legislation and the resources to make it meaningful in practice. The Bill will bring our mental health laws into the 21st century. As has been mentioned, the Mental Health Act is as old as the Secretary of State—I am sad to say that both he and the Act are still younger than I am—and its provisions no longer reflect our understanding of mental health or the standards of dignity and agency that we now rightly expect. These reforms will put patient voices at the centre. I am pleased that for the first time patients will have greater rights to make their wishes known and to be involved in decisions about their own care. No one could make that case more eloquently than my hon. Friend the Member for Thurrock.

The Bill also rightly recognises the needs of children and young people, too many of whom are falling through the cracks. One of the major factors affecting their mental health is the pervasive presence of social media. There is growing and compelling evidence that addictive algorithms are leading to increasing anxiety, depression and low self-esteem. Add to that the impacts of cyber-bullying, social comparison and 24-hour peer pressure and it is little surprise that there is real damage to the mental wellbeing of our young people.

In my constituency, we have seen two tragic, heartbreaking deaths that were very much about mental health, in which online forces led people to the terrible decision to die by suicide. We must take action both to prevent and to react to poor mental health. The Bill gives young people the right to express their views in writing and requires professionals to take those views seriously. Every child deserves support, not silence, and the Bill will take us in the right direction.

As I have said, the reforms in the Bill are important, but will Ministers confirm that they will be backed up by the funding needed to deliver sustainable mental health services in England? I welcome the fact that the Government have committed an additional £680 million to mental health services this year. I urge Ministers to get that money out of Whitehall quickly and to the frontline, in Southampton and other places where it is desperately needed.

I am delighted that we now have a national plan to recruit 8,500 new mental health staff, which will include placing specialist professionals in every school. When I served as cabinet member for education in Southampton, we were proud to lead the way by introducing mental health support into our local schools with a pilot initiative, which has had a clear and positive impact. I am delighted that that successful approach is being adopted on a national scale.

I am also delighted that this Labour Government are developing Young Futures hubs across the country to provide the early support for which my hon. Friend the Member for Darlington (Lola McEvoy) made the case so eloquently, with the aim of keeping young people well and, importantly, out of hospital in the first place where possible. We have seen the scandal of learning disabled and autistic people being locked in hospital simply because there is nowhere else for them to go. The Bill will end that inappropriate detention and strengthen community-based support.

When more people die by suicide than in traffic accidents and when patients are left in police cells simply because there is nowhere safe for them to go, radical change is the only responsible path. We must strive to achieve that change through this Mental Health Bill.

8.39 pm

**Shockat Adam** (Leicester South) (Ind): It has been humbling to be part of this debate and to hear powerful contributions from hon. Members who have so much knowledge, in particular the hon. Member for Runnymede and Weybridge (Dr Spencer) and the hon. Members for Dorking and Horley (Chris Coghlan) and for St Neots and Mid Cambridgeshire (Ian Sollom), who made emotive speeches.

I welcome the Bill and the Government's recognition that the current legislation is no longer fit for purpose. With over 54,000 people detained under the existing Mental Health Act, this is an opportunity to modernise a system that often fails to provide care fairly and effectively. We have heard brutal testimony of that today.

Although I support the direction of the Bill, one area that needs greater attention is the impact on young people. We are seeing a clear and worrying rise in mental health issues among children and teenagers, yet the Bill does not fully guarantee them the same rights and safeguards as adults. There is still no statutory test for decision-making capacity for under-16s. Without it, many young people could miss out on key rights such as choosing a responsible nominated person or accessing the protection around informal admission.

Current guidelines say that children should be placed on adult wards only in exceptional cases, but that is still happening far too often. In 2022-23, nearly 200 children were admitted to an adult psychiatric ward. These environments are not designed for them. Children who are placed there can lose access to education, peer support and age-appropriate care. This must change. It is not only adult wards that are of concern to me but the fact that many children are sent to live far away from their homes and support structures, even to other towns. We must have statutory provision to stop this happening.

Turning to racial inequality, the data continues to tell a stark story. Black people are nearly four times as likely to be detained under the Mental Health Act and seven times more likely to be placed under a community treatment order. Those orders were meant to reduce hospital readmission, but they often do not achieve that aim. Instead, they feel indefinite, coercive and difficult to challenge, and many say that they erode the trust between families and healthcare providers. That is why I support either abolishing CTOs altogether or ensuring that they are subject to regular independent reviews with clear criteria.

I also support the call to have a person in every trust who is responsible for race equity—someone with authority and visibility to ensure that training, policy and data are used effectively to address local disparities. We need national accountability too. That is why an annual report by the Secretary of State, broken down by protected characteristics, is vital. If we are serious about reducing inequality, we must measure, understand and act on it.

Finally, on autism and learning disabilities, I support the decision to remove the ability to detain people without a co-occurring mental health condition. However, there are real concerns that, without proper support in the community, people may end up being misdiagnosed just to fit the criteria for detention, or may be left without appropriate care altogether. We need a clear, costed plan for supporting integrated care boards and local authorities to deliver the care people need in the community.

*[Shockat Adam]*

That means targets, proper funding and safeguards to prevent delays and poor outcomes. We cannot afford a system where a lack of planning results in another decade of delays for this vulnerable group.

The Bill is an important step forward, but it is not enough on its own. If we want meaningful change, we need investment, accountability and a stronger focus on the rights of the people who depend on mental health services every day. We are all responsible for ensuring that this legislation does more than just change the law. It must change lives.

8.43 pm

**Andrew Cooper** (Mid Cheshire) (Lab): It has been an absolute privilege to listen to contributions from Members with real expertise and experience. I wholeheartedly welcome the Government's Mental Health Bill, and I am proud that this vital and, as we have heard, long-overdue Bill will modernise the woefully out-of-date Mental Health Act, which we know is linked to racial inequalities, poor care for people with learning disabilities and neurodivergence and which fails to give patients a proper voice.

By modernising the Mental Health Act and making it fit for the 21st century, the Government are demonstrating that they have the ambition, compassion and determination to ensure that patients have greater choice, autonomy, rights and support, and that all patients are treated with dignity and respect throughout their treatment.

There are many welcome measures in the Bill, from strengthening patient rights to reforming the use of involuntary detention and limiting the extent to which people with a learning disability can be detained, but to ensure that we tackle the crisis in—and transform the future of—mental health care as a whole, we must go further and build on these reforms. Nowhere is that need more urgent than in children's mental health services where, alongside profound societal change, the damage to the capacity of the state made by the previous Government is most painfully visible, and where the cost of inaction is overwhelming.

The relationship between unhealthy online habits among adolescents and poor mental health is well documented. The World Health Organisation reported last year that

"potentially damaging social media use…has been shown to lead to depression, bullying, anxiety and poor academic performance".

But those changes have occurred at the same time as huge reductions in the availability of youth services and other early intervention, the closure of safe community spaces, which provide access to trusted role models, and stark increases in relative child poverty and homelessness.

Earlier this month, I launched a constituency survey to hear directly from children and their families to better understand the state of local children's mental health services. Some of the responses paint a bleak and harrowing picture of parents desperately trying to get their children the support they need. The initial results of the survey demonstrate that we must focus on two connected areas of reform, which I believe must be part of our wider plans to tackle the mental health crisis.

First, we must begin with early intervention as a system-wide principle, not an afterthought. Under the previous Government, the mental health system often failed to intervene in a timely, consistent and adequate manner. It is widely understood that early mental health challenges can significantly impact a child's development, yet services for young children remain insufficient and poorly co-ordinated. For children in their early years and pre-school stages, support is often fragmented or entirely lacking. To address the gap, we need a cohesive early intervention strategy that does more to integrate early years health and education.

Additionally, we must go further by giving children access to mental health professionals in every primary and secondary school, making support not just accessible but familiar and trustworthy. Schools are often where issues are first identified, and they must also be where the support starts. It was brilliant to hear the announcement on Friday that that will begin to be rolled out, but it does need to be accelerated.

Secondly, we must overhaul how children access specialist care and tackle the systemic barriers created by high thresholds and long waits. Early intervention works only if there is a functioning system to refer into, but that system is broken. Over the last 14 years, services have been hollowed out, waiting lists have spiralled and thresholds for access have been pushed so high that even children in a clear crisis are being turned away. I have heard countless stories of children who are self-harming, experiencing suicidal thoughts or in deep emotional distress being told they do not meet the criteria for treatment. Families are left to watch their children deteriorate, terrified, helpless and too often unheard. That is not care; that is the cost of failure.

That is no reflection on the professionals delivering the care. My survey showed good levels of satisfaction, but there simply is not enough of it to meet demand. Unless we expand the service capacity and rethink how thresholds are applied, the most vulnerable children will continue to fall through the cracks, no matter how early their needs are identified. Early help must lead somewhere. That means ensuring that timely and specialist care is available for those who need it.

These two reforms are not stand-alone; they are interdependent. We cannot have meaningful early intervention without timely access to specialist care, and for as long as we do not address the root causes of poor mental health—child poverty, hollowed out youth services and weak online safety—the problem will continue to get worse. The Bill, along with a wider plan to tackle the mental health crisis, presents the opportunity not only to fix what is broken but to create something better: a mental health system that is accessible, equitable and fit for the future. I am proud to support the Bill.

8.49 pm

**Jim Shannon** (Strangford) (DUP): It is a real pleasure to speak in this debate, Madam Deputy Speaker. Thank you for allowing me the opportunity to make a contribution. I shall begin by saying that it is essential that we get this right. In his introduction, the Secretary of State outlined his case very well, and I welcome his policy, his strategy and his legal way forward here in Westminster. I also believe that that will set a trend for the rest of the regions of this United Kingdom of Great Britain and Northern Ireland, and particularly for Northern Ireland. I know that the Minister has direct contact every month with the Health Minister in Northern Ireland, Mike Nesbitt, and that a very constructive dialogue takes place between

the Secretary of State here and the Minister back home. Hopefully, this will allow all the regions across the United Kingdom of Great Britain and Northern Ireland to ensure that we are all on the same page when it comes to mental health support and obligations. The Minister and the Labour Government have set a strategy in place that I welcome.

Mental health has increasingly, and rightly, come to the forefront of our minds. We are now taking it on board and teaching our children coping mechanisms from their early school days, for example with teachers practising breathing exercises with children and helping and guiding teenagers through exam situations. Those things are happening already; we have come forward in leaps and bounds. However, this is not a sprint. This is a generational marathon, and we are struggling to make the mile markers. That is why I welcome the whole premise and thrust of the Bill.

The "Mental Health in Northern Ireland Fundamental Facts 2023" report was launched around 18 months ago, and it contained some interesting stats to consider. The wide-ranging report shows that 30% of people in the most deprived areas are likely to have a probable mental illness, compared with 20% in the least deprived areas, and that poverty, particularly child poverty, is a key contributor. It also shows that 24% of children in Northern Ireland are living in poverty. Stable housing is also a key driver of wellbeing, and almost 70% of people experiencing homelessness have a diagnosed mental health condition. In my intervention on the Secretary of State earlier, I welcomed his agreement to share the Bill and its recommendations with the Health Minister in Northern Ireland, because I believe that its constructive, helpful recommendations will help us to achieve some of the aspirations and policies of the Government and the Minister here.

The report also highlights the association between poor mental health outcomes and adverse childhood experiences, with 47.5% of young people aged 11 to 19 experiencing at least one adverse childhood experience. Young people in the least deprived areas are more likely to experience no ACEs compared with those in the most deprived areas. One in five adults and one in eight children in Northern Ireland have a probable mental illness, according to the report, with rates in adults similar to other regions. However, our history of conflict and some 30 years of a terrorist campaign—with terrorists murdering and the IRA trying to kill Unionists and those who objected to their way of life—have repercussions and contribute to more complex mental health difficulties in the population.

This is a snapshot of any, and indeed all, of the regions in the United Kingdom. We are all facing the same difficulties and we all need a more effective solution and support for individuals and families. I have had many anxious parents whose children have been referred to child and adolescent mental health services. The waiting list in Northern Ireland has approximately 2,100 total waits for a CAMHS assessment, with 1,104—over half of that number—waiting for more than nine weeks. These are children who may be self-harming or have OCD and whose bodies are feeling the effects of obsessive hand washing when stressed. These are just some of the things that young people have to deal with. There are so many things that affect their education.

This is why I welcome the aims of new section 125A, which provides for the making of arrangements for ensuring that care, education and treatment review meetings take place for children. Education, hope and a future are essential and I welcome this aim. It is all about giving hope, and I think every one of us, as an elected representative, wants to give hope to our constituents—to the parents and to the children—of a better future. That is why we welcome this positive Bill.

I gently question whether the Bill goes far enough in its legal obligations for children's reviews on education and health. I look to the Minister for his opinion on whether more should be done to ensure that children and vulnerable adults have a pathway to education and a better health programme, and therefore hope and a better future. We must not have a postcode lottery. Indeed, children and vulnerable adults in each region deserve the same rights and deserve dedication and services. I hope that while this Bill applies only in England and Wales, it will make changes for the good of the entire United Kingdom of Great Britain and Northern Ireland and will put in stone—I use that political term—a focus that all can benefit from. The Minister and the Secretary of State gave me a commitment in my intervention. I look forward to the Minister continuing his positive thoughts on how we can all gain because tonight is one of them good nights in this House.

8.55 pm

**Chris Webb** (Blackpool South) (Lab): I have spoken many times in this House about mental health because I see the impact of poor mental health every day in Blackpool—in our communities, our families and, tragically, our children and young people. Today I want to focus the House's attention on them. As a mental health advocate and former chairman of an award-winning mental health charity in Blackpool, I have witnessed a growing and urgent need to support our young people. Now as the MP for my home town, in the midst of a severe mental health crisis, desperate parents come to me every day asking for help.

A mother recently contacted me about her 14-year-old daughter. In just four months, her child attempted to take her own life three times by overdose. The minimal support they had was hard fought for, and it was inconsistent and incohesive. The family are on constant high alert in case their daughter tries to take her own life again. As a new parent, I cannot comprehend how they must be feeling day to day. No family should be left in that situation, let alone have to fight for the help that should be there from the outset.

Earlier this month, I sat down with young people, parents, teachers, community leaders and the police to discuss the links between bullying and mental ill health. Among the brave young people who shared their stories was Elsie. She spoke about how bullying about her appearance began in primary school and intensified in secondary school. She became anxious and depressed and eventually stopped going to school. She was moved from top to bottom sets, and her academic attainment plummeted. She told me she hated herself, but because she was seen as one of the ones that was acting up, she was punished by the adults around her—she was seen as the problem. The real problem was that no one listened, and the painful truth is that her experience is far from unique.

*[Chris Webb]*

When young people speak up about their mental health, our job is first to listen and then to act. That is why this Mental Health Bill matters. It delivers on the Government's commitment to modernise the Mental Health Act and give people greater autonomy to ensure that everyone is treated with dignity and respect during their care. It strengthens the voice of patients, gives statutory weight to their rights to be involved in decisions about their treatment, increases scrutiny of detention and seeks to limit the use of the earlier Act to detain those with learning disabilities.

The most recent NHS figures show around 135 hospital admissions of 10 to 24-year-olds in Blackpool due to self-harm in the year to March 2024—a sharp rise from about 100 the year before. That is more than double the national average. Child in-patient admissions for mental health conditions in Blackpool are also significantly higher than the national average. Children in care, care leavers, young carers and those living in poverty are especially vulnerable and too often are the ones failed most severely. This inadequacy extends to detention. We know that people living in deprived areas are more than three and a half times more likely to be detained under the Mental Health Act than those in more affluent parts of the country. That is a staggering and unacceptable disparity and the sad reality for my constituents in Blackpool South.

The Bill takes a much-needed step forward, introducing a 28-day limit on detaining people with a learning disability or autism who do not have co-occurring mental health conditions. I support the reform, but it cannot come into effect until we have sufficient community services, which my community is crying out for. In that context, I welcome the plan to expand community-based support. The Government have committed to walk-in mental health hubs in every community, more accessible support workers and a specialist mental health professional in every school—all desperately needed in Blackpool. Those essential steps must be backed by funding, urgency and clear timelines, because right now our youth mental health services are stretched beyond capacity. Young people in Blackpool and across the country are too often placed on adult wards, sent far from home or left to fend for themselves until they reach crisis point.

**Ms Julie Minns** (Carlisle) (Lab): My hon. Friend makes a powerful point. I have had a stark case in my constituency involving a young woman aged 15 with anorexia. Sadly, because we do not have the in-patient facilities in our area, she was detained and confined to a wheelchair. She did not feel that her wishes, or those of her mother, were taken into account during her stay. She was eventually placed in an in-patient ward out of county. Does he agree that one of the Bill's strengths is that it will give my constituent a voice and a right to have her wishes heard?

**Chris Webb:** I completely agree. A family member of mine was recently suffering from a mental health crisis but could not be placed in Blackpool and had to go hundreds of miles away. That is not acceptable. Patients must have a greater say and they need more support.

Mental health charity Mind points out that children are being restrained, ignored and left to navigate a confusing system alone. That is not a system built on dignity or care. We must strengthen legal safeguards for children and young people. I urge the Government to introduce a statutory framework for assessing capacity in under-16s. Without one, their voices are too easily sidelined. Statutory care and treatment plans should be extended to every young person who receives mental health care. We need stronger protections for children placed in inappropriate or unsafe settings far from their families and communities.

In their consideration of these reforms, will the Government clarify how they plan to implement the new model of specialised mental health services for children and young people, particularly in the light of the abolition of NHS England? What specific provisions will be included for children and young people in the updated service specifications and legislative reforms? Will the Government commit to a series of sustained reforms of the wider system, so that children and young people can access effective early support in their communities before they ever reach crisis point? The Bill cannot be seen in isolation from the wider challenges facing young people's mental health. Reforming the Mental Health Act is crucial, but it must be matched by real-world changes to services, staff and support on the ground.

Elsie's story of unchecked bullying at school affecting her mental health and future prospects matters—as do the thousands of untold stories from children across the country. They deserve a system that listens to them, values their voices and responds with the care that they need. They deserve support that meets them wherever they are, not once they have already reached the edge. They deserve the dignity, compassion and care that the Bill aspires to deliver. Let us ensure that we do not waste this opportunity.

9.2 pm

**Laura Kyrke-Smith** (Aylesbury) (Lab): May I say how humbled I am to follow such powerful and personal contributions from many hon. Members? I welcome these long-overdue reforms of the Mental Health Act. I am extremely proud to be part of a Government who are moving so quickly to ensure that people who experience severe mental illness are given more autonomy and choice, are always treated with dignity and respect, and are given enhanced rights and support under the Bill.

Mental health is a theme of so many of the conversations that I have—and of the support that I try to provide—in my Aylesbury constituency, whether with Fay, Tyler, AJ and Dhwani, the young people who joined my recent work experience programme and devised the fantastic "Breaking the Silence" campaign to improve mental health understanding for young adults; with the residents at Bearbrook Place, which is run by Connection Support and offers supported accommodation for adults facing homelessness, who told me that their mental health challenges contributed to them becoming at risk of homelessness, and that it was their ongoing mental health recovery gave them the most confidence that they could live independently again; or with the people who go along to the fantastic drop-ins provided by the Space charity in St Mary's church, many of whom experience mental challenges as a result of unexpected life events, health struggles or social isolation.

I could go on, but this evening I will focus on how the Bill should improve the experience of pregnant and new mums struggling with severe mental illness. That subject

is particularly close to my heart, as I lost one of my best friends, Sophie Middlemiss, to suicide shortly after the birth of her little girl—her third child. I speak to many parents about it, including the fantastic Amy Scullard, who runs the PANDAS perinatal mental health group in Aylesbury. In this period of pregnancy and the year after birth, almost one in four people struggle with their mental health. For many people, their experience is relatively mild and they will recover, but some people, often without any prior mental health challenges and without warning, will experience extremely severe mental illness. Suicide, tragically, is the leading cause of death for women in that period from six weeks to a year after birth.

I wish to highlight three aspects of the Bill that will be important for people who experience serious mental illness at that stage of their lives, and who will end up falling within the scope of the Bill. First, the fact that patients will be able to choose a "nominated person" to represent them is a vital step forward. It is crucial. I have seen at first hand how, at the point at which people are severely unwell, they are unable to make the best decisions for themselves. Formalising the ability of someone to play that role on their behalf, and with more powers to challenge the system, could make a positive difference to their care.

Secondly, I am pleased that the Bill will make individualised care and treatment plans statutory. Every person is different—our attitudes to mental health have evolved a huge amount since the Mental Health Act was last updated—and ensuring that they have a personalised care plan that accounts for their particular circumstances is crucial. So too is the fact that the Bill creates a duty to inform and support patients in making advance choice documents before they become ill, from a place of good health.

Thirdly, I am pleased that the Bill aims to reduce the significant racial inequalities that exist under the current Act. Those inequalities also drive significant differences in perinatal healthcare outcomes more broadly. Black people are more than three and a half times more likely to be detained under the Mental Health Act than white people, and more than seven times more likely to be placed on a community treatment order. That has to change. The Bill introduces measures that should have a positive impact for people from ethnic minorities, for example through the introduction of advance choice documents, as well as by tightening the criteria for detention and compulsory treatment.

I am conscious of the time, Madam Deputy Speaker, but I wish to make a point about the implementation of the Bill. For people experiencing severe mental illness in the period after birth, mother and baby units can be a crucial part of their recovery, as well as having significant benefits for the parent-infant relationship. Too often, however, whether or not a mum can access one of those units remains a postcode lottery. I believe we must get to a point where all women who have given birth within the 12 months prior to compulsory admission are given the option of being admitted to a ward where they can remain with their baby.

I am so pleased to see the Secretary of State's commitment to the mental health investment standard, and all the funding that will be needed properly to implement the measures in the Bill. I hope that provision for that group of women at severe risk of serious mental health illnesses will be considered. I will conclude by noting that for all those who experience milder struggles with their mental health, it is clear that there is a whole lot more we need to do beyond the Bill. I know Ministers are conscious of that, and a lot of vital work is under way, including more mental health support in schools, the recruitment of additional mental health support workers, and the roll-out of family and youth hubs. Such community provision and services are essential. The Bill is for those people who struggle with the most severe mental illness and require intensive, specialist support. For them, the Bill represents a crucial step forward, and I am proud to support it.

9.8 pm

**David Burton-Sampson** (Southend West and Leigh) (Lab): I thank all Members who have spoken so far to share their professional experience, leaving me feeling very under-qualified to speak on this matter, and those who shared their deeply personal contributions. We all know the shocking statistics associated with mental health. Indeed, the cost of poor mental health is calculated at £300 billion a year in England, and the life expectancy of people with a severe mental illness is around 15 years shorter than for those without one.

I wish to draw Members' attention to men's mental health, which is an often neglected and overlooked area. Men's mental ill health frequently goes unrecognised or untreated, leading to severe consequences. Men face unique challenges and are often less likely to seek help. About 12.5% of men in England have a mental health disorder. Only 36% of NHS referrals for psychological therapies are for men, and many men fear judgment for discussing mental health. Men can feel pressured to appear strong, leading to shame, fear of judgment and a reluctance to take time off work for mental health reasons.

To add to that list of mental health disparities, we must add racial inequalities, as has been pointed out by many hon. Members. Black people in Britain are nearly four times more likely to be sectioned than their white counterparts, and the NHS's race watchdog has warned that discrimination is playing a part in those high figures. Racial discrimination can prevent black and minority ethnic communities from accessing the care they need. We know that black African and Caribbean communities face particular barriers to accessing specific mental health services. They are less likely to self-refer to psychological talking therapies and less likely to be referred to such services by their GPs.

In addition, the racism, racial violence and hate crimes that threaten many such communities have an additional impact on the mental health of community members, often leading to more severe mental illness, compounded by social injustices, discrimination and disadvantage. I recently visited Rochford hospital, a community and mental health unit that serves my constituency, where I saw for myself the disparity; there were a significant number of young black people on the ward—a mix that certainly does not match the make-up of our local area.

We know the terrible toll that poor mental health can have, which can wreak havoc on people's lives. My constituency of Southend West and Leigh lies within Essex, a county that is unfortunately the unwelcome focus of England's first public inquiry into mental

*[David Burton-Sampson]*

health deaths. The Lampard inquiry is investigating 2,000 mental health deaths in Essex between 2000 and 2023, which is yet another shocking statistic. It aims to examine the failures in care in Essex and hopefully ensure that they are not repeated elsewhere.

The inquiry has reported that the alleged failings are on a deeply shocking scale and the Essex partnership university NHS foundation trust has had to apologise for the harm caused to those affected. The director of the charity Inquest, Deborah Coles, which provides support on state-related deaths, told the inquiry that

"many NHS trusts were more concerned about their reputation"

than about the care that they provided for their patients. She pointed to an "overuse in restraint", segregation and seclusion, once again especially with black patients.

As we have heard, the Government are committed to driving down poor mental health, and the Bill is among the steps they are taking. I welcome the measures outlined in the Bill, particularly the involvement of patients in decision making throughout their care and the strengthening of their voice. For too long, patients have been ignored. Given some of the emerging themes from the Lampard inquiry, I also welcome the measures on increasing the scrutiny of detention to ensure that it is used only where necessary and only for as long as necessary, and on the importance of having a nominated person in place. The Secretary of State talked about prevention, and I welcome the other measures that the Government are bringing in, such as the first men's health strategy, which will also focus on mental health.

The most tragic figures are on the terrible toll of people who take their own lives as a result of poor mental health. Men are disproportionately affected by suicide—the statistics are horrifying. Of the 6,069 registered deaths caused by suicide in 2023, 75% were men. Suicide remains the leading cause of death for men under 54. These are not just statistics: real lives are being lost. Sadly, I have had personal experience of the trauma caused by male suicide and the devastating impact that it has on the family and friends who are left behind.

In November, my close friend Sam, a bubbly, charismatic, well-liked and much-loved guy, with a whole future ahead of him, unexpectedly took his own life, two days before his 34th birthday. His loss is still felt by many, and there are so many unanswered questions. We must fix this system. I speak today in Sam's memory, and in memory of everyone else who has been let down by the level of mental health support available. I never again want to receive a call to say that someone close to me has been lost in this way. We must do better, and I am hopeful that we are starting to head in the right direction.

9.15 pm

**Michael Wheeler** (Worsley and Eccles) (Lab): I begin by offering my heartfelt thanks to everyone who has taken part in this debate and offered their professional and powerful personal experiences. I said in my maiden speech that we must never be afraid to learn from those around us, and I certainly have learned an awful lot today.

I know from experience that poor mental health touches nearly every one of us at some point in our life, but despite that being a widespread experience, it remains deeply personal, and is too often isolating. That is why I wholeheartedly support this Government's aim of transforming mental health care in this country and finally placing mental health on an equal footing with physical health. Achieving that will require significant investment in frontline services, a shift towards preventive care and a healthcare system that puts the individual needs of patients at its heart. I welcome the Government's announcement of plans to recruit an additional 8,500 mental health staff, and the £26 million investment in new mental health crisis centres. However, even where there are the strongest frontline services, some individuals will always require more intensive, tailored support. We must do all that we can to help those people in their time of crisis.

Reform of the Mental Health Act 1983 is long overdue. Sir Simon Wessely's independent review in 2018 made it clear that we must give patients greater freedom of choice over their care and treatment, as well as more ownership of it, and involvement and engagement with it. The Bill does just that; it replaces outdated practices, through which patients were treated as passive recipients of care, with ones that treat them as active partners in their care. It introduces choice, autonomy and enhanced rights and support.

Patients will be given a voice through personalised care and treatment plans, which will be placed on a statutory footing. The plans will include measurable objectives for treatment and recovery, with clear pathways towards discharge. They will be reviewed regularly, so that any changes in the patient's condition or needs are promptly addressed. There is also the welcome use of advance choice documents, which will enable patients to record their treatment preferences in advance, so that their voice is heard even if they lose the capacity to make decisions during a crisis. Just as importantly, this Bill recognises the vital role of support networks, replacing the "nearest relative" rule with the right to choose a nominated person. That will ensure that no one faces the system alone.

However, alongside that welcome increase in support, we must ensure stronger safeguards, because no one should be detained unless absolutely necessary. That is why I welcome the Bill's move to raise the threshold for detention, and to more clearly define what constitutes a mental disorder; that will ensure that detention is always a last resort. Additionally, there are vital new protections for people with autism and learning disabilities, which so many of my hon. Friends have spoken about so eloquently. The provisions ending the use of police and prison cells as so-called places of safety is a positive step. The reform of section 136 will ensure that those in crisis receive appropriate care and are not treated like criminals. These reforms represent a meaningful change in how we support people at their most vulnerable, and will make a real difference to thousands of lives each year.

People experiencing a health crisis deserve dignity, respect and far better treatment than the system provides for them. Society has made great progress in de-stigmatising mental health, and it is time that our laws reflected that. Through this Bill, we can move closer to a modern, compassionate healthcare service.

9.19 pm

**Chris McDonald** (Stockton North) (Lab): I echo the remarks of previous speakers; it has been a privilege to listen to the depth of personal and professional expertise

expressed in this debate. I do not share that expertise, as I think will become abundantly obvious in a short moment.

What do you get if you put a group of men in a room and ask them to talk about mental health? Half of them leave, and the other half run into the corners of the room. I do not know whether that rings true for the men in your life, Madam Deputy Speaker, but when I heard that, it reminded me of myself. I heard it from a chap called Graham in Norton in my constituency, rather than from Graham Norton. Graham has set up a men's shed in Norton, which is a national scheme. It is a remarkable place where men can come together and talk about mental health, but they do so by engaging in other activities.

For those who have not been to one, a men's shed is just like your shed—it has all the great things your shed has—but your mates are there as well. In the men's shed in Norton, you can make model boats, or make things using the 3D printer, and it has the most amazing workshop, which includes a fantastic pillar drill. It made me think that I need a pillar drill for my workshop, to help my mental health. I met many men there; some were bereaved, some were suffering from serious or terminal illnesses, and others were feeling lonely. They gave me plenty of tea, and we had a really good chat—a really positive and uplifting chat—and there was a great deal of mickey-taking as well, which you always find when you get a group of men together.

That sort of facility is incredibly important for all the reasons we have heard about in discussions about men's mental health. Not least among those, as we have heard a number of times this evening, is the fact that for men of my age, suicide is the most prevalent reason for death. We heard that from my hon. Friends the Members for Darlington (Lola McEvoy) and for Whitehaven and Workington (Josh MacAlister). In my constituency of Stockton North, men wait more than three months over the national average for treatment for mental health conditions—as do women; in fact, everyone does. Some form of talking therapy would really help with many conditions, which is why I want to take a moment to talk a bit about psychotherapy.

**Melanie Ward** (Cowdenbeath and Kirkcaldy) (Lab): My hon. Friend mentioned men's sheds. I was delighted to visit the Kirkcaldy men's shed in my constituency recently to see the amazing work that the people there do. Listening to this debate, I have been struck by the positive changes that this Bill will bring, and by the contrast with Scotland. The people I speak to from almost every local service raise the issue of the mental health crisis across Fife, be they from the NHS, charities or the police. NHS Fife has asked for funding from the Scottish Government to sort out our mental health crisis and was told to not even ask. That is such a contrast with where we are in this place, and I am sure my hon. Friend agrees that action needs to be taken in Scotland and in Fife.

**Chris McDonald:** I absolutely agree with my hon. Friend. It will not be very long before voters in Scotland have the opportunity to contrast the Scottish Government with what a Labour Government deliver, and hopefully they will chose the latter.

I mentioned psychotherapy. For a profession that has been around since the time of Freud, it is remarkably unregulated; there is no professional register, no form of legally enforceable complaint, and no way to ensure that someone found guilty of misconduct is stopped from practising. In fact, anyone can call themselves a therapist. In 2007, the previous Labour Government considered some form of regulation for therapists, and I encourage the Government to include such regulation in the Bill; it would be the ideal place for it. Since 2007, there has been a strong increase in private practice, and in legal cases arising from issues to do with psychotherapy. Of course, there are also online influencers. Professor Dame Til Wykes—an expert in this area—described them as "selling snake oil". As my hon. Friend the Member for Southampton Itchen (Darren Paffey) mentioned, that is another reason why we need stronger safeguards and regulation of social media for children.

Essentially, an unqualified psychotherapist could do harm, but the issue is more likely to be the missed opportunity to do good—perhaps a failure to diagnose a more serious condition or, frankly, a missed chance to save somebody's life. Regulation is supported by the profession. Chloe, a professional, urged me to raise this issue with the Secretary of State; I am doing that now, as he is in his place. This is an opportunity to restore confidence in the profession, and for us all to pick up where the last Labour Government left off.

As I say, half the men in a room will run out of it when mental health is mentioned. What is the answer to that? Graham gave me the answer: "Put a broken lawnmower in the middle of the floor. A big conversation will ensue, and two hours later, all the men will know each other's names, and the names of each other's families. They'll have talked about how they are feeling and whether they are doing okay. You probably will not have a repaired lawnmower, but you will have lots of suggestions." There is a good reason for that: men generally are not good speaking face to face, but they can speak shoulder to shoulder.

9.25 pm

**Dr Simon Opher** (Stroud) (Lab): I am delighted to speak about this new Mental Health Bill. It follows up on the Mental Health Act 1983, which is as old as our Secretary of State, as we heard. What I have heard throughout the debate is that mental health affects us all in some way. It touches all of us, whether personally or through people we know really well.

I welcome the greater protections under the Bill, especially for people with learning disabilities. I also welcome early intervention, the stress on out-of-hospital care and the idea of advance choice. People who have repeated psychoses know exactly what they want when they are well. When they become ill, they can become paranoid about their family and their friends, and they are not rational. That is one of the reasons why sometimes they need to be detained under the Mental Health Act. If they have an advance choice document, they can at least say what they would like while they are in a normal state of mind. That is important, and I look forward to that measure.

I like the fact that police stations are being removed as a place of safety. I am concerned about how sections 135 and 136 of the Mental Health Act are being used.

*[Dr Simon Opher]*

I notice that there are some schemes in which mental health workers go out with the police and work together with them, and that is crucial. A close relative of mine became extremely unwell, though it was not quite as awful as what happened to the hon. Member for St Neots and Mid Cambridgeshire (Ian Sollom). First, they were sectioned in an A&E department, and then no bed could be found for 48 hours for this poor relative of mine. The heroic nurses and consultants had to look after someone who was acutely psychotic. That simply is not is not tolerable in our system. We need to find a place quickly for people who are mentally ill, and we have to make sure that they get the best treatment, so that they can get better quickly, while protecting the rest of the NHS.

This close relative of mine was moved to a bed 140 miles away from her family. We must ensure that we get more sufficient beds and more local provision. I know that will take time, and that mental health provision is not in a good state, but I hope that with this legislation and our new Labour Government, we can change that, so that people do not have to travel out of area for mental health provision.

I am impressed by the idea of crisis hubs. I have worked with the Stroud crisis team for many years as a GP, and I have always felt that, given a bit more strength and a bit more resource, they could keep a lot of people out of hospital and from being sectioned, but they need that resource. They also need close working with consultant psychiatrists.

**Claire Young** (Thornbury and Yate) (LD): One of my constituents waited more than eight hours in a mental health crisis for 111 to get back to them, in which time their mental health deteriorated. Previously, they accessed a dedicated local support line, which gave them prompt access to professional support. Does the hon. Member agree that prompt access to support in a crisis is vital to reducing the need for the greater degrees of intervention covered by this Bill?

**Dr Opher:** That is certainly true, but we need to be careful, because part of the issue is the resources for mental health, rather than the Mental Health Act. We must not blur the two. The current Government are putting 8,500 mental health workers into the system, and I am delighted about that. Hopefully, it will prevent the waits for mental health assessments that people are having to put up with.

I want to say something about "appropriate medical treatment" and "therapeutic benefit", to which the Bill refers. Some 8.7 million people in this country are on antidepressants, and about 25% of those people are trying to get off them. The harm that these drugs can do includes an increased risk of suicide when people are first going on to them and when they are coming off them, as we have seen in a couple of recent, tragic cases. They can also cause fairly long-term sexual dysfunction. I am asking the Medicines and Healthcare products Regulatory Agency to put proper warnings on its leaflets, and I am also asking for a special service to help people come off antidepressants, because doing so is extremely difficult and most GPs are not particularly well informed about the best ways of doing it. It has to be done extremely slowly.

My hon. Friend the Member for Whitehaven and Workington (Josh MacAlister) talked about ADHD and autism, and what should be done about neurodiversity. I feel that we should be extremely careful in mental health services not to over-medicate people with so-called neurodiversity, and I look forward to speaking to my hon. Friend about that. I had to nip out of the Chamber for half an hour earlier, to talk to the head of a neurodiversity taskforce which will report in July. What I think it needs to do is bring about a much more supportive service rather than going straight for medication, which is what seems to happen when people are referred to private psychiatric clinics. At present, the level of Ritalin-like substances with which people with ADHD are treated has increased by a factor of 500%—and, interestingly, that increase has occurred in social class 1 rather than social class 5. There is something here that we need to get a grip on: we need to provide proper services for people with ADHD.

I was interested by the comment from the right hon. Member for Godalming and Ash (Sir Jeremy Hunt) about families. When it comes to mental health, families are crucial, and I would like to adapt the Bill slightly to make them much more central and responsible. The concept of a family could be extended to certain other people whom a person, when well, could nominate, but families are the crux in a lot of psychiatric care. Their input must be valued, and they must be involved.

This is a very good Bill, and it is about time we had it. I support all its greater protections, and I believe that it will reduce the number of compulsory detainments.

9.32 pm

**Jim Dickson** (Dartford) (Lab): I thank everyone who has taken part in the debate, from the Secretary of State onwards. It has been moving and inspiring to see the House united on the need for change. It has been particularly useful for me to benefit from the professional expertise and the personal experience of so many Members who have spoken. My hon. Friend the Member for Sittingbourne and Sheppey (Kevin McKenna), the hon. Member for Runnymede and Weybridge (Dr Spencer), my hon. Friends the Members for Ashford (Sojan Joseph) and for Thurrock (Jen Craft) and the hon. Member for St Neots and Mid Cambridgeshire (Ian Sollom) have all educated and moved me with their experience and knowledge.

It has long been known that the Mental Health Act 1983 is not fit for purpose, and I pay tribute to all the work that has been done so far, including the excellent review undertaken by Professor Sir Simon Wessely, commissioned by the former Member of Parliament for Maidenhead when she was Prime Minister. I know that the intent of the Bill both to strengthen the voice of patients and add statutory weight to their right to be involved in the planning for their care and to inform their choices about the treatment that they receive is strongly welcomed by Members on both sides of the House. Also welcome are the steps that the Government have taken since the election to start to transform mental health services with new funding—mentioned by the Secretary of State—and the plans to recruit 8,500 new mental health workers.

Before I deal with the substance of the Bill, may I ask the Minister whether, when he winds up the debate, he will be able to provide some reassurance about the

future of the patient and carer race equality framework, which I believe is vital to the achievement of equality of outcome in mental health, and which I believe would be more effective as part of the Bill than simply as guidance? I know that that is the strongly held view of many of the experts by experience who have worked on PCREF.

One thing I know from my time in a previous role, when I helped to develop mental health services in Lambeth over two decades, is that a disproportionate number of people from African and Caribbean-heritage communities are detained under the Mental Health Act, as has been said by others. Figures highlighted by Mind show that rates of detention for black or black British groups are over three times those for the rest of the population. Similarly, black or black British groups are more than 10 times more likely than white groups to be subject to community treatment orders.

In Lambeth, working with organisations such as Black Thrive—set up by my great former colleague Dr Jacqui Dyer, among others, to radically change mental health services in south London and elsewhere—we showed that hearing people's voices, early intervention, reducing stigma among African-Caribbean communities, and focusing on keeping people well via work and training provided by membership organisations, such as Mosaic Clubhouse, can prevent people from becoming ill and from tragically coming into the mental health system for the first time via the criminal justice system.

I welcome the changes in the Bill and the commitment from the Minister in the other place to improve data on outcomes and on patients' experience of community treatment orders. Despite the passing of the Mental Health Units (Use of Force) Act 2018—otherwise known as Seni's law—which was brought forward by my right hon. Friend the Member for Streatham and Croydon North (Steve Reed), the use of force in mental health settings remains too frequent, and that must be addressed as well.

Prevention work and intervention to address mental health needs at the earliest possible stage are critical, because if someone faces mental health problems when they are young, it can hold them back at school, damage their potential and leave them with lifelong consequences. That is why I warmly welcome the work that the Government are doing to bring vital services into schools so that they can intervene early, support pupils and help prevent conditions from becoming severe. It is really encouraging that mental health support teams should reach 100% coverage of pupils by 2029-30—the end of this Parliament.

Young people in Dartford, where I ran a well-supported engagement event last month, will absolutely welcome the introduction of Young Futures hubs in communities in England to deliver support for teenagers who are at risk of being drawn into crime or facing mental health challenges by providing open-access mental health support for children and young people in communities. I have seen that approach achieve excellent results at the Well Centre, a mental health centre run for young people in Herne Hill as part of Lambeth Together's care partnership.

I very much look forward to seeing this legislation progress through the House and become law with the support of all Members. I will support it 100% as it does so.

**Madam Deputy Speaker (Caroline Nokes):** I call the shadow Minister.

9.37 pm

**Dr Luke Evans** (Hinckley and Bosworth) (Con): A rough road is not the same as a collapsed bridge. Both slow you down, but one stops you entirely. There is a simple distinction that is often missed in the public discourse: the difference between mental wellbeing and mental health. Every one of us faces challenges that affect our mental wellbeing, such as stress, burnout and grief, but fortunately not all of us experience diagnosable mental health conditions. Recognising that nuance helps us talk more openly and responsibly about what support is needed, for whom and where.

At the heart of this Bill are the most vulnerable people in our society. Tonight we have debated not how Parliament serves the powerful, but how it protects the most vulnerable while upholding freedom, how it safeguards the public without surrendering to fear, and how it balances the need for control with the imperative of compassionate care. Mental incapacity may dim a person's ability to choose, but the law must never let it extinguish their right to matter.

Reform of mental health law must recognise that protecting someone from themselves or others is not carte blanche to own their life, but simply involves borrowing the reins for a time to steer the person to recovery, and handing them back when agency is restored and they are fully equipped to chart their path once more.

We have heard personal testimonies in today's debate. The hon. Member for South Derbyshire (Samantha Niblett) talked about her mother being sectioned, the hon. Member for Bermondsey and Old Southwark (Neil Coyle) talked about his mother being sectioned for schizophrenia, the hon. Member for Winchester (Dr Chambers) talked about his friend who died of suicide, and the hon. Member for Dorking and Horley (Chris Coghlan) talked about his friend who was murdered. The hon. Member for Thurrock (Jen Craft) spoke about her personal experience with OCD and bipolar, the hon. Member for Aylesbury (Laura Kyrke-Smith) talked about her post-natal depression and the suicide of a friend, the hon. Member for Southend West and Leigh (David Burton-Sampson) talked about his friend Sam who died from suicide, and the hon. Member for Stroud (Dr Opher) spoke about his close relative who was sectioned for psychosis. It shows that this discussion has got to the top of the nation and that it is at the very heart of every part of our communities.

The hon. Member for Winchester talked about the problems of suicide for the professions, particularly doctors, vets and farmers. The hon. Member for Bermondsey and Old Southwark said that he has had a ride-along three times with the police. I am pleased he is getting on so well with the police, but, more importantly, he made the very valid point that that is not a role for the police. The hon. Member for Penistone and Stocksbridge (Dr Tidball) talked about autistic people and learning difficulties, using her specialist abilities from her professional aspect as chair of the APPG. My hon. Friend the Member for Runnymede and Weybridge (Dr Spencer), whose CV is as long as the Bill itself, talked about compassionate treatment, how to use the legislation and, most importantly, the scope of the powers, in essence because of the need to be precise when using such powers.

*[Dr Luke Evans]*

The hon. Member for Rochester and Strood (Lauren Edwards) talked about the importance of support for learning disabilities and autism. It is really important that this is about community, given that last week was Mental Health Awareness Week, for which the theme was community. The hon. Member for Dorking and Horley spoke passionately about Fiona's campaign for Christopher's case, and we will look closely at that amendment in Committee. The hon. Member for Sittingbourne and Sheppey (Kevin McKenna) is a nurse who also brings his professional experience to this House. He and I both came into this House to try to change the NHS, and while we chose different sides, there is clearly passion there.

My hon. Friend the Member for Farnham and Bordon (Gregory Stafford) talked about his experience of improving the system and policies to improve mental health care. The hon. Member for Thurrock—a member of the Health Committee, as I was—talked passionately about OCD and bipolar, and how important it is to show that people can achieve whatever they put their mind to, no matter how high the barriers in front of them. The hon. Member for St Neots and Mid Cambridgeshire (Ian Sollom) told a passionate and moving tale about Declan, and the tragic story, which really helped bring to life what can, unfortunately, go on in this country. The hon. Member for Whitehaven and Workington (Josh MacAlister) spoke about the higher level of suicide in his area, and the importance of making sure that that is identified.

The hon. Member for Dewsbury and Batley (Iqbal Mohamed) talked about the racial discrepancies, which is really important. The key thing is evidence of why that is happening, and to make the legislation effective off the back of that. The hon. Member for Ashford (Sojan Joseph) talked, as a mental health care nurse and chair of the APPG, about personalised care, which is so important. That leads me to the hon. Member for Guildford (Zöe Franklin), who also talked about putting the patient at the centre. The hon. Member for Southampton Itchen (Darren Paffey) talked about local services such as Lighthouse and No Limits, again showing the community support, and the hon. Member for Leicester South (Shockat Adam) talked about the placement of children, at which we will be looking very closely in Committee. The hon. Member for Mid Cheshire (Andrew Cooper) pointed out the impact that social media can have on young people's minds. The mental wellbeing of this House would not be the same without hearing the dulcet tones of the hon. Member for Strangford (Jim Shannon) from the back Bench.

The hon. Member for Blackpool South (Chris Webb) talked about the mental health charities that he has seen at first hand and about how people suffer. The hon. Member for Aylesbury rightly shone a spotlight on maternal health, which often gets missed in this conversation. The hon. Member for Southend West and Leigh talked about men's mental health—a passion of mine—and he was right to point to the men's mental health strategy that the Government are bringing forward, and in which I encourage everyone to take part. The hon. Member for Worsley and Eccles (Michael Wheeler) rightly talked about learning from others, and we have definitely done that in this debate. The hon. Member for Stockton North (Chris McDonald) talked specifically about the men's shed, and I look forward to seeing his campaign on Labour for lawn mowers in its next manifesto.

The hon. Member for Stroud and I have both seen more than a handful of patients with mental health issues in our time, and I love his idea, which I hope will be brought forward, about having management plans already decided by the patient, so that when they are in crisis, that has already been dealt with. Last but not least, the hon. Member for Dartford (Jim Dickson) talked about the accumulative attention across this House that has led us here today, which is really important. We heard that the first mental health Act was introduced in 1959, but I am shocked—not once, but twice—to find I am the same age as the Mental Health Act 1983 and that I share the same year as the Health Secretary.

In 2007, the previous Labour Government introduced community treatment orders and independent mental health advocates, all aiming to increase the support for people at risk of being detained and allowing patients who have been detained to be discharged to communities if certain conditions allowed. However, valid concerns were raised, and Members on both sides of the House have agreed that more needs to change. I am pleased that the Bill builds on the work of the previous Government, who made significant strides in addressing the long-standing disparity between physical and mental health.

As has been mentioned, former Prime Minister Baroness May commissioned the independent Wessely review into the 1983 Act. I, too, pay tribute to their work in this journey. His report built on the principles of choice and autonomy, least restriction, therapeutic benefit, and people as individuals. The Conservative Government worked to create a draft Bill, which as we heard underwent significant scrutiny—we even have Members here who were part of it—recognising the need to get it right. Much of the Wessely report's recommendations are here in front of us tonight, built around advance choice documents, improving advocacy, reform of community treatment orders, and changes around autism and learning disabilities, to name some of the 150 recommendations. On behalf of His Majesty's official Opposition, I am pleased to stand here today and say that we support the principles behind the Bill. We will work constructively with the Government to scrutinise and improve it in Committee, and ensure that we pass good legislation that will do what is intended.

The Minister understands that progress in principle must become progress in practice, so I would like to jog his memory about some of the questions asked by my right hon. Friend the Member for Melton and Syston (Edward Argar). Does the Minister believe there are enough treatment facilities, particularly in the community? Are there adequate places of safety for people being detained once police and prison cells are removed? Does the mental health tribunal system have capacity to deal with more cases? And what will happen following the abolition of NHS England, which commissions specialist mental health services? Does he believe in hitting the mental health investment standard? Will he commit to doing so going forward? To that end, will he set out a timetable for this House, the services and the public to all work towards, to be held account to?

There is little greater moral burden than deciding for someone who cannot decide for themselves where care ends and control begins. Make no mistake, this is what

this House is grappling with tonight and throughout the passage of the Bill. Involuntary care should never be the first instinct or answer, but a resort to prevent harm to both the individual and those around them. Compassionate care, therefore, demands precision. Without precision, we simply have sentiment. As His Majesty's Opposition, we will endeavour to ensure that the Government's sentiment becomes a commitment.

9.47 pm

**The Minister for Care (Stephen Kinnock):** It was truly a privilege to be in the Chamber this evening to hear so many moving, powerful and thoughtful contributions. It really was Parliament at its best, and it is an honour for me to close the debate.

The Bill has been a long time coming. Patients, practitioners, campaigners and charities have all long awaited the introduction of this legislation and have played a hugely important role in getting the Bill to this point. I would like to put on record my thanks on behalf of the Government and pay testament to their commitment to change. I thank Members in both this House and the other place, including our brilliant and esteemed colleague Baroness Merron, for all their work.

As the Bill started in the other place, it has already been through extensive detailed scrutiny under the eyes of peers, many of whom were there when the Act was last revisited in 2007—I am sure they will enjoy me reminding them of that. It is testament to the cross-party consensus that has so far underpinned the Bill that the debates were constructive and largely led to the betterment of the Bill. I trust that this collegiate spirit will now continue in this House, and I thank the Opposition and the Liberal Democrats for the constructive spirit in their approach to this debate.

Every speech we heard sought to improve processes and outcomes for patients and their loved ones, and there is broad cross-party support for the overall ambitions of the Bill. However, some specific issues and queries were raised in the course of the debate that need addressing. Many hon. Members asked about our implementation plans, rightly stating that legislation is only as good as its application. Indeed, we know that community service provision is very far from where it needs to be—an issue that we intend to address alongside the implementation of the Bill.

Our first priority after Royal Assent will therefore be to draft and consult on the code of practice. It is essential that we listen both to practitioners and to those with experience of the Act when we draw up the statutory guidance.

**Helen Hayes** (Dulwich and West Norwood) (Lab): The review of the Mental Health Act 1983 is very welcome. It started its life close to my constituency with the work of Professor Sir Simon Wessely, who drew on the experience of many residents in south-east London, particularly with regard to his work on racial inequalities. As the Minister is talking about the implementation of the Bill, I wonder whether he can reassure my constituents, who want to know that this Bill will do the job of eliminating racial inequality from mental health services, by committing to putting the patient and carer race equality framework on the face of the Bill.

**Stephen Kinnock:** We are already working to reduce inequalities under the Mental Health Act. The patient and carer race equality framework is now a contractual requirement for all providers of NHS-commissioned care. It will support trusts to improve their interaction with racialised and culturally diverse communities and improve governance, accountability and leadership on improving experience of care for those communities and drive concrete actions to reduce racial inequalities within mental health services.

Given that our first priority after Royal Assent will be to draft and consult on the code of practice, it is essential that we listen both to practitioners and to those with experience of the Act when drawing up the statutory guidance that supports the Act's application. We will therefore engage with people with lived experience, their families and carers, staff and professional groups, commissioners, providers and others to do this. The code will be laid before Parliament before final publication.

Alongside the code, we will develop secondary legislation that will be laid before Parliament, subject to the parliamentary process as set out in the legislation. We have already published policy papers that set out more information on some of the delegated powers in the Bill and provide an early indication of what we intend to set out in regulations. We recognise the appetite to deliver after years of delay and the importance of parliamentary scrutiny and accountability in this crucial work. We have therefore committed to laying an annual written ministerial statement on progress, so that hon. Members will have ample opportunity to hold us to account for progress made and milestones achieved.

We have covered a wide range of topics and questions this evening, and I will not be able to cover all of them in the time allocated to me. I will therefore limit my comments to two areas that have come up repeatedly, namely the implementation plan and the treatment of people with autism and learning disabilities.

**Melanie Ward:** I thank the Minister for giving way. He is talking, rightly, about the importance of the implementation of legislation. He will be aware that new measures came into force two months ago under the Online Safety Act 2023, which introduced legal powers to remove online content that promotes suicide. Ahead of this, I wrote to Ofcom about a platform that is actively promoting suicide and suicidal ideation, and has been linked to the deaths of almost 100 young people and adults. The Ofcom chief executive replied to say that Ofcom was opening an investigation. Does the Minister agree that it needs to get on and remove this kind of content across the UK?

**Stephen Kinnock:** Of course, we have the Online Safety Act, and there are measures within that legislation that address this issue. However, my hon. Friend is absolutely right that it is time to crack on and deal with this deeply troubling issue. I pay tribute to her excellent work, and I hope she will continue to press Ofcom to do the right thing, and to do it rapidly.

We know that implementation will take time, as the pre-legislative scrutiny Committee recognised. We estimate that it will take around 10 years to fully implement all Bill's measures, due largely to the time needed to train specialised workforce groups, including second opinion appointed doctors and tribunal judges, and the need to

*[Stephen Kinnock]*

ensure that the right community support is available for people with a learning disability and autistic people. This timeframe necessarily spans multiple spending reviews and multiple Parliaments, so I am limited in the detail I can give today about future spend and timelines.

However, we have set out in the impact assessment what we think is required in both time and funding. We expect the process of drafting and consulting on the code of practice to take at least a year. Alongside the code, we will develop secondary legislation, which will be laid before Parliament. We have already published policy papers, which contain more information on some of the delegated powers in the Bill and provide an early indication of what will be set out in regulations.

We will then need time to train the existing workforce on the new Act, regulations and code, which will likely be in 2026 and 2027. Although we will commence some clauses, such as on supervised discharge, two months after Royal Assent, the first major reforms, including clauses concerning grounds for detention—excluding the changes to part 2 for people with learning disability and autistic people—and nominated persons, are expected to follow the training in mid-2027. The timelines for later phases are inevitably less defined, but we will expand the workforce and improve community support with the aim of implementing the reforms increasing the frequency of mental health tribunals from 2030-31. These timelines are indicative, and we will iterate the plans as we get more certainty on future funding and wider workforce plans.

The other issue that came up a lot is the treatment of people with autism and learning disabilities. Again, implementation should be well planned to ensure that the proposed legislative changes have the intended effect. The proposed changes to the detention criteria will be commenced only when strong community services are in place so that the alternatives to hospital care are robust. Members will understand that robust implementation plans are dependent on the final legislation that is passed and on future funding, which is subject to future spending reviews.

However, local systems do not need to wait for legislative changes to come into force to begin putting in place the necessary community services for people with a learning disability and autistic people. There is renewed funding in 2025-26 within ICB baselines to continue improving community support provision for people with a learning disability and autistic people.

We should recognise that the Bill is the result of the independent review commissioned by the now Baroness May of Maidenhead during her premiership. Many important contributions have also come from those with lived experience of the Act and their loved ones. It takes real courage to speak openly about those experiences and to channel pain into change.

As my right hon. Friend the Health Secretary said in his opening speech, the Government have demonstrated their commitment to funding mental health properly, and that commitment has been translated into real, tangible delivery: the £150 million multi-year capital investment to improve mental health urgent and emergency care pathways; 600 new or expanded crisis alternative services nationally, including crisis cafés, safe havens and crisis houses, providing an alternative to A&E or psychiatric admission; £26 million in capital investment to open new mental health crisis assessment centres, which aim to provide accessible and responsive care for individuals in mental health crisis; and 8,500 more mental health workers.

We are also committed to improving early intervention and shifting care to the community to support people to live well and thrive. We have committed to improve support for young people, with Young Futures hubs, making support workers more accessible to children. We are piloting in England the 24/7 neighbourhood mental health centre model, which builds on learning from international exemplars.

It is a privilege to be leading this transformational legislation through the House. I know that, because it matters so much, many people will have views on what is needed to get it right, and I look forward to further debates in that constructive and improving spirit. I commend the Bill to the House.

*Question put and agreed to.*

*Bill accordingly read a Second time.*

## MENTAL HEALTH BILL [*LORDS*] (PROGRAMME)

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

That the following provisions shall apply to the Mental Health Bill [*Lords*]:

*Committal*

(1) The Bill shall be committed to a Public Bill Committee.

*Proceedings in Public Bill Committee*

(2) Proceedings in the Public Bill Committee shall (so far as not previously concluded) be brought to a conclusion on Thursday 26 June 2025.

(3)The Public Bill Committee shall have leave to sit twice on the first day on which it meets.

*Consideration and Third Reading*

(4) Proceedings on Consideration shall (so far as not previously concluded) be brought to a conclusion one hour before the moment of interruption on the day on which those proceedings are commenced.

(5) Proceedings on Third Reading shall (so far as not previously concluded) be brought to a conclusion at the moment of interruption on that day.

(6) Standing Order No. 83B (Programming committees) shall not apply to proceedings on Consideration and Third Reading.

*Other proceedings*

(7) Any other proceedings on the Bill may be programmed.—*(Anna Turley.)*

*Question agreed to.*

## MENTAL HEALTH BILL [*LORDS*] (MONEY)

*King's recommendation signified.*

*Motion made, and Question put forthwith (Standing Order No. 52(1)(a)),*

That, for the purposes of any Act resulting from the Mental Health Bill [*Lords*], it is expedient to authorise the payment out of money provided by Parliament of any increase attributable to the Act in the sums payable under or by virtue of any other Act out of money so provided.—*(Anna Turley.)*

*Question agreed to.*

# Business without Debate

## DELEGATED LEGISLATION

### National Security

*Motion made, and Question put forthwith (Standing Order No. 118(6)),*

That the draft National Security Act 2023 (Foreign Activities and Foreign Influence Registration Scheme: Exemptions for Certain Foreign Power Investment Funds, Education, Government Administration and Public Bodies) Regulations 2025, which were laid before this House on 1 April, be approved.—*(Anna Turley.)*

*Question agreed to.*

*Motion made, and Question put forthwith (Standing Order No. 118(6)),*

That the draft National Security Act 2023 (Foreign Activities and Foreign Influence Registration Scheme: Publication) Regulations 2025, which were laid before this House on 1 April, be approved.—*(Anna Turley.)*

*Question agreed to.*

*Motion made, and Question put forthwith (Standing Order No. 118(6)),*

That the draft National Security Act 2023 (Foreign Activities and Foreign Influence Registration Scheme: Specified Persons) (Iran) Regulations 2025, which were laid before this House on 1 April, be approved.—*(Anna Turley.)*

*Question agreed to.*

*Motion made, and Question put forthwith (Standing Order No. 118(6)),*

That the draft National Security Act 2023 (Foreign Activities and Foreign Influence Registration Scheme: Specified Persons) (Russia) Regulations 2025, which were laid before this House on 1 April, be approved.—*(Anna Turley.)*

*Question agreed to.*

*Motion made, and Question put forthwith (Standing Order No. 118(6)),*

### Sanctions

That the Syria (Sanctions) (EU Exit) (Amendment) Regulations 2025 (SI, 2025, No. 507), dated 23 April 2025, a copy of which was laid before this House on 24 April, be approved.—*(Anna Turley.)*

*Question agreed to.*

*Motion made, and Question put forthwith (Standing Order No. 118(6)),*

### Financial Services and Markets

That the draft Pension Fund Clearing Obligation Exemption (Amendment) Regulations 2025, which were laid before this House on 17 March, be approved.—*(Anna Turley.)*

*Question agreed to.*

## PETITIONS

### Potential closure of the Ladies Walk Centre

10 pm

**Sonia Kumar** (Dudley) (Lab): I rise to present a petition on behalf of the residents of Dudley and Sedgley regarding the future of the Ladies Walk centre. It declares that the health and library services provided by the centre are at risk of closure, as no agreement has yet been reached to ensure that the lease for the property does not expire in March 2026. This facility is a vital community hub and a treasured lifeline for local people accessing essential care.

The petitioners therefore request that the House of Commons urge the Government to communicate urgently with the owners of the Ladies Walk centre property, Dudley council and the NHS to secure the centre and stop its closure. Alongside the petition, which has gathered over 300 signatures, an online petition has gathered over 1,300 signatures at the time of presenting. This demonstrates the strength of feeling among the people of Dudley.

*Following is the full text of the petition:*

*[The petition of residents of the constituency of Dudley,*

*Declares that Ladies Walk Centre, and the health and library services it provides, are at risk of closure because no deal has been done to ensure that the lease for the property does not expire in March 2026.*

*The petitioners therefore request that the House of Commons urge the Government to urgently communicate with the owners of the Ladies Walk Centre property, Dudley Council and the NHS, asking that Ladies Walk Centre be saved from closure.*

*And the petitioners remain, etc.]*

[P003069]

### Radford Semele Solar Farm

**Matt Western** (Warwick and Leamington) (Lab): I rise to present a petition on behalf of the residents of the little village of Radford Semele. Locally, a separate petition has been signed by over 440 residents with regard to the proposed development of a 213 acre, 49.99 MW solar farm on their doorstep, just outside the village.

The petitioners' concerns are about the loss of amenities, footpaths and the recreation area, the lack of Government scrutiny for such a large solar farm development, and the use of best and most versatile agricultural land. They are also concerned about the cumulative impact on the local area and the reported suspected use of forced labour in the developer's supply chain. The petitioners therefore request that the House of Commons urge the Government to review and refuse the application for a solar farm near Radford Semele, Leamington.

*Following is the full text of the petition:*

*[The petition of residents of the constituency of Warwick and Leamington,*

*Declares that that the proposed construction and associated planning application of a 49.99 MW solar farm and battery storage facility by Staffordshire Solar 1 Ltd., on Land to the west of Fosse Way and to the south-east of Radford Semele (W/24/1404), should not be approved; notes that the measures laid out by GB Energy, to ensure that slavery and human trafficking is not taking place in its business or supply chains, should be the same conditions applied to this application to prevent the use, supply and involvement of forced labour in UK infrastructure projects; acknowledges that the scheme is only 0.01 MW below the acceptable tolerance stipulated by the Government's 50 MW threshold, which would qualify the project as a nationally significant infrastructure project requiring greater scrutiny; further declares that the proposed site is located close to a substantial village and would impact on the recreational amenity of the residents; further declares that the proposed site comprises of grades 2 and 3a "best" and "most versatile" agricultural land, which should be protected from such industrial developments in accordance with planning*

*[Matt Western]*

*regulations; and notes that that government data suggests that 3 additional solar farms, are either operational or being developed within 2 miles of the site.*

*The petitioners therefore request that the House of Commons urges the Government to review and refuse the application for a solar farm near Leamington, to consider an alternative location within the nearby area or an onshore wind farm within a few miles, and to ensure that the local community is properly included in the proposal and planning of such energy schemes going forwards.*

*And the petitioners remain, etc.]*

[P003071]

## Pubs and Community Funding

*Motion made, and Question proposed,* That this House do now adjourn.—*(Anna Turley.)*

10.3 pm

**Rebecca Paul** (Reigate) (Con): I am grateful to have the time to debate Government community funding and support for local pubs. We are fortunate to have so many amazing pubs in Reigate, Redhill, Banstead and our villages, and they are far more than just a place to have a pint. They are the heart and soul of our towns and villages, bringing people together and enriching daily life. They provide jobs and a sense of community, and they even support our local farmers and producers by selling their goods.

Sadly, we have lost many pubs in recent years, with ever-increasing costs and rising taxes pushing them to closure. Every loss is felt in the community, diminishing social cohesion and shrinking our local economy.

Pubs contributed more than £34.4 billion to the UK economy in 2024 and paid more than £17.4 billion in tax, despite the tight margins they operate on. Just as many households have struggled with high energy bills and inflation, so too have pubs, which are still feeling the residual effects of lockdowns during the pandemic and the change in consumer behaviour that came with them. They now face increased employer national insurance contributions and business rates on top of everything else.

**Jim Shannon** (Strangford) (DUP): I commend the hon. Lady, who is quickly making a reputation for herself in the House as an assiduous MP, whether it be in Westminster Hall, Adjournment debates or last Friday—well done to her. Every one of her constituents should be proud of all her industrious work here.

Strangford and Ards have suffered greatly from the hospitality business downturn. To give one example, the Parlour Bar was built in 1735—it has been there a long time—but it is under pressure, like Romas and other pubs in Newtownards. Some 65% of hospitality businesses plan to reduce employment levels, risking job losses and impacting worker income; 55% intend to cancel planned investments; and 26% will cut trading hours due to the increase in the minimum wage and national insurance contributions. Does she agree—I think everyone in the Chamber has the same opinion, and we look to the Minister for a good reply—that the Government and the Minister, with the sympathy and compassion he has for businesses, need to step up to ensure that those businesses survive beyond 2025, and perhaps for another 300 years?

**Rebecca Paul:** I agree with the hon. Member. It is really important that we support our pubs. We cannot continue the approach of squeezing them until the pips squeak. We will lose them, and once we do, we will never get them back.

**Jayne Kirkham** (Truro and Falmouth) (Lab/Co-op): From next year, the Government will be permanently lowering business rates for retail and hospitality businesses. Does the hon. Member agree that it would be good if the Minister confirmed that that permanent lowering will be in relation to rates as they currently are rather than pre-covid rates or last year's rates?

**Rebecca Paul:** I thank the hon. Lady for that contribution. I would welcome any clarity from the Minister about that.

In Redhill, we have an amazing pub called the Garibaldi, which is a community pub—a not-for-profit pub—that gives back to the community in so many ways. On walking in, you feel the warmth straightaway from Shiv, Juliette and the other volunteers, who are always there to give a welcome with a smile. There is always something going on: quizzes, karaoke, Bhunnys street food—even a book club. My personal favourites are the forces fry-ups for veterans on a Saturday morning—sometimes I go along to help serve the tea, coffee and toast; I normally do it quite badly—and the music bingo. Out back, there is the community garden, which has been transformed with the help of the Garibaldi gardening group volunteers. It is now accessible to everyone, including young adults with special needs who visit with YMCA East Surrey.

Every bit of profit the Garibaldi makes gets ploughed back into things that benefit the community. It is there for the benefit of Redhill residents, not for any other reason, and it is extremely good at what it does. That is incredibly clear whenever I visit. People from all walks of life are sitting side by side with friends and neighbours enjoying a chat and a drink, all part of making the Garibaldi the special place that it is.

**Chris McDonald** (Stockton North) (Lab): I am sorry to interrupt the hon. Member's flow. The Garibaldi sounds like an amazing pub. When she described how it reinvests its funds, it reminded me of the clubs in my constituency—perhaps clubs rather than pubs are more popular in the north-east. Does she agree that many of the things she has said about the community importance of pubs also apply to clubs such as the Hardwick social club in my constituency?

**Rebecca Paul:** I thank the hon. Gentleman for that intervention. Absolutely, those things apply to clubs and to any premises where we might listen to live music —they apply to so many places. I will focus on pubs, but I hope that we will have many other debates on all those other things.

The Garibaldi has stood on Mill Street for 150 years. It has survived two world wars, multiple recessions and two global pandemics. It has seen Redhill transform around it into the modern, bustling town it is today, but it is now at risk if the funds cannot be raised to buy the building. Rather ironically, the pub is so much more than bricks and mortar, but it needs to buy the bricks and mortar if it is to survive. In previous years, the community ownership fund has provided a great opportunity for community groups to acquire community buildings. It has awarded more than £135 million to 409 projects across the UK, including several community pubs. Sadly, however, the fund is no longer available.

The new Government have announced their intention to introduce a new right to buy for important community assets. This will no doubt bring many benefits and help to preserve valued community buildings and spaces. It will empower communities to save much-loved pubs and community halls, rather than just having to accept their loss. However, in order for groups to utilise this to the full, I ask the Minister whether they have any plans to introduce a fund to support the purchase of valuable community assets by the community.

The Garibaldi is doing a sterling job of trying to raise the money itself, as I am sure many other groups around the country are doing, but it would be useful to know if there is any likelihood of new funding on the horizon that it could apply for to supplement its efforts. The Garibaldi is such an important part of Redhill—we cannot imagine Redhill without it—so I would be most grateful for any advice and support from the Minister on how we can secure it for future generations.

**Richard Foord** (Honiton and Sidmouth) (LD): The hon. Lady is absolutely right to say that some sort of community ownership fund is required. Does she agree that the companies that own the pubs that the community is seeking to buy need to look after the properties? In Chardstock, the George Inn Continuity Group is trying to buy the pub, but the Wellington Pub Company is allowing water in through the roof, which is completely unacceptable. Does she agree that the pub companies that own the pubs need to look after them?

**Rebecca Paul:** Obviously I do not know the details of that specific case, but I agree that we all have a collective responsibility to look after these important community assets. Before I bring my comments to a close, I would like to pay tribute to some other fantastic pubs in my constituency. I have quite a lot of them.

**Jayne Kirkham:** The hon. Member is talking about the resumption of the community ownership fund for pubs. Would the Minister consider other options, such as the British Business Bank, and look into how other funds could be used for this purpose?

**Rebecca Paul:** I, too, would be interested in the Minister's response to that question.

I recently ran a campaign to find out which pubs were my constituents' favourites, with the aim of reminding them of the pubs on their doorstep and the importance of supporting their local. The response has been phenomenal. It is clear that our pubs mean a lot to local people in Reigate, Redhill, Banstead and our villages, and I am pleased to say that the results are now in. I am sure the Minister is on the edge of his seat wanting to know. Before I put him out of his misery, I want to let him know that he is very welcome indeed—as is anyone here this evening—to visit for a pint. The winner of best food and drink pub and best pub garden is the Well House Inn, a pub in Mugswell that I know very well. I can personally vouch for the delicious burgers, and I have a tendency to make sure I visit around lunchtime.

**Warinder Juss** (Wolverhampton West) (Lab): The hon. Member has given an account of all the different pubs in her constituency, but these kinds of stories are happening across the country. In my constituency, we have the Royal Oak pub in Chapel Ash, which does great charitable work. It has the Midland Freewheelers Blood Bikes, who provide a courier service to deliver blood for the NHS. That is all done through volunteers. They are having a charity event next month where motorcyclists, cyclists, runners and walkers will support the city and celebrate the parks, the streets and the people of Wolverhampton. Does she agree that our pubs are not just places where we eat, drink and have a good time, and that they also do a lot of great charitable work, even supporting the NHS, which we need so much?

**Rebecca Paul:** It is indeed impressive what the pub in the hon. Gentleman's constituency is doing, and I completely agree that pubs are so much more than just places where we buy food and drink. Any of us that have pubs like those in our constituency are very fortunate.

Going back to the Well House Inn, the amazing beer garden there is home to St Margaret's well, which is reputedly mentioned in the Domesday Book. Those who are lucky may even catch sight of the resident ghost, Harry the monk, while enjoying a quiet pint of ale. The winner of best family pub is the Sportsman in Mogador, another excellent local pub. It was originally a hunting lodge for Henry VIII and is surrounded by the most beautiful heathland. Local residents very much enjoy a hike across the countryside to it with their dogs before enjoying a pint. It is also brilliant at supporting local businesses through its Christmas market every year.

**Adam Jogee** (Newcastle-under-Lyme) (Lab): The hon. Lady is making an excellent speech, as she did on Friday; I want to acknowledge that in the House this evening. She talks about the wonderful pubs in her constituency of Reigate; may I mention the Albert, the Westbury Tavern, the Swan, the Boat and Horses, the Bush inn and the Sneyd Arms in Newcastle-under-Lyme? These are excellent public houses that all colleagues are most welcome to visit. I congratulate her on securing an excellent Adjournment debate; we are here to celebrate our pubs—in Reigate, Newcastle-under-Lyme, and up and down the country, including in Strangford. Today I launch the 2025 best pub in Newcastle-under-Lyme competition. Will she join me in encouraging all my constituents to vote in that competition, to celebrate the wonderful pubs in Newcastle-under-Lyme?

**Rebecca Paul:** The hon. Member makes me feel slightly less guilty for reeling off all the pubs in my constituency; now I am not alone in advertising all those amazing pubs. I absolutely encourage his constituents to vote in that competition, and to let him know what they love about their pubs.

I will go back to the winners, as I know Members want to know who they are. Lastly, and rather appropriately given the subject matter of the debate—I promise this is not a stitch-up; this is actually what the numbers said—I am pleased to say that the Garibaldi has won best overall pub and best community pub. I am sure from my speech that Members will understand why it is so special, and why so many residents have voted for it, so I will not wax lyrical any further, but I hope the Minister will support me, the volunteers and local residents in trying to save this gem for future generations. Again, I reiterate my invitation: he should pay a visit when he gets a break in his busy schedule. I would love to take him on a pub crawl.

**Madam Deputy Speaker (Caroline Nokes):** Perhaps the best invitation he will get all week!

10.16 pm

**The Parliamentary Under-Secretary of State for Housing, Communities and Local Government (Alex Norris):** I thank the hon. Member for Reigate (Rebecca Paul) for securing this important debate and for that kind invitation, which I will return to. Usually, at 10.17 pm, if there is a difficult question about pubs, it is whether you can squeeze in one or two more—normally the latter—but today colleagues have asked other, more important questions, which I look forward to addressing. The hon. Lady's speech also felt a little like a tour of Reigate, which I really enjoyed. There are clearly some excellent pubs there, so I very much look forward to visiting.

As the hon. Lady says, there is a long-term trend of communities losing important local assets that foster community cohesion. That has a knock-on impact on people's satisfaction with the place they live in, and the strength of local communities. One of the defining features of this Parliament will likely be how well the Government and Parliament address that. We have to give communities agency over a place, and address the sense of decline that feeds that anger and loss. We recognise that there are good opportunities for communities to take over these assets and operate them successfully for the community. That allows people to continue to benefit from the places that matter most to them, and empowers communities to shape their area. What better example could there be of a community facility than a pub? As the hon. Lady says, pubs are at the heart of our communities, and serve as crucial community assets. They support local economies and provide spaces for community gatherings, and the best pubs offer essential services, as we have heard, such as support for vulnerable individuals. They foster a sense of community pride and help us tackle loneliness and social isolation.

It was clear from the hon. Member's contribution how passionate she is about supporting local pubs and the industry more generally. As we admirably heard from my hon. Friend the Member for Newcastle-under-Lyme (Adam Jogee), the best pubs competition is a great way of recognising the importance of these assets—in Surrey in the hon. Lady's case, and in Newcastle-under-Lyme in my hon. Friend's case. Clearly, the hon. Lady's constituents valued the competition, too. Judging from what she said, it is not a surprise that the Garibaldi was successful, and I congratulate the pub.

**Adam Jogee:** As and when the good people of Newcastle-under-Lyme confirm the best pub of 2025, will the Minister come and have a pint? I will buy the first round.

**Alex Norris:** I would not want the inducement to be seen as my reason for saying yes, although it is an attractive part of the offer. Of course, I will happily come. *[Interruption.]* I owe the hon. Member for Strangford (Jim Shannon) a trip to Newtownards, because on the day of the Retail NI high street awards, I awarded the win to Ballymena rather than Newtownards, and have felt a sense of loss ever since. I will also come and join him.

**Adam Jogee:** I am very grateful to the Minister for his indulgence in giving way. It would not be a free pint, because I have a long list of things that I want him to help me get sorted for the people of Newcastle-under-Lyme.

**Alex Norris:** I have absolutely no doubt about that; nor do I doubt that my hon. Friend will take on those problems with vigour.

The hon. Member for Reigate talked about the community ownership fund. I acknowledge the important work that it has done over our time in government and

before. As she says, since 2021, it has awarded a total of over £135 million to 409 projects across the UK. In total, the fund has supported 52 local pubs with £13.7 million of funding. Those pubs will bring significant benefits to their communities. Those numbers are in the aggregate, but each pub is a community asset retained, adds huge value, and brings much joy.

Let me highlight a couple of pubs that we awarded funding to in the December round. We awarded £300,000 to the Rectory in Chesterfield. The funding will secure the future of that vital community pub and social hub. It will also be used to create a wellness space and provide a home for a local community radio station—what a great way to spend public money. Similarly, the Swan community project in Tonbridge was awarded £300,000 in December to support the purchase of the Swan pub and for start-up and renovation costs. That pub has now been purchased, and will serve as a community hub that reduces isolation and improves social cohesion and wellbeing in the rural community. It will also provide work experience opportunities to those in the community. That is a great example of how quite a small amount of public money, in the grand scheme of things, can have a huge social benefit.

I know from colleagues that there is considerable interest—I get written questions and correspondence on this each week—in what might come next. Colleagues will know that we have a multi-year spending review inbound, so there is a limit to what I can say, but there will be further announcements relating to communities this year, including on the community ownership of assets. However, there are things that people can use at the moment. I encourage any community groups seeking funding to preserve their assets, and to continue to use the guidance and tools available from the community ownership fund development support provider on the MyCommunity site. Those tools are rooted in the experiences of lots of community assets. Some of those community assets are state-funded; some have been able to secure funding from elsewhere. There is a lot to learn from that, and I encourage community groups to do so.

I would be very interested in meeting the hon. Member for Reigate (Rebecca Paul) to talk about the Garibaldi—perhaps in the Garibaldi, or perhaps, in the interests of business, somewhere else first, although I would be very happy to retire to the Garibaldi afterwards—and what support the Department can give. There is another important community intervention that our Government have introduced: the £1.5 billion plan for neighbourhoods. It will deliver up to £20 million of funding and support over the next decade to 75 communities across the UK, to kick-start local growth and drive up living standards. The Government have a commitment to working in partnership with residents, business, grassroots campaigners and local authorities to deliver the priorities of local people and drive renewal. As I have said multiple times from the Dispatch Box, we want less of us and more of local communities, because they are the experts.

There are already lots of pre-approved interventions in the prospectus that areas can take forward to support their local pubs. There is support for developing, restoring or refurbishing local cultural and heritage assets and sites, such as pubs, including for new uses by the community, as well as grants for the development, promotion and upkeep of local tourist attractions. We heard from the hon. Lady a couple of examples of historical pubs in her community. That is the sort of thing that the plan for neighbourhoods money can be spent on. There is also, more broadly, the opportunity to spend funding on wraparound support for local businesses. That could be used to help upgrade infrastructure to make energy savings—the hon. Lady talked about the challenge of overheads. Lots of things in the plan for neighbourhoods could help.

More broadly, for communities that are not in the plan, we have the community right to buy and high street rental auctions. My hon. Friend the Member for Stockton North (Chris McDonald) talked about the community right to buy. He seemed particularly excited about it, and we fought hard for it to be part of the Labour party manifesto at the last general election. Through the English devolution Bill, we will introduce that strong new right to buy for valued community assets such as empty shops, pubs, and community spaces. This will empower local people to bring community spaces back into community ownership, and end the blight of empty premises.

**David Taylor** (Hemel Hempstead) (Lab): I thank the hon. Member for Reigate (Rebecca Paul) for securing this debate, and I join her and my hon. Friend the Member for Newcastle-under-Lyme (Adam Jogee) in listing a couple of great community pubs. In Hemel Hempstead, they include the best newcomer pub of the year, the Anchor in Bourne End, and 2025 pub of the year, the Three Blackbirds, which is always good for a Labour pub quiz—we like that. I have had the pleasure of holding surgeries at The Windmill in Chipperfield, without a pint in hand, I promise. The Green Dragon in Flauden, which I mentioned in my maiden speech, is a wonderful pub.

I wanted to focus on the point that the Minister made about empty shops, because there is a great initiative in Hemel Hempstead, and a great place called the Hop Tap, which has opened up in what was our market square. Times have moved on, and that space is in some ways empty, but The Hop Tap has moved in at short notice and created a wonderful craft beer place. It is now looking to sell beer online, and from its store, for people to take away. Does my hon. Friend agree that that is an innovative way to ensure that, in the 21st century, we can have pubs that provide what the community needs, and that help tackle the issue of empty shops?

**Alex Norris:** That is a great use. The high street is going to change, and the degree to which we can foment such change will be a defining feature of this Parliament. That change will not be a restoration of how things were 20 or 30 years ago; it will be about reimagining the space. Leisure will be a particularly good use of the space. They could be used by microbreweries, such as—I am going to do it now—the Bulls Well in Bulwell, just down the road from my constituency office. I vowed I wouldn't, but I couldn't resist. There will be other places used for leisure purposes more generally. I am very enthusiastic about boutique bingo; that can bring life to the high street as well.

Now for a perfect segue: there is a real opportunity for right hon. and hon. colleagues here, or those watching online or reading this later, in high street rental auctions. They are a really good way of doing exactly what hon. Members suggest. We need new powers for local authorities

*[Alex Norris]*

to require landlords to rent out persistently vacant commercial units. The types of entities that we are talking about could fill those spaces, get their first toe on to the ladder, and develop their businesses.

**Adam Jogee:** On a point of order, Madam Deputy Speaker. I wonder whether you will be able to give us a flavour of the pubs in Romsey and Southampton North. We feel sure that that would add to the debate this evening.

**Madam Deputy Speaker (Caroline Nokes):** I thank the hon. Member for his point of order, and it would of course be remiss of me not to mention the Grey Hound in Broughton, which was the Romsey and Southampton North pub of the year 2025.

**Alex Norris:** That's the spirit, Madam Deputy Speaker.

Before I finish, colleagues have asked about support to reduce overheads, and it is worth noting that nearly half of pubs have a rateable value of under £15,000, which takes them out of rates entirely. My hon. Friend the Member for Truro and Falmouth (Jayne Kirkham) asked for a confirmation of rates, but I am afraid I cannot run ahead of the Chancellor, who will set the rates for 2026-27 at the forthcoming Budget in the autumn. For this year, there is a 40% relief, which I know is very welcome indeed.

To conclude, we have seen the strength of feeling from colleagues this evening, and also had a wonderful insight into the variety of ways in which pubs touch our communities. There is a common theme, which is the huge social value in people from a community, who know their community, coming together to tackle challenges and add to that community. We should want as much of that as we can foster, and the Government are keen to support that.

*Question put and agreed to.*

10.28 pm

*House adjourned.*

# Westminster Hall

*Monday 19 May 2025*

[DAVID MUNDELL *in the Chair*]

## Gender Self-identification

4.30 pm

**Dr Roz Savage** (South Cotswolds) (LD): I beg to move,

That this House has considered e-petition 701159 relating to transgender people self-identifying their legal gender.

It is a pleasure to serve under your chairmanship, Mr Mundell, and to bring forward this very important debate. I am grateful to the petitioner, John Baic, and the more than 127,000 people who signed the petition, including 132 from my South Cotswolds constituency. The petition calls for a simple principle: that trans people should be able to self-identify their legal gender without needing an intrusive medical diagnosis; and for trans people to live with dignity, not bureaucracy, and with compassion, not suspicion. This means allowing someone to change their legal gender through a statutory declaration. That already works effectively in countries such as Ireland, Argentina and Denmark, and it does not remove safeguards; false declarations remain a criminal offence.

What self-identification does is remove unnecessary medicalised hurdles that dehumanise trans people and delay access to legal rights. Many trans people already live full time in their affirmed gender, without ever applying for a gender recognition certificate, precisely because the process is so inaccessible. The current system does not stop people from transitioning; it simply makes their lives harder—so much harder.

The Liberal Democrats have long supported reform of the Gender Recognition Act 2004 to make it less bureaucratic and intrusive. Our party policy is clear. We support removing the requirement for medical reports, recognising non-binary identities in law and ending the spousal veto—the very proposals that the Conservatives brought forward in 2018. We also believe in a wider approach, expanding access to timely, high-quality healthcare and putting an end to all forms of conversion practices.

**Liz Saville Roberts** (Dwyfor Meirionnydd) (PC): I am sure the hon. Lady will know that when setting out last month's Supreme Court judgment, Lord Hodge counselled against reading the judgment

"as a triumph of one or more groups in our society at the expense of another".

None the less, it has caused immense distress to the trans community. Does she agree that now is the time for the Government to commit to a clear timetable for allowing transgender people to self-identify their legal gender, so that they can live with dignity and respect, which is a basic human right?

**Dr Savage:** Dignity and respect are exactly what we are talking about, and I absolutely agree. For us, this is not about abstract debates, but about real lives, human beings and the fundamental human right for someone to live safely, freely and in their own truth. Yet today we find ourselves in a situation where one of society's smallest minorities is being targeted with hostility and violence.

According to the 2021 census, only 0.5% of adults in England and Wales identified as trans or gender diverse, yet entire newspaper front pages and hours of political debate are dedicated to their existence. This toxic and hostile debate has real-world consequences. According to the Office for National Statistics, hate crimes against trans people have risen by close to 200% since 2018. In 2023, of the nearly 5,000 transphobic hate crimes reported, only 126 led to prosecution—less than 3%. That is not acceptable. Nearly half of all trans and gender-diverse individuals have experienced sexual assault. Trans women without access to gender-affirming care are significantly more likely to attempt suicide—one in five will try. While this is often painted as a culture war, the human cost is painfully real.

**Will Stone** (Swindon North) (Lab): It deeply saddens me to hear some of those statistics. Does the hon. Member agree that what we say in this House matters? It ripples across communities, and regardless of what side of the argument someone is on or where they sit on the issue, at the centre of the argument are people. Does she also agree that we should do our utmost to protect the trans community and make sure that they have the same rights as everyone else, and can live in dignity?

**Dr Savage:** I wholeheartedly agree, and I associate myself with the hon. Member's remarks.

Let us take the example of Joelle, a trans woman who died of an eminently treatable cancer after waiting for eight days on a general ward, because clinicians could not agree whether she should be placed on a men's ward or a women's ward. The delay in treatment cost her her life. That is not to mention the recent Supreme Court ruling and the devastating impact that its implications are having on trans people, who are just trying to get on with living their lives.

**Dame Meg Hillier** (Hackney South and Shoreditch) (Lab/Co-op): It is a pleasure to serve under your chairmanship, Mr Mundell. I have many constituents who have been really affected by the Supreme Court ruling. I highlight one who works in the ambulance service; she has breasts and uses women's changing facilities without any issue. Were she to be forced into using other facilities, it would declare to everybody her transgender status. She has lived as a woman and has a gender recognition certificate. Dos the hon. Member agree that this legal ruling creates a real mess that needs sorting out?

**Dr Savage:** I am keenly aware of the distress that the Supreme Court ruling has caused. It seems to fly in the face of common sense when somebody who is clearly living life as a female would, under this ruling, have to go into male spaces. It beggars belief. The ruling hurts not only trans people, but any woman who does not conform to feminine norms, who may be challenged on entering a women's space. This is not just a legal roll-back for trans rights, but a roll-back for women's rights.

*[Dr Savage]*

A recent survey response from a parent said:

"I'm primarily worried about my trans daughter's safety as a result of the ruling. I'm also worried about my cis daughter's future and the increasing pressure to conform to restrictive gender stereotypes."

A trans person responding to the same survey said that they felt:

"Stress, anxiety and uncertainty for the future. More and more I feel like I am having to shrink my life for my own protection".

**Ms Polly Billington** (East Thanet) (Lab): It is a pleasure to serve under your chairship, Mr Mundell. I am struck by not only the Supreme Court ruling, but the interim guidance from the Equality and Human Rights Commission, which is causing extreme distress for a number of my constituents. I am having to rely on Margate Pride's own advice to businesses to reassure them about things in the ruling and the guidance—they should be taking into account that it is not legally binding and does not change the law, and that businesses should not feel pressured to rewrite or roll back their trans-inclusive policies based on the draft guidance alone. This situation, in which interim guidance from the EHRC is causing more stress and anxiety than the initial ruling, is not acceptable for anyone. Anybody who thinks that the Supreme Court ruling is drawing a line or making things clear is greatly mistaken.

**Dr Savage:** I absolutely agree. This already vulnerable group, many of whom struggle with mental health issues, are struggling even more as a result of the confusion arising from the ruling.

I was quoting a trans person who responded to the survey. They continued:

"When discussions of safety have been in Parliament, there is a complete lack of empathy for the invalidation and fear trans individuals are experiencing."

I say to that person and other people in the trans community that I hope they are witnessing the empathy that is being expressed in this Hall today.

The Government must modernise, simplify, clarify and reform the intrusive and outdated gender recognition law and bring in a new process, as they promised at the last general election. We are being told the current system is robust, but how can a system be robust when over 31,000 people are still waiting just for their first appointment at a gender identity clinic? Some will wait for more than seven years. Many will never make it through the process—not because they lack the seriousness, but because the bureaucracy is unbearable, as is the toll on their mental health. Public Health England said that over a third of trans people have attempted suicide at least once. A human tragedy is unfolding as a result of the lack of suitable support and enough resources to see trans people through the process.

**David Burton-Sampson** (Southend West and Leigh) (Lab): It is a pleasure to serve under your chairmanship, Mr Mundell. In the Supreme Court ruling, the judge said that the Equality Act 2010 applies to trans people. Does the hon. Lady agree that we have been failing trans people for many years in this country, despite the fact that they are covered by the Equality Act? That has to change.

**Dr Savage:** I wholeheartedly agree that equality means equality, no matter who the individual concerned may be. Even the Government's much-lauded £5 GRC fee is meaningless when the necessary private medical reports, blood tests and hormone prescriptions cost thousands. This is simply inaccessible to many people. It is not a system of integrity, but one of delay, expense and quiet exclusion leading to quiet desperation.

Meanwhile, there are some rays of hope. Organisations such as the Trans Legal Clinic are stepping in to fill the gap. Founded just three years ago, the clinic now supports trans people across the UK with legal issues relating to discrimination, housing, gender-based violence and access to care. Its staff are unpaid, its clients often arrive in crisis, and its work is saving lives. Its message to us as parliamentarians is clear: legal recognition reduces suicide risk. Gender recognition reform would directly improve mental health outcomes. We need to get past this toxic debate and focus on the urgent reality of trans people who face violence, homelessness and systemic neglect.

I will end this speech with a simple reflection. There are, as far as I am aware, no trans MPs in this Chamber, but we all have trans constituents, and we all have the capacity to imagine. Imagine waking up tomorrow exactly as you are—same body, same mind—but the world is treating you as somebody that you are not. They call you by the wrong name. They dismiss what you say because they do not see beyond the gender issue. That is the daily experience of many trans people in the UK.

**Jacob Collier** (Burton and Uttoxeter) (Lab): The hon. Lady has made a comprehensive opening statement on behalf of the Petitions Committee, so I thank her for that. Does she agree that trans voices are often left out when we talk about these issues and have this debate? We need to remember that there are humans on the other side of this, and we need to listen to our trans community when we make decisions that directly impact their lives.

**Dr Savage:** I have worked closely with a member of my team who is a trans person in preparing this speech. It has been eye-opening for me, as a cis woman, to find out so much about the toll on members of the trans community as they try to navigate these impossible systems. I could have put so much more in this speech that would only arouse even more compassion. In my own small way, I am doing what I can today to try to be that voice for the trans community, which, as the hon. Member said, is not heard enough in this debate.

To any trans person listening to today's debate: please know that even in a Parliament where your voice is still too often missing, there are people who see and hear you, and who will fight for your right to be yourself. As parliamentarians, we have a choice: we can stoke fear and division or we can show leadership. Let us choose dignity and compassion. Let us choose to recognise people for who they are as individuals, and give them the legal recognition and protection they deserve.

**Several hon. Members** *rose—*

**David Mundell (in the Chair):** I remind hon. Members that they should bob if they wish to be called. I will not set a time limit, but if hon. Members keep their speeches to around seven minutes, everyone will get to make a meaningful contribution.

4.45 pm

**Mr Richard Quigley** (Isle of Wight West) (Lab): It is a pleasure to serve under your chairship, Mr Mundell. I thank the hon. Member for South Cotswolds (Dr Savage) for introducing this important debate.

Although, as MPs, we must respect the independence and authority of the judiciary, the recent ruling does not solve anything. Let us be clear that the ruling does not absolve us from our ongoing responsibility to the trans community—our duty to respect, support and advocate for their rights remains as vital as ever.

I am deeply troubled by the rhetoric that has taken hold in recent years, which has been appropriated by those seemingly seeking to sow division and manufacture culture wars at the expense of people who already face hardship and discrimination in our society. It is disheartening to see figures including the Leader of the Opposition appear to wear their transphobia as almost a badge of honour. We must not forget that our words in this House matter and can really impact the most vulnerable. Like many Members, I came into politics to champion minorities and to give a voice to the voiceless. It is vital that we remember the power we hold to raise the tone of debate, rather than lowering it, and to support the vulnerable, not scapegoat them.

Trans people simply want to live in peace, not to be demonised or turned into a convenient political target during times of national difficulty. Our constituents, by and large, are not fixated on which toilets people use. They want change, improved lives and well-funded services. I am concerned by the growing narrative that improving trans rights somehow threatens the rights or dignity of women and girls. I will not deny that in places such as the Prison Service there have been troubling examples of individuals playing the system to gain access to women's spaces. We must acknowledge and address those concerns seriously.

But when I hear some Opposition Members declare themselves to be champions of women's rights—well, they might if they were here—I ask not only where they are now, but where they have been for the last 15 years. When violence against women and girls skyrocketed, where was the legislation? When women's shelters were chronically underfunded, where was the outrage? When domestic abuse cases surged while court access diminished, where was the action? When male perpetrators played the legal system to harass their victims, where was the advocacy?

I do not raise those matters just to score political points, but to prompt reflection. If a person's defence of women's rights surfaces only in opposition to trans rights, I question whether it is truly about supporting women or simply a way to target trans people under that guise.

I stand not to provoke argument, but to urge every hon. Member in this Chamber to remember the human beings behind our words, and their families, their communities and their lives. Hate crimes against trans people are rising. We are failing in our duty as MPs if we do not accept some responsibility for the tone and consequences of our discourse.

**Dame Meg Hillier:** My hon. Friend highlights an important point. Many people have been in touch with me who are very frightened because of the Supreme Court ruling. Does he agree that not only do we need to speak here but that the Government need to make sure the interim guidance is quickly firmed up as proper guidance, because the interim guidance is causing confusion and fear for so many people?

**Mr Quigley:** I agree entirely. As we have seen many times over the last 14 years, words matter. Ultimately, the petition before us is rooted in compassion, dignity and basic respect—principles that are unmistakably British. Respect for others, fairness and standing up for the vulnerable are values in which we rightly take pride. I hope that we can all agree on the simple truth that trans people are not the enemy and that the power we hold in this place must be used to uplift, not to vilify. My message to all of us here today is that we should not lose sight of that responsibility.

4.49 pm

**Kirsty Blackman** (Aberdeen North) (SNP): Thank you for chairing this debate, Mr Mundell. I congratulate the hon. Member for South Cotswolds (Dr Savage) on moving the motion on behalf of the Petitions Committee.

I will focus on the text of the petition by talking specifically about what a gender recognition certificate is and is not needed for. A person does not need a gender recognition certificate to update their driving licence, passport, medical records, employment records or bank account, and they do not need one to go into a toilet or changing room—nor do they need a birth certificate to go into a toilet or changing room, I hasten to add.

The point of a gender recognition certificate is to allow someone to update their birth or adoption certificate. That allows them the human right of privacy. A gender recognition certificate allows someone to get married or form a civil partnership in their affirmed gender. Again, it allows them that privacy; it allows them and their partner to have the correct genders on their marriage or civil partnership agreement. A gender recognition certificate also allows someone to update their marriage or civil partnership certificate.

A gender recognition certificate also allows someone to have their affirmed gender on their death certificate. Imagine if your partner, father, mother or child died and they had to have the wrong gender on their death certificate. Imagine how that would compound the misery you are already feeling.

Those are the things that a gender recognition certificate allows someone to do. It might also change their pension entitlements, which is really important for people who are not getting the correct pension entitlements, particularly if their partner dies.

People can apply to have a gender recognition certificate even if they have not had any surgery or treatment. The hon. Member for South Cotswolds mentioned the issues with gender-affirming care and gender identity clinics, and the extremely long waiting times even for initial appointments. Imagine if people did not have to have a gender dysphoria diagnosis to apply for a gender recognition certificate; they would not even need to see the gender identity clinic should they not wish to.

**Alex Sobel** (Leeds Central and Headingley) (Lab/Co-op): Does the hon. Lady agree that other jurisdictions have implemented the self-declaration of legal gender without

*[Alex Sobel]*

any detriment, and without any of the debates we have had in this country even without those reforms? For instance, Ireland has had an Act providing for the self-declaration of legal gender for 10 years. Is it not time that we moved with those other jurisdictions?

**Kirsty Blackman:** I completely agree. As the hon. Member for South Cotswolds said, there is still a legal requirement not to lie, with powers to punish people who lie when applying for a gender recognition certificate.

Across these islands, very few medical practitioners are competent, trained and working in this area. If we freed up some of their clinical time, the people who need gender-affirming surgery and treatment would get it far more quickly. The queue would shorten because those seeking a gender recognition certificate would not need a gender dysphoria diagnosis.

The Government could also choose to put other rules in place, and there are already other rules for getting a gender recognition certificate. The petition focuses on the gender dysphoria diagnosis, but it does not focus on the fact that people have to provide two years' worth of evidence. The Government could still require that people provide evidence for every three-month period in at least the previous two years showing them using the title of Mr, Mrs or Ms, showing them using their new name, and proving that they have been living in that gender. The Government could still require all that while taking out the requirement for a gender dysphoria diagnosis, which would make things so much better for people.

As the hon. Member for South Cotswolds and a number of other hon. Members have said, what has happened around the Supreme Court ruling has made things even more complicated and confusing for people—it has not provided clarity. We are now in a weird limbo situation where huge numbers of pubs, restaurants and shops, which are just trying to do their best, do not know what they have to do. They have the interim guidance, which is frankly not very clear, the Court ruling and the Equality Act to look at, but they do not know what toilets they should be providing.

**Warinder Juss** (Wolverhampton West) (Lab): I have heard the argument that the Supreme Court interpreted the meaning of "sex" within the confines of the Equality Act 2010—I have inquired further into this as a member of the Justice Committee—and it is now for the Government to legislate further to protect trans people.

**Kirsty Blackman:** I am not a lawyer, but my reading is that the Supreme Court tried to work out what was in the minds of the politicians who passed the Equality Act in 2010. That is a difficult thing to do, because I cannot say what is in my mind right now, never mind 15 years ago. The Supreme Court tried to interpret that, and it came down on the side of saying that the politicians were talking about biological sex when it comes to single-sex spaces, for example. Actually, the Equality Act mainly focuses on things like discrimination rather than single-sex spaces, which are a tangential side mention in the Act.

My understanding is that someone can now only be discriminated against on the basis of biological sex or on the basis of their transgender identity, so not their transgender gender but their identity as a transgender person. That removes a huge amount of protection for transgender people. I am massively concerned, and I think the only way we will get clarity is if the Government step up and make a change to the Equality Act.

**Dame Meg Hillier:** Does the hon. Lady not agree that the Equality Act was well written to deal with intersectional issues when they arise, that the guidance around it was very clear, and that this Supreme Court ruling has muddied that. As she says, the Government may need to step in to resolve this.

**Kirsty Blackman:** I agree, and the court ruling made it clear that the Scottish Government had acted in line with the EHRC's guidance, but that it was the guidance that was wrong, because it should have been done on the basis of biological sex, not gender.

I am aware that I am pushing up against the time limit, but lastly, I am concerned about the direction of travel with the EHRC. It would be sensible to have an independent body look at making these decisions. Given the EHRC's current positioning and the comments it has made—and given that, a few weeks ago, I was at a celebration of 15 years of the Equality Act and a number of people from LGB Alliance and Sex Matters were invited to that celebration, but there was only one transgender person in the room—I am concerned that the EHRC is not able to be an unbiased arbiter of the law on this issue.

Actually, I think the EHRC has an impossible job right now, because we cannot interpret the Equality Act on the basis of biological sex. It does not make sense unless we tell everyone that they must have three toilets—if we are defining all toilets as single-sex spaces, and if businesses continue to be required to have single-sex toilets. The easiest way to solve this would be to say that every business should have unisex toilets for everybody, because then everyone could access every toilet.

However, I do not think we want to get to that position, so the Government have only two options. They can either talk to the EHRC and ensure that it is being completely unbiased, or they can change the Equality Act so that its meaning is totally clear, including on the definition of sex. That way, it would be clear that we are actually trying to protect human rights, particularly the right to privacy and the right of trans people to die a dignified death in their affirmed gender, if that is the phrase we want to use. I think we are failing right now, and changes need to be made to protect our constituents.

4.59 pm

**Josh Newbury** (Cannock Chase) (Lab): It is a pleasure to serve under your chairmanship for the first time, Mr Mundell. According to the Rainbow Map, which ranks European countries based on their legal and policy practices for LGBT people, the United Kingdom is now as low down as 22nd. We should bear in mind that just 10 years ago we were at the top of that list, but since then we have slowly but surely made our way down it.

Let us be clear: trans people in this country are facing a wave of hostility, misinformation and marginalisation. Regardless of our position on the topic of the petition, that should concern us all. Some organisations have

jumped the gun on restricting access to single-sex spaces in advance of the full guidance from the Equality and Human Rights Commission, in the misguided belief that they are following an updated law.

I am afraid that the interim guidance, as other Members have said, does nothing to help that situation, and actually exacerbates it. In particular, there is the inexplicable assertion that, in some circumstances, the law also allows trans women not to be permitted to use men's facilities, and trans men not to be permitted to use women's facilities. In other words, trans people are excluded from all single-sex spaces.

For me, it is the vigilante enforcement of the so-called guidance that is perhaps the most toxic and damaging aspect of all. Toilets are becoming ideological battlegrounds, with the casualties including not just trans people but cisgender women who are not stereotypically female. It is clear that there is no adequate test for determining whether a person should now have access to a single-sex space, except for a DNA test perhaps, which is clearly not going to happen in a toilet, refuge or anywhere like that.

Out there, and perhaps in this place too, access is being based on whether a person appears to be a certain gender and whether they adhere to gender norms. I thought that we had left outdated notions of what a women should look and sound like where they belong, in the past, but now they are being dredged back up. Worst of all, that is being done by people who call themselves feminists.

The toxicity in this debate is not new; in this House, successive Conservative Governments not only failed to defend the trans community and advance their rights, but actively stoked division and rolled back the clock. Today, although there are calls for wider reforms, including on gender recognition and self-identification, we must also be honest about the political and social climate we are in. These are such important conversations and they require the right timing and sensitivity, not culture wars.

Over the last decade, both in the UK and globally, a lot has happened. I worry that we have started to channel wider fears into isolating an already marginalised group who just want to live their lives with the same dignity and respect that so many of us take for granted. A survey from Stonewall in March this year found that 17% of LGBT+ people have experienced physical assault because of their gender or sexual identity, and the number for trans and non-binary people is almost two in five.

The Labour party has a proud history of advancing LGBT+ rights, from legislating for a statutory right to NHS fertility treatment for lesbian and bisexual women to leading a United Nations campaign for the decriminalisation of homosexuality and, of course, introducing the Gender Recognition Act 2004, which was a groundbreaking change to the law at the time. However, 21 years on, as the hon. Member for South Cotswolds (Dr Savage) so eloquently put it, the Act is in need of reform and modernisation.

Today, the Labour party once again has the opportunity to champion dignity and equality for all. Our manifesto commitments include a ban on all forms of conversion practice; improving access to high-quality NHS care, including gender-affirming care; making LGBT+ hate crime an aggravated offence, leading to harsher sentences; and that all-important gender recognition certificate reform. I know the profound impact it has when the law reflects our identity and allows us to live freely as who we are. Labour Governments have always understood that, and we have always known that progress never comes from standing still or failing to show up when the going gets tough.

The petition calls for legal recognition based on self-identification, and I completely understand why. As my hon. Friend the Member for Leeds Central and Headingley (Alex Sobel) said, our neighbours in Ireland introduced self-ID without incident or issue way back in 2015. In the words of an Irish lady I spoke to last week,

"the sky didn't fall in and I'm pretty sure it's still up there."

Meanwhile, trans people here still face long-winded, undignified, medicalised processes just to have their identity legally recognised.

The Gender Recognition Act ultimately allows people whose gender identity does not correspond with the sex registered on their birth certificate to obtain recognition and a revised birth certificate. However, as has been said, that process involves two medical certificates, including a diagnosis of gender dysphoria and details of any treatment received. Further, it requires evidence of a person living in their true gender for at least two years and a declaration that they will continue to do so permanently.

Clearly, there is much unfinished work ahead on untangling the legal mess that we have been plunged into, restoring dignity for transgender people, modernising the Gender Recognition Act and ensuring that our laws reflect the lives and identities of everybody in Britain. As a cis man, I understand completely that progress must be built on trust, on consensus, which I hope we are able to come to, and on delivering what we have promised.

Let us begin by delivering on banning conversion practices in all their vile forms, equalising the punishment of all forms of hate crime, reviewing adult gender identity services and ensuring that all trans people receive appropriate and high-quality care, and, of course, making the Gender Recognition Act fit for the future. I invite the Minister to confirm that the Government are still fully committed to those advancements, as I am.

I conclude by reaffirming my allyship for trans people, who now, more than ever, need our respect, acceptance and steadfast support.

5.5 pm

**Charlotte Cane** (Ely and East Cambridgeshire) (LD): It is a pleasure to serve under your chairship, Mr Mundell. I, too, thank the petitioners for bringing this petition forward, and my hon. Friend the Member for South Cotswolds (Dr Savage) for moving the motion.

Since the Supreme Court decision, I have received a lot of emails from people in great distress, and even fear. I have talked to women who have transitioned who were very confident playing a strong role in their local community—in many cases, standing to be councillors and things like that—but even those confident women, whom I have known for years, are now frightened and worried about how they will manage under the guidelines put in place since the Supreme Court made its decision.

*[Charlotte Cane]*

We all know that the NHS is in crisis, and that is also true of the services for transgender people. As we have heard, they can correct their gender on their passport and driving licence with just the support of their GP, but they cannot get that all-important gender recognition certificate, nor the medical treatment they need, such as hormones and so forth. As we have heard, they often have to wait up to seven years just to be seen, or they have to pay significant funds to see someone privately.

Once someone has paid for that diagnosis, there is no guarantee that their GP will prescribe the medication, so then they also have to pay for that privately. In the words of one woman navigating this system:

> "It's a system that lacks any dignity and has put me in real danger as I had to begin to live as a woman long before I had any hope of starting hormones to make doing so safer and easier to fit into society."

For someone living in the gender they identify with, while not fully looking like that gender, the trauma is huge. They become a target for those who think they have the right to abuse and assault someone just for being different. We are requiring people to go through that for seven years before they can get any help. Then they have to live like that for a further two years before they can get their certificate. We simply must improve this situation.

The recent Supreme Court decision and the EHRC guidelines mean that, even when people have their gender recognition certificate and have fully transitioned, their problems are, sadly, far from over. The Supreme Court has been misreported as having stated that a woman is someone who was born a woman. In fact, it ruled that, for the purposes of part of the Equality Act, the term "woman" means someone who was born a woman. It went on to reaffirm that trans people's rights must be respected.

However, the EHRC almost immediately issued guidance that was unworkable and did not respect the rights of trans people, and we all understand that it will be contested legally. If a trans woman cannot use women's toilets and should instead use other toilets, what is she supposed to do? If she uses the gents, she risks abuse and assault. If she uses the disabled toilet, she takes up a facility that others might need.

This is a major imposition on a person's life. When they want to travel, go to the theatre or go to a sports venue, they face the challenge of what they are going to do if they need the toilet. How can we be doing this to people? It is outrageous. One woman facing this dilemma told me:

> "Since the ruling, I have seen a flood of hate. I have lost friends to suicide, and I have friends struggling to survive. Public life brings social anxiety. For example, this Friday I am travelling to Manchester. This is my first long trip away from home since the ruling, and it scares me. If I use female toilets, I could be apprehended, I am sure I would not, could not use the men's toilets, and 'disabled' toilets also expose me, if they are available. During my transition, I had several 'situations' including assault, and I thought this was all behind me. Going back to a life of fear in public is something I will struggle with and would do everything to avoid."

We cannot allow this to continue. It is not acceptable. One of our core functions as MPs is to ensure people's safety, and we are not ensuring the safety of trans people. I therefore ask the Minister to talk to her colleagues in the Department of Health to ensure that people are seen promptly and supported through their transition. I also ask her to urge the Minister for Women and Equalities, the right hon. Member for Houghton and Sunderland South (Bridget Phillipson), to work with women's groups and LGBTQ+ groups to provide guidance that is workable and that respects the rights of all vulnerable groups. I further ask her to work with colleagues to consider any necessary changes to the law.

5.10 pm

**Tracy Gilbert** (Edinburgh North and Leith) (Lab): It is a pleasure to serve under your chairship, Mr Mundell.

In 2016, the Scottish Government announced their intention to reform the Gender Recognition Act in Scotland and to introduce self-ID. Years followed, and Gender Recognition Reform (Scotland) Bill was introduced to the Scottish Parliament in 2022. Since then, according to statistics that started to be published in 2023, waiting times for gender identity clinic appointments have been increasing. In June that year, 5,273 people were waiting for an appointment, with 45 people waiting longer than five years. At 31 March 2024, that had increased to 5,640, with 184 people waiting longer than five years. Transgender identity-aggravated crime charges have also doubled, from approximately 40 in 2016-17 to more than 80 in most years since 2021, which is unacceptable and must be acted on and improved. The Bill is not improving the lives of transgender people.

Many people have faced abuse, intimidation and threats for expressing any concerns about or opposition to self-identification. I know people whose careers have suffered, or who have been cancelled or dismissed, and respected academics who have been targeted. I have witnessed placards inciting violence, and sexually aggressive language towards women. We currently have the terrible situation of nurses being taken to employment tribunals for standing up for their rights, which are provided for in the Equality Act 2010. Those threats and that intimidation are almost always targeted at women.

During the passage of the Bill, Scottish Ministers repeatedly said it was the most consulted-on Bill in the history of devolution. However, consultation is only meaningful if the feedback is listened to. One of the areas ignored by Scottish Ministers was prison placements. Self-ID was already being implemented in the prison estate across the UK. The issue was raised in the House in February 2019 after a woman was sexually assaulted in HMP New Hall. The then UK Government ordered a policy review; the Scottish Government did nothing. That is just one example where the Scottish Government ignored warnings, leaving them to defend the indefensible.

In the Supreme Court case brought by For Women Scotland, Scottish Ministers argued that, for the purpose of sex under the Equality Act, a woman would be a biological woman, a person who had a gender recognition certificate identifying as a woman, or a person who self-identified as a woman. Had the Scottish Ministers won, it would have meant that the rights of one protected characteristic would prevail over the rights of another—again, a concern raised during the consultation that was not listened to and that has been borne out in practice.

In one example from March this year, councillors who strongly support self-ID attempted to defund Edinburgh Women's Aid. Their reason for doing so was

that it provided some services that did not include trans people. That women's project provides single-sex services, refuge and support for women, and a lawful exemption is provided for in the Equality Act.

**Dr Scott Arthur** (Edinburgh South West) (Lab): Does my hon. Friend agree that that threat to the funding for Edinburgh Women's Aid was an absolute disgrace, and that we should be ashamed that it was even discussed in Edinburgh?

**Tracy Gilbert:** Absolutely, and I thank my hon. Friend for that intervention. Were those councillors really saying that trans people wanted to see vital support for women fleeing violence and abuse withdrawn? Those politicians do not represent the views of any trans person I have met.

Self-identification has an impact on a number of protected characteristics set out in the Equality Act 2010. Of course we must do more to help and support trans people to live healthy, happy and fulfilling lives, and we must bring respect and dignity to all. Trans men and women remain protected by the Equality Act 2010, proudly introduced by the last Labour Government, and they must have appropriate services and protections from discrimination in the workplace—but those should never come at the expense of other protected groups.

We all know from the Sullivan review that data has not been collected accurately and that institutions continue to blur the lines between sex and gender, which is leading to gaps in provision for all people across communities. Replacing sex with gender identity erases biological difference, which is critically important for medical and health issues, criminal justice, education, sport and the rights of lesbians and gay men, to name but a few areas.

In conclusion, it is vital that we have open communication with trans people to move this conversation forward. We all have a responsibility to remove the toxicity from this debate. This is not about winning or losing; it is about how we provide trans people with services and help them to live dignified lives, but with the understanding that sex is not an identity, and gender and sex are not the same thing.

5.16 pm

**Siân Berry** (Brighton Pavilion) (Green): It is a pleasure to take part in this debate under your wing, Mr Mundell. I too thank John Baic for launching this petition and congratulate him on getting enough signatures to secure this debate.

I associate myself with the compassionate, thoughtful, rigorous, clear and helpful contributions that many hon. Members have made so far. I know that the Minister is here in Westminster Hall to listen to this debate, but I hope that the Government more widely are also listening hard to it, because it shows that we can have a practical debate with compassion and inclusion at its heart.

I see many colleagues here today from constituencies whose citizens have signed this petition in large numbers, but it will probably be of no surprise to other hon. Members that my Brighton Pavilion constituency has by far the largest number of signatories; indeed, when I last checked, it had almost twice the number of signatories of any other constituency. In fact, every petition related to trans rights that I could find on the parliamentary website demonstrates just how trans-inclusive Brighton Pavilion's residents really are and how much they care to keep things that way. Trans inclusion runs through Brighton like the letters through its famous rock. I am immensely proud to represent such a famously compassionate city and constituency.

However, agreeing with this petition is not just a Brighton thing. The policy of the Green party, voted on by our members, is to allow transgender people to self-declare their gender without facing barriers to securing their rights. It is also formal Green party policy to recognise non-binary and intersex people on legal documents, something countries such as Iceland, Germany and Malta already do.

Of course, as others have already reminded us, the context for this debate is a highly worrying and uncertain time for trans people and their rights in the UK. Daily lives are being conducted in the shadow of the Supreme Court's ruling on sex and gender in the Equality Act 2010. In what ways guidance for institutions and businesses will be changed permanently, and how that ruling's decision on one act affects the whole basis of the Gender Recognition Act 2004, is still under debate and facing legal challenge. Meanwhile, my inbox is full of words such as "shock", "disbelief" and "fear", used by Brightonians worried about what the future may hold for themselves and the people they love.

As always, however, my brilliant constituents are coming together in solidarity. As their MP I tabled an early-day motion last week that was co-written with a trans woman in my constituency. So much of this debate happens without trans voices playing the part they should, and I am grateful to every Member who has brought a trans voice into this Chamber today. Our EDM is a simple call for solidarity and respect, recognising that

> "transgender transition liberates trans people to be their true selves",

and I believe that every hon. Member in this House can and should sign up to it.

Ahead of this debate, my constituent Abigail, who volunteered on the doorstep during my campaign last year, wrote to me telling me more about what this issue means to her. She said that

> "I transitioned in April 2002. Before then, I drifted through life wanting to die, sometimes suicidal. Now, I know who I am and what I want.
>
> Before, life was black and white, and it changed to full colour. Everyone has heard of 'gender dysphoria', the pain of pretending to be who one is not, trying to be 'masculine' and feeling wholly inadequate, but on transition we feel trans joy, the liberation of being who we really are. It is a gift to society: there are people, being truly ourselves. Many people do not manage that.
>
> Before, I could not form relationships because I could not reveal who I am. Now, I have close friends and a loving partner.
>
> I am a woman. I cannot explain that, it is simply true."

Let us bear Abigail's words in mind and try to build back to a consensus on these issues. The fact that trans people are real and have rights, including the right to have their gender legally recognised in a fair process, was something that Conservative Prime Minister Theresa May acknowledged in 2017 and brought forward for consultation. The fact is that the current process of obtaining a gender recognition certificate remains protracted, complex and very unnecessarily intrusive.

*[Siân Berry]*

The question asked then was how to change the process to make it better, not whether to change it. The plans were officially dropped in 2020—by Liz Truss, I understand, during Boris Johnson's Government—and no Equalities Minister has yet officially gone back on that decision and relaunched the reform.

I hope that this Government will reconsider. That is the question I ask the Minister today. Even though the benefits of people having their true gender legally recognised are now in question, we can continue those arguments. Reforming the process is still sorely needed, so I ask the Government, "Please support my constituents, the petition and trans people across the country today, and get the reform moving again."

5.21 pm

**Tim Roca** (Macclesfield) (Lab): It is a pleasure to serve under your chairship, Mr Mundell. I rise in support of the petition, and more broadly in support of the rights and dignity of transgender people in the UK. Let us be clear: we are debating not just a petition, but people's lives.

In Macclesfield, we have a fantastic LGBTQ+ community, where people show solidarity with each other, including recently through Stride for Pride, which was run by the owners of Yas Bean. Solidarity is incredibly important; the LGBTQ+ community hangs on a history of solidarity with each other, and the need for it has never been clearer than in recent years, with a surge in the number of recorded transphobic hate crimes. According to Home Office data, such crimes have more than doubled since 2016. That is not a culture war; it is real harm. It is fear, isolation and violence, felt by people who are simply trying to live as themselves.

While that is happening, our international standing in LGBTQ+ rights is falling. As Members have noted, this year the UK dropped even further down the ILGA-Europe rainbow map, which ranks countries by their equality laws. In 2015, we were first—what an incredible thing to be proud of. Last year we dropped to 16th; as of a few days ago, we are 22nd. We have fallen behind countries we once led, and we have not gone backwards by accident. I fear it is because our political will has begun to fade.

**Luke Myer** (Middlesbrough South and East Cleveland) (Lab): I thank my hon. Friend for setting out how we are falling behind many of our allies around the world. Does he share my concern that, for the first time, the UK is the only country in western Europe to be rated amber rather than green? It was a Labour Government who took forward LGBT rights in the past, and this Labour Government ought to do the same.

**Tim Roca:** My hon. Friend makes a good point, and why we should be extremely worried about what is happening to our record on LGBT rights. In him, his constituents have an excellent champion for their local LGBTQ+ community.

**Dame Meg Hillier:** Under the previous Trump Administration, the British Foreign Office issued a travel warning to trans people because of the so-called bathroom ban—well, the actual bathroom ban—in parts of the United States. Yet now we are in a position where many trans women and trans men are very frightened about using toilets. Does my hon. Friend agree that Government action is needed?

**Tim Roca:** I completely agree with my hon. Friend. She makes a good point about how urgent action is needed.

Almost all Members have touched on the recent UK Supreme Court ruling, which has created so much uncertainty about the legal rights of trans people, particularly trans women, under the Equality Act. Let me be clear: I am not questioning the existence or legitimacy of single-sex spaces. The Equality Act rightly allowed for such spaces in reasonable circumstances, particularly where privacy, dignity or safeguarding required it, but its principle was balanced. In my view, the Supreme Court judgment reinterpreted that balance in a way that completely undermines the legal clarity that we had before, and raises new concerns about consistency in application. That interpretation appears to directly contradict the spirit and purpose of the Gender Recognition Act, which was passed to give trans people full legal recognition in their acquired gender.

The judgment not only strips away legal certainty for trans individuals, but risks making the GRC, as Members have pointed out, a symbolic document with little practical effect. The critical question—I feel that my hon. Friend the Member for Bathgate and Linlithgow (Kirsteen Sullivan) wants to intervene.

**Kirsteen Sullivan** (Bathgate and Linlithgow) (Lab/Co-op): I thank my hon. Friend for giving way; I was going to let him make that critical point before intervening. It is fair to say that nobody is comfortable with the heated way in which the debate has taken place over the past few years, but does he agree that, in fact, women's sex-based rights have been ignored for many years and not enforced? That has led us to the place where we are today. There must be space for respectful discussion, to find a way to improve the rights of trans people while also respecting the hard-earned and hard-won rights of women.

**Tim Roca:** Where I agree completely with my hon. Friend is that this debate—as has been pointed out already—has become incredibly toxic. We are seeing, with Reform and others, an attempt to import American-style politics to our country. We need a rational, reasonable debate that safeguards the dignity of all people, so I am glad that my hon. Friend made that point.

The critical question I was coming to was this: what is the purpose of the GRC now? For many years, we were told that the GRC was the legal mechanism by which a person's acquired gender would be recognised in law, but many people are now left wondering whether a GRC still confers the rights and recognition it was meant to. If a trans woman with a GRC can still be excluded from single-sex spaces and services, what legal certainty does that document offer? Why are we asking people to go through a lengthy, intrusive and often dehumanising process to obtain one?

**Dame Meg Hillier:** My hon. Friend is making an important point. The gender recognition certificate is often destroyed by trans people because they have their new birth certificate. The certificate itself is not always an extant document.

**Tim Roca:** My hon. Friend makes an excellent point. As other colleagues have pointed out, the sky did not fall in when these reforms, also passed in so many other countries across the world, took effect. We heard from hon. Members today about the EHRC's first proposed guidance following the ruling, which allowed just two weeks for consultation—two weeks to respond to complex legal changes that affect fundamental rights of our constituents. That is simply not good enough; it risks shutting people out of a conversation about their own lives and protections. Although I welcome the fact that the period has now been extended, it should never have been that short in the first place.

Trans people are asking for clarity, dignity and fairness. They deserve to know where they stand under the law, to walk down the street without fear, and to have representation in this place that does not question their right to exist.

**John Slinger** (Rugby) (Lab): Parents of trans people have contacted me about not only their fear, but their children's fear in the light of the Supreme Court judgment. Does my hon. Friend share my concern that it is not clear what they should tell their precious children, and agree that this is an unacceptable state of affairs? Does he agree that we should ask our fellow citizens to ask themselves: "What would I advise if my own child were trans?", and even, "How would I like to be treated if I were trans?". If we cannot answer those questions, clearly the situation we find ourselves in is completely unacceptable.

**Tim Roca:** My hon. Friend makes that point extremely well. It is so depressing to hear of the fear that many of our constituents up and down the country have expressed to us, and the chilling effect that the judgment has had. I believe my hon. Friend's constituents have in him a wonderful champion and supporter of the LGBTQ+ community.

We cannot keep deferring justice and letting misinformation fill the gaps where leadership should be. We cannot let this debate be led by the most toxic voices. It is time for Parliament to lead with compassion and evidence, not confusion and delay, because trans rights are human rights, and this country is better than the fear that we see taking hold.

5.29 pm

**Vikki Slade** (Mid Dorset and North Poole) (LD): It is a pleasure to serve under your chairship, Mr Mundell.

It is shocking that over 16,000 people are currently waiting for treatment at the London gender identity clinic alone, and that it is currently treating people referred in the summer of 2019. There are 6,225 children currently waiting on gender waiting lists, and waits of more than three years are completely normal. If it takes that long to achieve a first appointment, imagine how long it takes to achieve two medical assessments.

The NHS figures issued last week have completely confused me. According to NHS England, the figures on referral for treatment for the whole country state that only 147 people are waiting more than 104 weeks—that is two years—for any treatment. How is that possible? Are gender identity clinics not included in the figures? It makes no sense at all. I would be interested to know how those figures were come up with. How can we look trans people in the face and tell them that only 147 people are waiting for treatment, when we know that thousands and thousands are waiting for life-affirming treatment?

Fifty per cent of trans and non-binary youth have seriously considered suicide in the last year alone, driven by stigma, exclusion and hate. A local teacher from Dorset told me that he found it deeply upsetting to see young people who feel that their rights are being stripped away. He said the ruling is not just a setback for human rights but an act of erasure.

A trans constituent told me that we need a system that protects all women, including trans women, and went on to say:

> "I am asking you to see me and help build a future where trans people don't have to fight every day to exist."

What a sad state of affairs.

**Gideon Amos** (Taunton and Wellington) (LD): Does my hon. Friend agree that we need to do more to protect trans people? In Somerset, for example, trans hate crimes have increased from 119 to 179. While providing women-only spaces where they are needed, we need to do more to stand up for trans people who feel frightened and afraid and who are being attacked.

**Vikki Slade:** My hon. Friend is absolutely correct.

We talk a lot about the needs of trans women but very little about the needs of trans men. I am deeply concerned about the impact on trans men who might be forced to go into women's toilets. Many of them do an amazing job of masking and appearing to be men. I am sure that most of us know people but have no idea they are trans men, because so many have fantastic facial hair—more so than some men I know—and incredible muscles and tattoos. Imagine being a trans man who is told that they have to go to a women's refuge. Imagine being the women in that refuge when a trans man comes in and says, "I have to be here because I'm still treated as a woman." That is just offensive.

**Kirsty Blackman:** If a trans person has to out themselves every time they go to the toilet, does the hon. Member believe, like me, that that fundamentally conflicts with the right to privacy under the European convention on human rights?

**Vikki Slade:** I thank the hon. Member for that intervention. I am shocked daily by the indignity that we are imposing and the impact on the human rights of people who are trans.

Let me share some just some of the words used by trans people about the current gender recognition system: "traumatic", "intrusive" and "over-medicated". I am pleased that one of our Liberal Democrat Members in the other place is looking at how we can remove the need for a spouse to consent. How can it be compliant with the human rights of a trans person if their spouse has to consent to their getting a gender recognition certificate?

The recent Supreme Court ruling has made life as a trans person so difficult, and calls into question the value of a gender recognition certificate. If trans people who have undertaken all that is required to achieve that status are still to be treated as though they remain in the sex that they were assigned at birth, what is the point of a gender recognition certificate? Self-ID seems to be the

*[Vikki Slade]*

only viable alternative. If self-ID is not to be progressed, what assurance can the Minister give our trans constituents that a gender recognition certificate will become easier and quicker to attain? If a trans person has gone through many years of distress, treatment, cost and trauma, they deserve to be honoured and respected, and their legally acquired gender should be recognised.

I recently recruited a member of staff, who unfortunately did not stay with me very long because they found the whole process quite traumatic. The day before they were due to start, they emailed me to tell me that they thought I needed to know that they were trans. I was so upset that they felt the need to do that. What sort of world are we in when someone has to share that private information with me, as their employer, and then is so traumatised by it that they decide they cannot work in the role after all? I felt absolutely sickened. The Good Law Project recently stated that

"given the current hostile direction of travel in the UK…we do not think it is without risk to be on a State list of trans people."

Let me go back to something the hon. Member for Aberdeen North (Kirsty Blackman) said about death. I cannot imagine anything more awful than a parent losing a child, particularly in a violent death or a death by suicide, which we have seen in recent years, or losing somebody who has lived their life for many years in their acquired gender, and then not to be able to lay the person they love to rest in the gender in which they lived. There is no greater indignity than that. I beg the Minister: if we do nothing else, let us change it so that people do not need a gender recognition certificate for their death certificate. That is absolutely inhumane.

5.36 pm

**Warinder Juss** (Wolverhampton West) (Lab): It is a pleasure to serve under your chairship, Mr Mundell. I welcome the opportunity to contribute to this debate. I begin by expressing my full support for the trans community and their right to live openly and authentically. Every individual in our country must be allowed the freedom to live their truth free from discrimination and fear, and to be treated with the dignity and respect that they deserve.

I am especially proud that City of Wolverhampton council, which is based in my Wolverhampton West constituency, made history back in 2016 by electing the first transgender councillor to office. That moment was not only a milestone for our city, but a powerful symbol of what can be achieved when inclusion and equality are not just discussed but put into practice. I am sure that my city of Wolverhampton will continue to lead the way in promoting acceptance and equal rights for all.

In an intervention earlier, I mentioned the UK Supreme Court judgment in the case of For Women Scotland Ltd *v.* The Scottish Ministers. As a member of the Justice Committee, I have had the opportunity to inquire further into that decision. The decision confirmed that for the purposes of the Equality Act 2010, "sex" refers to biological sex, and that trans women, even with a gender recognition certificate, are not considered to be women under the Act's provisions on sex-based protections and rights. The ruling does not strip trans people of their right to be protected from discrimination, harassment, victimisation and unfair treatment.

The decision has created a legal distinction between biological sex and legal gender, and that has obviously created a lot of confusion and uncertainty in areas such as access to single-sex spaces. The Government must find a way to uphold the rights of women and trans people without pitting them against each other, as has happened in the past. It is crucial that the Government recognise that transitioning is not a choice, and that the transitioning process often comes with a deep and difficult journey of self-understanding and acceptance, with the associated stress and emotional strain of coming to terms with one's new gender identity.

The law is not static, and it never should be. It evolves with society, and society itself evolves through empathy and understanding others. I am pleased that the Government have committed to a wider range of support for the trans community, including a trans-inclusive ban on conversion practices and a review of adult gender identity services. However, we have a duty to ensure, through further legislation, that trans people are given proper legal recognition of their gender, and that we demonstrate respect and compassion toward all our communities. This is not about special treatment: it is about equal treatment and sending a message to everyone in our country that they have the right to live freely and proudly as who they are, and not as we think they are. Consequently, we need to reassure transgender people in our communities that they have the right and the ability to live as their authentic self, free from fear and discrimination.

5.40 pm

**Pippa Heylings** (South Cambridgeshire) (LD): It is a pleasure to serve under your chairship, Mr Mundell. I thank my hon. Friend the Member for South Cotswolds (Dr Savage) for moving the motion and for her powerful speech. I also thank all the signatories to the petition. I want to add my voice to the calls for transgender people to be able to change their legal gender through self-identification and, in particular, without the need for recourse to a medical diagnosis of gender dysphoria.

The petition reflects a long-standing call for dignity, simplicity and fairness in how we treat some of the most marginalised people in our society. We seem to be going backwards rather than forwards. The Women and Equalities Committee spent years scrutinising the Gender Recognition Act. As early as 2016, and again in a 2022 report, the Committee recommended a move to a more streamlined, de-medicalised process, recognising that being trans should never be treated as an illness. Yet that is exactly what the current process continues to do. The requirement to obtain a medical diagnosis of gender dysphoria from an NHS gender clinic doctor is not only dehumanising and daunting for those involved, but these days is practically almost impossible, and inaccessible.

As other Members have done, I would like to bring into the debate the voice of trans people, particularly from my South Cambridgeshire constituency. Let me share the very human story of what it is like in practice—the story of a trans woman who embodies the struggle that the petition seeks to address. Yannifer is a trans woman, a close friend and a colleague of mine. She happily changed her gender in her passport and driving licence back in 2023, after a visit to her GP—self-declaration in practice. I remember the joy of that day, and her joy and pride in what she said was her most life-affirming

moment. But that was short-lived, because she then realised that that did not entitle her to the next steps towards a gender recognition certificate, nor to hormone treatment. For that, she needs a diagnosis of gender dysphoria from an NHS gender clinic.

With the NHS in crisis and the reality of the current provision, Yannifer is now two years into what is likely to be at least a six-year wait—a cruel and unnecessary delay for a basic recognition of her identity. She has been able to form the most special of relationships, but she is not able to marry her partner in her own acquired gender without a gender recognition certificate. More dangerously, she has had to turn to private treatment, at huge personal cost, because her GP still refuses to prescribe the hormones that she needs, citing loopholes that discredit private diagnoses.

We have heard today about the mental health impact of this process, and the stress and uncertainty that it causes are not hypothetical. The situation in which Yannifer finds herself is dangerous. She has told me that to procure medication informally is just to survive, because the alternative of not being able to live in her acquired gender and to change and transition, as she puts it, would be "practically suicide-inducing". So she lives in limbo, denied the basic dignity of legal recognition. There are huge questions over the need for this medical diagnosis. As the Women and Equalities Committee concluded, the diagnosis is outdated. The World Health Organisation has moved from "gender dysphoria" to "gender incongruence", under a non-mental health classification. The UK is now out of step with international best practice.

Ireland, Denmark, New Zealand and Argentina have all reported positive administrative and public health outcomes from policies based on legal gender self-declaration. As we have heard today, these nations are not collapsing and the sky has not fallen in. They are modernising, but in the UK we continue to ask trans people to navigate a legal process that is, according to the Government's own consultation, dehumanising, overly bureaucratic and prohibitively expensive. We continue to ask trans people to prove that they are ill in order to access the legal right to live as their authentic selves. That contradiction is not only outdated, but harmful.

Trans people such as Yannifer are not asking for special treatment; they are asking for respect, safety and recognition. I would like Yannifer to know that she is heard, and that we see, value and respect her. That is why I am urging the Government and the Minister to reconsider the recommendations of the Women and Equalities Committee, to allow self-identification, remove the requirement of a gender dysphoria diagnosis from the Gender Recognition Act and reform the Act completely to enable self-identification, as the petition requests.

5.46 pm

**Olivia Blake** (Sheffield Hallam) (Lab): It is a pleasure to serve under your chairship, Mr Mundell. I thank the hon. Member for South Cotswolds (Dr Savage) for opening the debate incredibly well, on a subject that often gets heated. Today, we have shown that we can discuss these issues without that heat. I also thank the more than 120,000 people who signed the petition, especially the 250 people who did so from my constituency.

ILGA-Europe's recent report saw the UK fall to 22nd place in the rainbow map of Europe. That should really concern us all; it is not just a warning about LGBT rights, but a signal of a broader erosion of democratic protections across Europe. At the heart of the decline is a failure to uphold the dignity and autonomy of trans people, particularly when it comes to something as fundamental as legal gender recognition. I am exceedingly embarrassed about this—to fall so far, when just 10 years ago we were No. 1, is unforgiveable. We must all look at ourselves hard in the mirror for allowing that to happen.

In recent debates, we have heard Ministers affirm that LGBT rights in the UK remain protected, and that we are firmly committed to equality. I welcome that, as it is something we all want to see upheld both in spirit and in practice. However, I have heard fears from countless people, including many of my constituents and parents of trans children. Some have actually spoken to me about leaving the UK. How embarrassing that we have fallen so far that people would rather not live here because they feel their lives are so unliveable in the society that we are creating.

**Mr Quigley:** Naively, when I was at university in the '80s and early '90s, I believed that I would see the end of sexism and racism. Does my hon. Friend agree that we have fallen so far backwards over the last 14 or 15 years, and that it is entirely down to a party obsessed with staying in power, rather than doing the best for its citizens?

**Olivia Blake:** I have been here talking about migrants and other communities who have been victimised and used as scapegoats repeatedly over the past 15 years. It has been sad to see; unfortunately we are seeing it across the globe, but we should all be standing up against it. We should be dealing with people's daily concerns, rather than using rhetoric, as we do far too often.

As we have heard from colleagues today, trans people will not feel protected right now. They are navigating rising levels of hate, extending delays to healthcare and increasing uncertainty about how existing laws apply to their lives. They are being told that their identity—their sense of self—is something that we can debate, question and deny. I think that is wrong and I urge all people outside the House who are looking at the interim guidance not to have knee-jerk reactions to that but to fully take part in the consultation. That consultation should be 12 weeks long, as previous consultations have been. For something that will mean such a big change for individuals, the EHRC has got the consultation period wrong and needs to extend it even further.

I just think this is quite sad. It is right that people have a way to self-identify their legal gender. That matters for many reasons. I think a lot of politicians, sadly and wrongly, think, "Isn't it a shame that trans people are trans people?" How completely wrong is that? Too many people live in fear, with false statistics, about the risk that people pose to women—

**Tracy Gilbert:** Does my hon. Friend agree that trans women and trans men should have services and provision on that basis, and that sex and gender are two very separate things?

**Olivia Blake:** I think it is very problematic if we go down that track for all services. I think that the equality right and how it was interpreted previously were correct, and that people should be excluded where there is a need for that. It should be on the basis of a balance, and I think that is true for all protected characteristics and when they come into conflict.

**Kirsteen Sullivan:** Will my hon. Friend give way?

**Olivia Blake:** No, I will make some progress if my hon. Friend does not mind, because I have only a little time.

The idea that it is a shame or somehow sad that people are trans is completely and utterly wrong. As has been said, trans joy exists. The many trans people and non-binary people I know live joyful lives. We should celebrate those lives, rather than suggesting that it is a mental health condition even though the WHO has said it is not. Creating a protracted, medicalised route just to get a piece of paper that says that one's correct gender is really problematic and something that we should continue to question. This is why the right to self-identify one's legal gender really matters. It is about the basic freedom to live as oneself. That means being able to go to the local supermarket or local café and not be fearful of being challenged when going to the bathroom. It is about being able to live without intrusive medical gatekeeping that means that it takes years and years for people just to get to that point.

We know that we are out of step internationally here. We know that the health advice has moved on, just as the thinking about hysteria moved on from the time when women got categorised as having that. Many groups of people have been wrongly categorised as mentally ill just for being themselves. We need to get away from the gatekeeping, outdated bureaucracy and humiliation that we have heard about again and again in consultations about the process as it stands.

The EHRC's recent guidance on sex and gender in single-sex services has created further concern among my constituents, as well as charities, schools and employers who want to act properly but now feel unclear about their responsibilities. We need clarity that reinforces inclusion, not ambiguity that creates fear. I am pleased that Labour committed in our manifesto to making the GRC process simpler, but the recent judgment is very concerning. It risks undermining the existence of these certificates in themselves if we are not careful and if the guidance goes the wrong way.

Trans healthcare, too, is an area where we need action urgently. Current NHS waiting times and the indefinite ban on puberty blockers are leaving people in limbo for years. This is not just a policy challenge. It is a public health issue and one that requires compassion, evidence and leadership. I hope that the puberty blockers trial is as wide as possible and as scientific as it can be.

Thank you, Mr Mundell, for allowing me to speak for this long. Rights are not a zero-sum game. We cannot protect one group without protecting another; we need to strengthen the whole. I urge Ministers to continue listening to trans people, to ground decisions in evidence, and to act with the courage that true equality demands and make sure that instead of us just standing up here, we have proper consultation, which has the voice of trans, non-binary, intersex and all people represented in the evidence that it hears, and that that is taken on board.

We do not want a situation where we are trying to police people going into toilets, which could be problematic to those who do not fit or conform to gender stereotypes, as we have heard. This is not just about toilets; it is about dignity—dignity in death, as we have heard, and dignity in having privacy and the ability to have that joyful life that we all want everyone to have.

**David Mundell (in the Chair):** I call Martin Rhodes, and I assure Dr Arthur that, after I leave the Chair, he will be called.

5.55 pm

**Martin Rhodes** (Glasgow North) (Lab): Thank you, Mr Mundell; it is a pleasure to serve under your chairing. I thank the hon. Member for South Cotswolds (Dr Savage) for her introduction on the petition. My constituency has the second-highest number of signatories to this petition—after Brighton Pavilion—which has also been reflected in my inbox. I thank those constituents for making their views known through signing the petition and through correspondence, and those with a range of different views on the issue for contacting me.

[Gill Furniss *in the Chair*]

This petition refers to people's self-identity. Let us be clear: all of us have our own identity. How we see ourselves is an integral part of the human condition, and is universal. It is part of how we understand ourselves, how we seek to relate to others, and how we feel about who we are. We all have our own journey to self-identity, and hopefully to acceptance of that identity.

Legislation cannot stop that innate self-identification of human nature, but legislation can frame how easily we can live that identity honestly, openly and safely. That is as relevant for trans men and trans women as it is for any human being. Supporting trans people to have their self-identity respected is as important for all of us. That is not a claim for special treatment; it is a call for equality in how people are treated.

I believe that we need to modernise, simplify and reform the Gender Recognition Act. That particularly means reviewing adult identity services to ensure that all trans people can access appropriate, timely and high-quality care. Trans people are so often let down by healthcare and support services. That said, I recognise that easier access to gender recognition certificates is meaningful only if it enables trans women and trans men to live with dignity and respect.

That brings me to the recent Supreme Court case. It is extremely important to highlight that the Court warned against

"reading this judgment as a triumph of one or more groups in our society at the expense of another",

and noted that transgender people are protected under the Equality Act through the protected characteristic of gender reassignment. Although the ruling clarifies the legal definition of sex in the Equality Act, it does not clarify how the Act should be implemented, or how the Gender Recognition Act interacts with the Equality Act and the right to privacy.

There needs to be an inclusive process of working through the Equality Act and its range of protected characteristics. The Supreme Court judgment provides clarity on the legal definition of one of those protected characteristics, but does not in any way negate the importance of the other protected characteristics, including gender reassignment. It is clear that there are complexities in how these protections interrelate, and careful thought must be given to guidance on this.

The Equality and Human Rights Commission is due to provide an updated code of practice. I believe that its deliberations must be informed by the voices and lived experience of those affected, and I have written to the commission to that effect. The interim guidance that it has published so far has only highlighted the complexity and the urgent need for appropriate and inclusive consultation and engagement. That process is necessary to avoid institutions and businesses acting in ways that fail to fully take into account the full range of responsibilities in relation to all protected characteristics.

Action without a full recognition of responsibilities risks causing harm not only to trans people, but to non-binary individuals and those whose gender expression does not conform to stereotypical expectations of their sex. There is a danger that the law could be implemented in such a way that it forces trans individuals into distressing and unsafe scenarios simply for existing in public spaces. At the same time, it could put public and private organisations potentially in breach of their legal responsibilities and at risk of not protecting effectively those they seek to protect. That is why broad, inclusive consultation is vital. There is a need for actions that are proportionate, risk-based, trauma-informed and inclusive and that have appropriate safeguards and protections for all.

The Supreme Court judgment that "sex" in the Equality Act means "biological sex" creates an impossible dilemma for many trans people in everyday situations. A trans man could be legally required to use a women's changing room because he was assigned female at birth, but because he presents as male he may be challenged or even excluded by staff or other users, who assume he is in the wrong place. At the same time, if he tries to use the men's changing room—the one that matches his gender identity and appearance—he risks being accused of unlawfully accessing a single-sex service that is not intended for him. Essentially, the situation leaves him and other users of those facilities without a dignified option.

I have long campaigned for LGBT+ rights and will continue to do so. We must never lose sight of the fact that real people's lives are at the heart of the issue. Equality depends on our upholding our shared values such as open-mindedness, and it requires continued advocacy for groups of individuals who are too often marginalised in our society. Trans people have the right to live with dignity, safety and equality under the law. These are worrying times for many, and I share many of the anxieties. I regret the nature of too many of the discussions about these issues, but I remain hopeful that if we listen calmly to each other, there is a way forward rooted in the shared values of inclusivity, respect and equality. With those values, and the actions that need to lead from them, we can all benefit.

The denial of the right of one community or one person to be openly and genuinely themselves diminishes us all. It is our challenge as legislators to address these issues. I commend the petitioners for taking the opportunity to remind us in this place of that responsibility. To them, I say thanks.

6.2 pm

**Dr Scott Arthur** (Edinburgh South West) (Lab): It is a pleasure to serve under you today, Ms Furniss. Is it not fitting that we have had a change of gender in the Chair during this debate? It is quite incredible.

I thank the hon. Member for South Cotswolds (Dr Savage) for opening the debate. My hon. Friend the Member for Wolverhampton West (Warinder Juss), who is not in his place just now, summed up so much when he said that being trans is not a choice. The hon. Member for South Cotswolds made an incredibly important point that applies to everyone when she said that everybody has a right to be themselves. In my maiden speech, I made the point that I would be there for everyone in my constituency. In the last Parliament, many people across the UK did not feel that they could approach their MP to discuss this issue. That is something that should shame us all.

I consider myself an ally of the LGBT community, not least because I am the proud father of a gay woman. I hope that we will hear today from the Minister about the implementation of our manifesto in this area. This time last year, on so many doorsteps in Edinburgh South West, I was pointing to that section of the manifesto and saying, "This is our commitment," so hopefully we will see it sooner rather than later.

I want to talk about two people I spoke to on the doorstep last year. Without doubt, the person I spoke to longest was the mother of a trans woman. It was incredibly moving. She talked about how, as her daughter moved through puberty, she struggled to come to terms with herself, and about the problem that that caused her. Her daughter believed that if she did not eat, it would delay the onset of puberty. It led to her almost dying. That told me that perhaps there is a case for puberty blockers; in an absolute minority of cases, where they could save a life, they are really important. That girl is now a woman. The last I heard, she was leading a full life, thanks to her quite incredible mother.

A few weeks after that, I spoke to the mother and father of two teenage girls. They were concerned about this debate, because they were worried that their daughters would go into a toilet and be confronted by a trans woman or—worse still, as they saw it—by someone masquerading as a trans woman. It is tempting to view those two sets of parents as opposed to each other, but in fact they had so much in common: they both loved their children and just wanted the best for them.

Quite naively, I dreamed that the solution was perhaps to get the parents together so that they could see the issue from different perspectives and find common ground. Scottish MPs will know that that was incredibly difficult in Scotland, because the debate in Scotland became incredibly toxic. I do not know how bad it was in England, but it could not have been worse than it was in Scotland. The thing we should be ashamed of is that it became difficult to talk about the issue in social circles, because nobody knew what perspectives people had or how strong their feelings were. It does not support the rights of a minority group when we cannot even talk about their rights in those settings.

*[Dr Scott Arthur]*

My hon. Friend the Member for Bathgate and Linlithgow (Kirsteen Sullivan) said that we need a respectful debate. That is right. It is good that the EHRC's consultation around the Supreme Court's ruling has been extended to six weeks, and I hope that it is open and inclusive. I also hope that, as well as people suggesting to the EHRC how they think the world should be, we find space to listen to one another, because that is what has been missing from this debate for the past five years or so.

6.6 pm

**Christine Jardine** (Edinburgh West) (LD): It is a pleasure to see you in the Chair, Ms Furniss. I congratulate my hon. Friend the Member for South Cotswolds (Dr Savage) on leading the debate with such a powerful speech on behalf of the 120,000 people who want us to consider the petition carefully. I thank them for bringing the voice of the trans community into this Chamber. They need to be heard. More than that, they need to be listened to.

For the past six to eight months, and in fact the past three and a half years, this debate has been a big part of my life. That is not just because I am a Scottish MP—I recognise what the hon. Member for Edinburgh South West (Dr Arthur) was talking about—but because I have been at the centre of the formation of Liberal Democrat policy on this issue. The revised policy that we came up with sets out our continued commitment to self-ID. The Conservative Government's 2018 proposals to reform the gender recognition process, which we first endorsed in 2014, are at the heart of it.

The proposals would remove the requirement to provide medical reports confirming a gender dysphoria diagnosis, as well as the spousal veto—a horrible requirement for the person applying for a GRC to provide a statutory declaration of consent from their spouse. Applicants would still have to prove that they have lived in their affirmed gender for at least two years and make a legal declaration that they intend to live permanently in that gender for the rest of their life—put simply, self-ID. It would be clearer, simpler and less intrusive.

However, that is just the paperwork. It is not really what this issue is about. Over the past year of listening to various groups and hearing their views on what is needed to protect the trans community and the LGBTQ community in general, I have learned that it is, more than anything else, about valuing people. It is about recognising their worth, their human rights and their right to live a life free of victimisation, discrimination, fear and anxiety. As my hon. Friend the Member for South Cotswolds said, this is not about an abstract debate, but about real lives and real people.

That is where I begin to struggle with many of the things that have been said over the past three years. This is about people who are living in distress that has been caused by the uncertainty created by the Supreme Court ruling and the EHRC interim guidance. For so many of them, that has meant that the lives they have led, in some cases for decades, quite straightforwardly, simply and happily—recognised by their peers—have been thrown into doubt. Suddenly it seems that in this country, rather than making progress and protecting people's rights, we are regressing.

We have had this toxic debate for three years in Scotland; I suppose in some places it has been much longer. We have had three years of pitting one vulnerable group against another: on the one hand the rights of women, and on the other hand the rights of the trans community. To me, it is utterly ridiculous to pit against each other two vulnerable groups who are both afraid and continually victims of discrimination and violence. We are completely losing sight of the damage that we are doing to both groups.

I completely understand and sympathise with the arguments put forward by those who fear that women could be vulnerable to attack in certain circumstances and single-sex spaces unless we protect them. Of course we should protect them, but that is not anything to do with the rights of the trans community. They are not the problem, and their rights should not be impacted by the rights of women. One person's rights should never be contingent on another's, and yet that is what we have done. The statistics we have heard are frightening; hon. Members have outlined how we have made people from the trans community into targets. It saddens me to my core that the debate around fundamental rights—maybe those of your friends, your family, your neighbours or your work colleagues—has been so toxic.

Just recently, a friend of mine whose child is trans told me that since the ruling she now worries about how they are expected to go about their life every day and do simple things that we take for granted—like going to the toilet at work, for goodness' sake. Funnily enough, not so long ago she told me how wonderful it was, now that they had completed their transition, to see them happy in themselves, living the life that they had always wanted to live. That is why I believe that we need to think seriously about self-ID. We need to think seriously about how we can put an end to the confusion and the anxiety that are being felt by too many people in this country.

Just think for a moment: what if we had been talking about your child, brother, sister or friend? Yes, there are questions that we have to overcome about prisons and single-sex spaces, but those problems should not come before protecting the rights of anyone. Somehow that has been lost in the toxic debate, but we have to stop. We have to change the narrative around this issue. It is clear today that people want us to find a way forward, stop rehearsing bitter arguments and look for ways to help one another, help people find a way forward and allow everyone to be free to live the life that they want to lead.

I remember a time not unlike this one, when another campaign of fear—the threat of HIV and AIDS—made life insufferable for the gay community in this country. That we would now live in a society that embraces same-sex relationships and allows us all to be free to love who we love was unimaginable then, but we have changed. My generation—my friends—went through hell then. Well, now another generation needs our help and support in protecting their rights. If we do not protect their rights, we risk losing all our rights. Women's rights, children's rights, men's rights, minority rights and trans rights are all human rights. If we do not protect one, we risk losing them all.

I ask the Government to examine what they are doing at the moment. A friend of mine said to me today that we should judge our society by how we treat our vulnerable minorities. I ask the Government to do that:

to look at the legislation, look at how it is treating our vulnerable minorities, and ask themselves if that is acceptable. Or, if they are prepared to put an end to the confusion, the anxiety and the fear—

**Tracy Gilbert:** I appreciate the hon. Member's giving way on that point. When she talks about vulnerable categories, does she include women, lesbians and gay men?

**Christine Jardine:** I think I have made it absolutely clear that I include women and I include all the LGBT community. But what I object to, with every fibre of my being, is those vulnerable groups being pitted against each other. I think we all do.

Every vulnerable group in this society deserves the protection of not just their Government but their community. I ask the Government to think about that and think about whether it is time to allow trans people in this country to have the same freedom as others. That is not a privilege, but a right. I mean the same freedom to live the life that they want to live—the life that they would have in Ireland, Germany, Iceland and so many other countries. We are falling behind and letting our people down.

6.15 pm

**Mims Davies** (East Grinstead and Uckfield) (Con): It is a pleasure to serve under your chairmanship, Ms Furniss, and to speak on behalf of His Majesty's loyal Opposition. I am grateful for the many thoughtful contributions from Members today. I thank the hon. Member for South Cotswolds (Dr Savage) for opening the debate on behalf of the Petitions Committee; I recognise the important reflection of trans voices that she brought to the Chamber. It was compassionate and absolutely right to recognise strong feelings and concerns on all sides. Friends, constituents and colleagues are affected by today's debate. Dignity, understanding and respect are crucial. I am always mindful that we are talking about people in this debate or any debate, and listening to people, parents and communities is crucial.

Last month's Supreme Court ruling importantly clarified the law as per the Equality Act. As we have heard today, many real practicalities still need to be agreed and implemented. Many constituents, including several of mine, have been in touch with their MPs to ask what the judgment means for them. The judgment rightly calls for the rights of trans and non-binary people to be upheld as per the Equality Act. It is no surprise that this wider uncertainty has resulted in this petition. I am grateful for the opportunity to discuss where the Opposition sit on this matter and where the Government must simply do more in light of the concerns.

I agree that it is important to lead the discussions in the right tone, and that is always my approach. As the shadow Minister for Women, I believe that we must ensure that we work for a future in which women do not have to fight for their rights every time, and nobody has to keep fighting for all their rights every time. That reflects the comments of the hon. Members for Edinburgh North and Leith (Tracy Gilbert) and for Bathgate and Linlithgow (Kirsteen Sullivan), which summed up this afternoon's tone and approach.

Let me affirm on behalf of my party that we strongly believe that every individual should live a life of dignity, be free to live their lives and be safe—safety has been very much raised today. They should be supported in that. We are an inclusive party that is focused on equality. We will always stand up for the rights of women and girls, too.

**Vikki Slade:** How can the hon. Member square new clause 21 to the Data (Use and Access) Bill, which would expose trans people in everything that they do, with her commitment to the safety of trans people? That does not seem to fit together.

**Mims Davies:** I think that it is a matter of fact that biological sex is crucial when it comes to correct service delivery and approach. I understand the hon. Lady's point, but when it comes to the understanding of treatment, it is important for there to be a distinction. But I understand the point.

Consider single-sex spaces such as refuges and NHS provision—screening programmes, for example: the protection and privacy of people, including women and girls, is paramount. However, as the hon. Lady just said, that must be balanced by the needs of others, so third spaces and understanding are also important. As I have already said, practicality is important. As many Members have said, this is not a zero-sum game for anybody, whether that is women and girls, and their safe spaces. As we have also heard, there must be suitable spaces for disabled people. This issue is about rounded equality for all. I truly believe that is vital.

We know that the Labour Government have not always necessarily agreed with the judgment in the recent case. Of course, Scottish Labour backed the SNP's self-ID plans in Holyrood. Those were challenged in the Supreme Court and shown to be incompatible with the Equality Act 2010.

As we have heard again today, some people still have strong views about self-ID, which I recognise. However, for those concerned about the gender recognition certificate process, I highlight that that had already been reformed following feedback, which was rightly listened to. The then Government agreed with the GRC process, because it was hoped that it would create a balance between significant checks and balances within the system. But as we have heard today, different people take different stances.

In light of the ongoing debate and the Supreme Court judgment, it is now for this Government to find a way to clarify how they intend to implement their manifesto commitment to modernise and simplify the GRC process without compromising the rights of women and girls. Those buzzwords signify an intent to change, but what people living this right now want to know is the detail. Hopefully, the Minister will today start to clarify matters or begin to set a timetable for proposals to be scrutinised by the House, the public and all the different voices in this debate. That is crucial, because there is public concern that the Government may be introducing self-ID by the back door—not deliberately, but perhaps through processes that some may see as careless and others may see as suitable.

I address a specific point. It is a concern that Government Ministers have admitted that the Passport Office does not accurately record sex. A passport is one of the most recognised and commonly used Government issued IDs with a sex marker. Can the Minister say why the Government have not sought to remedy the situation?

*[Mims Davies]*

It clearly leaves a potential route for self-ID, creating uncertainty for service providers trying to comply with the law under the Equality Act. Today, we are talking about clarity; all concerned need clarity.

**Kirsty Blackman:** The shadow Minister is making the case that biological sex is incredibly important for things such as medical procedures—absolutely. However, I am not sure how she thinks that the marker on someone's passport has any relationship with that. If, as has been argued, biological sex is immutable and cannot be changed, surely it does not matter what someone's passport, driving licence or even birth certificate says? There is, apparently, some magical way of ascertaining people's biological sex that nobody has yet told me about, unless it is a DNA test. Why does biological sex matter on a passport if, as a number of people have said, it is immutable and cannot be changed anyway?

**Mims Davies:** The previous Government commissioned Professor Alice Sullivan to ensure that the collection of data on sex and gender was consistent across Government. As I was saying, it would be good to know whether the Government will set out a timeline for implementing fully the recommendations from the Sullivan review. I understand the point made by the hon. Lady and other Members, but it is important for people to understand data collection.

**Christine Jardine:** I find this confusing and incomprehensible. Why do the Government need that data? Is there not also a danger that it will get into the hands of the wrong people and there will be a breach of privacy? I just do not understand why we need it. Medical records need it, yes, but do the Government?

**Mims Davies:** Perhaps the hon. Lady can ask the Minister about the Sullivan review and we will get some clarity on that.

Additionally, the Government should be issuing schools guidelines at pace to seek consistency, as we have just been talking about, and understanding across the education landscape. Teachers and headteachers need to have confidence that they will not be open to challenge, that self-ID will not operate in the school system, and that parents are involved at every stage of their youngster's education.

I look forward to the Minister's response on the matters raised not just by me, but by Members across the Chamber and in the petition. It is important to ensure that women and girls have a safe and fair experience in life, that there is equality for all, and that we get the practical understanding that trans people need urgently, as the petitioner and many Members have raised. As we have heard today, this should not be a zero-sum game. There should be no failings in duties and people should be able to deliver on the judgment, but ultimately there should be a reassurance that all will be able to thrive in life respectfully and positively, with good guidance and support.

6.27 pm

**The Parliamentary Under-Secretary of State for the Home Department (Seema Malhotra):** It is a pleasure to serve under your chairship, Ms Furniss, and to respond to this debate, which has been held with tremendous respect for each other, for trans people and for the issues that we face in navigating through the situation, particularly after the Supreme Court ruling. I thank the hon. Member for South Cotswolds (Dr Savage) for the way in which she opened the debate and for her extremely powerful speech. Bringing the voices of the trans community into these debates is important indeed.

I am speaking of behalf on my hon. Friend the Member for Llanelli (Dame Nia Griffith), who is unable to be in the House due to a visit abroad. We will discuss the debate and the issues raised, and I am sure she will update the House on some of these matters in due course. I also thank all those who signed the petition and all hon. Members who have taken part in the debate.

I am proud to be a member of the party that introduced the Equality Act 2010, which many colleagues have referred to. It is indeed world-leading legislation, which has reflected our commitment to ensuring that every member of our society is treated with dignity and respect, and afforded the same basic rights as each other. Our commitment to those principles remains resolute, and I am sure that everyone who has participated in the debate can agree that they are at the heart of what we want our society to represent.

I will repeat one phrase that really stood out, which is that everyone has a right to be themselves. It is important that we keep in our minds those who, as has been talked about today, are feeling very insecure. While I may not be able to cover all the points, I will do my best to do so. I also want to give assurance that the comments that have been made are on record and have been heard by the Government.

As my hon. Friend the Member for Cannock Chase (Josh Newbury) mentioned, Labour Governments have a very strong history of promoting LGBT+ rights. From the decriminalisation of homosexuality under Harold Wilson's Government in 1967 through the repeal of section 28 to the introduction of civil partnerships in the early 2000s, we have consistently led the way in advocating for legal equality and social progress for LGBT+ people. It was our then Labour Government that equalised the age of consent, extended adoption rights to same-sex couples, and introduced legislation aimed at combating discrimination and hate crime in the workplace. We laid the crucial groundwork for marriage equality and elevated LGBT+ issues to the forefront of public and political discourse—a legacy that I know Parliament, as well as colleagues in this House, will take great pride in.

The conversation surrounding rights, particularly those related to trans individuals, has sadly become increasingly divided and divisive, as this debate has so importantly highlighted. I think we all agree that it is necessary to approach this debate with honesty, respect and sensitivity to all viewpoints. It is in a similar vein that Lord Hodge, when delivering the Supreme Court judgment that sex means biological sex for the purposes of the Equality Act 2010, underscored the importance of not viewing the judgment as a

"triumph of one or more groups in our society at the expense of another".

That has been referred to a number of times in this debate.

The entrenchment of division and ever-greater polarisation seeks only to move us away from holding the empathetic, meaningful and productive conversations that holistically address the issues that stem from this debate.

That is why we have emphasised the importance of balancing all people's rights, including those of trans people and of women, acknowledging that both groups have real, important and often shared concerns. On matters such as access to single-sex spaces, we understand these issues must be navigated sensitively. The Government's position embodies a belief that it is both possible and essential to uphold protections for trans individuals while respecting women's concerns regarding privacy, safety and dignity. Those points were also made very strongly and powerfully by my hon. Friend the Member for Wolverhampton West (Warinder Juss).

It is also important to recognise—I want to underscore this—that nobody should suffer or feel the fear that so many do today. It is so important to recognise how much words matter. We recognise that, for many trans individuals, the current climate is uncertain and it has become, in too many places, hostile. The Government are committed to ensuring that trans individuals are treated with dignity and respect. The statistics on hate crime and sexual assault that have been shared in the debate, and of which we are aware, must be of concern to all. We are committed to equalising all existing strands of hate crime as aggravated offences, to ensure that all LGBT+ people are fiercely protected under the law. Let me be unequivocal: trans individuals deserve the right to live free from discrimination, violence and fear. There is no place for transphobia in our society, just as there is no place for homophobia or biphobia.

I understand that the recent Supreme Court ruling in the For Women Scotland case has left many trans women feeling worried and concerned for their safety. I want to stress that there are also, rightly, laws in place to protect trans people from discrimination and harassment. That was true before the ruling; the Supreme Court ruling has also underlined that fact.

As has been referred to in the debate, the independent equalities regulator—the Equality and Human Rights Commission—is working to update its statutory code of practice, which will include advice for duty bearers on how to avoid discriminating against groups with protected characteristics, and it has committed to seeking views from all affected stakeholders. The consultation—

**Olivia Blake:** Does the Minister agree that six weeks is a very short time for that consultation to run? Initially it was two weeks. Would not 12 weeks, as has been the case for various pieces of consultation undertaken by the organisation, fit better with the big issue that we are talking about today?

**Seema Malhotra:** My hon. Friend will be aware that the consultation on the draft updated code opened today.[1] I recognise the consensus that two weeks was too short, and people have already been contributing their views. Agreement has been reached with the Secretary of State for a six-week period, and I hope that during that longer period, those who have already put together their views and shared them can take forward that consultation. There will be extensive consultation with stakeholders, and everybody, including parliamentarians, will have the opportunity to contribute. We welcome the EHRC's commitment to ensure that diverse voices are included and will be listened to. It is important to also recognise that the final draft of the updated code will be laid in Parliament and subject to scrutiny and consideration by both Houses in due course.

**Dr Arthur:** Can the Minister explain the timeline in a bit more detail? When can we expect this to come to Parliament? When will the formal guidance be agreed and issued?

**Seema Malhotra:** Some of this depends on the EHRC's work and the time it takes to respond to the consultation; I know that we all want it to do so effectively. It is a matter on which I am sure the Minister for Equalities, my hon. Friend the Member for Llanelli, who is unable to be here today, will update the House in due course. My hon. Friend the Member for Edinburgh South West will understand that on one hand, we are saying it needs to be longer, and on the other hand we want clarity. What is important is that it is a consultation in which all voices can be heard. I think he will appreciate the assurance that the updated code will be laid in Parliament and will be there for scrutiny and consideration by both Houses. That will be an important part of the process.

**Kirsty Blackman:** When the Minister encourages the hon. Member for Llanelli to update us on the timelines, will she encourage her to update us with information on what the scrutiny process will be? I might have missed it, but I do not know whether it is subject to the negative or the affirmative procedure. If a statement could be made to the House explaining both those things, that would be helpful for all of us.

**Seema Malhotra:** That is an important consideration, and I will raise it with my hon. Friend the Member for Llanelli. Laws remain in place to protect trans people from discrimination and harassment, as the Supreme Court pointed out. It is important to state that protections for gender reassignment under the Equality Act have not been affected.

The ruling does not impact how a GRC is issued to change a person's legal sex for certain purposes, nor does the ruling change its significance. There has been considerable debate on this, so I will make some comments on it, but I am sure hon. Members will understand that this is an ongoing debate. However, as we have heard in this debate, it is important to recognise that trans people deserve the right to get married, to have dignity in death, to access pensions and to live their lives in the same way as anyone else.

We have said that we will look at gender recognition reform. Our immediate priority, as laid out in the King's Speech, is to make sure that we have a trans-inclusive ban on conversion practices, to strengthen hate crime protections for trans people, and to improve healthcare for trans people. It is also important to recognise that discussions continue with trans organisations and the trans community. My hon. Friend the Member for Llanelli will continue to have those discussions.

Any process that allows people to change something as fundamental as their legal sex must have appropriate and proportionate checks and balances. I have heard the different views today, but it is important for me to say—I do not believe this is new information—that the Government do not support self-identification because, as we set out in our manifesto, we believe in protecting the robustness of the process and its legitimate application. A medical diagnosis of gender dysphoria is important in this process.

1.[*Official Report,* 21 May 2025; Vol. 767, c. 12WC.] (Correction)

*[Seema Malhotra]*

We all recognise the challenges in accessing NHS services, and it is important to say that the Government are committed to ensuring that trans people receive the healthcare and support they need when accessing NHS services. We are all aware of the delays, which have been happening for far too long. NHS England has increased the number of adult gender dysphoria clinics in England from seven to 12, but in the light of the Cass report's recommendations, NHS England also launched an in-depth review of adult services led by Dr David Levy in August 2024. The review will assess not only the quality, effectiveness, safety and patient experience of each service, but their stability and whether the existing model is still appropriate for the patients they care for.

I can also confirm that, as part of our agenda supporting LGBT+ people, the Government will deliver a full trans-inclusive ban on conversion practices. We are clear that conversion practices are abuse. They do not work, and they can and do inflict deep and lasting harm on victims. The continuation of such acts in our society—a society largely accepting of LGBT+ people—must be challenged. The previous Government failed to act, but this Government will not fail.

That is why we committed in the King's Speech to publish draft legislation for a full trans-inclusive ban on conversion practices. We are working hard to draft measures that offer protection from these harmful practices, while also respecting the important role that teachers, religious leaders, parents and carers can have in supporting those exploring their sexual orientation or gender identity.

**Kirsty Blackman:** I am looking for an update on the timeline for the conversion practices ban and on what the scrutiny might look like. I understand that it is being published in draft, which is very much appreciated—the Online Safety Act 2023 really benefited from being published in draft—but what scrutiny will happen, and what is the timeline for the initial publication of the draft?

**Seema Malhotra:** The hon. Member may not be surprised to hear me say—indeed, I pre-empted her question—that there is not much I can update her on, other than to say that it is a priority for the Minister for Equalities, my hon. Friend the Member for Llanelli. When it is possible to update the House, she will very much want to do that. It is a priority and she is continuing to work on it.

I briefly mentioned Dr Levy's review of adult gender services in NHS England. We want to ensure that all trans people can get the high-quality care they deserve, and my hon. Friend the Member for Glasgow North (Martin Rhodes) referred to that, too. Also, we remain committed to implementing the recommendations set out in the Cass report, working with NHS England as it continues to improve children's and young people's gender services, and ensuring that those services provide the right healthcare, safeguarding and support for children and young people. That means making sure that they are based on the best available evidence and expert clinical opinion.

To briefly refer to the Supreme Court judgment again, I recognise that recent years have seen an increasing focus on the definition of sex in the Equality Act and access to single-sex spaces. The Supreme Court has given its judgment on that point, and the Government have been consistently clear that single-sex spaces must be protected, but we also know that trans people must be protected, and their safety and wellbeing is a matter for all of us. It is the role of the Government and Parliament to protect all members of society, and I hope that with the processes we have, we can now work better together to do just that.

A number of hon. Members have mentioned the Rainbow Map, and they were right to do so. We were ranked in first place in 2015 but went down to 22nd place this year, and that is a matter of concern. The UK has long championed the rights of LGBT+ people at home and abroad, and we proudly uphold a clear, robust and expansive legal and legislative framework. We are working to advance the rights afforded to LGBT+ people, including, as we have spoken about, by bringing forward legislation in relation to conversion practices and strengthening protections against hate crime. We recognise that there is always more to do.

As we look forward to the future, the Government's mission remains constant: to create a fairer, more inclusive society. That entails listening actively rather than imposing viewpoints, and it requires people to stand up for those who are marginalised even when those actions prove politically difficult. This debate has been an important contribution to that. More importantly, it involves remembering the core principle—that equality is not a zero-sum game; it elevates us all. We take pride in our achievements and our values, and we will not let complacency or the intent for division take root. Our commitment is to continue listening, learning and fighting for a society where everyone, regardless of their identity or who they love, can live with safety, dignity and hope.

6.49 pm

**Dr Savage:** I thank all the hon. Members who have spoken in support of this petition with understanding and empathy. As a Liberal Democrat, one of my foremost values is to create a society in which people are able to lean into their full potential. In the past in this country, we have tried to force left-handed people to be right-handed and gay people to be straight, or otherwise have punished people who deviate from the norm for being who they are. Let us not repeat that mistake by putting insuperable obstacles in the way of trans people.

Today, we have heard some argue about the right of trans people versus the right of women to have a safe space. This is very complex, and in some contexts it is especially sensitive, but let us keep it in proportion. Trans people are a tiny percentage of the population, and the vast majority of them just want to be able to live their lives peacefully. As has been mentioned, being trans is not a lifestyle choice. It is a path that is difficult, onerous and too often fraught with danger. It is not a mission that people undertake in order to gain access to single-sex spaces of the opposite sex.

As parliamentarians, we have a duty to get this right. It is literally vital, given the terrible and tragic rates of suicide and mental health issues among trans people. I would like to leave the Government with the following questions. What measures will they implement to reduce the current seven-year NHS waiting lists? What will they do to address the shockingly low prosecution rate for hate crimes against trans people? What will they do

to ensure that tragic cases like Joelle's, who was left waiting a crucial eight days for cancer treatment, never happen again? What will they do to ensure that there is fairness and clarity for the trans community going forwards?

Trans people in the UK are not asking for special treatment; they are simply asking to be seen, recognised, safe and treated with respect and dignity. And finally, I say this to any trans person listening to the debate: even in a political climate where your identity is too often debated rather than respected, there are people in this Parliament who will stand up for your right to live freely and authentically, and to live to your full potential. We owe it to you to keep the focus where it belongs—on your humanity.

*Question put and agreed to.*

*Resolved,*

That this House has considered e-petition 701159, relating to transgender people self-identifying their legal gender.

6.52 pm

*Sitting adjourned.*

# Written Statements

*Monday 19 May 2025*

## BUSINESS AND TRADE

### Comprehensive and Progressive Agreement for Trans-Pacific Partnership

**The Minister for Trade Policy and Economic Security (Mr Douglas Alexander):** On 16 May 2025, CPTPP parties met in Jeju, Republic of Korea, in the margins of the Asia-Pacific Economic Co-operation Ministers Responsible for Trade conference. Those present comprised Ministers and representatives of Australia, Brunei Darussalam, Canada, Chile, Japan, Malaysia, Mexico, New Zealand, Peru, Singapore, the United Kingdom and Vietnam.

The meeting provided a strategic mid-year point to assess CPTPP's objectives for 2025 and agree ambitions for the coming year. Following the meeting, CPTPP parties issued a joint ministerial statement that covers the following important areas:

https://www.gov.uk/government/publications/cptpp-joint-ministerial-statement-in-jeju-16-may-2025

Trade and Investment Dialogues with the EU and ASEAN (Association of Southeast Asian Nations)

In the light of increasing challenges across the global economic landscape, CPTPP Parties welcomed the opportunity to advance the trade and investment initiatives identified in the Vancouver statement—Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP) joint ministerial statement, 28 November 2024 - GOV.UK—published in November 2024, through agreement to pursue dialogues with the EU and ASEAN. These dialogues would aim to promote shared trade and investment interests and reinforce CPTPP's role in the global economic architecture, and CPTPP parties committed to pursuing them as soon as possible in 2025.

The general review

Parties noted progress with the CPTPP general review and highlighted the importance of officials providing recommendations before the end of the year on ways to update and enhance the agreement. Areas of strong UK interest, such as e-commerce and financial services, remain at the forefront of the review.

Future accessions to CPTPP

Parties discussed the importance of CPTPP's continued expansion and welcomed the progress made on Costa Rica's accession process.

Next steps

We welcome the conclusions reached in the Jeju joint ministerial statement and will continue working closely with CPTPP parties to drive significant economic and strategic gains from our CPTPP membership, whether that be as we widen the agreement through accessions, deepen it through the general review, or build bridges with key partners across the world through establishing new dialogues.

CPTPP Ministers will convene again towards the end of this year for the CPTPP Commission meeting under Australia's chairship, and I look forward to keeping the House updated with further developments.

[HCWS646]

## TREASURY

### Consumer Credit Regulation

**The Economic Secretary to the Treasury (Emma Reynolds):** Last year marked the 50th anniversary of the passage of the Consumer Credit Act 1974. The way people interact with their finances and the consumer credit market is dramatically different today and the transformation in 50 years has been vast. Digital technology has transformed how people use and take out credit. With that, many new challenges and opportunities have emerged, such as the rapid emergence and growth of buy-now, pay-later products.

Today the Government have announced a package of measures designed to future-proof the regulatory framework of the UK's £200 billion-plus consumer credit market. These measures aim to allow businesses to innovate effectively and ensure that consumers have access to useful and affordable credit products, and clear rights where things go wrong.

BNPL products have become increasingly popular with many UK consumers. When offered responsibly, they can serve as a useful and affordable credit option. However, these unregulated products carry certain risks, as highlighted in particular by the 2021 Woolard review.

Last October the Government published a consultation setting out their plans to address this by bringing the sector into regulation.[1] Under the proposals, BNPL firms will need to be authorised by the Financial Conduct Authority and will be subject to ongoing supervision. These proposals aim to ensure that people using BNPL products receive clear information, avoid unaffordable borrowing, and have strong rights when issues arise. The Government's approach will maintain access to these popular products while adding crucial safeguards.

The Government have today published our consultation response, summarising the feedback we received and setting out our final position on the proposals.[2] Respondents expressed a strong desire for action in this area and were generally supportive of the proposed regulatory regime. The Government have also laid the Draft Financial Services and Markets Act 2000 (Regulated Activities etc.) (Amendment) Order 2025—the affirmative procedure statutory instrument needed for bringing BNPL products into regulation.

Once the SI is approved by Parliament, the FCA will proceed to draft and consult on its rules for BNPL lending. This will give interested parties the opportunity to comment on the rules before they are finalised. Regulation is then expected to come into force in mid-2026.

Alongside this, HM Treasury is also publishing its consultation on phase 1 of CCA reform.[3] The CCA has served the UK well for many decades and continues to provide important protections, but it has failed to keep up with developments in the market and the changing ways in which people engage with credit. As a result, the regime is confusing and burdensome for firms, stifling innovation and is not delivering the best outcomes for consumers.

The consultation sets out the Government's proposals to move much of the CCA out of regulation so that it sits in the more agile rulebook of the FCA. The proposals

aim to create a modern, agile and proportionate regulatory regime for consumer credit that is equipped to provide robust protection for consumers. A further consultation will follow in due course, covering rights and protections, scope and definitions.

Overall, reforming regulation for firms while ensuring robust consumer protection will unlock the full potential of the consumer credit sector. This is an important milestone in delivering the Government's plan to go further and faster to drive economic growth through the plan for change, by supporting our consumer credit sector to innovate and become a driving force in delivering economic growth and enhancing competitiveness.

[1] https://www.gov.uk/government/consultations/regulation-of-buy-now-pay-later-consultation-on-draft-legislation-october-2024

[2] https://www.gov.uk/government/consultations/regulation-of-buy-now-pay-later-consultation-on-draft-legislation-october-2024

[3] https://www.gov.uk/government/consultations/consultation-on-consumer-credit-act-1974-cca-reform

[HCWS647]

# Written Correction

*Monday 19 May 2025*

## Other Correction

### ADAM DANCE

#### Engagements

*The following extract is from Prime Minister's questions on 14 May 2025.*

**Adam Dance** (Yeovil) (LD): Maternity services in Yeovil are due to shut on Monday, after a deeply flawed Care Quality Commission inspection in January, and are to be moved to Musgrove Park hospital in Taunton, which does not have capacity for an extra 1,300 births a year. Although the closure is initially for six months, I have received no guarantee that the services will open again, which is creating huge fear. Will the Prime Minister or the relevant Minister agree to meet me and colleagues from the south-west to stop this decision?

**The Prime Minister:** I am grateful to the hon. Member for raising this issue, which must be of concern. I am not across the details at this stage, but I will make sure that he gets a meeting with the relevant Minister to get to the bottom of the issue.

[*Official Report*, 14 May 2025; Vol. 767, c. 342.]

*Written correction submitted by the hon. Member for Yeovil (Adam Dance):*

**Adam Dance** (Yeovil) (LD): Maternity services in Yeovil are due to shut on Monday, after **deep flaws were found by a Care Quality Commission inspection** in January, and are to be moved to Musgrove Park hospital in Taunton, which does not have capacity for an extra 1,300 births a year. Although the closure is initially for six months, I have received no guarantee that the services will open again, which is creating huge fear. Will the Prime Minister or the relevant Minister agree to meet me and colleagues from the south-west to stop this decision?

# ORAL ANSWERS

**Monday 19 May 2025**


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