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HOUSE OF COMMONS
OFFICIAL REPORT

PARLIAMENTARY DEBATES

(HANSARD)

Monday 1 June 2026

The following abbreviations are used to show a Member's party affiliation:

Abbreviation	Affiliation
Alliance	Alliance Party of Northern Ireland
Con	Conservative Party
DUP	Democratic Unionist Party
Green	Green Party of England and Wales
Ind	Independent*
Lab	Labour Party
Lab/Co-op	Labour and Co-operative Party
LD	Liberal Democrat
PC	Plaid Cymru
Reform	Reform UK
SDLP	Social Democratic and Labour Party
SNP	Scottish National Party
TUV	Traditional Unionist Voice
UUP	Ulster Unionist Party

*The term "Independent" may denote—

Members who have been elected as Independent candidates without affiliation to a political party; or

Members who have been elected after standing for a political party but no longer have the party Whip in the House of Commons.

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House of Commons

Monday 1 June 2026

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—

Armed Forces Recruitment and Retention

1. **Ian Sollom** (St Neots and Mid Cambridgeshire) (LD): What steps he is taking to improve recruitment and retention in the armed forces. [900108]

The Secretary of State for Defence (John Healey): May I start by condemning the reckless Russian drone strike on Romania early on Friday morning? We stand with Romania and all our NATO allies. I have commissioned UK options for contributing to any NATO-led actions to strengthen Romania, should that be required.

The previous Government left forces recruitment and retention in crisis. They set and missed targets every year for 14 years. We are renewing the nation's commitment to those who serve through the biggest pay rise for over 20 years, free childcare for forces families across the UK, and the biggest upgrade to forces housing in a generation. Armed forces numbers are now growing; that is part of the transformation of defence through the defence investment plan, which, I can tell the House, the Prime Minister is determined to publish before the NATO summit.

Ian Sollom: I thank the Minister for his answer—*[Interruption.]*

Mr Speaker: Order. Mr Francois, you will have two questions in a moment. I am sure you can hold on for just a minute.

Ian Sollom: Joining the armed forces demands a huge personal commitment from young people, but those who put their hand up to serve can wait the best part of a year or more, with little communication, no sense of progress, and real frustration that their commitment to our country is not being matched. That frustration often leads them to seek different opportunities. Does the Secretary of State agree that solving the recruitment problem is not just about improving an online portal, but about building a genuine relationship with potential recruits from day one? What is he doing to deliver that now, ahead of the new portal roll-out next year?

John Healey: The hon. Gentleman is right. Recruitment to our forces has for too long been beset by delays. There is no shortage of young people who want to join the forces, but those delays have led to a large majority of them going off and doing other things. He will have seen that we have changed the regulations, which often restricted recruitment and were barriers to young people joining. He will have seen that we have introduced direct entry for cyber recruitment, and that we are set to put in place a new contract next year for the first ever tri-nation recruitment. That will speed up recruitment and make it more efficient.

Fred Thomas (Plymouth Moor View) (Lab): In all the years that I served as a regular in the military, the continuous attitude survey showed that morale was dropping year on year. Since Labour has come into government, that has reversed; the continuous attitude survey is at last going in the right direction under this leadership. Can the Secretary of State explain why that is?

John Healey: There is a serious point behind my hon. Friend's question. Armed forces numbers are growing. We have turned the corner on recruitment and on morale, as he says, and satisfaction, in particular with military homes, has risen 12% in the last year. This Government are on the side of our forces and their families. This is a Government delivering for defence, and delivering for our armed forces.

Mr Speaker: I call the shadow Minister.

Mr Mark Francois (Rayleigh and Wickford) (Con): May I begin by saying that we Conservative Members stand four-square with the Government on their response to Romania? It is a NATO ally, and it deserves our support.

While overall trends in recruitment and retention may have stabilised, there is still a serious problem of personnel leaving the special forces. We know from the personal accounts of former Special Air Service commanders that this is due in no small part to the Government's facilitation of lawfare against their comrades who served in Northern Ireland. To aid retention, what is the Secretary of State's personal response to the three special forces regimental associations that publicly warned him in late April that

"The egregious mistreatment of veterans and the ongoing infringement of their rights has to end"?

John Healey: I simply do not recognise the right hon. Gentleman's description. The discussions that I, the Minister for the Armed Forces and military leaders have had with the regimental associations have dealt with their concerns, in particular with the Northern Ireland Troubles Bill. We are set to make significant amendments that reflect their concerns. On the position that he describes regarding recruitment and retention, there is no shortage of volunteers for training, and the proportion of those applying to the Paras rose by a quarter in the last year.

Mr Francois: The Secretary of State said he did not recognise "my" description. It is not mine. It is in a statement of 22 April from the three special forces regimental associations. Those are not my words; they are theirs. I will ask him again. If we are to persuade people to continue serving their King and country in

uniform in very high-threat situations, we need to address these legitimate concerns. For months now, the Government have been promising to table amendments to their benighted troubles Bill to provide additional protections for veterans, but as with the defence investment plan, we are still waiting for Godot. When exactly will those long-promised amendments be published, and by which Minister?

John Healey: It will be before the Bill is due for its next stage in Parliament, which is Committee stage in this House.

Lead Ammunition

2. **Sir Julian Smith** (Skipton and Ripon) (Con): What assessment he has made of the adequacy of the availability of lead ammunition for defence purposes. [900109]

The Minister for Defence Readiness and Industry (Luke Pollard): Lead, like other critical minerals and the broader range of chemicals that go into producing energetics and ammunition, has seen constrained supply over the past five years. That is why we are taking a strategic approach to our munitions management, including rebuilding depleted stockpiles, investment in always-on facilities and munitions, and building new energetics factories in the UK.

Sir Julian Smith: I thank the Minister for the answer. According to the ammunitions industry, the upcoming ban on lead in commercial bullets is going to cause significant problems for the police and armed forces, in terms of cost and supply. Viking Arms, in my constituency, which supplies the military and the police, is deeply worried about this issue. Will he meet it and any other suppliers to hear their concerns about the problem?

Luke Pollard: I would be happy to meet the right hon. Gentleman and his constituents. We inherited stockpiles that were much lower than we would have liked, and this Government are determined to refill those stockpiles; anything that goes into rebuilding those is important to me. I am happy to meet and discuss this further.

Armed Forces: Paternity Leave

3. **Sarah Owen** (Luton North) (Lab): What recent estimate he has made of the number of men in the armed forces taking paternity leave in the latest period for which data is available. [900110]

The Minister for Veterans and People (Louise Sandher-Jones): Before I respond to the question, I want to recognise my hon. Friend's incredible work on widening access to bereavement leave for new parents. Having spoken to a constituent of mine, I know how much of a godsend that leave is for those parents who very tragically find themselves in that position.

The armed forces occupational paternity leave scheme provides equivalent arrangements to statutory provision, including full pay, and 1,684 service personnel took paternity leave in 2025. The Ministry of Defence also makes provision for shared parental leave, to ensure that parents have greater flexibility to share responsibility for the care of their child.

Sarah Owen: I thank the Minister for her kind words, which really mean a lot, and for her answer. The sacrifice that a person in the armed forces makes is felt by their entire family; when a new baby arrives, it is felt even more deeply. Two weeks' paternity leave is just not enough. Many, including The Dad Shift, want an increase in parental leave. Our Women and Equalities Committee recommended changing that to at least six weeks' parental leave for dads. Does the Minister agree that all dads need quality time to support the other parent and bond with newborns, and that armed forces families are owed that vital time together?

Louise Sandher-Jones: I thank my hon. Friend for raising a very important point. Other mechanisms for giving leave are available, but I would welcome a meeting with her to discuss the issue further.

Jim Shannon (Strangford) (DUP): I thank the hon. Member for Luton North (Sarah Owen) for her question. On this issue, she is a champion—a word often used in this Chamber, but true today. I thank the Minister for her response. When it comes to how the Government promote this issue, it is important when recruiting people to let them know that life in the Army is as normal as civvy life—the same opportunities are there. What will the Minister do to ensure that that is promoted in recruitment, so that everyone knows the opportunities and benefits of joining the forces?

Louise Sandher-Jones: I thank the hon. Member for highlighting the quite good provision in the armed forces. I think particularly of the maternity pay, which is not always the first thing on people's minds when they join the armed forces. We offer a range of benefits, beyond pay, to our armed forces recruits when they begin a career. He is absolutely right that we should highlight the package in the round. As someone who benefited from it, I know that there are some excellent things in there.

Russia: Level of Threat

5. **Mr Connor Rand** (Altrincham and Sale West) (Lab): What assessment he has made of the level of threat from Russia. [900112]

17. **Gordon McKee** (Glasgow South) (Lab): What assessment he has made of the level of threat from Russia. [900124]

The Secretary of State for Defence (John Healey): Russia poses a significant and persistent threat to UK and Atlantic security. Putin's illegal war against Ukraine is now in its fifth year, and Russia conducts hostile cyber-activity, spreads disinformation and carries out sabotage against the UK and many other NATO allies almost daily. European security starts in Ukraine. In response to the recent brutal Russian attacks on Ukraine, I directed UK deliveries of air defence systems to Ukraine to be accelerated. This month, I will chair the next meeting of the 50-nation-strong Ukraine Defence Contact Group at NATO headquarters, at which we will look to further step up the military aid we can provide together.

Mr Rand: This Government have rightly increased military support to Ukraine to its highest ever level. That is vital not just for Ukraine's security, but for ours. Our leadership on this issue places us in the firing line of an increasingly desperate Putin. With the stark warning from GCHQ last week that our nation is being relentlessly targeted by Russian aggression, does the Secretary of State agree that as well as rightly increasing defence spending, we must unite against Russia by seeking a closer relationship with our most important and reliable allies in the European Union?

John Healey: I agree with my hon. Friend that we are right to seek a closer relationship with the European Union, which has an important contribution to make, from within a "NATO first" framework. That is why, last year, we signed the security and defence partnership with the European Union. The Prime Minister has said that we are looking to join the European Union's Ukraine loan scheme, so that we can provide more aid to Ukraine, backed by the very best British companies, producing the best British kit for Ukrainian warfighters.

Gordon McKee: My hon. Friend the Member for Altrincham and Sale West (Mr Rand) mentioned the annual lecture delivered by the GCHQ director last week, which is important, and we should all reflect on the comments about Russia's hybrid warfare. It is well established among security experts that Russia is conducting this kind of hybrid warfare, but that is not well understood by the general public. That is a problem, because deterring the attacks requires significant investment and inevitably, at some point, trade-offs. Will the Secretary of State produce a strategy internally—or increase its urgency, if it exists—for communicating the scale of Russian hybrid warfare against the United Kingdom?

John Healey: I completely agree with my hon. Friend. We are doing more to expose the threats, and will do more still. The Russian threat against the UK is real and rising, and it is important for the public and Parliament to understand that. That is why I revealed last year that the Russian spy ship Yantar was monitoring our critical national undersea infrastructure, and that is why I exposed the month-long covert Russian submarine programme in and near UK waters. I say to Putin: we see you; we will expose you; and we will not stand for you targeting the UK.

Mr Speaker: I call the shadow Minister.

David Reed (Exmouth and Exeter East) (Con): This morning, France once again demonstrated that seizing sanctioned Russian shadow fleet vessels in international waters is both legal and achievable. In contrast, although the Prime Minister confirmed on 25 March that we have the legal basis to act in our own territorial waters, since that pledge, hundreds of vessels have passed through our waters unchallenged. Does the Secretary of State agree that this is deterrence in reverse? It is tough rhetoric, but no action. In Moscow, that gap between what Britain says and what Britain does will be read as exactly one thing: weakness.

John Healey: On the contrary, this is deterrence in action. I am surprised that the hon. Gentleman does not recognise that we supported the French operation and were proud to do so. Defence stands ready to lead on our own interdiction, but the impact of what we are ready to do, and what we have signalled to Putin, is that he is having to escort shadow shipping through the English channel with Russian warships, and the rest of his shadow fleet is often detouring right round the UK. We are disrupting his shadow fleet shipping, and are contributing to the fact that Russian oil revenues have fallen by a quarter in the last year.

David Reed: There is a chasm between supporting and leading. Is it not the case that the Attorney General—the same Attorney General who has no hesitation in hounding British veterans through the courts—has now decided that intercepting Russian shadow fleet tankers would breach maritime law? Our allies in Finland, Sweden and Estonia have no such hesitation. France and the United States have no such hesitation. Can the Secretary of State explain why the only person who seems determined to tie Britain's hands is his Government's chief legal officer?

John Healey: The hon. Gentleman is entirely wrong in his assertion and his facts. With the Attorney General, I led a meeting of the 10 joint expeditionary force nations' legal military experts, in which we set out, discussed and shared the legal basis on which, individually and together, we can interdict and seize Russian shadow ships. We are ready to do so in support of our allies, as we have just supported France. Together, we are deterring Putin, and we are disrupting his shadow fleet operations.

Mr Speaker: I call the Liberal Democrat spokesperson.

James MacCleary (Lewes) (LD): Last night, I returned from a week in Ukraine. I visited villages in Kherson, just tens of kilometres from the frontline, and saw the total devastation wrought by Russian forces. Every morning, we woke to reports that hundreds of drones had been destroyed overnight by the Ukrainian military. Ukraine is innovating under Russian fire. What steps are the Government taking to accelerate defence co-operation with Ukraine, so that our armed forces can rapidly learn from, develop and deploy the counter-drone capabilities needed for the wars of today and tomorrow, not yesterday?

John Healey: The hon. Gentleman makes a really important argument. It was captured in the strategic defence review, and has been put into practice since. Within the last two weeks, I was with our troops in Estonia, close to the Russian frontline, and I saw exactly how our UK forces, alongside the Estonians, are learning the lessons, and implementing some of the same tactics and technologies that we have been involved in supplying to Ukraine, and which the Ukrainians have demonstrated are combat fit.

Defence Readiness Legislation

6. **Dr Neil Shastri-Hurst** (Solihull West and Shirley) (Con): Whether he plans to introduce a defence readiness Bill. [900113]

The Minister for Defence Readiness and Industry (Luke Pollard): Yes, we have accepted the strategic defence review recommendation that we introduce a defence readiness Bill. As the hon. Gentleman will know, readiness

measures are already included in the Armed Forces Bill, which will be before the House again tomorrow. Engagement across Government and with industry is under way on the defence readiness Bill. I am proud that a Labour Government are planning to introduce such a Bill; when his party was in power, the Conservatives neither introduced such a Bill nor thought of it. That shows that in these changing times, Labour is on the side of our armed forces and a stronger Britain.

Dr Shastri-Hurst: The Government's constant refrain is that they are "working at pace", but the reality is that our adversaries are doing exactly that. In an increasingly unstable world, the lack of a defence readiness Bill is a significant disadvantage. Will the Minister set out when the Bill will be published, and the specific date on which it will come before the House?

Luke Pollard: It is so disappointing that all the hon. Gentleman wants is a timetable; he does not say what measures he wants to see in the defence readiness Bill. He does not care what is in it. *[Interruption.]* We care about the content of the defence readiness Bill: we will get it right, and we will bring it before this House. When it comes before the House, I hope he will support it.

Several hon. Members *rose—*

Mr Speaker: Oh, Jessica Morden has changed her mind, so I call Chris Vince.

Chris Vince (Harlow) (Lab/Co-op): I thank the chair of the parliamentary Labour party for letting me get in. I welcome the Government's commitment to a defence readiness Bill, as well as the record funding for the defence of this country, and the 1,200 defence procurement deals that have already been signed. As I have not yet mentioned Harlow in the House this week, will the Minister assure me that he will work with defence manufacturers such as Raytheon in Harlow to ensure that we are prepared for the terrible things going on in the world? Will he have conversations with them, as part of his preparations for the defence readiness Bill?

Luke Pollard: My hon. Friend is a real champion for Harlow. As we are increasing defence spending, we are directing more of the increased defence budget at British companies, including British small and medium-sized enterprises, as well as larger companies. I would be happy to meet him to discuss how we can support the SMEs in his constituency, so that they receive a greater share of this Government's increased defence budget.

Defence Procurement

7. **Edward Morello** (West Dorset) (LD): What steps his Department is taking to expedite defence procurement. [900114]

The Minister for Defence Readiness and Industry (Luke Pollard): We inherited a broken procurement system of red tape, delays and high costs. Some 47 of 49 major defence programmes were delayed or not on budget when we came to office. We are speeding up procurement, buying British and aiming to increase direct SME spend by 50%, which represents an extra £2.5 billion that we will spend with UK SMEs.

Edward Morello: In the south-west, the defence sector and associated supply chains provide more than 40,000 jobs and contribute more than £3 billion to the economy. In West Dorset, firms provide skilled employment and apprenticeships, but they are frustrated by repeated delays to the defence investment plan and a slow and uncertain procurement process. Companies in my constituency tell me that, at this rate, they will be headquartered in Europe or the US by this time next year. We risk losing jobs, sovereign capability and billions of pounds of investment. I welcome the Secretary of State announcing that the DIP will be released before the NATO summit, although I am sure the House will note that with a degree of scepticism, but how will the release of the DIP and the procurement process benefit businesses in the south-west, especially small and medium-sized enterprises?

Luke Pollard: As a fellow south-west MP, I know how important defence is for businesses large and small in our part of the world. That is why we have signed 1,200 major defence deals since the general election, and analysis of just 500 of them shows that they are delivering benefit for 8,000 SMEs and micro-SMEs. We will continue to increase the amount of direct spend with small businesses, just as we are speeding up procurement. We inherited a system that was broken and did not work, and we are speeding it up to ensure that we can get more contracts to those brilliant innovators in our economy as soon as we can.

Matt Western (Warwick and Leamington) (Lab): Those of us interested in subsea cables will have been delighted to hear the news announced over the weekend about the AUKUS arrangement, which the Government spoke about, and the development of new technologies with unmanned drone vehicles for subsea capability. Beyond that, will the Minister look at drone capability in this country, specifically at companies such as Skycutter and our other sovereign capabilities, to ensure that we get the right investment with the investment plans into those companies and ensure that they stay here in the United Kingdom?

Luke Pollard: My hon. Friend is absolutely right. After many years of much talk under the last Government about AUKUS pillar II, this Government have delivered a project and a capability that, in the hands of our British, Australian and American warfighters, will make a real difference.

My hon. Friend is right to talk about autonomy and drones, for which the Government are committed to increasing funding. We have invested in more capabilities in the United Kingdom, and we are actively exporting those capabilities to our friends and allies abroad. He should expect to see more of that in the defence investment plan, which will be published soon.

Mr Andrew Snowden (Fylde) (Con): FalconWorks, which is part of the BAE Systems family and the enterprise zone at Warton, has been at the cutting edge of learning the lessons from rapid deployment and redesign of unmanned aircraft in Ukraine. A key part of that is including the pre-investment in research and development as part of the procurement of defence systems. Will the Minister commit to continuing to work with companies such as FalconWorks that support huge numbers of jobs in Fylde and across Lancashire?

Luke Pollard: I join the hon. Gentleman in commending FalconWorks and BAE Systems for their innovation. The Government have established UK Defence Innovation, with a £400 million annual budget to support innovation. That is making a difference in bringing more innovation to the market as well as dual-use potential. We will continue to invest in that, just as we set out that 10% of our equipment budget will be spent on novel technologies, helping to drive the latest kit and equipment for our troops.

Derek Twigg (Widnes and Halewood) (Lab): I note with interest that the Minister rightly says that the need to focus on drone production is gaining more and more ground, but are we anywhere near understanding in the Ministry of Defence the sheer size and numbers of drones and counter-drones that will need to be produced now and in the future, and on a mass scale, should any conflict break out? Can he assure the House that that is understood in the MOD?

Luke Pollard: Yes, I can. One of the key pillars of the strategic defence review is learning the lessons from Ukraine. When it comes to autonomous systems and drones, that is not just about the continuing investment that we are making in high-end drone capabilities—intelligence, surveillance and reconnaissance, one-way strike and others—but about how we can deliver mass effect. Due to the rapid iteration of drone technology, it does not necessarily always make sense to have a warehouse full of millions of drones. However, having the ability to produce millions of drones while recognising the shortages in the supply chain, especially around motors, magnets and cameras, is the way that we can enhance our capabilities and our deterrents. We are actively working on that.

Mr Speaker: I call the Liberal Democrat spokesperson.

James MacCleary (Lewes) (LD): I regularly meet defence SMEs, and they all tell me the same thing: without a defence investment plan, investment decisions are being delayed, expansion plans are being put on hold, and opportunities risk being lost overseas. British firms stand ready to grow, hire, and strengthen our national resilience, but continued Government delays are creating damaging uncertainty across the sector. Can the Minister tell me whether the MOD, or indeed any other Department, has conducted an economic assessment of the impact that the delayed publication of the defence investment plan is having on British businesses? If not, will he commit to publishing one?

Luke Pollard: I can tell the hon. Gentleman about the 1,200 contracts we have signed since the general election, because we are not waiting for a defence investment plan to sign contracts with companies large and small. Those companies are producing new jobs and apprenticeships, more demand for skills, and new technologies that are being used by our frontline forces and exported to our allies. All the work that the hon. Gentleman refers to is part of our bigger picture for the defence investment plan. We know that increased defence spending will produce more UK jobs. We are spending more with British companies, and will continue to do so. I will stand up for our armed forces and our defence industry, and I hope that the hon. Gentleman will be able to talk our defence industry up, rather than talk it down as he has today.

Defence Bonds

8. **Wendy Chamberlain** (North East Fife) (LD): If he will take steps with the Chancellor of the Exchequer to issue defence bonds to help increase funding for military capabilities. [900115]

14. **Victoria Collins** (Harpenden and Berkhamsted) (LD): If he will take steps with the Chancellor of the Exchequer to issue defence bonds to help increase funding for military capabilities. [900121]

The Secretary of State for Defence (John Healey): This Government are making the biggest increase in defence investment since the end of the cold war. This year alone, we have more than £11 billion more in the defence budget than in the last year of the previous Government. As the Prime Minister said in February,

"we are going to have to spend more faster",

and we will.

Wendy Chamberlain: Building our military capability is vital in this world of increasing instability, where Putin continues to wage war in Europe—as we have heard—and Trump rips up the alliances that once kept us safe. Investment in deterrence is far better than fighting a war unprepared. Getting UK businesses access to the Security Action for Europe programme is vital, so will the Secretary of State confirm whether talks have restarted with the EU in that regard, and if so, what progress has been made?

John Healey: As I mentioned in a previous answer, we are indeed looking to participate in, and be able to take advantage of, the European Union's loan scheme for Ukraine. That is a way in which we could accelerate getting good kit into the hands of the Ukrainians and ensure that British-made kit and British firms can make a big contribution to that.

Victoria Collins: My constituent Fraser puts it best when he says,

"At a time when the world is increasingly dark and uncertain, and when the UK's defence capability is well below the level required",

defence bonds

"are surely one which would gain support across the political spectrum. I know that I would happily invest."

With all of us in the United Kingdom paying the price every time we check out or pay a bill, the Liberal Democrat calls to issue £20 billion of defence bonds would mean an injection of funding in our security, but also in our economy, so what are the Government waiting for?

John Healey: I remember that for at least six months after the election, the hon. Lady and her party were urging us to raise defence spending to 2.5% of GDP by 2030. We have done better than that—we are hitting 2.6% next year, three years before anyone expected, including her party. We will go further, and I will look for her support when we do.

Mr Speaker: I call the Chair of the Defence Committee.

Mr Tanmanjeet Singh Dhesi (Slough) (Lab): Some hon. Members have advocated for defence bonds. As the Secretary of State will be aware, the Defence Committee has examined in detail various defence financing options, including a defence, security and resilience bank—the Canadians have stolen a march on us, even though the idea was developed by a former British Army officer. There are multilateral defence mechanisms, and other nations have opted for a loosening of the fiscal rules just for defence. Obviously, these are not either/or options, but given the increased threats and the level of volatility, we must accelerate investment in defence to 3% GDP spend in this Parliament. Given that context, what options and course of action are the Government pursuing? We cannot keep plodding along at the current pace; we must meet the moment.

John Healey: With all due respect—and I have a great deal of respect for my hon. Friend—the biggest increase in defence spending since the end of the cold war is hardly the plodding path he describes. I welcome his Committee's inquiry into defence investment and its report. I know that Gordon Brown, the former Prime Minister who has been commissioned by the Prime Minister to look at multinational financing of security, will use that report as an important part of his work, which I welcome. My hon. Friend will be aware that the Prime Minister said in his Munich speech in February that

"We must build our hard power, because that is the currency of the age."

We know that we must spend more faster, and we will.

Armed Forces Day

9. **Paul Waugh** (Rochdale) (Lab/Co-op): What plans his Department has to mark Armed Forces Day. [900116]

13. **Euan Stainbank** (Falkirk) (Lab): What plans his Department has to mark Armed Forces Day. [900120]

The Minister for Veterans and People (Louise Sandher-Jones): This year we have provided £480,000 to part-fund 130 Armed Forces Day community events, up from 85 last year. The national event, on 27 June, will be in Aldershot and Farnborough, celebrating and thanking our armed forces, who are doing a brilliant job keeping the UK secure at home and strong abroad. Armed Forces Day has an important purpose: to reconnect society with our armed forces and to communicate why strong defence matters.

Paul Waugh: To celebrate Armed Forces Day this year in Rochdale, there will be not only the usual flag-raising ceremony at Rochdale town hall, but on Saturday 27 June we will have a free community picnic in Denehurst Park, with live music from local bands and military vehicle displays. Will the Minister join me in thanking Adam Trennery of Get Together After Serving, known as GTAS, not only for putting on this marvellous event, but for all the work he does all year round?

Louise Sandher-Jones: This Government are proud to support veterans in Rochdale. I am so pleased that we have been able to provide funding for what sounds like a fantastic Armed Forces Day event. I give a huge thank you to Adam Trennery and GTAS for the amazing work they do to support our service people and veterans. Whether it is the Armed Forces Day flag-raising ceremony at Rochdale town hall, to which my hon. Friend refers, or Rochdale's military breakfast club, we are proud to support our service people, veterans and communities for the contribution they make to our society.

Euan Stainbank: This year's Armed Forces Day is as important as ever, and I look forward to attending Falkirk's event on 4 July in Callander Park. It is important that Falkirk's veterans are heard there and every day. I met Veterans Together Forth Valley last week, and I heard from many brave men and women who served our country who feel that politicians have not been listening for a long time. We must take that perception seriously and seek to reverse it. What will Ministers do to support veterans' voices being heard before, during and after Armed Forces Day?

Louise Sandher-Jones: The new Valour programme will make it easier for veterans to access the care and support they deserve. Crucially, it will also improve how their voices are heard. We opened the first 14 Valour centres in March this year, and round 2 is open for applications for further centres. In addition to Valour, we also have wider services support, such as Op Courage for mental health, Op Restore for physical health, Op Fortitude for those at risk of homelessness and Op Ascend for employment support. Veterans can access all those programmes, and I welcome any feedback.

Sir Julian Lewis (New Forest East) (Con): I fear I know the answer to this question in advance, but I shall ask it anyway. Would one way of reconnecting society with the armed forces at Armed Forces Day not be to revisit the testimony given to the then Defence Committee in March 2017 by four eminent professors of law? It showed how it is possible to protect veterans from being hauled before the courts for using lethal force against terrorists in the act of committing terrorism. That testimony deserves revisiting. Will the Government re-examine it and reinstate the immunity and the investigative processes that enable that protection to be done?

Louise Sandher-Jones: The right hon. Gentleman is well aware of how strongly I believe it is important that those who have been victims have a right to have investigations, including into the murders of British service personnel. I take his point, and I am sure that people are well aware of the point that he makes.

Josh Babarinde (Eastbourne) (LD): This Armed Forces Day will mark the first that Eastbourne commemorates without Staff Sergeant Pauline Cole, a local veteran who died last year. Pauline received military compensation for injuries she received during her service, but she had her pension credit cut because her compensation was considered as income. To mark this Armed Forces Day, will the Minister review that arrangement, so that we can make sure that our veterans are not punished for their service to our country?

Louise Sandher-Jones: I thank the hon. Member for raising that important issue, and I am very sorry to hear about Pauline. As I am sure he knows, the interplay between benefits that are available to the general public and military benefits can be complex, but I should add

that there are mechanisms to ensure that no veteran is left out in that interplay. If he will write to me with the specifics, I should be able to clarify whether the correct processes were followed.

Cadet Forces

10. **Lee Pitcher** (Doncaster East and the Isle of Axholme) (Lab): What steps he is taking to support cadet forces. [900117]

The Minister for Veterans and People (Louise Sandher-Jones): On 21 May I visited the London Oratory School to meet cadets and to announce the first ever National Cadets Week, which will take place in October and will celebrate the cadet forces, one of the country's most effective youth organisations. A new cadets action plan will set out the Government's long-term vision to deliver on the strategic defence review recommendation that we expand our cadet forces.

Lee Pitcher: I welcome the announcement of the first National Cadets Week, and I look forward to the new cadets action plan and the long-term vision for cadet forces. The figures released last week showing that more than 1 million young people are not in education, employment or training are deeply worrying, both for young people themselves and for wider society. Cadet forces can help to meet that challenge by giving young people confidence, discipline, skills, structure and a sense of purpose, helping them to succeed and thrive. How will the Minister ensure that cadet opportunities are not only maintained but expanded, so that young people in communities such as mine in Doncaster East and the Isle of Axholme can continue to benefit?

Louise Sandher-Jones: My hon. Friend is right to emphasise how fundamental the cadet forces can be, especially for those who are at risk of not proceeding to further education, employment or training. They provide a fantastic opportunity for young people to have a go at something that is not school, and to gain confidence and find out what it is that they want to do. The cadet action plan will have three key aims. The first is to establish how we can recruit and support the adult volunteers without whose amazing work we would not have the cadets at all, the second is to ensure that we have the correct support for our cadets, including support for infrastructure, and the third is to ensure that every young person in the country is aware of the amazing things that they can gain from the cadets.

Robert Jenrick (Newark) (Reform): The establishment of a combined cadet force at the Newark academy was an incredible step forward for the town, bringing discipline, respect, training opportunities and a sense of pride. It was very unfortunate that the Department for Education chose to cut the funding, making it more difficult for other schools—particularly schools like this, in working-class communities—to establish new combined cadet forces in the future. What can the Minister do to ensure that funding is in place so that this is not just the preserve of communities with grammar schools or public schools, and that all communities, like the one that I represent, will be given the opportunity to have combined cadet forces?

Louise Sandher-Jones: I am sure the right hon. Gentleman will be well aware that we have committed an additional £70 million to funding the expansion of the cadets, which the Government he was a member of never did.

Defence Procurement: SMEs

11. **Alex McIntyre** (Gloucester) (Lab): What steps he is taking to ensure that defence procurement supports SMEs. [900118]

The Minister for Defence Readiness and Industry (Luke Pollard): SMEs are crucial to our success. Through the Defence Office for Small Business Growth, we are cutting red tape and proceeding towards our ambitious SME spend target of an additional £2.5 billon by summer 2028. Last week we announced, with Sweden, the Gripen contract for £500 million of benefits to be shared not just by large companies but by small businesses across the United Kingdom, reinforcing the fact that defence is an engine for growth.

Alex McIntyre: May I associate myself with the remarks of the Secretary of State about Romania? Last week I visited Romania through the armed forces parliamentary scheme, and met armed forces personnel who are part of the NATO air policing mission. The Russian drone incident showed how important that mission is, and demonstrated the good work that our armed forces personnel are doing in Romania as we speak.

I recently visited Permali and Cherry & White in my constituency, two local SMEs that are working in the defence industry and doing an excellent job. Both are important local employers, and are keen to expand their businesses. Does my hon. Friend agree that we should be doing everything we can to support such British SMEs through defence procurement, and will he agree to visit Gloucester and meet representatives of those brilliant businesses?

Luke Pollard: I thank my hon. Friend for his words about our armed forces and the Typhoons that we have in Romania, which are doing essential air policing roles. With a NATO-first approach, we will continue to do that. I would be very happy to meet him to talk about Cherry & White and Permali, two outstanding companies that provide communication systems and composite materials to defence. Other SMEs wanting to supply to defence should look at the success of such companies, and I would be very happy to meet him to discuss their interest.

Gideon Amos (Taunton and Wellington) (LD): Defence SMEs are key supporters and indeed organisers of Somerset Armed Forces Day, but the day will not be a success if the glitches in the application software are not resolved, and volunteer veterans have to shoulder tens of thousands of pounds of debt, given the way the funding works. Is the Minister willing to meet me and the organisers to resolve those challenges so that Somerset Armed Forces Day can go ahead?

Luke Pollard: I am not the Minister responsible, but that Minister has heard the hon. Gentleman's pleas and would be very happy to meet him to discuss that further.

UK Coastal Waters: Protection

12. **Peter Prinsley** (Bury St Edmunds and Stowmarket) (Lab): What steps his Department is taking to protect UK coastal waters. [900119]

The Minister for the Armed Forces (Al Carns): The Royal Navy, in collaboration with the Joint Maritime Security Centre, maintains constant surveillance of UK waters to uphold maritime security and deter threats, with a combination of surface and sub-surface vessels, maritime patrol aircraft and autonomous assets ready to support. As we make the important transition to a hybrid Navy, we will see that surveillance increasingly augmented by autonomous systems. Let me be clear: we are ready and willing to respond robustly to threats and to defeat them if required.

Peter Prinsley: Off the tranquil coast of Suffolk lie critical pieces of infrastructure, communications cables and electrical installations. There are alarming reports of munitions that are capable of creating giant tidal waves, threatening our coastal communities and indeed our nuclear facilities. Will the Minister outline what steps the Government are taking to protect our coastal waters from hostile foreign activity and truly safeguard our national security?

Al Carns: My hon. Friend makes an important point. Russian surface and sub-surface activity has increased by 30%, and the first duty of any Government is to protect our people. We are absolutely committed to advancing our work against hostile states and ensuring national security. While our coasts may be tranquil, I am sure that underneath, 24/7, the British Royal Navy is protecting our territorial waters, our international waters and our national interests.

Rebecca Smith (South West Devon) (Con): I know that, like me, those on the Government Front Bench welcome the regulating for growth Bill, which will enable the modernisation of regulations for maritime autonomy testing and the creation of regulatory sandbox powers. That is vital for the unmanned vessels that we need to protect our coastal waters, but defence firms such as those in my constituency cannot afford unnecessary delay due to the parliamentary timetable, or we will risk losing ground to international competitors. What conversations is the Department having with colleagues across Government to speed up the progress of the Bill through Parliament? I am planning to ask the Leader of the House about that in due course.

Mr Speaker: Let us speed up the questions.

Al Carns: I could not agree more with the hon. Member; we need to do much more to deregulate the use of all types of autonomous systems—I always drone on about drones. Maritime capability is absolutely essential. We have seen a nation without a navy defeat a navy in the Black sea. We want to be at the very forefront of this, and I encourage the hon. Member to write to the Leader of the House to bring the legislation forward as quickly as possible.

Topical Questions

T1. [900201] **Emma Foody** (Cramlington and Killingworth) (Lab/Co-op): If he will make a statement on his departmental responsibilities.

The Secretary of State for Defence (John Healey): With deep regret, I should inform the House that a training accident occurred in northern Iraq yesterday in which a member of service personnel from the British Army died. The family have been informed, and have asked for a period of grace before further details are released. I know that the thoughts of the House will be with the family and the unit at this desperately sad time.

In this era of growing threat, hard power and strong alliances help make Britain safer. At the weekend, I was at the Shangri-La summit in Singapore with United States Secretary of War Hegseth and Deputy Prime Minister Marles of Australia. Together, we announced the first ever AUKUS pillar II signature project; together, we are now producing the very highest technology sensors and weapon systems for our underwater drones. Together, we will get those capabilities into our warfighters' hands before the end of next year.

Emma Foody: First, may I associate myself with the remarks of the Secretary of State?

The Veterans Minister recently joined me to meet several women veterans in my constituency, who spoke exceptionally powerfully about the specific challenges and barriers that they experienced in accessing appropriate support after leaving the armed forces. The VALOUR programme is incredibly welcome, but can the Secretary of State assure me that, as part of the second round of funding, he will look at how women veterans can access gender-informed services that reflect their particular needs and experiences?

John Healey: I can indeed. I pay tribute to my hon. Friend's support for the successful Northumbria bid in the first round of the VALOUR funding, which will help cover her constituency. *[Interruption.]* Given that one in eight of our ex-forces personnel are female veterans, we will ensure that the veterans strategy reflects those concerns, and that any round 2 funding as a result of the new application for bids is recognised.

Mr Speaker: Order. I remind hon. Members not to walk in front of a Member when the Minister is answering their question. I call the shadow Secretary of State.

James Cartlidge (South Suffolk) (Con): I echo the Secretary of State on the sad news from Iraq and, on behalf of the Opposition, send condolences to the family concerned. It is very sad news indeed.

I have a simple question for the Secretary of State: has the Treasury signed off the defence investment plan?

John Healey: The hon. Gentleman may not have heard me when I answered before, but I can say to him very clearly that the Prime Minister is determined that we publish the defence investment plan before the NATO summit.

James Cartlidge: No wonder the defence investment plan is so late: the Labour Government still have not worked out how to pay for it. The good news is that others have. Lord Robertson, a former Labour Defence Secretary, has said:

"We cannot defend Britain with an ever-expanding welfare budget",

and Tony Blair himself warned last week:

"By the end of this decade, we could be spending more on incapacity and disability benefits than on defence. No serious country can do that."

Is not the truth that whoever becomes the next Labour Prime Minister must do one thing above all else to boost defence, and that is to cut welfare and spend the savings on the British armed forces?

John Healey: The hon. Gentleman has a brass neck. There is no recognition of the fact that we are increasing defence spending by a record amount since the end of the cold war, no recognition that this year the defence budget will be £11 billion greater than in his last year in government, and no recognition that there are contracts in place, including the AUKUS pillar II contract, that we have signed and that he did not sign when he was the Minister responsible.

T2. [900202] **Sarah Smith** (Hyndburn) (Lab): I welcome the Government's commitment to defence procurement that supports British jobs. However, Mr Speaker, tens of thousands of jobs in Lancashire are reliant on fast jet production. Britain needs new jets, and we need to maintain the skills for the next generation of jets. Will the Secretary of State commit to protecting jobs, maintaining those critical skills and providing the jets we need for our country's defence by ordering British-made Typhoons for the RAF?

The Minister for Defence Readiness and Industry (Luke Pollard): This Government are proud to support Typhoons. We have announced a £500 million upgrade for Typhoons, including new radar, and we have helped secure the deal to export 20 Typhoon jets to Türkiye. We are continuing to support the brilliant jobs in Typhoon production at Warton and Samlesbury and across the United Kingdom, and we are expanding into more autonomous craft as well, supporting the Typhoon for many years to come.

Mr Speaker: We are still looking forward to the next order, though.

T5. [900205] **Dr Ben Spencer** (Runnymede and Weybridge) (Con): What is the Minister's assessment of the extra investment in defence and the extra kit that Ukraine will need as a consequence of our handing money to Putin through the relaxation of oil and gas sanctions?

Luke Pollard: As the hon. Member will know, we are increasing sanctions on Russian oil. *[Interruption.]* We are increasing sanctions. I entirely appreciate that the Opposition have decided to depart from the principle of cross-party support to play party political games, but that does not stop it being true. We are increasing sanctions on Russia.

T3. [900203] **Anna Dixon** (Shipley) (Lab): I recently met defence SMEs in Shipley that want to recruit young talent, including engineers and programmers, to design and build the technologies used in drones. How will we ensure that there are opportunities for young people from all backgrounds who aspire to careers in defence? What are the Government doing to invest in the skills we need to protect these isles and secure our future?

John Healey: First, we are directing defence investment first to British firms that increase British jobs and increase apprenticeships, skills and opportunities for young people. Secondly, we are opening up direct entry recruitment to the armed forces for those with cyber-skills, and the first cohort has already been recruited. They are deployed much more quickly than via the normal route, and the early reports from every one of their units is overwhelmingly positive, so we are now moving to recruit the second tranche.

T7. [900207] **Chris Coghlan** (Dorking and Horley) (LD): Last year, almost 4,000 non-commissioned officers—an entire brigade—left the British Army. One of them, an infantryman who has had four tours of Iraq and Afghanistan, told me that the reason he was leaving was that, whatever the policy says, in practice late entry officers are almost always employed only in administrative not combat roles. Will the Minister meet me to explain why we are losing hundreds of our most experienced soldiers entirely unnecessarily?

The Minister for the Armed Forces (Al Carns): Throughout my tenure, I have worked with many late entry officers in combat roles. I will take the issue away and look into it in detail, but I am pretty sure that that is a misrepresentation of the totality of late entry officers across our armed forces in the Navy, Army and Air Force.

Mr Speaker: I call Naushabah Khan. Not here. I call Adrian Ramsay.

Adrian Ramsay (Waveney Valley) (Green): The Joint Intelligence Committee report described ecological collapse and climate breakdown as posing catastrophic and irreversible risks to UK security, including conflict, food and water insecurity, supply chain disruption and forced migration. Does the Minister agree that the destabilising impact of the climate and nature crisis is one of the biggest national security risks facing Britain? What steps is the Ministry of Defence taking to co-ordinate critical actions across Government?

Luke Pollard: Yes, we do agree. We know that climate change is driving a number of increasing threats. We also know that as a Department we are cutting our carbon emissions and supporting nature recovery. We do that not just because it is the right thing to do, but because it increases our warfighting readiness. We know from Ukraine that a diesel generator can be seen by an ISR drone many, many kilometres away. We know that if we continue with the use of fossil fuels, we are at a strategic disadvantage on the battlefield. That is why we continue to invest in new technology in that regard.

T6. [900206] **Luke Murphy** (Basingstoke) (Lab): Basingstoke is home to a number of vibrant and successful cadet forces—air, Army and sea cadets, as a well as a number of combined cadet forces at the Costello and

Vyne schools. Will the Minister join me in paying tribute to those fantastic cadet forces, set out what she and the Government are doing to support them, and perhaps commit to a visit to meet some of the wonderful cadets in Basingstoke?

The Minister for Veterans and People (Louise Sandher-Jones): I thank my hon. Friend for highlighting the fantastic work that cadet groups are doing in Basingstoke. They exemplify the confidence, independence and community spirit fostered by MOD cadets across the UK. In October, we are launching the first ever National Cadets Week. Crucially, we are developing a cadets action plan to expand cadet forces, by improving the offer to our wonderful adult volunteers to ensure that they have the right support and resources including infrastructure, and making sure we are selling the offer to our young people of the amazing things they can get from being in the cadets. I would be happy to visit when my diary allows.

Rebecca Paul (Reigate) (Con): There were concerning reports at the weekend about the global combat air programme's being delayed. We know the funding for Edgewing, agreed in April, is due to run out this month. Can the Minister guarantee that a new deal will be signed and in place before the end of June?

Luke Pollard: I appreciate the hon. Lady's question. The Government support GCAP and will continue to do so in the months and years ahead.

T8. [900208] **Paul Davies** (Colne Valley) (Lab): Across the country young people build confidence and independence and learn the value of community engagement through participation in cadet groups. Thongsbridge Army cadets in my constituency demonstrate why cadets are such an important part of our community. I thank the young people and their leaders for their dedication and hard work. Will the Minister outline in more detail what measures the Government are taking to support groups such as Thongsbridge Army cadets?

Louise Sandher-Jones: I thank my hon. Friend for highlighting the wonderful work done by the Thongsbridge Army cadets. As he rightly says, they exemplify the wonderful things that young people can gain in the MOD cadets across the UK, as well as in his constituency. I can confirm that we are launching the first ever National Cadets Week in October, and developing a cadets action plan to expand the cadet forces by improving the offer to our amazing adult volunteers, ensuring that they have the right resources, including infrastructure, and making sure that we communicate to our young people the amazing things they can gain from the cadets.

Tom Tugendhat (Tonbridge) (Con): I associate myself with the words of the Chair of the Defence Committee on the need to get to 3%. Given that we are one of only two countries in the European continent to run a nuclear programme, does the Secretary of State agree that, if we knock out the nuclear programme, we are actually spending more like 1.7% or 1.8% on our conventional defence, and that that compares rather more with Spain than it does with countries such as Poland or Estonia, which are spending more like 4% or 5%? Does he therefore agree that we need to uplift immediately?

John Healey: We must spend more, we must spend faster—and we will, as the Prime Minister has said. On our nuclear deterrent, I am proud that this Government are putting £6 billion, in this Parliament, into increasing the productivity of our submarine building, to raise production levels and to increase the pace of submarine building in future.

T9. [900209] **John Whitby** (Derbyshire Dales) (Lab): I welcome the fact that since this Government took office, defence funding has increased by more than 7.5%. Ukraine maintaining its sovereignty against Russia is vital for European, and therefore British, security. Are the Government committed to increasing the proportion of defence spending going to Ukraine to align with the increase in defence spending more generally?

Al Carns: Ukraine is doing a valiant job in holding back the illegal Russian invasion. Some £4.5 billion of UK military support has gone to Ukraine, with a total commitment of £21.8 billion. It is really important that it goes to the right place, which is why we have reviewed where the money is going, to ensure that the maximum impact can be derived from every pound that goes to Ukraine.

Ian Roome (North Devon) (LD): Following the recent challenges with deploying HMS Dragon to the middle east at short notice, will the defence readiness Bill, which was mentioned in the strategic defence review, urgently review how our Type 45 destroyers can be made more readily available to defend against aerial attacks?

John Healey: Yes.

T10. [900210] **Melanie Onn** (Great Grimsby and Cleethorpes) (Lab): When the Secretary of State orders those Typhoons from Lancashire, will he commit to ensuring that they are fuelled by sustainable aviation fuel made in northern Lincolnshire?

Luke Pollard: We have set out our intention to increase the amount of sustainable aviation fuel that the RAF uses. Far from being a sign of weakness, that is a sign of increasing security and sovereignty over our fuel supply, recognising the changing world that we live in and ensuring that the RAF will continue to fly, whatever the constraints on fuel in the future.

John Glen (Salisbury) (Con): Having recently visited Wiltshire cadets in Old Sarum, I very much welcome what the Minister said about National Cadet Week. Will she ensure that all schools, particularly those in Pride in Place areas, such as the one in Salisbury, are made aware of the transformational opportunities of attending the cadets? That will be a great way of expanding the uptake, which I am sure she is aiming for.

Louise Sandher-Jones: The right hon. Gentleman makes a very good point. I am working with the Department for Education, as it is vital that we communicate the amazing things that cadets can do to complement the education delivered in schools.

Lorraine Beavers (Blackpool North and Fleetwood) (Lab): I welcome the Government's announcement to select Blackpool and The Fylde College as a defence

technical excellence college, which will build a skilled workforce and offer stable employment and opportunities in my constituency. But without a Typhoon jet order of our own, we risk losing the ability to build our own fast jets. This is about our national security. Germany, Italy and Spain—

Mr Speaker: Order. I gently say to the hon. Member that although I totally agree that we need this order—Lancashire MPs are fully committed to it—when we are on topicals, we need shorter questions. I am sure that the Minister will have got the drift of why we need the order.

Luke Pollard: We are proud to support Typhoon, and I was proud to be in my hon. Friend's constituency to unveil the defence technical excellence college. In her constituency there are some brilliant students undertaking amazing training that will give them the skills to work in BAE Systems producing Typhoons for our allies, and potentially other craft in the future. We will continue to support Lancashire and its aerospace sector.

James Wild (North West Norfolk) (Con): On Thursday I was on the water with King's Lynn Sea Cadets and Royal Marine Cadets. As the Minister will know, the Army and Air Force cadets are wholly funded by the Ministry of Defence. What provision will the Royal Navy make to fund vital equipment, such as the new boats that those cadets need?

Louise Sandher-Jones: I appreciate that the hon. Member understands the unique funding arrangements for the sea cadets, and how they are rightly proud of their history and traditions. I take his point and understand that we must do what we can to support the sea cadets in getting the kit, training and volunteers needed to keep delivering their fantastic activities.

Kevin Bonavia (Stevenage) (Lab): As my ministerial Friends will know, MBDA, which makes the Storm Shadow missiles used in Ukraine, has doubled its workforce in my constituency since 2010 and is investing £4.8 million annually in training. What more can the Secretary of State do to support businesses in the training and resilience of their workforces?

Luke Pollard: In the defence industrial strategy, we set out a £182 million package to invest in skills not only to support people entering defence for the very first time, creating a lifetime of opportunity ahead of them, but to support people retraining their skills. The companies in Stevenage are great examples of how to use that training money well. I am very happy talking to my hon. Friend about how we can go further with that.

Freddie van Mierlo (Henley and Thame) (LD): RAF Benson primary school in my constituency is struggling with a temporary reduction in its rolls as a result of the scrapping of the Puma fleet. Will the Secretary of State meet me to discuss how the school can continue to thrive into the future as we anticipate the new medium helicopter coming online?

John Healey: One of our Ministers will meet the hon. Gentleman.

Douglas McAllister (West Dunbartonshire) (Lab): This Government's plan for defence technical excellence colleges in the east and west of Scotland will give the young people of my constituency training opportunities. Have the Scottish Government responded or agreed to match our ambition with their share of funding for our colleges?

Luke Pollard: The Secretary of State for Scotland and I wrote to the Scottish Government a number of months ago now, but we have still had no reply to our offer of two DTECs in Scotland. I hope that the Scottish National party MPs present will be able to hurry on their Scottish Government to give young people in Scotland the DTECs they deserve.

Sarah Bool (South Northamptonshire) (Con): The SDR acknowledges that a significant proportion of the reserves work in the NHS and that, if they were to be deployed, there would be significant issues. Given that defence medical services and the NHS have to work together, will the Government set out what plans they are putting in place for this?

Louise Sandher-Jones: Our work to reinvigorate the strategic reserve is absolutely vital. It is an issue that has not previously been thought about in the necessary detail. This Government are utterly committed to ensuring that the strategic reserve is ready to meet the demands that may be placed on it, including, as the hon. Lady says, workforce implications.

Mr Jonathan Brash (Hartlepool) (Lab): My constituent David Hewitt was dismissed from the RAF simply for being gay, and that was just days before the armed forces lifted the ban on LGBT service personnel. Years later, he is still waiting for the restoration of his rank and financial redress. What can the Minister do to expedite this process, and does she agree with me, on the first day of Pride Month, on how unacceptable that legacy is?

Louise Sandher-Jones: I completely echo the sentiment of my hon. Friend over how unacceptably our LGBT service personnel were treated. As he will know, the LGBT financial recognition scheme has made significant progress, but it has not yet been completed. If he writes to me with details of his constituent, I will look into it as a matter of urgency.

Ben Obese-Jecty (Huntingdon) (Con): Last month, the Government announced that they had finally taken delivery of the 47th F-35B, thus completing our initial tranche of the order. However, that is not strictly true, because two of those planes, ZM177 and ZM179, are currently stranded in the Azores, where they have been since 9 March, which is nearly three months ago. Can the Minister explain why those planes are stranded there and who holds responsibility for completing their delivery: Lockheed Martin or the Ministry of Defence?

Luke Pollard: I am surprised that the hon. Gentleman, who asks so many parliamentary questions, has not kept up with those two planes. I will be sure to write to him to give him the full details—or perhaps he will get another PQ in which he will be able to inform himself of the information.

Lloyd Hatton (South Dorset) (Lab): Bovington camp in South Dorset has a long list of outstanding repairs—pothole-ridden streets, persistent fly-tipping and no working street lights on King George V Road, to name just a few. Will the Minister work with me to ensure that the Defence Infrastructure Organisation carries out much-needed repairs and fulfils its most basic maintenance responsibilities?

Luke Pollard: Bovington is an important base for me, and I recognise the concerns that my hon. Friend mentions. I would be happy to meet him to discuss how we can resolve them.

Tessa Munt (Wells and Mendip Hills) (LD): I wonder whether the Minister could tell me the date on which the very first documents relating to the Chinook air disaster were closed and why it is that Ministers seem to have absolutely no oversight, responsibility or accountability over when decisions are made to close documents to the public.

Louise Sandher-Jones: I will write to the hon. Lady with the specific information. I know that she has also submitted questions to my office about this issue. I would gently say that there are very important provisions, including the protection of personal data, that govern those documents. I would just like to state for the record how seriously I am taking this issue. I have the deepest sympathies for the Chinook crash families. I understand that they have their search for justice. I cannot comment in too much detail, but I would like to state that I am very sympathetic.

Gareth Davies (Grantham and Bourne) (Con): The Government's strategic defence review recommended an increase in the Army Reserve by 20%, but at the very same time the Government are closing Grantham's Prince William of Gloucester barracks, which trains 70% of all Army reservists in the country. Will the Minister review that decision so that we have the capacity to train new Army reservist recruits?

Louise Sandher-Jones: I am sure that decisions about which activity is conducted where are taken across the UK, but I will write to the hon. Gentleman with further detail about those barracks.

Clive Jones (Wokingham) (LD): Investment in the UK's defence sector, especially defence SMEs, is desperately needed. What will the Government do to drive forward investment for defence procurement SMEs?

Luke Pollard: I thank the hon. Gentleman for his question and for championing SMEs. At the start of the year we established the Defence Office for Small Business Growth, which is supporting dozens of SMEs already. We are also increasing direct spend with SMEs and reducing contracting time to enable SMEs to bid for more defence contracts.

Jim Allister (North Antrim) (TUV): Tomorrow is the 32nd anniversary of the Chinook disaster, when we lost so many of our high-ranking anti-terror and security experts. Yet the families of those individuals still crave the truth. We had a saga, with the Department claiming for years that it was pilot error, only to have then to reverse that decision, and we still do not have the truth. There are still documents locked away for 100 years, and families are crying out for the truth. They hear talk about the Hillsborough law and a duty of candour, but why are the Government continuing to cover up on this issue, particularly on the question of mechanical unfitness?

Louise Sandher-Jones: The hon. and learned Gentleman is right that tomorrow is a very sad anniversary. I am sure that he will be aware that members of my own corps sadly lost their lives in that crash. My ministerial colleagues and I have met with the families and heard the challenges they have faced, and I am very sympathetic to them. I would gently say that where documents are closed for reasons relating to personal information, that is something that we have to respect, as there are other people involved here. But I continue to meet with the families as required, and I am sympathetic to their situation.

Shockat Adam (Leicester South) (Ind): Israel's illegal invasion of Lebanon is continuing unabated. Millions have left their homes, and millions of refugees have fled to the north. It is happening all over again: people are suffering and civilians are dying. What is the Secretary of State doing to suspend all military co-operation with Israel so that it stops the Gazafication of Lebanon?

John Healey: We are urging both sides to scale down their activity and respect the ceasefire so that the current ceasefire agreement in the wider middle east can be translated into a permanent peace, including between Israel and the Lebanese Hezbollah.

Speaker's Statement

3.42 pm

Mr Speaker: I would like to acknowledge that there has been significant public interest in the case involving the murder of Henry Nowak. The case is of legitimate interest to the House, and I note that sentencing will take place today. My understanding, and agreement, is that the Government will bring forward a statement on the matter tomorrow. If, for some reason, that statement is not forthcoming, I would look favourably on attempts to bring the issues raised by this case before the House by other means.

Business of the House

3.43 pm

The Leader of the House of Commons (Sir Alan Campbell): With permission, I will make a short business statement about the remainder of this week's business.

Tuesday 2 June—Committee of the whole House for the Armed Forces Bill.

Wednesday 3 June—General debate on the Government's response to the Humble Address on the appointment of Lord Mandelson.

Thursday 4 June—General debate on Pride Month.

I will announce further business in the usual way on Thursday.

Mr Speaker: I call the shadow Leader of the House.

3.44 pm

Jesse Norman (Hereford and South Herefordshire) (Con): I thank the Leader of the House very much for that business update and for the news of the debate on Wednesday. That will be an opportunity for Back-Bench Members to put matters on the record—but for scrutiny of the Government, actually, by far the best way is through the questions that will follow the next statement, although I am afraid that the Mandelson files were released publicly only at 2 pm and, at 1,500 pages, no Back-Bench Member can be expected to have mastered them.

The Leader of the House recognises the importance of parliamentary scrutiny. Since those files could have been put in the public domain at 9.30 this morning, could I register with him that we are all owed a slightly higher quality of scrutiny than this has received?

Sir Alan Campbell: I do acknowledge what the right hon. Gentleman is saying, but that is precisely why I just announced Wednesday's debate, which will be a general debate. I am sure that my right hon. Friend the Chief Secretary to the Prime Minister will respond to some of those points shortly.

Mr Speaker: I call the Liberal Democrat spokesperson.

Luke Taylor (Sutton and Cheam) (LD): I rise only to pass on the frustrations from the Liberal Democrat Benches and from my residents that the important legislation planned for Wednesday will now be delayed, and that the incredibly important improvements to rail services that our residents are calling out for will be further delayed. Parkinson's law suggests that work expands to fill the space available for its completion. May I suggest Mandelson's law—that, when he is appointed to a Government, his scandals will expand to fill the time available for their discussion? Does the Leader of the House agree that this scandal will be the defining legacy of the Starmer premiership, and that it shows clearly how the change and service agenda promised after the scandal and sleaze of the last Tory Government were as much empty words as the suggestion that proper process was followed in Mandelson's appointment?

Sir Alan Campbell: I will not respond to those empty words. I expect to announce the rescheduling of the remaining stages of the Railways Bill in my statement on Thursday, and I anticipate that the House will be able to consider those stages of the Bill during next week's business.

Lord Mandelson Humble Address: Government Response

3.46 pm

The Chief Secretary to the Prime Minister (Darren Jones): With permission, I would like to update the House on the Government's response to the Humble Address of 4 February. Before I do, I think it is important for all of us to reflect again on the impact that this debate will have on the victims of Jeffrey Epstein. Members across the House will be aware of the truly horrific crimes that he committed against countless women and girls; we hold them in our thoughts when discussing these issues again today.

The Government have today laid the second tranche of documents. These were laid before the House in advance of this statement and are now on gov.uk for the public to see. The documents we are publishing today comprise one of the largest Government publications ever laid before the House. This disclosure process has been wide-ranging, costing the Cabinet Office alone over £1 million. As the House knows, this was an official-led process, with judgments made by senior officials, and I am grateful for the careful work that they have undertaken right up until today's publication.

While the first tranche dealt with Peter Mandelson's appointment, withdrawal and severance, this second tranche responds to the parts of the motion that requested communications and documents concerning his appointment and vetting, as well as messages between Peter Mandelson and Ministers, special advisers and civil servants in the months prior to, and throughout the duration of, his appointment.

I recognise that the House will need sufficient time to review today's tranche in full, given the size of the publication. As we have just heard from the Leader of the House, that is why I have secured Government time on Wednesday for a subsequent general debate: so that there is an opportunity for Members to ask further questions after today's statement. To inform that debate and for clarity and accountability, I draw the House's attention to the methodology set out in the publication today, which explains in detail how the Government undertook the disclosure process. I will not repeat that in full here today, but I will make reference to a number of areas that I know the House has expressed an interest in previously.

First, on redactions, in line with the motion, over 300 individual documents were referred under a process agreed between the Government and the Intelligence and Security Committee. I confirm that no material has been redacted on the grounds of prejudice to national security or international relations without the Committee's approval. For clarity, all redacted material agreed with the ISC is labelled in the bundles today with three asterisks. Outside this arrangement, this process does not change the important and well-established constitutional principle that national security and international relations judgments are ultimately for the Government. I once again express my thanks to the Intelligence and Security Committee for its engagement in this process. Further limited redactions have been made outside the ISC process in respect of information that relates to junior officials' names; contact details, like telephone numbers and email addresses; the personal or commercially sensitive data of third parties not relevant to the motion; and, where relevant, legal professional privilege.

I would also like to confirm that no redactions have been made to references to Global Counsel, other than to protect the identity of individuals who worked there and are not public figures. Officials have sought to be transparent in the material where the individual is a Global Counsel employee. Also, no redactions have been made to references to Palantir and Anduril outside the scope of the existing ISC redactions process, and no clear references to current or former UK politicians have been redacted on the basis of their being third parties.

I can also confirm to the House that no Government Minister or special adviser has determined any of the redactions themselves. The redaction process has been overseen by Cabinet Office officials and, where relevant, in agreement with the ISC. In addition, the Cabinet Office Humble Address team have taken advice from an independent King's Counsel—this has included review of the methodological approach followed by officials—and acted on that advice to inform their work. This has helped to ensure that the Government are confident that their approach is compliant with the Humble Address and the Government's legal obligations.

These additional targeted redactions, made outside the agreed ISC process, have been made in line with the Freedom of Information Act 2000, the ministerial code, and the resolutions on ministerial accountability passed by both Houses in 1997. This is important because it goes to the question of whether the Government have complied fully with the Humble Address. That question should be answered in the context of the established rules and precedents that relate to Humble Addresses. If these rules were not relevant, the Humble Address would have required extensive additional detail on the face of the motion dealing with these procedural issues. However, I recognise the level of interest in the House in respect of these redactions not related to national security and international relations, so, on the recommendation of the ISC, I can confirm that the hon. Member for North Dorset (Simon Hoare), the Chair of the Public Administration and Constitutional Affairs Committee, has reviewed our approach to third-party redactions this morning. He has confirmed that we have applied the methodology set out in the document and that, in his view, the redactions are sensible, reasonable and proportionate. I thank the ISC for this recommendation and the hon. Member for the additional reassurance he has provided on this point.

As the House is aware, the Metropolitan police has also asked the Government to withhold some material in scope of the motion that it considered could be prejudicial to its ongoing criminal investigation or any subsequent prosecution. This request remains in place and I am very grateful, again, to the Chair of the Public Administration and Constitutional Affairs Committee, with whom we have also shared this information in order to provide additional accountability for the Government's actions. I hope that Members will appreciate the need not to prejudice the investigation and understand that I will not be able to answer questions about certain documents that have been withheld. No responsible Government would wish to undermine a criminal investigation and put at risk the justice that it seeks, and I am sure that the House will share this position. I can, however, confirm that this material does include questions put to Peter Mandelson by the Prime Minister's then chief of staff, and Peter Mandelson's responses.

In addition, a small number of documents have been withheld at the request of the police, which fall broadly into the following categories: national security vetting material; conflict of interest process material; and relevant internal correspondence with Peter Mandelson. Such information will, of course, be published at the conclusion of the investigation or at the point at which it would no longer be prejudicial to the police investigation to do so.

The documents published in the first and second tranches contain the entirety of the documents the Government have available for disclosure, except those few documents I have just referred to in relation to the Metropolitan police. Members will no doubt have questions about what might be perceived to be "missing" messages and meeting notes, which I would like to address in turn. On messages that some might expect to be included, I can confirm that we have conducted multiple rounds of discovery from relevant Ministers, special advisers and officials, in line with the motion passed by the House. This has involved requesting searches of email, messaging platforms such as WhatsApp, and other related communications services on both work and personal devices.

However, the House should note that some messages may not have been backed up where devices may have been changed or disappearing messages turned on, for reasonable and permitted reasons, including before the dismissal of Peter Mandelson or the passing of the Humble Address—my messages included. I do recall having some limited exchanges with Peter Mandelson over WhatsApp, including those I have already discussed in the media, but these conversations did not involve transacting Government business and were in line with official guidance on the use of non-corporate communications channels at the time.

I share the view put by the Intelligence and Security Committee to the House that there are lessons for the civil service to learn in respect of better note-keeping, archiving and the use of appropriate levels of secure IT systems in the future. The Government have already committed to a review of the use of non-corporate communications channels, the terms of reference for which we will shortly publish, taking into account the concerns that have been raised in this House and the two tranches of documents that we have published in response to the Humble Address. I will of course keep the House updated as we progress that work.

I now turn to the material relating to Peter Mandelson's national security vetting process. I can confirm that the vetting process summary and recommendation that was put by UK Security Vetting officials to the Foreign Office has been shared with the Intelligence and Security Committee. It was shared for the purpose of agreeing redactions, as part of the agreed process, so that it can be published when we are in a position to do so. What have not been shared are the highly sensitive personal data inputs collected during the interview process. These could, for example, relate to how much money an individual might have in a particular account or who a person may have had a personal relationship with in the past. If those participating in the vetting process cannot trust that the information they feed into that process is confidential, that will harm the integrity of the whole system. Anything less than full candour would be hugely damaging and profoundly negative for our national security; this would be felt by this and future Governments and, ultimately, by the British people. Sharing this data for any person undergoing developed vetting would therefore undermine the very basis of our national security vetting system.

This is the 10th update to the House on this matter that I have provided. With the exception of the small number of documents that are withheld at the request of the police, which we intend to publish when the police are content for us to do so, the Government now consider that they have duly discharged the duties set out in the Humble Address. I will, however, return to the House for the general debate on Wednesday to provide a further opportunity for colleagues to ask questions. On that basis, I commend this statement to the House.

Mr Speaker: I call the shadow Minister.

3.57 pm

Alex Burghart (Brentwood and Ongar) (Con): I thank the Chief Secretary to the Prime Minister for advance sight of his statement. If the story in *The Times* is to be believed, he may be positioning himself to be the chief successor to the Prime Minister.

I also thank the right hon. Gentleman for giving me advance sight of the material that was published today, which I was fortunate enough to see this morning. However, it is important to put on record that only a very few Members of this House were able to see it this morning. It was available at 9.30 am, yet it was published only at 2 pm, so here we are today with hon. Members not having had a chance to read it and yet being expected to ask the right hon. Gentleman questions. I know the response will be that we are going to have a general debate on Wednesday, but as Government Members will know, if the Minister chooses not to take interventions in a general debate, there is no scrutiny at all. At worst, this is obfuscation; it is an attempt to deny scrutiny in a way that is unnecessary. The documents should have been published at 9.30 this morning in advance of this statement.

Paul Holmes (Hamble Valley) (Con): It was on the news!

Alex Burghart: It was on the news. The case of Peter Mandelson's appointment remains of the utmost national importance simply because it touches on national security and on the Prime Minister's honesty, integrity and competence. I want to make two basic points about the material before us today: the first is about disclosure, and the second about the process by which Peter Mandelson was appointed.

On disclosure, although we have a huge number of documents, it is clear that very many are missing. Some have been withheld, some have been lost, and it is clear that some have probably been destroyed. Because of the approach the Government are taking, however, it is impossible for hon. Members to know which documents fall into which category. We are told that the Metropolitan police has requested that certain documents be retained, but the Government have refused to tell us which documents are being retained.

I respect the fact that the Chief Secretary to the Prime Minister has told us about three broad categories now—this is progress. We did ask for those categories some time ago and were told that we could not have

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them, but it turns out that we can have them. We know there is no good legal basis for the Government not to disclose to this House which documents are being withheld. The Government should tell us. Indeed, it would be possible for them to disclose those documents to the ISC or to certain Members of the House on Privy Council terms. Again, this is obfuscation. It is an unnecessary attempt to defer or deny scrutiny, and the Humble Address did not allow for the Government to redefine the request in this way. If the Government wish to retain documents because the Met police has asked them to do so, they should come back to the House and change the terms of the Humble Address. They have not done that and, consequently, they risk being in contempt.

Some Ministers have duly handed over their WhatsApp messages; it is clear that some have not. Are we to believe that there was no WhatsApp exchange at all between the Prime Minister and Peter Mandelson? We know that there was, because it has been reported in the press, and yet those messages reported in the press do not appear in the release today. It is clear that some messages have gone missing.

It is also the case that, in all these documents, the Prime Minister's presence is almost non-existent. Despite the fact that he was appointing a man to be head of our most senior mission, we have almost nothing in his name. It is as though somehow he appointed Peter Mandelson as ambassador without leaving any documentary trace of that decision at all. It really beggars belief.

Take, for example, the former Secretary of State for Science, Innovation and Technology, well known to be a friend and ally of Mandelson. He appears to have submitted a nil return on his WhatsApp messages. I hope the Chief Secretary to the Prime Minister will tell us why. Why was it that there were never any messages? That seems unlikely. Was it that those messages have been deleted? The House has a right to know. The House has a right to know in each case whether information has gone missing or it has not been handed over.

We know that Peter Mandelson has refused to hand over his phone—it is in the document. We know that he was asked to give over his phone on 31 March, some time after the Humble Address. He has declined to do so, and it is simply not acceptable that the Government should allow this to pass without some sort of pushback. The Government has within their power the opportunity to take legal action to recover the exit payment they gave to Peter Mandelson if he is not playing ball with the Humble Address.

There is then the matter of redactions. There are acres and acres of white space, a constellation of asterisks—perhaps all too appropriate for a Labour document. It is clear from the reports in the press that the ISC has had serious concerns about the redaction process. I listened to what the Chief Secretary to the Prime Minister said, and I will listen with interest to what members of the Committee say in a moment. There are a huge number of redactions under the heading "Third Party". On what grounds have those redactions been made? For example, on page 251 of part III, Mandelson refers to someone who is "currently staying" with him in Government property. This name is redacted. Why has it been redacted? Why cannot the House be told who was staying in Government property with the ambassador?

On the national security vetting material, it seems once again that the Government are happier to provide *The Guardian* with more information than they are prepared to provide to Parliament. Preparation of the security vetting document for publication appeared in recess, leaked by someone in Government who was familiar with it, and then we have seen that *The Guardian* has multiple sources saying that concerns were raised by the vetting agency about Peter Mandelson's foreign contacts with the Chinese Minister, with Oleg Deripaska, with Tamir Hayman and so on. There were multiple sources, and yet we are being asked to believe that this information was only seen by a tiny handful of people within Government. Someone somewhere is not being frank with us.

If we had time, and we will have time on Wednesday, we could talk about the concerning information about Chagos. We could talk about the fact that Peter Mandelson, after he had been appointed, asked whether he could do paid work in Shanghai on a private basis. We could talk about the fact that Peter Mandelson wrote to the then Foreign Secretary saying,

"if you were minded to appoint me I would make sure you never regret it."

The truth is that we must return once again to the process by which Peter Mandelson was appointed. Everything in the documents released today shows that the Prime Minister did not follow the instructions he was given by the then Cabinet Secretary on 11 August 2024. He was told to get security vetting done before the appointment was confirmed, which he did not do. He was asked to do that because the Prime Minister had been provided with a due diligence document by the Cabinet Office that said that Peter Mandelson had an ongoing friendship with Epstein after he had been sent to prison, that he had been a director of a Russian defence company that had supplied arms to Putin during his invasion of Crimea, and that he had maintained unhealthy business relations in China.

Despite this, the Prime Minister did not get the security vetting done before he made the appointment: he went ahead and made it anyway. The rest of the system was then scrabbling around afterwards to try to make up for the error, but it was the Prime Minister's error. It was clear that due diligence was not followed. It is a failure that is visible from space, it is a failure that will define this Prime Minister's premiership and it is a failure that will be written as his political epitaph.

Darren Jones: I thank the hon. Gentleman for his questions. There were three broad questions: first, on access to the documents; secondly, on what documents are available or not; and thirdly, on the redactions process.

On access to the documents, as I said in my response to the urgent question before the recess, I have been mindful of the fact that given the significant number of documents published today, we wanted to create as much time as possible for the House to scrutinise them and to be able to ask the Government questions. I agree that had I published these documents 45 minutes before standing up to give a statement for 45 minutes, that would have been insufficient in the circumstances. I hope

that the hon. Gentleman welcomes the lengths that I and the Government have gone to, not only to provide the documents in advance to him, the Leader of the Opposition, the Chairs of the relevant Select Committees and other stakeholders, but to publish them much earlier than is normal, and to secure a general debate on Wednesday.

In respect of the documents that are available, as I said in my statement, this tranche plus the first tranche of documents represent the entirety of the documents that the Government have available for disclosure, except for those that have been made available to the Metropolitan police. The hon. Gentleman invited me to list the documents that have been given to the Metropolitan police. As I have said from the Dispatch Box before, I am acting on the advice of the Metropolitan police in not being able to do that, but I am pleased that he welcomes the commitment that we have secured from them to give a little more shape by setting out the categories of the documents that are being held. I remind him and the House that we have also shared the documents directly with the Chair of the Public Administration and Constitutional Affairs Committee, so that there is an additional check and balance within Parliament, without being able to share the documents more widely until the Met police tell us that we can do so.

The hon. Gentleman asked me about notification of the Prime Minister's decision to appoint Peter Mandelson as ambassador. I refer him to the first tranche and the document from the Prime Minister's principal private secretary in No. 10 communicating that decision to both the Foreign Office and the palace.

Finally, the hon. Gentleman asked me about the redactions process. As I set out in detail in my statement, that process was predominately with the Intelligence and Security Committee, where the information relates to national security or international relations. Secondly, non-national security redactions were undertaken in line with established process and precedent, with the additional check provided this morning, again by the Chair of the Public Administration and Constitutional Affairs Committee, in relation to third parties. I understand that the Chair has confirmed that he is happy with the process that the Government have followed.

Mr Speaker: I call the Chair of the Foreign Affairs Committee.

Emily Thornberry (Islington South and Finsbury) (Lab): I thank the Minister for giving me access to the papers at 9.30 this morning. However, is it right that among the 1,500 pages of documents released, there is no written evidence of any mitigations being put in place either to minimise Peter Mandelson's conflicts of interest or, more importantly, to reduce the risk to our national security that vetting had flagged, due to Peter Mandelson's close connections with Russian oligarchs, senior Chinese officials, retired Israeli spymasters and a debt of £1 million to buy shares in a secretive Israeli start-up? Will the Chief Secretary to the Prime Minister please tell us whether we will see such documents later because the police have got them, or whether they just do not exist?

Darren Jones: Without being able inadvertently to name specific documents, the best I can say to my right hon. Friend on the potential conflicts of interest, as I made clear in my statement, is that that nature of document has been made relevant from the perspective of the Metropolitan police criminal investigation.

Mr Speaker: I call the Liberal Democrat spokesperson.

Lisa Smart (Hazel Grove) (LD): I thank the Minister for advance sight of his statement, and I thank members of the ISC and the hon. Member for North Dorset (Simon Hoare) for their work on this matter. I acknowledge again the women and girls who found the courage to come forward about the abuse that they endured at the hands of rich and powerful men. As we continue to discuss this matter, we must remember that those women are owed justice.

When Peter Mandelson was appointed, UK Security Vetting advice was overridden. The then permanent secretary at the Foreign, Commonwealth and Development Office suggested that he was subject to constant pressure, and there is a line in today's files suggesting that senior people expressed interest that the vetting process go smoothly. Given the Minister's repeated assurances that there was no pressure from Government relating to vetting, what does he think that line refers to?

We now know that Cabinet Ministers were privately praising and flattering Mandelson from before his appointment all the way until after his dismissal. Senior Ministers showed a staggering lack of judgment. Will the Chief Secretary explain why so much business relating to one of the most controversial public appointments in recent years appears to have been conducted over WhatsApp? It was private, informal and outside the official record. Government by WhatsApp, which the Lib Dems have continually called for an end to, must end, because informal messaging outside official channels creates accountability gaps that should trouble us all. Does the Chief Secretary agree that Government by WhatsApp must come to an end?

Documents released today display concerning evidence that Peter Mandelson lobbied Ministers on behalf of his clients. That would appear to be a serious breach of the code of conduct for the other place, yet an initial reading of the files seems to suggest that many Ministers were pliant and responded warmly to him. Will the Minister confirm whether any Ministers reported their concerns about this seemingly egregious lobbying?

The Government have outlined their plans for the removal of peerages Bill. At first glance, it is a narrow and woefully unambitious Bill that completely fails to rise to the moment. Will the Minister outline what it will take for the Government to make meaningful reforms to the second Chamber?

Senior Cabinet Ministers asked Mandelson for advice on a range of issues, despite many of those issues falling outside the scope of his role. Issues of how we run this country stretch far beyond this scandal. The ministerial code, which should strongly inform the conduct of those who hold the highest offices in the land, continues to exist as guidance rather than the law. Ministers who breach it face no legal consequences. The Prime Minister can choose whether to act on the findings of independent advisers, which means that accountability is optional, and it is far from clear what consequences follow when rules are broken. Will the Government use this moment to bring forward legislation to enshrine the ministerial code in law?

Darren Jones: The hon. Lady invites me in her first question to comment on the intent of conversations between people other than myself. I am sure the House will understand that all I can do at the Dispatch Box is refer to the documents disclosed in the bundle, given that I was not privy to those conversations.

The hon. Lady asks me a number of questions about the use of non-corporate communication channels. The guidance is very clear that non-corporate communication channels can be used, but, where government is being transacted, the decision needs to be recorded on official Government channels. None the less, WhatsApp has been used extensively, which has raised a number of questions for the Government to consider. We will do that as part of our review of the use of non-corporate communication channels, the terms of reference for which I will announce very shortly.

The hon. Lady asks me about the peerages Bill, which was confirmed in the King's Speech recently and which we will bring forward in due course. We share the ambition to use it as a piece of legislation to modernise the House of Lords in respect of peers who have brought the House into disrepute.

The hon. Lady asks me again about putting the ministerial code on a statutory footing. We have had exchanges a number of times across the Dispatch Box, and I point to the fact that the changes this Government have already made have proven to be effective, given a number of Ministers who have had to resign.

Mr Speaker: I call the Chair of the Joint Committee on the National Security Strategy.

Matt Western (Warwick and Leamington) (Lab): Any cases that are clearly a real risk to national security should alarm everyone around this House. I think back to some of the questions that I put to then Prime Minister Johnson, as you will recall, Mr Speaker, about his relationship with Alexander Lebedev, for example. We have heard about the case of Oleg Deripaska with George Osborne and Peter Mandelson, as well as other characters, which is deeply concerning.

Let me land on a point about the non-corporate communication channels and IT systems. I am delighted to hear that the Government are reviewing those, but this is a matter of urgency, because it has become the norm for civil servants and those in Government, including in previous Governments, to use the likes of WhatsApp as the normal operating system. When will that review be published?

Darren Jones: The first part of my hon. Friend's question goes to the point I made in my statement about the importance of allowing the developed vetting interviews to be fully confidential. We need to ensure that when people join the Government and undertake a DV interview, they are fully transparent with the Government about any relationships they have with individuals. Turning to the review of non-corporate communications channels, I hope to be able to announce its terms of reference very shortly.

Mr Speaker: I call the Father of the House.

Sir Edward Leigh (Gainsborough) (Con): As far as the House of Commons generally is concerned, this statement is fairly meaningless, because it is impossible to ask questions about hundreds of pages, having had a few minutes to read them. So many general debates are damp squibs, so will the Minister undertake to answer every single question that has been put to him by the time he opens the debate on Wednesday?

Darren Jones *indicated assent.*

Sir Edward Leigh: I see that he is nodding; that is very helpful. In my experience, these scandals are always made much worse by any covering up, so I am sure that the Minister will want to be completely open. I listened to the Opposition spokesman, my hon. Friend the Member for Brentwood and Ongar (Alex Burghart), and it is strange that the Prime Minister seems to have so little involvement in this whole affair. I am reminded of the wartime film, "The Man Who Never Was". Does that sum up this premiership—the man who never was?

Darren Jones: I look forward to engaging with the right hon. Gentleman in the general debate on Wednesday, in which, of course, I commit to the House that I will do my best to answer questions that are put to me. On the Prime Minister's communications, I point out to the House that Prime Ministers do not sit at computers, sending emails from Outlook. They have officials who action their decisions on their behalf, and that is what is represented in the disclosure.

Rachael Maskell (York Central) (Lab/Co-op): It seems that Mr Mandelson's business interests permeated every aspect of government. This afternoon, we are to debate the Health Bill and the federated data platform. Palantir, a client of Peter Mandelson's, will clearly have a specific interest hardwired into the Bill, and we are expected to vote on it without seeing the full documentation, or having time to digest it. What exactly was the relationship between Mr Mandelson and Mr Thiel, and was that disclosed in the interview process?

Darren Jones: I am afraid that I am not at the Dispatch Box to speak on behalf of Mr Mandelson, and I was not in the developed vetting interview process; nor have I seen that information, so I cannot answer the specific questions that my hon. Friend has asked me. What I can do, though, is point her to the relevant comments in my statement: the Government have gone to lengths to ensure that references to Palantir have not been redacted in the documents, other than in line with normal commercial processes, given the level of interest in that company in the House.

Mr Speaker: I call the Chair of the Public Administration and Constitutional Affairs Committee.

Simon Hoare (North Dorset) (Con): First, through the Chief Secretary to the Prime Minister, may I thank all of the officials at the Cabinet Office who have dealt with this matter in a very thorough, professional and—as far as I am concerned—courteous way? For that, I am grateful.

Casting forward, it is probably perfectly correct that a Prime Minister should be able to make a political appointment to an ambassadorial position, but there seem to be two key lessons that need to be learned here, and I wonder whether the Chief Secretary to the Prime Minister could say a word or two on both. The first is

that as a matter of course, vetting should be conducted prior to making public an announcement of appointment. The second is that there seems to be confusion—the earlier pages of part I, published today, indicate this—about what being a member of the Privy Council, a Member of the House of Lords, or a former member of the Cabinet means for what type of vetting is required. Can the Chief Secretary to the Prime Minister assure the House that those key lessons have been learned, and that very clear direction has been given to those who are charged with this important and sensitive job, so that they know precisely how and when to do it, and so that there is a level playing field for applicants?

Darren Jones: Again, I thank the hon. Gentleman, as Chair of the Public Administration and Constitutional Affairs Committee, for providing oversight of the Government's processes on behalf of Parliament. On his first question, about security clearance being concluded before an announcement is made, he is right. That is something that the Government have learned from this process, and that policy has already been changed.

The second issue he asked me about is represented in this bundle by the uncertainty about how the developed vetting policy applies to members of the Privy Council and/or Members of the House of Lords, given that Ministers are not put through the DV process, because it would be undemocratic interference with the electorate if a democratic process could be overturned by unelected civil servants. The documents show that the Government came to the right conclusion—that Peter Mandelson should go through DV clearance, even though he was a Member of the House of Lords and a Privy Counsellor—but they also show that there was some uncertainty about that. I agree with the hon. Gentleman that we should strengthen the guidance to make that clear in the future.

Ms Stella Creasy (Walthamstow) (Lab/Co-op): The challenge for all our constituents is that every time this subject comes up, they cannot shake the sense that Peter Mandelson's business interests hang like a grubby layer over decision making in this Government. I know that the Minister will want to challenge that, and challenge the concern that Mandelson's behaviour was a symptom, rather than the cause, of the problem that we face. When we were last in the Chamber discussing this matter on 27 April, I asked the Minister explicitly about the Adrian Fulford review, and he assured me that the investigation of the vetting process would be completed within three to four weeks. We are now past his deadline. He will understand the concern that our constituents might have that there may be more to come. Can he reassure me that that review will be published? What will be in it?

Darren Jones: My hon. Friend is right to pull me up. That review has not concluded in the time in which I had initially hoped it would. Adrian Fulford is conducting the review at the moment, and knows that we want to be able to report on it shortly. I cannot tell the House what is in it yet, because I have not seen it, but as soon as I have received it, I will return to the House.

Luke Taylor (Sutton and Cheam) (LD): The documents show that in July 2025, Peter Mandelson contacted No. 10 to suggest that the Prime Minister should make time to meet Peter Thiel while he was in London. Peter Mandelson described Mr Thiel as a "celebrated techie", and this followed the meeting in February 2025 with Palantir in Washington. First, can the Minister confirm whether that meeting with the Prime Minister happened? Secondly, is it the view of the Government, as expressed—unchallenged—by their former ambassador to the US, that a man who described Nazi Carl Schmitt as a major influence on his thinking, and who also said that freedom and democracy are incompatible, is indeed just a "celebrated techie"? Finally, can the Minister confirm that the Government will review all links and contracts between Palantir and the Government, the NHS and the police, following the revelations around Mandelson, Global Counsel and Palantir?

Darren Jones: On the question about whether there was a follow-up meeting further to that request, I do not know the answer, so I will not make an assumption one way or another. If the hon. Gentleman tables a parliamentary question, I am sure that we will be able to check and confirm for him. He asked me about Peter Thiel. I will not take the opportunity to give personal views about Mr Thiel, but the hon. Gentleman's are on the record. Thirdly, he asks about a review of Palantir contracts. I think the Health Secretary has confirmed that there is a review under way on its contract with the Department of Health and Social Care.

Joe Powell (Kensington and Bayswater) (Lab): I thank the Chief Secretary to the Prime Minister for his statement. He has talked before about the potential implications for vetting, due diligence and non-corporate communications. Can I ask about one further area in which Ministers are keen to improve: our lobbying transparency regime? When might the House expect some progress, or to hear thoughts about how we could make that more effective, given the learnings from this episode?

Darren Jones: I thank my hon. Friend for his excellent work in this area. The Government have learned a great deal from his expertise. The House knows that this area sits alongside other areas—non-corporate communications channels, peerage removal in the House of Lords, lobbying, transparency and the work of the Ethics and Integrity Commission—as a portfolio of work that the Government are in the process of reviewing. Now that we have completed the publication of the second tranche of these documents, we will want to accelerate our work on those subsequent areas of review. I look forward to coming back to the House with an update in due course.

Paul Holmes: The Chief Secretary to the Prime Minister is well known for being courteous and passionate at the Dispatch Box, and I am a fan. [Hon. Members: "Hear, Hear."] This is where I get to the bad part: he is not necessarily known for answering everybody's questions when they ask them. On the question asked by the Father of the House, my right hon. Friend the Member for Gainsborough (Sir Edward Leigh), will the Chief Secretary to the Prime Minister commit to opening the debate on Wednesday and, with the leave of the House, closing it, so that every Member of this House can ask him questions?

Darren Jones: I am grateful to the hon. Gentleman, and I would not want to displease a fan with an inadequate performance from the Dispatch Box. We have considered

[Darren Jones]

whether I should open and close the debate on Wednesday, which would be unusual, but we have decided instead that my colleague the Paymaster General and Minister for the Cabinet Office, my right hon. Friend the Member for Torfaen (Nick Thomas-Symonds), will open the debate. I will be here for the entirety of the debate, and I will certainly do my best to answer all the questions in closing it.

Apsana Begum (Poplar and Limehouse) (Lab): Given that Morgan McSweeney's name has been copied into so many messages, these disclosures show the need for us to return to the role of Labour Together. Can the Minister tell us whether any third-party redactions relate to any figures associated with Labour Together and, now that its former director has left his seat in this place, will he also tell us when we can expect a full and independent investigation of its activities?

Darren Jones: I refer my hon. Friend to my earlier answer at the Dispatch Box in relation to calls for an investigation of Labour Together, which is a privately owned organisation outside Government and public service. As for to her invitation to name individuals who have been protected in the disclosure by third-party redactions that do not have a direct relationship with what we are discussing today, I am not at liberty to do that, but as I said in my statement, we have put those redactions before the Chair of the Public Administration and Constitutional Affairs Committee for additional checks and balances.

Chris Law (Dundee Central) (SNP): Given that the key person in this scandal, Lord Mandelson, refused to hand over his personal WhatsApp messages, how can the Government guarantee that Parliament and the public have seen the full truth? Was the Prime Minister misled, or are the Prime Minister and the Chief Secretary to the Prime Minister accepting partial disclosure?

Darren Jones: Let me gently remind members of the Scottish National party that Nicola Sturgeon was very effective at deleting messages during the covid inquiry. It is important that Ministers do not do that, and I am sure that the SNP has learned those lessons as much as everyone else. I made it very clear in my statement that the documents that we have available in front of us—*[Interruption.]*

Mr Speaker: Order. May I just say that I am not responsible for the answer? It is no use appealing to me. The Minister can answer by means of his own ability; he does not need my help.

Darren Jones: Thank you, Mr Speaker, but any encouragement is welcome. As I said to the hon. Gentleman, the documents relating to his questions are clearly set out in the bundle, and they speak for themselves.

Johanna Baxter (Paisley and Renfrewshire South) (Lab): It is very clear that Peter Mandelson should never have been appointed as our ambassador, and I know that we will all have Epstein's victims in mind today.

It is right that the Prime Minister has called for the removal of peerages from disgraced peers. In view of the comments from the hon. Member for Hazel Grove (Lisa Smart), can the Chief Secretary to the Prime Minister confirm that the removal of peerages Bill, which appeared in the King's Speech, will actually have teeth, and will enable us to radically reform the upper Chamber?

Darren Jones: We are concluding internal drafting of the peerages Bill, and will look to secure time to introduce it in this Session. I can assure my hon. Friend and the House that we want to introduce legislation that is effective and meaningful; that is certainly our intention.

Sir Julian Lewis (New Forest East) (Con): I think the country has a right to know how the Prime Minister reacted at the end of Mandelson's vetting process. Have the Prime Minister's comments on the outcome of the vetting been released, are they being withheld, or are we expected to believe that he made no comment about it at all?

Darren Jones: Let me make two points. As I made clear in my statement, vetting documents have been withheld by the Metropolitan police, although some of the documents have gone through the Intelligence and Security Committee, but I refer the right hon. Gentleman to what the Prime Minister said previously. As has been clear, the Foreign Office did not flag this information with the Prime Minister; he was not aware of it until it had been leaked to *The Guardian*.

Jessica Toale (Bournemouth West) (Lab): I thank the Chief Secretary to the Prime Minister for his statement, and I associate myself with his comments about Epstein's victims, who must be at the forefront of our minds. However, a significant amount of material in this tranche was reviewed by the Intelligence and Security Committee. Is the Chief Secretary able to tell the House what steps officials took to ensure that any documents relating to national security and our international relations have been shared with the ISC?

Darren Jones: As I confirmed in my statement, more than 300 individual documents were put before the ISC for its consideration of proposals from the Government for redaction. There were a small number of redaction hearings towards the end of that process, when agreement was sought between the Government and the Committee, and all redactions currently published in the documents have been made with the full agreement of the Committee.

Dr Ellie Chowns (North Herefordshire) (Green): Like many of us here in this Chamber, I have not yet had the time to read the 1,000-plus pages of material released today, but the release shines the light of disinfectant on the political culture of how we treat the victims and survivors of heinous abusers of women and girls, and on the scandal of how Mandelson, despite being matey with the convicted child sex offender Jeffrey Epstein, was allowed back into the highest possible office. Does the Minister agree that it is essential that this sorry episode in British political history leads to a fundamental change in political culture, so that the voices of women

and girls who survive abuse at the hands of people like Jeffrey Epstein are always listened to and put front and centre?

Darren Jones: I certainly agree with the sentiment of the hon. Lady's question. In relation to the time made available to read the documents, I refer her to the general debate on Wednesday, which she is perfectly able to attend.

Sam Rushworth (Bishop Auckland) (Lab): Peter Mandelson should never have been appointed, and I look forward to the day that we can remove him as a peer. Even now, he makes a mockery of this process by not releasing his messages. Is there anything that the Government can do to compel Peter Mandelson to provide the information that this House seeks?

Darren Jones: I am afraid the Government have powers to compel disclosure from Government employees, Ministers and special advisers, but do not have powers to compel disclosure from third parties outside our employment. However, the Metropolitan police will be conducting a criminal investigation, and I am sure there will be disclosure through the court process, should a case be put forward by the Crown Prosecution Service in due course.

Sir John Whittingdale (Maldon) (Con): Further to the question from my right hon. Friend the Member for New Forest East (Sir Julian Lewis), we have seen in the first tranche the box note that was sent from the Prime Minister's private office to the Prime Minister setting out the issues and asking whether Peter Mandelson should be appointed, but that piece of paper bears no comment. When I asked the permanent secretary at the Cabinet Office about this, she said that she would have expected there to be a record of the Prime Minister having written a comment or held a meeting to discuss it. There is apparently no record of either. Is the Minister saying that it does not exist, and if it does not, why not?

Darren Jones: The communication of the Prime Minister's decision does exist in the first tranche, where his principal private secretary drafted a letter communicating the Prime Minister's decision to the relevant stakeholders.

Liz Saville Roberts (Dwyfor Meirionnydd) (PC): All of us have a significant amount of reading to do to fully understand how the good friend of a convicted sex offender was rewarded with a top job, but it remains obvious that Epstein's victims simply were not on the radar of the boys' club in control at No. 10. The Minister can come to his place again and again and again, but how does he justify the culture that was in power at the time?

Darren Jones: I gently point out that No. 10 is not occupied solely by men; there are very senior women who work in the Labour party and the Labour Government. In relation to the sentiment of the right hon. Lady's question, which I agree with, it is important that we have a diversity of views and a diversity of inputs into the decision-making process, regardless of whether decision makers are in Government, business or elsewhere.

Sir Gavin Williamson (Stone, Great Wyrley and Penkridge) (Con): Can the Minister confirm that the Prime Minister has not deleted any of the messages that he received electronically on any personal or Government devices in relation to Peter Mandelson?

Darren Jones: All of the Prime Minister's messages have been disclosed in the bundle, in the same way as those of every other Minister.

Jeremy Corbyn (Islington North) (Ind): May I take the Minister back to the answer given to the hon. Member for York Central (Rachael Maskell) earlier? Palantir is a very big and very dangerous outfit. The Government are developing a close relationship with Palantir—platforming and so on. Could the Minister assure the House that everything to do with Palantir will now be paused until we can get to the heart of the matter of how it first became embroiled in Government contracts, how it gained them and what its influence over this Government is, particularly via Peter Mandelson?

Darren Jones: I slightly challenge the assumption that the Government are developing a "close relationship" with Palantir. As far as I am aware, that is not true. I think Palantir has been awarded two or so contracts for Government services, and it continues to bid for services. In line with our procurement policy, it is for Departments to decide whom they give contracts to, but the right hon. Gentleman is right: there are a whole range of issues that, in line with procurement policy, Ministers and officials will need to consider, including the protection of people's personal data, the conduct of companies, and their ability to deliver public services in line with our values.

Lincoln Jopp (Spelthorne) (Con): I thank the Minister for his statement. The media are going to have a frenzy over the tittle-tattle of all this stuff during the next three days, but to my mind the whole Mandelson affair represents a very serious breach of national security. Can the Minister reassure me and the House that the Foreign Office and the security services are turning over with a fine-toothed comb every minute of Lord Mandelson's time as ambassador to make sure his actions in that office were in the national interest?

Darren Jones: I can confirm, as I think I have from the Dispatch Box before, that officials are conducting that review of documentation. We are also making sure, through the review conducted by Sir Adrian Fulford, that we avoid these situations happening in the future, in particular with Departments having the right not to take the recommendation of UK Security Vetting when appointing people to developed vetting status.

Josh Babarinde (Eastbourne) (LD): I was staggered to find in the 1,500 pages published today that the victims and survivors of Jeffrey Epstein's crimes are not referred to in any of the documents dated before Peter Mandelson's appointment. The only reference to Epstein's victims is an email sent after Mandelson was sacked. Victims and survivors should never be an afterthought, and they clearly were in this case. How will the Government ensure that the trauma of Epstein's victims and survivors is never betrayed again?

Darren Jones: I would first say to the hon. Member that the disclosure of information from Bloomberg and subsequently from the United States Department of Justice showed a depth and extent of relationship between Peter Mandelson and Jeffrey Epstein that nobody was aware of—nobody was aware of that until that information became public—but that does not excuse the point he makes in his question. He is right that, as I have said at the start of every statement from the Dispatch Box on this issue, while we debate all these procedural issues about WhatsApp, security vetting or who was given a job on what basis, at the heart of this are the most atrocious crimes—unimaginable to all of us—by Jeffrey Epstein in relation to many young women and girls. We know that this is not just confined to Jeffrey Epstein; sadly, violence against women and girls is a more widespread issue. The Government are working hard in trying to tackle that issue, in line with our commitment to halve it over the course of this Parliament.

Wendy Morton (Aldridge-Brownhills) (Con): The central figure in this entire saga is someone who enjoyed a cosy relationship with Ministers at the heart of this Government, yet he has refused to hand over his mobile phone and Ministers, many of whom he had as close friends, seem simply to have accepted that refusal. Does the Minister really expect this House to believe that full transparency has been achieved when Mandelson continues to be able to pick and choose what evidence he allows us to see?

Darren Jones: I share the right hon. Lady's sentiment, but the Government do not have the legal power to require the disclosure of Peter Mandelson's device. As I have said in earlier statements, other powers are available—for example, to the Metropolitan police and others, should the CPS proceed to put a criminal investigation before the courts—so that may become clearer in the future. However, the Government have done everything we can to ensure we have provided full disclosure in compliance with the Humble Address.

Dr Luke Evans (Hinckley and Bosworth) (Con): On page 243 of volume II part III, the Minister's predecessor, talking about Labour MPs, states:

"Every meeting I have is 'who can we tax in order to pay benefits to others'."

Is that the same experience the Minister is having in every meeting he has?

Darren Jones: No.

Jim Shannon (Strangford) (DUP): The Chief Secretary to the Prime Minister is obviously well liked by me and this House, and we appreciate his honesty in his answers, although they may not have all the information we are seeking. I very gently remind him that the general public view these continued delays as obstructive. The Government's goal must be to show that no one is beyond scrutiny and accountability, and any further delays or redactions will not help to reach that goal. Will he undertake to ensure that these delays end, the material is released and the general public are assured that we are all accountable for our mistakes and hat these lessons have to be and must be learned?

Darren Jones: I thank the hon. Gentleman for his question. He knows, because I have said it repeatedly at the Dispatch Box, that I take very seriously the role of Parliament holding the Government to account, in particular, as a former Select Committee Chair, the role of Select Committees as well as the statements and questions we make and answer on the Floor of the House. That is why I have gone to lengths to ensure that the Intelligence and Security Committee, the Public Administration and Constitutional Affairs Committee, and the Foreign Affairs Committee—the lead Committees on this—have been given as full and as transparent access to the process and the documents as I have been able to make available, and why I have secured additional time for Members to be able to ask further questions on Wednesday.

Charlie Dewhirst (Bridlington and The Wolds) (Con): On pages 115-116 in volume II, part I of the documents released today, there is an email from Olly Robbins dated 16 September 2025 in which he writes to another senior civil servant in Downing Street saying that he has still not yet seen "potentially crucial documents" in relation to the appointment of Peter Mandelson. That date is important: it is the same day that Chris Wormald, the former Cabinet Secretary, wrote to the Prime Minister saying that all "appropriate processes" had been followed in appointing Peter Mandelson. Can those two things be true? Can appropriate processes have been followed if Mr Robbins himself had not seen these "potentially crucial documents"?

Darren Jones: That is an important question, Mr Speaker, but a question I am unable to answer given I was not privy to those discussions at the time. Maybe if other Select Committees are able to ask questions in the future, they might put that to the relevant people.

Equality Act 2010: Code of Practice

4.41 pm

The Minister for Equalities (Seema Malhotra): With permission, I would like to make a statement on the draft Equality Act 2010 code of practice for services, public functions and associations.

The Equality and Human Rights Commission is the independent equality regulator, and it ensures compliance with the Equality Act 2010. Its code of practice covers all nine protected characteristics and the steps service providers should take to comply with the law. On receipt of the draft code from the EHRC in September, we consulted the devolved Governments in Wales and Scotland, per the process set out in the Equality Act 2006. The EHRC sent the Government an updated draft code in April, following engagement and further legal analysis, ensuring it is robust and accessible with clear explanations. The Minister for Women and Equalities updated Parliament in April, with the Government committed to laying the code in May following restrictions during the pre-election period. My right hon. Friend honoured that commitment on 21 May.

The EHRC has worked hard to produce a code that works for everyone. Following the laying of the draft code, there is now a 40-day period, not including the recess, that allows for parliamentary scrutiny, as set out in the Equality Act 2006. If neither House disapproves the draft in this period, the Minister can then revoke the 2011 code by regulations and then bring the new code into force by a commencement order.

Today, I want to update the House on the contents of the code, in particular what has changed between this draft code and the 2011 version. The updates are primarily where there have been legislative changes, developments in case law, a change or clarification of terminology, or new guidance issued since the original code was published in 2011. The most substantial changes relate to the ruling by the Supreme Court in the case of For Women Scotland Ltd *v.* The Scottish Ministers handed down on 16 April 2025. The judgment set out that sex means biological sex for the purposes of the Equality Act 2010, and that trans people are still protected by the Act. In its judgment, the Supreme Court also warned against reading the judgment

"as a triumph of one or more groups in our society at the expense of another".

That is why this Government will always treat these issues sensitively and will refuse to use any group as a political football.

The Government have been clear that we will protect single-sex spaces based on biological sex where they are needed, such as women's refuges. We have also been clear that everyone, including trans people, should have the right to access the services they need in a way that is respectful, protects dignity and privacy, and ensures adequate provision. Changes primarily relate to the provision of sex-based services, when it is lawful to limit access to services and associations based on sex and gender reassignment, implications for competitive sport, and asking about someone's sex.

For duty bearers, the draft code provides further clarity on how service providers can follow the Supreme Court ruling in practice. Although it cannot cover every single scenario, the EHRC has provided key explanations and worked examples, meaning that there is something that every organisation can take from it and apply in their own context with common sense. If a service provider still is not sure, perhaps because of a quite specific circumstance, they should take legal advice.

For clarity, the draft code indicates that a single-sex service should be provided on the basis of biological sex, so a women-only service should be for biological women only.

Service providers should find that the code provides certainty and clarity on who can access single-sex services and how they can best ensure women's privacy, dignity and safety.

The code encourages services to communicate their policy on single-sex provision clearly, empowering women to make informed choices when accessing services. This could be especially useful for those women who, for feelings of safety or cultural or religious reasons, are unable to share some spaces with men. The draft code is also clear that trans people should not be left without services to use. Providers could provide mixed-sex facilities or specific support for trans people. We believe service providers will be able to find the right balance for everyone.

Members have raised accessing toilet facilities. The code indicates that toilets designated as male or female should be for those of that biological sex. Trans people can use accessible toilets, individual lockable toilets or unisex toilets. The draft code reflects that there should be—must be—toilet services for all, and many businesses and service providers will already meet those requirements. For example, a small café might have only one or two individual locked toilets for use by all customers. The draft code provides practical guidance on different ways to comply with the law. Some organisations will not need to make any changes at all and for those that do, in the majority of cases, we are talking about changing signs on existing facilities or updating them so that they are fully enclosed.

What the code does not provide is the right for members of the public to challenge one another on their sex and access to those spaces. People have been using single-sex spaces with a sensible and respectful attitude to other users for years and will continue to do so. Most people have the common sense to step in when necessary, when a person of the opposite biological sex enters a single-sex facility in error, for example, or to know when to alert a member of staff. The draft code provides clarity to service providers to ensure that people have access to services that are private and safe.

I am aware that some have also raised concerns over the code's content regarding special category personal data. The code states that where an individual is asked to confirm their sex, that should be done sensitively and with respect for their privacy. The draft code explains that information about sex is likely to constitute special category personal data, where, for example, asking about sex may lead to the disclosure of someone's medical history or the fact that they have a gender recognition certificate. The code advises providers to handle such conversations appropriately. We will work with the EHRC to ensure that service providers understand what is required of them when handling data.

There is also an interest in associations. If an association is for "women only", the draft code indicates that that should be on the basis of biological sex. The draft

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code's section on associations based on more than one protected characteristic means that an association that wants to be trans-inclusive can do so by basing its membership on both sex and gender reassignment.

There are also changes to disability, maternity and pregnancy protections. The draft code highlights protections for disabled people in the Equality Act that expand on what was included in the previous code, such as non-discrimination in relation to access to services. This will be the first time they are recognised and explained in the code. This is an important step for disabled people's rights.

For pregnant and breastfeeding women, the updated code highlights that harassment relating to breastfeeding may also constitute unlawful harassment on the grounds of sex, confirming that women are protected. The code also highlights that while the protected characteristic of pregnancy and maternity is not covered directly under the harassment protections in the Act, it is indirectly covered, as such harassment amounts to harassment related to sex.

We note the wider interest in the implementation of the For Women Scotland judgment and the draft code across Government. We are committed to doing this and are working across Departments, considering the implications of the code on policies and activities.

The Equality Act is one of the most significant achievements in modern British history which was enacted by the previous Labour Government. It is the quiet guardian in millions of people's daily lives. This Government will uphold and protect it, not weaken it. We are grateful to the EHRC for its work on the draft code to ensure that duty bearers and service users have up-to-date guidance on the Equality Act. We will always uphold our British values of treating everyone with dignity and respect. I commend this statement to the House.

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

4.52 pm

Mims Davies (East Grinstead and Uckfield) (Con): I thank the Minister for advance sight of the statement.

It is understood that the Secretary of State first received the draft code of practice in September last year, nine months ago—nine months in which the law has been clear, the Supreme Court had ruled, and women, girls, public bodies and businesses across the country have been waiting for the Government to act. What did the Government do when they received it? Instead of action, we saw delay after delay from a Government reluctant to face their own Back Benchers and protect vulnerable women and girls.

First, the Secretary of State claimed that she needed impact assessments; then she said that consultation with devolved Governments was required, despite this being a reserved matter; after that it was purdah; and finally, having exhausted every excuse, she chose to lay the code of practice before the House on the very last day before the Whitsun parliamentary recess, seemingly actively minimising scrutiny. That is not acceptable. It is also telling that the Secretary of State has sadly not even come to the House herself to account for these decisions—it seems the lure of Makerfield is too great.

The Secretary of State previously told the House that she requested only minor changes to the EHRC's draft. If that is the case, I ask the Minister, in the Secretary of State's absence, why it took eight months to request them. The statement talks about engagement—in the interests of transparency, who was that with? My right hon. Friend the Member for East Surrey (Claire Coutinho) and I have written to the chair of the EHRC asking for clarity on what changes were made. Under the Equality Act 2006, the Secretary of State must provide written reasons for rejecting the original draft. As changes plainly have been made, will the Minister commit to publishing the detail on what has changed and why?

The code of practice is right to emphasise the importance of protecting single-sex spaces and services for women, but the law has been settled since the Supreme Court judgment over a year ago. Sex means biological sex, and yet the Secretary of State has failed to enforce that ruling and women have faced ongoing harassment and discrimination for stating that basic fact. We have seen cases such as the Darlington nurses, who were hounded out of their roles or drawn into lengthy tribunal processes for asserting their legal right not to share changing rooms with men. The Government have done nothing to protect them. What does the Secretary of State and the Minister say to those many women whose privacy, safety and dignity have been compromised during these nine months of inaction? Why did the Secretary of State fail to get a grip on her own Government when Department after Department claimed that they could not update their policies while awaiting the code?

The Minister said in her statement: "We are committed to doing this and are working across Departments, considering the implications of the code to policies and activities." Is that why, more than a year after the Supreme Court ruling, the NHS still has not updated its policy on single-sex spaces for staff? Perhaps following the new Health Secretary's recent remarks there may be greater clarity in the wider Labour Government about what a woman is, but this revisionist mindset about Labour's supposed long-term support for single-sex spaces will frankly be fresh news to the hon. Member for Canterbury (Rosie Duffield). Will the Minister set out the steps that all Departments will now take to comply with the code, and will they all do so without further delay?

In the meantime, some have sought actively to misrepresent this issue as an attack on trans people. It is not. It is simply about applying the law correctly while safeguarding women and girls. I think the Green party's deputy leaders' inflammatory rhetoric is reprehensible and unhelpful, especially at the start of Pride Month. Not to be outdone, we are witnessing peak Lib Dem-ery, with the party leader claiming to accept the Supreme Court's judgment while opposing the guidance that flows from it. As has rightly been said, that position is unprincipled. Only the Liberal Democrats can claim to support the rule of law while rejecting the practical application of it.

This code of practice is welcome. As the Minister said, it covers a broad range of areas including age, disability, pregnancy and maternity, race and so much more, but, disgracefully, it has landed nine months overdue—and helpfully after local elections in which we women voted. During that time, women have paid the price of inaction. Now that the code has finally been published, women

and girls need proper action—not hiding away, not further delay and not more excuses. We need the immediate enforcement of the rights that women and girls are entitled to under the law of this land.

Seema Malhotra: I thank the hon. Lady for her response and questions. Let me say up front that we take this issue incredibly seriously. Services and associations need to operate in compliance with the law, and we want to support them. The issue is not a political football for us; nor should it be for any Member of this House. We are focused on the practical—treating everyone with compassion, dignity and respect—and we should never fan the flames or seek to grab headlines. We will support services to operate and provide single-sex spaces where needed and ensure that trans people have access to all the services to support their needs, too.

The hon. Lady accused the Government of delay but, as a shadow Equalities Minister, she will know that there is a process that has to be followed. In line with that process, as outlined in the Equality Act 2006, we consulted the devolved Administrations; we worked across Government on the myriad services that we provide, or support others to provide; and we conducted an analysis of the code and its impact. The EHRC made some changes following its engagement and consultation. We were told by the Cabinet Office's permanent secretary that we could not lay the code during the pre-election period. We have now laid the draft.

The hon. Lady said that in laying the draft in May, before the parliamentary recess, as my right hon. Friend committed to do, we were somehow seeking to delay scrutiny. It may help to clarify that upon laying the draft there is a 40-day period that allows for parliamentary scrutiny, and that excludes the recess. There is sufficient time for adequate scrutiny, and I am sure that the House will give the matter its attention.

In relation to guidance for the NHS, it is helpful for the House to know that NHS England is currently reviewing its guidance and will ensure that it reflects the Supreme Court ruling in the For Women Scotland *v.* The Scottish Ministers case. It will also take account of the Equality and Human Rights Commission's statutory code of practice.

It is important to note that although the code does not directly apply to employers, its explanation of the Equality Act 2010—particularly around unlawful discrimination and harassment—will be relevant to and helpful for employers in considering how best to comply with their obligations under that legislation. The EHRC has a separate employment code of practice, which it also intends to update in the future.

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

Sarah Owen (Luton North) (Lab): I really wish that there was a better beginning to Pride Month than what we are discussing. Although the code is marginally different from its draft, it is still a trans-exclusionary one at its core, and unfortunately not inclusive. Moves like this from the EHRC and the Government have seen the UK slip from third in 2019 to 22nd in the European rankings for LGBT+ people to live and feel safe. Does the Minister share my concern that the new code of practice will only further the UK's now hostile environment for trans people and not calm it? How will she act to stop the erosion of LGBT+ rights in this country?

Seema Malhotra: I thank my hon. Friend for her question. She will know that making sure that we can support women and their rights, alongside treating trans people with dignity, must be the priority for all of us. That is what we are aiming to achieve. That is why it is important that we have the draft code now available for scrutiny. We will continue to ensure that we provide single-sex spaces where needed, and also ensure that trans people have access to services to support their needs, in an environment of dignity and respect for all.

Madam Deputy Speaker: I call the Liberal Democrat spokesperson.

Marie Goldman (Chelmsford) (LD): I thank the Minister for advance sight of her statement. After the Supreme Court's ruling last year, the Government's job was to give people, businesses and organisations clear, workable guidance. The code is instead unworkable, exclusionary and expensive for businesses. As the Minister knows, the Government must ensure that they meet the legal obligations placed on them by the public sector equality duty. That requires the Minister to have due regard to the need to eliminate unlawful discrimination, harassment, victimisation and any other conduct, to advance equality of opportunity between people who share a protected characteristic and people who do not, and to foster good relations between people who share a protected characteristic and people who do not.

Yet the Government's own equality impact assessment identifies disproportionate harm to those with protected characteristics, and a failure to set out how that harm will be addressed. Can the Minister really say, hand on heart, that she believes the guidance does that? The impact assessment notes how the guidance will likely impact women who are not trans, yet do not meet cultural and social expectations around what a woman should look like. There have already been stories of women with mastectomies being challenged when accessing women-only spaces because they do not look like women. Has the Minister truly considered that?

For trans, non-binary and intersex people, the code operates from a position of exclusion. It risks driving those small minorities away from public life, as leading mental health charities have since warned. The guidance conflicts with our core British values of tolerance, decency, respect for individual liberty and the rule of law. That is why I urge the Minister to withdraw it and to accept that this issue needs to be resolved by Parliament as law makers. To achieve that, I beg the Minister to adopt the Liberal Democrat proposal to appoint a joint committee of cross-party MPs and peers, to conduct post-legislative scrutiny of the Gender Recognition Act 2004 and the Equality Act 2010, taking evidence from all communities who have been impacted, in order to propose amendments or new legislation that it sees as necessary to ensure that existing rights are protected. If we work together we can fix this; sowing division will not.

Seema Malhotra: I thank the hon. Lady for her comments and question. I again highlight how the draft code does provide further clarity on how service providers can follow the Supreme Court ruling in practice, and we can ensure that we both protect single-sex spaces and

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have services and support for trans people. It is important to recognise that although it cannot cover every scenario, the EHRC has provided key explanations and worked examples, also based on wide consultation, that every organisation can take and apply in its own context with common sense. If a service provider is not sure, it can and should take legal advice.

I also want to mention the burden on business. The EHRC expects that for most aspects of the draft code, businesses will already be compliant, and for some businesses there will be no cost at all. For example, a small café might have one individual lockable toilet for use by all customers, and it would not need to change anything. It may be helpful for the House to know that the EHRC will be running a session to answer questions from Members of Parliament later this week, and there may be some matters that the hon. Lady wishes to raise directly.

Nadia Whittome (Nottingham East) (Lab): The EHRC code of practice fails everyone. It effectively pushes trans people out of public life, it subjects all women to gender policing based on stereotypes, and it does not provide clarity to organisations that want to be trans-inclusive. For example, a charity that wants to put on a women's coffee morning that is open to the public cannot, according to the guidance, be trans inclusive without being open to the whole public. The Government's equality impact assessment warns of the disproportionate risk of violence and sexual assault towards trans women if they are forced to use men's services, as well as the increased harassment of anyone who does not conform to gender stereotypes. Why are the Government pushing ahead with this? Why not instead withdraw the guidance, and legislate to clarify that the Equality Act 2010 was always intended to be trans inclusive? For goodness' sake, it was passed after the last Labour Government passed the Gender Recognition Act in 2004.

Seema Malhotra: The Government are proud of the Equality Act, and we will always protect and uphold it. I want to pick up on my hon. Friend's question about associations, because it is clear in the draft code that if an association is, and describes itself as, for women only, the draft code indicates that that should be on the basis of biological sex. However, if an association wants to be trans-inclusive, it does not say that its services need to be open to absolutely everybody. The draft code's section on associations based on more than one protected characteristic means that they can do so by choosing their membership by both sex and gender reassignment. It is important that we continue to ensure that that is as clear as possible.

Rebecca Paul (Reigate) (Con): This is definitely better late than never, and after listening to the Lib Dem spokesperson—I cannot believe I am going to say this—I am actually grateful that we have a Labour Government and not a Lib Dem Government, because what the Lib Dems have just said is absolutely shocking. They do not respect the rule of law at all. On that note, I am going to ask a technical question. Did the Secretary of State formally reject the draft code of practice, as submitted by the EHRC in September 2025? If so, please can the Minister provide us with a copy of the written reasons given, as per section 14 of the Equality Act 2006?

Seema Malhotra: I have shared the process that we have been through, which is in line with the process outlined in the Equality Act 2006. It is important to note that, in line with that process, we have seen the consultation with the devolved Administrations; that work has also been done by the EHRC; and the Secretary of State has now laid the draft code before the House, as she committed to do.

Dame Meg Hillier (Hackney South and Shoreditch) (Lab/Co-op): I wonder whether the Minister could clarify this specific point. If a single-sex organisation wanted to open its doors to trans people, would that be to all trans people, or could a women's organisation, for example, open its doors or membership to trans women exclusively?

Seema Malhotra: I know that my hon. Friend would not expect me to comment on individual cases. It is important to note that there is guidance in the draft code, with worked examples, and if an organisation is unsure, it will be important for it to be able to consult that guidance and to take legal advice, should it so wish, but there is also experience and common sense involved in this, as well as the application of the draft code with its examples that I think will provide answers to all organisations as to how they should proceed with the services they provide.

Tom Gordon (Harrogate and Knaresborough) (LD): I am really appalled, frankly, with the response from the official Opposition. Just a few Prime Ministers ago, Theresa May said:

"Indeed when it comes to rights and protections for trans people, there is still a long way to go."

Well, how far the Tory party has fallen from those words. As a member of the Joint Committee on Human Rights, I attended the evidence session when we interviewed the new chair of the EHRC, and for the Minister to say that that was an independent process when the Government rammed it through despite cross-party consensus that the new chair was not fit for the role is, quite frankly, surprising. I also want to pick up on the fact that the Minister said that we should "treat these issues sensitively". Today is the start of Pride Month. To do this today, of all days, is not just a kick in the teeth but a slap in the face for LGBT people across this country. I want to know what the Minister would say to my constituents who have told me how they have been challenged in toilets because they live their lives as trans people already, before this guidance was put forward. Why does she think this will make it any better? What basis does she have for that suggestion?

Seema Malhotra: The hon. Member will be aware that people have operated in society with respect for each other in relation to single-sex spaces for a long time, and that will continue to be the case. It is important to note that access to a toilet should be very clear, and to recognise the Supreme Court ruling in relation to toilets: toilets that are designated as male or female should be for those of that biological sex. However, facilities can be provided in other ways, and a large number of organisations across the country already do so, whether by providing unisex toilets or individual lockable toilets. That means that those facilities are accessible by anybody.

Rachael Maskell (York Central) (Lab/Co-op): I have listened very carefully to my constituents who identify as trans. One thing that is very clear is from the EHRC guidance is that it will cost organisations a significant amount to put on additional services and facilities if they are to become inclusive organisations. What discussions have taken place with the Treasury to ensure that organisations are supported to build an inclusive society?

Seema Malhotra: I reiterate what the EHRC has said: it expects that businesses will already be compliant with most aspects of the draft code. My hon. Friend may also be referring to Government services. We are committed to making sure that the Government estate is 100% compliant with the requirements of the Equality Act and in line with the EHRC guidance.

Dr Luke Evans (Hinckley and Bosworth) (Con): I am going to try to get some clarity, because my hon. Friend the Member for East Grinstead and Uckfield (Mims Davies) asked when there will be written explanations of the draft changes, as did my hon. Friend the Member for Reigate (Rebecca Paul). In both answers, the Minister talked about process. Well, process dictates that there should be written answers, so when will we see them in this House?

Seema Malhotra: I am aware that the shadow Secretary of State has written to the EHRC, and I am sure that the EHRC will be engaging directly in relation to those specific questions.

Ms Stella Creasy (Walthamstow) (Lab/Co-op): What this place does best is scrutiny. That is why it is so problematic that this legislation is coming forward in a draft form as a negative statutory instrument. This guidance falls apart on hard contact with the real world. I will quote back to the Minister something that she just said in her statement, because businesses in my local community, which just want to be cafés or restaurants, will be troubled by it. She said that the guidance

"does not provide…the right for members of the public to challenge one another on their sex and access to those spaces",

but she also said that

"where an individual is asked to confirm their sex, this should be done sensitively".

Most businesses will be deeply confused as to whether somebody can be challenged, and frankly they do not want fights between their customers. Does the Minister accept that, to prevent being people's gender being judged by their appearance—which we know will harm many more people than, I suspect, even those people who wish to see harm through this guidance would like—the safest option for most businesses will be getting rid of women's toilets altogether? Will that not be an inevitable consequence of this guidance?

Seema Malhotra: It will be for organisations to make decisions about how they comply with the law, and different organisations will choose different ways of doing so. In the majority of cases, we are talking about changing signs on existing facilities or updating them so they may be fully enclosed. As I mentioned before, the code does not provide the right for members of the public to challenge one another on their sex or access to those spaces, but most people will have the common sense to step in where necessary or, if they are concerned, to alert a member of staff.

Christine Jardine (Edinburgh West) (LD): I would also like to refer the Minister to her own words. She described the Equality Act as

"one of the most significant achievements in modern British history".

I think we would all agree with that, but she then went on to describe it as the

"quiet guardian in millions of people's daily lives"

and said that

"This Government will uphold and protect it, not weaken it".

She will look very hard before she finds a member of the LGBTQ community in this country who believes that. Regardless of what the hon. Member for Reigate (Rebecca Paul) might think, I fully respect the Supreme Court's judgment, but I believe the Supreme Court judged on the letter of the law, not on the spirit of that historic achievement that the Minister described. In order to reflect the spirit of that, do we not now need to look carefully at the Equality Act and the Gender Recognition Act 2004 and ensure that all people in this country—including women and the LGBT community, because their rights are not mutually exclusive—get the protection that was envisaged in that law, in both its letter and spirit?

Seema Malhotra: I thank the hon. Lady for her question. I do want, however, to challenge her on some of what she said. It is important to recognise and reassure trans people that there are still protections in the Equality Act via the gender reassignment protected characteristic, and this includes direct and indirect discrimination. It is also important to note and not to take for granted the choices that we make in government; they are active choices to pursue and support people's rights. The Government have also recently updated hate crime legislation to make hate crimes against LGBT people an aggravated offence. We will also shortly bring forward legislation for a trans-inclusive conversion practice ban to end that abusive practice. It is important not to say that we are not supportive of trans rights and LGBT+ rights. We must recognise the progress we are making where we can, the complexity of the debate we are having today, and the importance of ensuring that, in complying with the law, we are supporting women and single-sex spaces alongside treating trans people with respect and dignity.

Dr Scott Arthur (Edinburgh South West) (Lab): I thank the Minister for her statement and her attempts to present it in quite an even and fair way, because this debate is already far too toxic. She will acknowledge, however, that the guidance will change the lives of many people, particularly those who have been living as trans for many years. She is right that we should protect the rights of women and trans people, but I am keen to understand what that means for those delivering single-sex services that only have very limited space—no space to create that third space. What do they do? If they are a charity, where do they find funding to make that happen?

Seema Malhotra: My hon. Friend will find that similar scenarios are shared in some of the guidance and the worked examples. For the vast majority of organisations, the changes may actually be very small. As organisations seek to comply with the guidance and the law, it is important to recognise that if there are changes to be

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made, as I said, in the vast majority of cases, they will be very small, and that they can take advice should they be unsure.

Charlie Dewhirst (Bridlington and The Wolds) (Con): It has been over a year since the verdict, so what is the Minister doing to persuade non-compliant public sector bodies, like the NHS, to implement the Supreme Court ruling at the earliest possible opportunity?

Seema Malhotra: The hon. Gentleman may not have heard me reference the work that the NHS is doing. It is important that it is able to continue that work and that we ensure that other Government Departments still working through the implications are able to do so and bring forward their policies.

Dr Rupa Huq (Ealing Central and Acton) (Lab): I cannot be the only Member to have had dozens of emails from constituents who are dismayed that, under this guidance, the vague, ill-defined and highly subjective term "discomfort of service users" becomes the litmus test for excluding people from essential services. I heard what the Minister said about associations, but can we be clear whether public spaces will still be able to provide trans-inclusive services? If that is not the case, I feel that this guidance is simply unreasonable, unfair and unworkable.

Seema Malhotra: My hon. Friend is right; it is extremely important that as we take forward the draft code and its implications, and as we look to how we ensure compliance with the law, we do support women and their rights to single-sex services and spaces, but that we do so while ensuring that we are meeting the needs of trans people too. That is incumbent on all of us in this House.

Pete Wishart (Perth and Kinross-shire) (SNP): At the beginning of Pride Month, a number of trans people will be unsettled and anxious about the contents of the statement today; they will be wondering how on earth they will safely access public services. Not only have we fallen to No. 22 in the rainbow index, but we are now 45th out of 49 European nations for the service of transgender people across Europe. Can the Minister give us any explanation for why we have fallen so low? What impact does she expect this code of practice to have on those league table positions?

Seema Malhotra: I always thank the hon. Gentleman for his questions. This draft code has more worked examples and it has seen consultation. He is able to speak directly with the EHRC about the way in which it has consulted and brought forward the draft code. As I have said, it is incredibly important that we have a balance, so that we are protecting single-sex spaces for women—and that should not be in conflict with ensuring that trans people continue to be protected from harassment and discrimination. I want to reiterate that the Supreme Court warned

"against reading this judgement as a triumph of one or more groups in our society at the expense of another".

It is important to get this right for everyone.

Cat Eccles (Stourbridge) (Lab): The proposed code of practice represents a major and worrying change in how equality law may operate in practice for trans people and service providers. A number of LGBTQ+ charities and equality organisations have warned that the guidance risks legitimising exclusion and increasing harassment of both trans people and gender non-conforming cis people. A number of my constituents across Stourbridge have contacted me because they are deeply concerned by the proposed changes. Will the Minister confirm whether this House will have the opportunity to debate and to vote on the final code of practice before anything comes into force?

Seema Malhotra: We are certainly having some of that debate today, and it will certainly be possible for hon. Members to bring forward questions and raise matters in the usual way. My hon. Friend may well wish to raise issues and discuss them directly with the EHRC when it has its meeting for Members of Parliament, and I am sure she will continue to raise these matters in the House in the usual ways.

Layla Moran (Oxford West and Abingdon) (LD): Oxford is proud to have the highest proportion of trans and non-binary people of any area outside London, so it was with sadness that I received an email from a constituent, Jennie, who already accompanies their spouse, who is trans, to the toilet, because she is so worried for their safety. Last year, 3,800 hate crimes were reported against trans people, and the worry in the community is that things will only get worse, not better, as a result of this guidance. This weekend is Oxford Pride, and the Liberal Democrats and I will stand proudly with our trans and non-binary neighbours.

My question to the Minister is simple: what if she is wrong? What if her assurance that this decision will protect trans and non-binary rights does not come to pass and the situation gets worse? Is she open to working with others across this House to fix this issue, or is this a done deal?

Seema Malhotra: The hon. Lady has great experience in this House, and she will know about the processes of engagement. She will also know about the consultation and the engagement that the EHRC has had in the development of the guidance and the fact that there were two periods of consultation last year. She may well wish to raise some matters with the EHRC directly, but it is important to recognise that we must respond to the ruling from the Supreme Court. It is also important to recognise that in upholding the law as it is in the Equality Act, we have a responsibility both to protect single-sex spaces and to ensure that the rights of trans people are respected and their services and needs are supported. I am sure that the hon. Lady will continue to raise those concerns.

Alex Sobel (Leeds Central and Headingley) (Lab/Co-op): As a member of the Joint Committee on Human Rights, I have concerns that human rights that have long applied to trans people since the Gender Recognition Act 2004 will no longer apply. I am afraid that that will be the case more broadly than in the areas that the Minister mentioned in her statement. When read together, paragraphs 2.5 and 2.92 of the code imply that a transgender person and a cisgender person who are in a relationship can no longer enjoy the rights that they

have enjoyed since the introduction of the Act—for instance, in terms of their relationship being respected, registered and recognised by the law. Has there been a human rights analysis of the EHRC guidance? The right to family life appears to be under threat from it.

Seema Malhotra: I suggest that my hon. Friend raises that matter with the EHRC. I am not sure that I completely agree with his conclusions, but I am very happy to meet with him and discuss the matter further.

Liz Saville Roberts (Dwyfor Meirionnydd) (PC): As we begin Pride Month, I reiterate my party's solidarity with trans people, who are valued members of our communities in Wales and deserve continued protection from harassment and discrimination. We will uphold the rule of law through the Welsh Government, but as we have heard on numerous occasions today, in this guidance it appears that there is a lack of clear, workable guidance for services supporting transgender people, which is causing huge concerns. The Minister has mentioned consultation with devolved Governments, but what assurance can she give me that the UK Government will work with the Welsh Government to support inclusive services?

Seema Malhotra: The right hon. Lady will agree with me when I say that transgender people are valued members of all our communities across the whole country. I am happy to assure her that we will continue to engage with our devolved Administrations in Wales and Scotland. Engagement is an important part of how we move forward on all issues.

Janet Daby (Lewisham East) (Lab): I am being contacted by so many transgender constituents, who say to me that the EHRC guidance is in conflict with the Equality Act. They feel that the guidance is absolutely making things worse for transgender people, who feel further stigmatised and isolated. What would the Minister say to my constituents regarding how they feel?

Seema Malhotra: I think we all want to ensure that trans people across the country feel supported. As we move forward on how the draft code provides guidance, with the worked examples and the extensive consultation that has gone on, I hope we will see progress in how we strike the balance we need between supporting women and their rights and treating trans people with dignity. It is important that we continue to deal with this topic sensitively and with respect, and to make sure we engage as we move forward.

Josh Babarinde (Eastbourne) (LD): I pay tribute to Bourne Out LGBT and Bourne This Way in Eastbourne, which do great work to advance the rights of LGBT folks locally. I also pay tribute to LGBT+ Lib Dems and Liberal Democrat Women, which do great work within my party to advance equality, unlike this code of practice, which is unworkable for all, immoral for all and undermines equality for all. The Government's own equality impact assessment has said of the draft code that

> "Women who are considered masculine may face greater scrutiny about their sex as a result of the changes. This will likely have a negative impact on this group".

In what way does this enhance the privacy, dignity and safety of women?

Seema Malhotra: The draft code is there to provide further clarity on how service providers can follow the Supreme Court ruling in practice. It cannot cover every scenario, but with the worked examples, there is something that every organisation can take and apply, in its own context and with common sense. It is also important that if a service provider is still unsure, it can take legal advice, but in addition, there will be an expectation that organisations are able to undertake training for their staff so that if there is any concern, there is a process to deal with any issue sensitively.

Steve Race (Exeter) (Lab): I have concerns about the code and its implementation, although these largely stem from the Supreme Court judgment and its seeming disregard for the Gender Recognition Act. While we are operating within the law as set by the Supreme Court, we should also recognise the anxiety and trauma that the judgment has caused many people in our communities, including mine in Exeter. Does the Minister agree that the onus is on duty bearers to be inclusive and transparent when it comes to services and organisations, given that gender reassignment is a protected characteristic, and can she provide a bit more clarity on her answer to my hon. Friend the Member for Walthamstow (Ms Creasy)? Does someone have the right to challenge someone in a service or an area such as a single-sex toilet, or do they not? If they do have that right, how might someone prove their biological sex, especially if they have a gender recognition certificate?

Seema Malhotra: It is important to clarify that we continue to have engagement, and my hon. Friend may want to raise some of those matters with the EHRC. What we have said about challenging is that, prior to this debate, people have been able to sensitively say when somebody is walking into the wrong toilet, and to raise that. If there is a concern that goes beyond that, they should alert a member of staff. We expect that there will be training within organisations, and that organisations will see themselves as having a responsibility to ensure they are providing an inclusive service to all. As we continue to move forward with this debate, it is important that that training takes place, so that issues are dealt with sensitively and that individuals and organisations do not feel that either they do not have a way of asking, or it is not being handled in a proportionate way.

Vikki Slade (Mid Dorset and North Poole) (LD): One of my constituents described this code of conduct as "trans apartheid". Another said that it was "state-sponsored repression". Let us flip it, because we always talk about trans women; let us talk about trans men. If the rules say that somebody cannot enter a toilet of the gender that they were not born, a trans man is no longer allowed to go into a men's toilet, but they also may not be allowed to go into a ladies' toilet—their sex at birth—because at that point, they might become a threatening prospect for some people. They often are exceptionally well built young people, and a woman can say that they feel uncomfortable about that person in their toilets. Where are the human rights and privacy of the trans person in all this? I am concerned that we have missed the very group of people who are most affected.

Seema Malhotra: The draft code says that if someone has concerns about users of the opposite sex, or those perceived to be of the opposite sex, and raises those

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concerns with a service provider, the service provider can ask those users to confirm their sex, but that this should be done sensitively and with their privacy protected. It also outlines that staff should be equipped to handle such sensitive situations. If someone still wants to engage someone whom they believe to be in the wrong space, we would expect them to do so in a way that does not compromise anyone's safety. Women should not have to face intrusive questioning simply because they do not conform to feminine stereotypes, and the draft code is explicit that service providers must handle any such queries sensitively and proportionately. Everyone must have access to the services that they need.

Jessica Toale (Bournemouth West) (Lab): A number of my constituents have raised concerns about this draft code. One trans woman wrote to me to say that she and her partner are frightened for her safety and ability to take part in public life. She fears being forced to stay at home, rather than risk humiliation, confrontation or even being outed in public if she cannot use public facilities safely. Can the Minister reassure me and the House that as the code is considered, the Government will ensure that trans people are not effectively driven out of public life and remain able to participate safely, fully and with dignity?

Seema Malhotra: My hon. Friend is absolutely right that no one should be driven out of public life or denied the ability to live their life as they wish. She raises an important point about why this must be done so sensitively, and why it is an important responsibility for service providers to be able to respond and adapt as needed to ensure that we have an inclusive society. It is not unreasonable to expect there to be safe and private toilets for people to use when they are out and about.

Jim Allister (North Antrim) (TUV): I suggest to the Minister that the very clear Supreme Court judgment and the resulting guidance render the Gender Recognition Act 2004 irrational. That Act persists with the fiction that by filling out a few forms, someone can change their sex on official documents. The Supreme Court was clear that gender recognition certificates are of no effect in changing one's legal sex. Is it not time that we stop pretending under any guise that one can change one's sex or change biological reality?

Seema Malhotra: I will say one thing in response to the hon. and learned Gentleman, which is that it is extremely important that we treat trans people with respect. Secondly, the Equality Act will continue to protect trans people and their rights in law.

Tracy Gilbert (Edinburgh North and Leith) (Lab): I welcome the clarity that the code brings for service providers, and I note, too, that Women's Aid is just one of the organisations that has welcomed it. Can my hon. Friend confirm that the Supreme Court judgment and the code have not revoked any rights for anyone, but have confirmed single-sex rights that protect women and girls?

Seema Malhotra: I was not quite clear about that question, but I will say that the draft guidance is about supporting women and their rights and the provision of single-sex spaces, alongside treating trans people with dignity, and that will continue to be our focus.

Charlotte Cane (Ely and East Cambridgeshire) (LD): I too have been contacted by a great many trans people, and their families and friends, who have expressed genuine fear about the implications of this guidance. We have heard about the practicalities. I have heard from someone who has cancelled a hip operation because they are not sure that they will be treated with dignity when they go into hospital. I hear from people who are changing their patterns of work, travel and leisure because they cannot be certain that they can use toilets unchallenged, and therefore face an extra risk of violence. However, what comes through very strongly from all of them is the challenge that this presents to their identity. Many of them have lived for decades in their gender, and now they are thinking about potentially having to say to their colleagues at work—people who think of them as being of that gender, because it is all they have ever known them as— "Actually, I was born in a different gender, so can you tell me how I can use the toilets, how I can use the changing room?" This is just unacceptable.

Madam Deputy Speaker (Caroline Nokes): Order. The hon. Lady really must get to a question—she has spoken for nearly as long as her party's Front Bencher.

Charlotte Cane: Will the Minister consider changing the law so that the Equality Act lives up to its name?

Seema Malhotra: I believe that the Equality Act does live up to its name, and I am proud of the Equality Act. I think that what we are discussing here is compliance with the law, and I know that the whole House will want to send the message that no one should be concerned about going for operations or accessing services. It is important that any concerns are raised directly with those who are providing those services, and I am sure that reassurance will be given. I think that, in relation to the debate we are having, the hon. Lady will know that it is important that we get the balance right between supporting women and their rights, and ensuring that we uphold respect for all trans people.

Josh Fenton-Glynn (Calder Valley) (Lab): I try to start from a position of empathy on this topic. I have no idea what it is to experience the pain of being born in a body that does not accord with one's gender, and I do not know what it is to have the very real fear of assault that women live with, so I recognise the need for understanding and balance. However, I do not think that there is sufficient balance in this guidance. Given its focus on "proportionality", businesses and organisations are forced to make judgment calls in a highly sensitive area. There is a real risk that the guidance will create a situation in which trans people, who already face high levels of discrimination, are subject to a urinary leash controlling where they can go. Will the Minister please tell me how the Government will ensure that they are not excluded from services and are welcomed into public spaces, as everyone should be?

Seema Malhotra: As I have said before, it is extremely important that everyone has access to the services and facilities that they need. It is also important to recognise that, while balance does matter, there are worked examples and explanations in the extensive draft code of practice which I hope will provide reassurance as we move

forward, and as organisations feel that they have the clarity they need to make the changes to ensure that they comply with the law.

Mike Martin (Tunbridge Wells) (LD): I think it is clear from these exchanges that this is an issue that divides the House, and it also divides the country. There are many different opinions. Will the Minister commit herself to putting the statutory instrument to a vote?

Seema Malhotra: The hon. Gentleman will be aware of the process in the Equality Act 2006, which we are following. However, he may want to raise some of his concerns and have a discussion with the EHRC, which has undertaken extensive guidance and continues to engage with stakeholders.

Sam Carling (North West Cambridgeshire) (Lab): The High Court judgment of February this year against the EHRC, when the initial guidance was challenged, stated:

"there would, in principle, be scope for a strong argument that a rule or practice that permitted trans women to use the 'female' lavatory but required other biological men to use the male lavatory would comprise different but not less favourable treatment on grounds of sex."

The clear implication is that providers may choose to offer trans-inclusive services. Can the Minister explain how the EHRC's code of practice is at all consistent with that?

Seema Malhotra: Although the draft code indicates that toilets designated as male or female should be for those of that biological sex, it is also the case that it will contain sufficient guidance for organisations to make their own decisions about changing the signs, making clear the use of accessible toilets in line with building regulations about smaller spaces, and providing individual, lockable toilets or unisex toilets. There are many ways in which we can ensure inclusivity, and it is important that we do so.

Peter Swallow (Bracknell) (Lab): My hon. Friend has rightly talked about the need to avoid using any particular group as a political football and the need to treat everyone with dignity and respect. I agree with her on that, but the Government's own equality impact assessment says:

"The debate on single sex services and the treatment of trans people is particularly divisive at this time. The Code of Practice may exacerbate these tensions."

Does she accept the Government's own impact assessment on that point?

Seema Malhotra: My hon. Friend highlights aspects of what has been written in the impact assessment, but it is also important to note that the Government want to reassure trans people that they have protections under the Equality Act, which is clearly the case via the gender reassignment protected characteristic. As we move forward, it is important that we do so together, that as organisations and businesses implement changes we also learn as we go, all organisations feel supported in ensuring compliance with the law, and that in providing single-sex spaces, we do so with respect and dignity for all trans people.

Health Bill

Second Reading

[Relevant documents: Oral evidence taken before the Health and Social Care Committee on 20 May, on the Work of NHS England, HC 583; Written evidence to the Health and Social Care Committee, on the Health Bill, reported to the House on 20 May, HC 219.]

Madam Deputy Speaker (Caroline Nokes): Mr Speaker has not selected the reasoned amendment.

5.52 pm

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

Madam Deputy Speaker, if you were to ask anyone in Britain what they think about the NHS, I bet they would give you an answer without hesitation. No one would be lost for words, because everyone has an opinion. Regardless of whether they tell you a story about how the NHS has helped them or their family in their moment of need, or whether they share a view on how they would change it for the better, everyone cares about the NHS. The NHS matters deeply to people right across our country because of how deeply it touches all our lives.

For my part, the NHS came to my rescue when I was diagnosed 18 years ago with a serious and rare neurological condition that threatened my ability to run, to write and to talk. After the best care I could have hoped for from my brilliant consultant and his team at the National Hospital for Neurology and Neurosurgery in Queen Square, and from other teams across the NHS, I am now symptom free. It is only thanks to the support of those people working in our health service, and to the faith of the Prime Minister in appointing me to this role, that I am able to stand here today as the Secretary of State for Health and Social Care and set out what this critical Bill will mean for the future of our NHS.

Like me, everyone across Britain will have their own story of the NHS, or a view to share about its future. It is an achievement that we all share together, and one that is personal for us all. My predecessor as Health Secretary, my right hon. Friend the Member for Ilford North (Wes Streeting), has spoken movingly about the importance of the NHS to him. He explained how it saved his life when he was diagnosed with kidney cancer at the age of 38 and how, amidst all his worries, the one thing he never had to worry about was how much the treatment might cost. Let me pay tribute to my right hon. Friend for what he did in the role as a great champion of patients everywhere, and as someone with a huge passion for building a modern NHS—something we can see in this Bill, which he and my hon. Friend the Member for Bristol South (Karin Smyth) put so much energy into.

As a former Chief Secretary to the Treasury and Exchequer Secretary, I have been incredibly proud to support my right hon. Friend the Chancellor in her determination to take the right decisions on the public finances to enable record investment in our national health service. Thanks to that investment, the changes that this Labour Government have begun to make, the leadership at the Department for Health and Social Care and NHS England, and the incredible work of frontline staff across the NHS, in just under two years

[James Murray]

we have seen: over half a million fewer people on the waiting list; 2,000 more GPs; 8,500 more mental health workers; four in five patients being seen within four hours in A&E; over 100 community diagnostic centres now open in evenings and at weekends; and over 240,000 more people getting their cancer tests on time. That is the difference that this Labour Government are making: an NHS in which more patients get the treatment they need when they need it, and in which taxpayers get better value for money.

Tim Farron (Westmorland and Lonsdale) (LD): The Secretary of State mentions some achievements and the progress being made within the NHS. May I bring him back to the issue of cancer treatment? According to OECD figures, 53% of cancer patients should receive radiotherapy as their primary treatment. In the UK, the figure is only 35%. In Cumbria and Lancashire, it is only 29%. This is delaying treatment, delaying cures and preventing people from living long lives. Will he take a personal interest in correcting the commissioning so that every single part of this country has access to radiotherapy close to where people live, so that they can be cured with the most up-to-date technology?

James Murray: The hon. Gentleman is absolutely right to draw attention to the importance of having the right approach to cancer, and our national cancer plan sets out what we as a Government are doing to achieve that. He is also right to point to the regional variation in different parts of the country, and to say how important it is not just to raise standards across the country but to ensure that the increase in standards is evenly distributed, so that all areas improve. One of my roles as Secretary of State is to ensure that we not only deliver our national cancer plan but support local areas so that they have the right services.

Catherine West (Hornsey and Friern Barnet) (Lab): I congratulate the Secretary of State on his excellent speech, and I thank him and my hon. Friend the Member for Bristol South (Karin Smyth) for their work in developing the Bill. Healthwatch Haringey plays an enormously important role in being a champion for the ecosystem within a locality. The Local Government Association is very concerned about some of the discussions. Will he reassure me that as the Bill passes through the House, how we do the NHS, as well as what we do, will be an integral part, so that everybody can feel included in the NHS?

James Murray: I reassure my hon. Friend that what the Bill seeks to achieve, through local health watches across the country, is to bring the voice of patients closer to the people who plan and deliver services. Too often, we have not seen action following feedback. We need to ensure that such feedback is integrated into the planning and delivery of services, so that patient voices are heard.

I have set out some of this Labour Government's achievements less than two years into office, which shows that decline is not inevitable. Our determination to deliver on what people voted for is making a real difference. We have started to make progress, and we are building an NHS that is fit for the future.

Labour's choice in government has been, and will always be, to strengthen and improve the NHS as a service that is universal and publicly funded, with use based on need, not on ability to pay. That choice is backed by people across Britain, yet for the first time in a generation, some Members of this House are openly calling for the NHS's founding principles to be abandoned. The hon. Member for Clacton (Nigel Farage), who I note is not in his place—*[Interruption.]* He never is—good point. Time and again, he has made it clear that he would tear the principles of the NHS to shreds and bring in an insurance-based system that would benefit only his friends in finance. Be in no doubt: Reform would sell our health service to the highest bidder. That would be a devastating mistake, and we must not let it happen.

Instead of turning our backs on the principles on which the NHS was founded, as some Opposition Members would have us do, I will fight every day as Health and Social Care Secretary to build the modern health service that our country demands and that patients deserve.

Calum Miller (Bicester and Woodstock) (LD): I welcome the Secretary of State to his place. He has spoken about two themes: the scale of ambition of this Bill, and the need for the patient voice to be heard at the heart of it, given how much all our constituents care about the NHS. In the case of Healthwatch, can he reassure the House that bringing the scrutiny of local voices up to the level of the Secretary of State will not diminish the independence of the local healthwatch organisations that, in Oxfordshire and elsewhere, do so much to promote the patient voice and to hold the NHS to account for its services?

James Murray: I thank the hon. Gentleman for his words about my taking on this post. I can reassure him that, as I will come to in my speech, the Bill sets out to integrate the national Healthwatch into the Department of Health and Social Care through a new patient experience directorate and to integrate local healthwatch organisations into integrated care boards and local authorities, which are responsible for delivering health and care at local level. This measure is about making sure that patient voices at national and local level are closer to those deciding on and delivering services, so that those voices are heard.

Sarah Coombes (West Bromwich) (Lab): Will the Secretary of State confirm that the heart of this Bill is about modernising the NHS and reducing inequalities across this country, and that since my constituency has the third lowest healthy life expectancy in the UK—it is shocking—my constituents will benefit from this Bill and all the action on inequality that it is intended to deliver?

James Murray: My hon. Friend is absolutely right that this Bill is about modernising the NHS. As a Labour Government, our priority is to boost investment and to modernise the NHS for the future. It is exactly that combination of investment and reform that will deliver the health service that her constituents need and deserve.

Several hon. Members *rose—*

James Murray: I will give way one more time, and then I will make some progress.

Jim Shannon (Strangford) (DUP): I welcome the Secretary of State to his place and I wish him well in the role he now takes on. I am very pleased that he has experienced the NHS at its best, and I am glad to hear that.

The Government have called for a duty of candour, so they must ensure that that is still possible, but the decision to scrap independent bodies such as Healthwatch and the Health Services Safety Investigations Body risks silencing the patient voice, so there is a need to be careful. Will the Secretary of State assure us that the Government have taken that on board in this Bill?

James Murray: The hon. Gentleman raises questions relating to Healthwatch and to HSSIB being integrated into the Care Quality Commission. I will set out more detail in a few moments about those decisions, but fundamentally they derive from conclusions arrived at by Dr Penny Dash, whose review of the patient safety landscape found that it was too full of different organisations, and that their impact on the services provided to patients was unclear. We are seeking through this Bill to simplify that landscape, make sure that patients' voices are heard closer to decision makers and improve the NHS for everyone across the country.

For me, the way to build on the progress of the past two years is not just to maintain the improvement in performance that we have seen, but to accelerate our fundamental transformation and modernisation of the NHS. As Health Secretary, I am absolutely focused on delivery and putting the values that we in the Labour party all share into action. Crucially, I am determined to make sure that we benefit from the fullest possible use of technology, digitisation and artificial intelligence to renew the NHS for the future.

The changes in technology, digitisation and AI are not an add-on to the NHS's core business. With a determined focus on driving innovation at every level and the confidence to reimagine our approach to the nation's health for the modern world, they offer us the chance to transform the way the entire NHS works. They will improve the speed of diagnosis, helping people to get the right treatment much more quickly than they do today.

Kim Johnson (Liverpool Riverside) (Lab): Will my right hon. Friend give way?

James Murray: I am going to make some progress, if I may.

These changes will streamline tasks for NHS staff, freeing them from admin and bureaucracy to focus their energy on caring for patients. They will transform the experience we all have as patients, giving us control and reducing our anxiety over the care we receive. They will reduce the costs of delivering healthcare, so that more of the money we spend goes to the frontline, where it belongs. That is the future we must build, and the road to that future runs through this Bill.

For many years, patient groups have warned about the pitfalls and shortcomings of fragmented information systems in the NHS, and they are absolutely right. Right now, information in the NHS tends to follow the institution, not the individual. That is why we all know the familiar frustration of having to repeat the same story over and over, every time we see a new nurse, doctor or consultant. The reason for this is that too often no one, including the patient themselves, can see a full summary of a patient's medical record in one place. Those patchy care records are not just an inconvenience or a source of anxiety and distress; they can also be a risk to patient safety.

Ben Obese-Jecty (Huntingdon) (Con): I welcome the Secretary of State to his place. Hinchingbrooke hospital in my constituency is one of the new hospitals to be built as part of the new hospital programme—it is in wave zero—but it currently does not have an electronic patient record system, so we have the fragmented patient history that he has just mentioned. It desperately needs to increase its rating on the HIMSS—Healthcare Information and Management Systems Society—scale as a new hospital, but it does not have the funding required to install a patient record system. Will he guarantee that the hospital will receive the funding required to deliver a new electronic patient record system?

James Murray: I am happy to look into the specific circumstances the hon. Gentleman refers to and get back to him. More widely, however, the investment is secured across the Government for implementing the single patient record system. That will mean that, rather than data being transferred from where it exists at the moment to a new system, it will remain where it is—in GP surgeries, hospitals and so on—but it will be linked up so that one person, including the patient, can see all that data from the middle of the network of information.

Several hon. Members *rose—*

James Murray: I will give way one more time.

Sarah Champion (Rotherham) (Lab): Specifically on the single patient record, the explanatory notes say that it will

"allow patient information to be shared with patients and their relevant health and social care providers (such as GPs, hospital doctors, social care workers and others involved in their direct care)".

By my maths, that is probably a couple of million people, so could the Secretary of State please talk about how safeguards will be implemented, particularly for children's care data?

James Murray: I thank my hon. Friend for raising the very important question of data privacy and security. I will address that in a moment, because I am going to set out some of the protections in our approach to the single patient record, and I think that will exactly answer the questions she raises.

I will make progress, because I am conscious of time. As I have said, the patchy records are not just an annoyance or a source of anxiety or distress; they can also be a risk to patient safety. In other areas of our lives, getting information wrong or not having it immediately available may be an inconvenience; in a health service, the consequences can be profound. What happens to the patient who is rushed to accident and emergency and has complex conditions that require multiple medications, if the emergency team have no way of knowing that? What happens to the dementia patient who cannot keep track of all the different documents

[James Murray]

from all the different specialists in all the different providers? In today's NHS, the GP or practice nurse at the clinic, the paramedics stepping through the front door and the consultant at the bedside are doing everything they can to try to solve a puzzle, but without all the pieces. This Bill will change that. It will do so by introducing a new approach—the single patient record—and that is nothing short of a game changer.

Dame Chi Onwurah (Newcastle upon Tyne Central and West) (Lab): I congratulate my right hon. Friend on his new position.

On Wednesday, my Science, Innovation and Technology Committee will publish our report on the Government's digital ambitions. My right hon. Friend will not be surprised to know that we will be raising serious concerns about data management, data hygiene and vendor lock-in. Many projects such as the single patient record have failed over the last 20 years. Will he confirm to me that he will ensure that patients can control when and how their data is seen, that he will be building on existing records such as the great north care record, and that this will be treated as critical national and sovereign infrastructure, not subject to capture by a single provider such as Palantir?

James Murray: I thank my hon. Friend for her intervention. She is absolutely right to underscore the importance of data security and data privacy. That is essential in building trust in what we are seeking to do.

To be clear, the single patient record, as I was just saying a moment ago in response to the hon. Member for Huntingdon (Ben Obese-Jecty), does not move data from one system to another; it preserves the data where it is, and builds links between systems so that one person, whether a clinician or a patient, can see all the data at once. The data will still be governed by the same privacy policies on a GP system, in a hospital trust system and so on. When linked together through the single patient record, it will be governed by the highest levels of security: only authorised individuals will be able to access the data, there will be an audit trail of anyone who has accessed it, and the cyber-security protection will be the strongest available.

Kim Johnson: I really appreciate the Secretary of State giving way on that point. This morning on Radio 4, he failed to rule out Palantir being awarded the single patient record. We know that the £330 million offered to it for the current federated data has been highly criticised by unions and the British Medical Association. What assurances can he give us that patient safety will be free from abuse and misuse?

James Murray: As my hon. Friend will have heard, as she listened to the rest of my interview on Radio 4 this morning, the situation with the single patient record is very different from that of the federated data platform, because it is likely that we will let a series of contracts to de-risk the delivery of the single patient record. The situation with Palantir is that the contract for the federated data platform is, as I am sure she knows, being reviewed ahead of a potential break clause in 2027, but the situation with the single patient record is a very different set-up. As I have said a couple of times now, information is stored on individual systems—in GPs, hospitals and so on. The single patient record links them up and will be delivered through a range of different contracts to make sure that the system works in the interests of clinicians and patients.

Jeremy Corbyn (Islington North) (Ind): Will the Secretary of State give way?

James Murray: I am going to make some progress.

The single patient record will mean that wherever a patient is being treated, even if they are not at their local GP or are in a hospital they have never been to before, those caring for them will have access to all the accurate, relevant, up-to-date information they need. Through this new approach, we will bring together people's health and social care records digitally, securely and conveniently, and make them available to patients on the NHS app.

A number of Members have raised questions about data privacy, so let me be very clear on that point. Patients rightly expect their highly personal and sensitive medical details to be protected, and they will be. Under our plans, strict safeguards, strong cyber-security and clear controls on who can read information will be backed by an audit trail of who has accessed what. The single patient record will also be subject to existing forms of scrutiny and oversight in the NHS, from data protection officers to legislative safeguards. Where the single patient record is being used for research or planning, it will be treated the same as all other sensitive health data, subject to the same legal protections, ethical approvals and governance.

Dr Luke Evans (Hinckley and Bosworth) (Con): The Secretary of State is making himself the data controller of all the data that will be in place. What impact does that have on the sections he has just talked about?

James Murray: When the data is held by a GP surgery or an NHS hospital trust, for instance, the relevant bodies will remain the information controllers. Where that information is then shared through the single patient record, the Department of Health and the Secretary of State will take on a role as data controller as well. That will all be governed in the way that data protection currently applies across the NHS, through existing forms of data security. Fundamentally, it will reorientate the NHS to be a service that revolves around patients, rather than patients having to revolve around the NHS.

Ms Julie Minns (Carlisle) (Lab): Just before my right hon. Friend moves away from the single patient record, may I highlight the challenge remaining in cross-border communities such as mine in Cumbria? My constituents in Carlisle often register with a GP across the border in Scotland. Unfortunately, at present that means that their single patient record will not necessarily flow with them. Will he work at pace with his colleagues in Scotland—and Wales; I can see my hon. Friend the Member for Clwyd East (Becky Gittins) nodding in front of me—to ensure that we get this right for anyone, regardless of where they live?

James Murray: My hon. Friend is absolutely right that the single patient record applies to the NHS in England, but my colleagues in the ministerial team have

regular conversations with our counterparts in Scotland and in other devolved Governments to ensure that we are working on such cross-border issues wherever we can.

Becky Gittins (Clwyd East) (Lab): Does the Secretary of State agree that the introduction of the single patient record will be a huge step forward in the safe treatment of people with allergies? Will he join me in calling on the new Minister in the Plaid Cymru Government in Wales to follow our lead for the betterment of allergy care for people in Wales?

James Murray: I very much join my hon. Friend in urging the new Health Minister in Wales to follow our lead by introducing a way for patients to access the data and, crucially, for clinicians to be able to see all a patient's data when making those decisions. With complex cases, where people see multiple nurses, doctors, consultants and so on, it can be crucial that clinicians see all the relevant information when making choices on how to treat their patients. I thank my hon. Friend very much for her question.

Madam Deputy Speaker, I should make some progress, as I know that many Members wish to speak this evening. I am getting a nod from you that that is the right thing to do.

As I have set out how the single patient record will help to improve patient safety, I also want to be clear that no Government should ever pretend that things do not go wrong. When they do, it is crucial that the right systems are in place to hold people accountable, and to ensure that we learn from mistakes in order to prevent them from happening again. As I mentioned earlier, Dr Penny Dash conducted an independent review into the patient safety landscape. What she found was a confusing landscape of multiple, overlapping organisations that are responsible for patient safety in the NHS, making it harder for staff and organisations to do the right thing. That is why the Bill simplifies the patient safety landscape, streamlining and consolidating functions to make the system more effective and efficient, and to restore patient confidence.

Tom Gordon (Harrogate and Knaresborough) (LD): Will the Secretary of State give way on that point?

James Murray: I am going to make some progress.

Following Dr Dash's recommendations, the Bill will embed the mission and functions of the Health Services Safety Investigations Body into the Care Quality Commission to establish a clearer link between investigating safety concerns and increasing the quality of care. We will ensure that we protect the principle of a safe space for people to share their concerns. To ensure that patients are heard at every stage, from commissioning to delivery, we will make sure that patient feedback is embedded alongside decision makers at every level.

Sir Bernard Jenkin (Harwich and North Essex) (Con): I am most grateful to the Secretary of State for giving way, and I congratulate him on his appointment. He has inherited this policy—it is not his own. I assure him that the abolition of the Health Services Safety Investigations Body is a dreadful mistake, because which other investigative function in the healthcare system is completely unconflicted in what it does? By abolishing HSSIB he is taking its functions into the CQC, which is a regulator and compliance enforcer, not an investigator, so that there is no longer any independent, unconflicted body conducting healthcare investigations. Has he consulted the royal colleges about this? I have not spoken to a single royal college that is in favour of the abolition of HSSIB.

James Murray: As I made clear, we will protect the principle of a safe space for people to share their concerns. The investigatory function will remain protected within the CQC. The benefit of embedding the HSSIB in the CQC will be to establish that clearer link between investigating safety concerns and increasing the quality of care. That is something on which we can all agree.

Tom Gordon: Will the Secretary of State give way on that point?

James Murray: I am going to make some progress, because, Madam Deputy Speaker, you have asked me and looked at me several times, suggesting that that is what I should do.

I mentioned the changes that the Bill makes to HSSIB and the CQC, but the functions of Healthwatch England—I spoke about that earlier—will move to a new patient experience directorate within the Department of Health and Social Care. The functions of local healthwatch groups will be incorporated into ICBs and local authorities. That approach brings the voices of patients closer to decision makers, so that people have a direct impact on the services they receive. Of course, the changes will neither fix everything at the stroke of a pen, nor take effect overnight, but rather than the voices of patients being kept at arm's length, the Bill puts them where they should be: right at the heart of the NHS.

Vikki Slade (Mid Dorset and North Poole) (LD): The Secretary of State has not talked about the role of the governors of hospital trusts, which also appear to be abolished by the Bill. With the creation of mega-ICBs, the removal of healthwatch, and the removal of governors, I am worried that the voice of the local community is reducing rather than increasing.

James Murray: The principle behind the changes to local healthwatch organisations is to bring the voice of patients closer to those who are planning and delivering services. Whether through ICBs or local authorities for health and care, it is an important principle to ensure that feedback is followed by action, and that people can have an influence on the design and delivery of health and social care at an earlier stage in the process.

Tom Gordon: Will the Secretary of State give way on that point?

James Murray: I am going to make some progress, because I need to update the House on the important measures in the Bill to abolish NHS England. Those critical measures will reduce bureaucracy so that more energy, time and funding in the NHS can be focused on the frontline, helping patients. The Bill will abolish the world's largest quango by merging NHS England into the Department of Health and Social Care and the wider NHS system.

Gregory Stafford (Farnham and Bordon) (Con): I have asked this question both as a member of the Health and Social Care Committee and on the Floor of the House to the Secretary of State's predecessor. Given that the new Secretary of State is a numbers man, I hope that he can answer it where his predecessor could not. How much in redundancy payments will this measure cost the British taxpayer, and can he confirm that no person currently employed by NHS England will be fired, paid a redundancy fee, and then rehired by the Department of Health and Social Care?

James Murray: As the hon. Gentleman will appreciate, we are going through that process with the workforces at NHS England and the Department of Health and Social Care. Crucially, however, by 2028, across the Department of Health and Social Care, NHS England and ICBs, we will see a 50% reduction in headcount. That means that the money that would otherwise be spent on those members of staff will now go towards healthcare on the frontline, which is what patients want to see.

As hon. Members will know, NHS England was established by the Health and Social Care Act 2012. That Act established more than 300 new NHS organisations, and has led to too much time, money and effort being wasted on overlapping processes, as good people try to navigate a labyrinthine system that holds them back from delivering for patients. In short, we have a system that gets in the way of what staff, patients and taxpayers want to see.

Wendy Morton (Aldridge-Brownhills) (Con): I welcome the right hon. Gentleman to his new role as Secretary of State. The point about ICBs and the devolution of responsibility for NHS eye tests is one that we often forget to talk about in this place, as is the case with eyecare—I know that there are some ophthalmic experts in the Chamber. On that point, can the Secretary of State assure me that the changes will not result in a postcode lottery in the provision of eyecare tests? At the end of the day, NHS sight tests are a universal entitlement, so can he ensure that that will continue?

James Murray: The right hon. Lady raises an important point, but local services are already commissioned locally in many cases. The changes that we are making by abolishing NHS England will mean that more power and resources go to ICBs and local areas to allow them to make the right choices for their local area. That is a way of bringing the services that we deliver closer to the people who need them.

Let me be absolutely clear that abolishing NHS England is in no way a reflection on the committed public servants who work at NHS England and in my Department. The truth is that unnecessary structures are getting in the way of them doing their crucial work and it is time for us to change that. The Bill will mean that more time, money and effort will be spent on improving the care that patients receive, rather than navigating the system around them.

Tom Gordon: Obviously, the Secretary of State has just outlined a huge raft of changes that are coming with the abolition of NHS England and everything else that goes with that. Last year, families and MPs got the inquiry into the Tees, Esk and Wear Valleys health trust—the mental health trust in the north of England that had been failing. My worry is that a chair of that inquiry was meant already to be in place. Will that inquiry now be lost amid all the changes to the healthcare system? Will the Secretary of State commit to meeting the families of those affected by the TEWV scandal, and will he get a chair in place as soon as possible?

James Murray: I am happy to look into the case to which the hon. Gentleman refers. The abolition of NHS England and the transfer of its responsibilities either to the Department of Health and Social Care or to local ICBs is being managed carefully, to ensure that we can continue making progress while the structural change happens. To return to my earlier point, the money saved as a result of these changes can go directly to frontline patient care. We expect about £1 billion to be saved, which is the equivalent of 15,000 nurses. I do not see how anyone can disagree with our decision to ensure that resources are spent on the frontline.

As I have explained, abolishing NHS England as a separate organisation will strip out bureaucracy and ensure that we focus on delivery. The decision also has an important democratic role. The core goal of the 2012 Act, brought in by the Conservatives and Lib Dems, was to take politics out of the day-to-day running of the NHS. However, that is a fundamental misunderstanding of the NHS and its place in the democratic life of the nation. The public pay for the NHS; they own it, use it, care deeply about its future, and so they should always have a say in how it is run.

People voted Labour because they trust us to build on our party's legacy by transforming the NHS for the future, and they will rightly hold us responsible for the decisions we take as we do so. It is not about politics getting in the way; it is about accountability driving change. That accountability has been lost in the confusion of having two separate centres for the NHS, and the Bill will end that.

Dr Ben Spencer (Runnymede and Weybridge) (Con): I welcome the Secretary of State to his post. Could he explain what the pathway of local accountability is for ICBs?

James Murray: ICBs, as the hon. Gentleman will know, have a board structure that oversees how they operate. The removal of local healthwatch organisations will mean that the voice of patients and their experiences go directly into the bodies that are commissioning and overseeing services. One of the changes the Bill makes is to ensure that strategic mayoral authorities will have a place on the board of ICBs, which helps them ensure that wider objectives in an area of health are aligned.

Several hon. Members *rose—*

James Murray: I am going to make more progress.

Alongside the removal of confusion and duplication at a national level, the Bill also gives those with local expertise the power, resources and flexibility they need to design and deliver health and care services for their area. The Bill will empower them to innovate, drive progress and do what is in the best interests of the patients they serve.

Under the Bill, ICBs will have more direct responsibility for their services than ever before. They will be at the heart of integrating health and social care, and they will

include those people responsible for housing, transport and jobs, so that we can tackle the root causes of ill health, which is better both for patients and for the NHS.

The NHS gave me a second chance at life, and so as Health Secretary I will fight for the NHS every day with the strength it has given me back. The Tories ran down the NHS through 14 years of neglect, and the Lib Dems enabled them. Reform wants to abolish the NHS altogether and replace it with an insurance-based system. The Greens seem intent on ignoring clinical advice and have no practical solutions for the health service. Only Labour has a plan to get the NHS back on its feet. Only Labour is determined to both invest in and fundamentally transform the NHS for the future. Only Labour is showing that change is possible.

We promised to cut waiting lists—we delivered the biggest annual fall in 16 years. We promised an extra 1,000 GPs in our first year—we delivered twice that number. We promised 8,500 more mental health staff by 2029—we have delivered them three years early. We promised 700,000 more NHS dentistry appointments—we have delivered an extra 1.8 million already.

We promised to transform the NHS for the future, and that is what this Bill will do. We are already boosting investment in the NHS where it needs more. We have begun stripping out bureaucracy from the NHS where it needs less. And now we will build a truly modern NHS that will be there for generations to come. The Bill is the next crucial step in our mission, and I commend it to the House.

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

6.29 pm

Stuart Andrew (Daventry) (Con): I begin by welcoming the Secretary of State to his new post, and thank him for sharing his very personal story about what the NHS means to him. I look forward to our future exchanges, however long he is in post. I also pay tribute to the former Health Secretary, the right hon. Member for Ilford North (Wes Streeting), with whom I have had a few moments across the Dispatch Box. I know that the NHS has also been very important to him personally. During my time in hospices, I saw the incredible work that the NHS does, and despite the politics that we may have—and I will be referring to the right hon. Gentleman a bit more later on—we all care deeply about the national health service and want the very best for it.

There are moments in politics when one almost has to admire the confidence of Governments—not their competence, necessarily, or their judgment, and sometimes not their timing, but certainly their confidence—and nowhere has that confidence been more magnificently displayed than in the presentation of the Health Bill. If one had listened carefully to the former Secretary of State for Health and Social Care over the past two years, one could conclude only that this Bill was not merely legislation, but apparently the parliamentary equivalent of the second coming. In every speech, interview and carefully staged hospital visit with sleeves rolled up, they delivered the same message: at last—at long last—the NHS was to be modernised, integrated, digitised, streamlined, revolutionised and transformed into a gleaming technological marvel, where patients floated frictionlessly through a system powered entirely by innovation, efficiency and ministerial self-belief.

I say gently to Ministers that whenever a politician begins using the phrase "once-in-a-generation change" on such a regular basis, it is usually wise to place one's hands protectively over one's wallet, given the sheer cost of what is to follow. What became increasingly striking was not simply the scale of the promises, but the sheer showmanship of them, with the former Health Secretary speaking less like a Cabinet Minister wrestling with one of the most complex public services in the world and more like a man auditioning to narrate the trailer for his own leadership campaign documentary. And now, Madam Deputy Speaker, we arrive at the great political twist: the man who spent two years announcing the future has departed before the delivery date arrived, like an architect unveiling magnificent blueprints before quietly moving abroad just before construction begins.

Into this situation walks the new Health Secretary. Members can imagine the scene: the Prime Minister sits stubbornly in No. 10, grinning with all the reassuring confidence of a man standing knee-deep in a flooded rowing boat insisting that the situation merely requires a modest redistribution of water. Into this bunker is summoned the new Secretary of State—formerly the Chief Secretary to the Treasury, the very man who helped to allocate the famous £202 billion funding settlement now repeatedly cited as proof that every problem in British healthcare has theoretically already been solved.

Jessica Toale (Bournemouth West) (Lab): I would not give the right hon. Gentleman's political adviser a raise for their speechwriting abilities just yet. Why does he think we are having to talk about once-in-a-generation change to the NHS?

Stuart Andrew: I would point the hon. Lady to how the NHS was being run in Wales—it certainly was not the great success that she is trying to allude to.

In politics there are difficult jobs and there are impossible jobs, and then there is inheriting a Department after one's predecessor spent two years promising the electorate that this is the one Bill to rule all Bills and fix virtually everything short of death itself. This was not just a hospital pass, but a hospital pass delivered by catapult.

One can almost hear the poor Secretary of State gulping. "Thank you, Prime Minister," he replies faintly, in the tone of a man accepting command of the Titanic after it has already struck the iceberg. Off he trudges to the Department of Health and Social Care, where the automatic doors open and his nostrils are struck immediately by a strange, lingering aroma. It is not the scent of modernisation or the smell of efficiency, and it is certainly not the fragrance of falling waiting lists. No—it is the unmistakeable odour of political panic, mixed delicately with the perspiration of failed leadership manoeuvres and lightly seasoned with the ashes of abandoned promises. There waiting for him, naturally, is Sir Humphrey—because however much Governments modernise, digitise, integrate, recalibrate or synergise, Whitehall always produces a Sir Humphrey.

I can imagine the conversation. The new Secretary of State says brightly, "Good news, Sir Humphrey. I understand that my predecessor has already solved

[Stuart Andrew]

everything through the Health Bill." At this point, an eerie silence descends. Civil servants suddenly become more fascinated by ceiling tiles, and one junior official attempts to escape through a stationery cupboard. Sir Humphrey clears his throat in the way only permanent secretaries can; a sound rather like an early—

Wes Streeting (Ilford North) (Lab): Will the right hon. Gentleman give way?

Stuart Andrew: Give me time, give me time.

"Well, indeed, Minister," says Sir Humphrey.

"I understand," says the Secretary of State, "that abolishing NHS England will instantly reduce bureaucracy, improve accountability and unleash vast efficiencies."

"Well, Minister, it will certainly create a large number of meetings."

"And the single patient record will revolutionise healthcare, won't it?"

"Yes, Minister—assuming the NHS IT systems eventually stop communicating with each other via what appears to be medieval semaphore."

"But we have delivered 5 million more appointments."

"Certainly, Minister—only 1.5 million appointments behind the last Conservative Government."

"And integrated care boards now answer directly to Ministers."

"Yes, Minister."

"So accountability is now indisputable."

"Well, Minister, blame certainly is."

And so the conversation goes on. The Secretary of State asks, "And what about the workforce plan?"

"Still developing, Minister."

"And social care?"

"Still delayed, Minister."

"And mental health implementation?"

"Still proceeding at approximately the speed of continental drift."

"And pharmacies?"

"Still under pressure."

"And GP contracts?"

"Still alarming GPs."

"And productivity?", the Secretary of State asks desperately.

"At present, Minister, the NHS measures productivity in the same way that astronomers in ancient Greece measured distant planets: with great optimism and very limited visibility."

At this point, the Health Secretary clearly begins searching the office for the exit map. "But Sir Humphrey," he says, "surely my predecessor left me with a fully deliverable programme."

After a long pause, Sir Humphrey replies, "Well, your predecessor was primarily focused on a different pathway."

"A different pathway?"

Wes Streeting *rose—*

Stuart Andrew: "Yes—the pathway to No. 10."

And now I will give way to the right hon. Member! *[Laughter.]*

Wes Streeting: I am sure that sounded really good in the mirror when the right hon. Gentleman practised this morning, but can I bring him back to the real world, where the permanent secretary is, in fact, a woman and an outstanding leader at that? In the real world, I am able to say something that not one of my Conservative predecessors was able to say when they left office, which is that I left the NHS in a better state than I found it. Why is he so determined to defend the bloated bureaucracy that his party created over 14 failed years?

Stuart Andrew: Well, let me say directly to the right hon. Gentleman that there have been a lot of announcements from the Government. We know all about the fall in waiting list figures, and not just from comments from us in this Chamber challenging what is really happening—we are receiving email after email from people who have been taken off waiting lists despite still needing treatment. Patients are being taken off waiting lists, sometimes without their knowledge. This has not been about more appointments for patients—it is about massaging the figures, and he knows it.

There is a lot in this Bill that we will support, and there are many areas where we would like the Government to perhaps go further, but there is also a rhetoric that needs to be addressed, because there are unresolved problems still. Social care is unresolved. Workforce pressures are unresolved. Mental health backlogs are unresolved. Productivity is unresolved. Pharmacy pressures are unresolved. GP satisfaction is unresolved. The Secretary of State is inheriting not just a Department but an expectations crisis, because the greatest danger in politics is not under-promising; it is convincing the public that complexity itself can be announced away.

The Bill abolishes NHS England and centralises significant powers to be governed by the Secretary of State. It takes control out of patients' hands.

Jim Shannon: The shadow Secretary of State rightly said that there is a lot in the Bill to be welcomed in principle, including the cutting of red tape, and we must recognise that, but unchecked state control must be resisted. The shadow Secretary of State mentioned accountability. Does he agree that we must ensure that accountability is part of the Bill?

Stuart Andrew: The hon. Gentleman raises an important point, and it is exactly the sort of issue that will need further scrutiny in Committee. I note that local authorities will not have the same seat at the table and that it will be transferred for mayoral regions, but what about regions that do not have a mayor? That measure will create a real democracy deficit in the NHS. I hope that we can look at this in detail in Committee, because that serious oversight absolutely needs addressing.

Gregory Stafford: On the point of accountability and scrutiny, the Government are looking to abolish HSSIB or bring it into the CQC, they are getting rid of Healthwatch—which serves my constituents so well—in places such as Surrey and Hampshire, and they are getting rid of governors from the boards of foundation trusts. That does seem to suggest that they have not really thought the accountability point through. Would not this be the occasion for the new Secretary of State to stamp his mark on this Bill by conceding that some of the changes in the Bill are not what was intended,

and to take this opportunity to give confidence back to the public that they will have the accountability and scrutiny that they deserve?

Stuart Andrew: My hon. Friend raises a very important point; it is an area that the Committee will have to look at very carefully.

I listened carefully to what the Secretary of State said, and I believe that he wants there to be a patient voice, but there is a serious flaw in the Bill. Abolishing Healthwatch and HSSIB is a terrible mistake, and I praise my hon. Friend the Member for Harwich and North Essex (Sir Bernard Jenkin) for the work that he has been doing on this. The reality is that HSSIB gives members of staff who work in the NHS the confidence to come forward and be a whistleblower. We need that. We need people to feel that they are in a safe environment. The CQC is a totally different beast in the minds of people who work in the NHS and social care, so to put those functions within that organisation is a terrible mistake and one that I hope the Committee will look at very carefully.

Saqib Bhatti (Meriden and Solihull East) (Con): The shadow Secretary of State is making an excellent speech, and I commend his speechwriter! I am sure my right hon. Friend wrote it himself.

On accountability, the Secretary of State spoke repeatedly about devolving powers, but this Bill is a massive power grab by the Secretary of State, and our constituents will not get the accountability that they crave and that some of the reforms we implemented in 2022 gave them. Does my right hon. Friend share my concern?

Stuart Andrew: I am genuinely concerned about that. Members of Parliament from across the House have often brought to the House some very serious cases—things that have gone terribly wrong for their constituents, services that have been commissioned in their area, and awful things that have happened to patients. It is because of organisations like Healthwatch and the HSSIB that those issues have come to light, and work has gone into improving those services. That is what we all want to see, but I am really worried that that progress will be lost. If those functions are absorbed into the Secretary of State's office, I really do not think it will be able to cope with the sheer volume. It needs to be done on a much more localised basis.

Robin Swann (South Antrim) (UUP): I thank the Secretary of State for raising that. If I read the Bill right, schedule 8 allows the CQC to carry out investigations into Northern Ireland and Wales, whereas the CQC has no presence or remit within Northern Ireland, because health is devolved and those functions are carried out by the Regulation and Quality Improvement Authority. Can the shadow Secretary of State comment on how the Secretary of State is now reaching into devolved matters in regards to regulation, quality, improvement and assessment?

Stuart Andrew: That is exactly one of the issues that needs to be ironed out. I am sure that the hon. Gentleman will ensure that the Committee considers the impact for devolved Administrations, particularly where they have responsibility for health in their areas. I hope that he will raise that with members of the Committee.

Anna Dixon (Shipley) (Lab): I worked in the Department of Health at the time that NHS England was created. I have always been sceptical about the Lansley fantasy that somehow the NHS could be made separate from the Department of Health and Social Care. I saw at first hand man-marking and duplication of function. This Bill finally puts the nail in the coffin of the complex arrangement of masses of arm's length bodies that was created by Andrew Lansley. Will the right hon. Gentleman please agree that this is the time to restore stronger democratic accountability for our NHS?

Stuart Andrew: I gently remind the hon. Lady that it was the former Secretary of State who said that he did not want to go through another reorganisation, because it would be very costly. We still cannot get a clear answer from the Government about how much this is all going to cost the taxpayer, and there are estimates of £1 billion. There are still serious questions to be answered. The hon. Lady talks about democratic responsibility and accountability, and she is right to do that. She is fortunate—depending on one's point of view—to have a mayor, but my constituency and county do not. Will my constituents get less of a voice in their NHS than her constituents in Shipley? That does not seem fair to me.

Jen Craft (Thurrock) (Lab): Is it not the case that transferring powers from an unelected quango to the Secretary of State, who is directly accountable to this very House, increases, not diminishes, accountability in the NHS?

Stuart Andrew: I am talking about trying to get accountability down to the local area. That is where it matters, and that is where my constituents want to see it. They know their local services and the hospitals in their areas, and they are the ones who should have their voices.

Dr Spencer: I am glad that we are having this important debate on accountability. Is there not a danger that the centralisation of this direction power in the Secretary of State effectively signals to MPs, "Don't engage with ICBs, as they will not have accountability to local MPs. If you want changes to happen, go through the Secretary of State rather than engaging locally, because that is where the power is going to lie"?

Stuart Andrew: Yes, and this is—*[Interruption.]* It is slightly patronising to say to someone, "Read the Bill". Clearly my hon. Friend has, and we have been talking about this in great detail.

There is a real concern here. We need much clearer answers to these questions, which many of our constituents will have. Those who give up their time to work in organisations to make the NHS better deserve decent answers to those questions and concerns. I certainly hope that reflection will be taken on those points.

At its heart, the Bill is not simply a debate about technology or bureaucracy; it is about who holds, controls and safeguards the most personal data that any of us will ever possess. This is one of the most significant reorganisations of the NHS in modern political history, but it is wrapped carefully in the language of managerial simplification.

[Stuart Andrew]

Perhaps part of the Bill will help, and of course some reforms are necessary. Conservatives are not afraid of reform—definitely not. Indeed, if the NHS is to survive the demographic, technological and fiscal pressures ahead, modernisation is essential. That is because technology matters, innovation matters, integration matters, data matters, prevention matters, productivity matters and, yes, accountability matters too. That is why, where we see good work in the Bill, we will back it, and where we think there are questions that need to be drilled down into, we will do so. We want to ensure that the Bill works.

There is a difference between modernisations rooted in political realism and announcements designed primarily for political theatre, and too much of the approach we have seen so far is Whitehall talking to itself; meanwhile, outside this Chamber, reality continues uninterrupted. Patients still wait, ambulances still queue outside A&E, the family still worries, the exhausted nurse still works a double shift and the GP still battles impossible demands.

Here is the truth: the NHS does not primarily suffer from a shortage of announcements; it is marked by a persistent lack of grip and direction. The Government today increasingly resemble a man frantically changing labels on a filing cabinet while the building itself quietly catches fire.

The Government say that abolishing NHS England will reduce bureaucracy—perhaps it will—but let us not forget that Whitehall sometimes possesses a remarkable historic talent for abolishing bureaucracies ceremonially before quietly recreating them under another name with slightly different headed paper. We need to ensure that that does not happen in this instance.

We also have to think about the huge amounts of public money involved—yes, nearly £202 billion; an extraordinary sum of money. We understand that pressures rise—of course we do—we understand about ageing populations, we understand that medical advancement increases costs and we understand the aftershocks of the pandemic. But when a Government spend record sums while presiding over delays, workforce uncertainty, transformation paralysis, productivity collapse and public frustration, eventually the British public are entitled to ask a simple question: where has all my money gone? The Government are not judged by the size of the press release; they are judged by whether the thing actually works.

We must now do everything to ensure that the Bill goes through with great scrutiny, as it needs to do, because healthcare is difficult, trade-offs are real and workforce shortages cannot simply be rebranded as opportunities. Indeed, the public increasingly suspect something very different here: they suspect that too much of modern politics has become performance without consequences, announcements without accountability and presentation without delivery. That is ultimately why the Bill matters. If this enormous centralisation of power succeeds, Ministers will claim vindication, but if it fails and bureaucracy persists, waiting lists remain stubborn, workforce pressures deepen and promised transformation dissolves into another cycle of reorganisation, the Government will no longer possess anyone else to blame—not NHS England, local structures, quangos or the system—because the Bill places responsibility squarely where the Government claim it belongs, on the shoulders of Ministers. Perhaps that honesty will prove the Bill's greatest contribution.

The British people are patient, but they are not naive. They can distinguish between serious transformation and political choreography, and they increasingly understand that there is no technological shortcut around the fundamental challenge facing healthcare. The Government cannot run a service this large, pressured and so deeply connected to people's lives and wellbeing primarily through presentation. Eventually, every Government collides with reality, and reality—unlike leadership campaigns—cannot be managed through slogans. That is the inheritance facing the new Health Secretary, and that is why the House should approach the Bill not with breathless excitement but with very hard-headed scrutiny indeed so that we get the NHS we all want to see.

Several hon. Members *rose—*

Madam Deputy Speaker (Judith Cummins): Members will have noticed that about 50 Members want to speak in the debate, so with the exception of Front Benchers I will be starting with an immediate six-minute time limit.

6.55 pm

Andy McDonald (Middlesbrough and Thornaby East) (Lab): May I begin by welcoming the Secretary of State to his place and wishing him well in the responsibilities that he carries on behalf of patients, NHS staff and communities across the country? I welcome the Bill and its intention to improve patient care through investment, modernisation and better integration across the health service.

It is right to acknowledge the progress made on waiting times and waiting lists since Labour returned to government, with the overall waiting list falling significantly and long waits continuing to come down, but may I add my voice to those of others about the appointment of a chair for the Tees, Esk and Wear Valley inquiry? My right hon. Friend the Member for Ilford North (Wes Streeting) gave that commitment, which we were pleased to hear, but we have yet to see that chair appointed. If that could be given attention, we would be most grateful.

I remain concerned about the continuing impact of historic private finance initiative costs on NHS trust budgets, including the pressures facing South Tees hospitals NHS foundation trust in my patch. Too much money is still being diverted from frontline care. I regret that this issue remains unresolved.

The principal reason I rise today is as chair of the all-party parliamentary group on spinal cord injury. Last summer, the APPG's inquiry into spinal cord injury services reached a clear conclusion: the evidence points to the need for more national co-ordination, not less. Spinal cord injury is a low-volume but highly complex condition requiring specialist pathways, lifelong rehabilitation and co-ordinated support, yet the inquiry heard repeated evidence of fragmented services, postcode variation, delayed rehabilitation and patients being lost within the system. The APPG therefore called for a national strategy and a modern service framework for spinal cord injury care. As we intend to hold a lived experience roundtable shortly, I invite the Health Secretary to come and meet people with spinal cord injury to hear their concerns about the proposed changes to commissioning.

We welcome the excellent constructive engagement from the Under-Secretary of State for Health and Social Care, my hon. Friend the Member for Washington and Gateshead South (Mrs Hodgson), and NHS England officials, but we remain deeply concerned about proposals to transfer spinal cord injury commissioning from national oversight to integrated care boards. Indeed, NHS England's own evidence to the inquiry emphasised national standards, national quality metrics and nationally co-ordinated pathways, quality measures and oversight. If national consistency has not yet been achieved under national commissioning, what evidence demonstrates that transferring responsibility to multiple ICBs will improve outcomes or equity?

What is at stake is not abstract. When somebody sustains a spinal cord injury, their life changes overnight. They may require specialist rehabilitation, housing support, benefits advice, mental health support and long-term clinical care. Patients and families should not be left to navigate a fragmented system alone. That is why I welcome the ambition behind the single patient record and Diagnosis Connect.

Connecting newly diagnosed patients directly to specialist support reflects one of the APPG's recommendations. Organisations such as the Spinal Injuries Association help people rebuild their lives after life-changing injury. I hope that Ministers will consider including spinal cord injury within the early phases of Diagnosis Connect.

The question is not whether structures change on paper; it is whether people living with spinal cord injury will experience safer, more equitable, more co-ordinated care. I hope that the Secretary of State will answer some straightforward questions. If NHS England accepts that national consistency has not yet been achieved, what evidence shows that localised commissioning will improve it? How will national standards, benchmarking and quality oversight remain coherent under a fragmented arrangement? Do the Government accept that spinal cord injury differs fundamentally from standard population health commissioning because of its low volume, high complexity and cross-boundary nature? What safeguards will prevent widening regional inequity, if accountability is dispersed across multiple ICBs?

The APPG's inquiry concluded that spinal cord injury services require stronger national co-ordination and oversight, not greater fragmentation, and I hope the Government will reflect carefully on that evidence. This country led the world in spinal cord injury provision under the leadership of Professor Ludwig Guttmann after the second world war, with the remarkable work that he achieved. We need to return to those days of being pioneering and world-class. As a lawyer who previously practised in this area, I am afraid that over the past several decades services have deteriorated and gone backwards. We must restore those services and bring trust to people who so desperately want reassurance that there is a national system for them to rely on that will address their needs. We are currently not in that place at all. The Bill is an opportunity to address that, and I trust the Minister will take that on board.

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

7.1 pm

Helen Morgan (North Shropshire) (LD): I start by declaring an interest as a member of the all-party group on patient safety and as a vice-president of the Local Government Association, and also by welcoming the new Secretary of State to his place. I very much look forward to working constructively with him during the passage of the Bill.

We all know that our NHS is in desperate need of transformation. Hospitals are in chaos, social care is overloaded and getting a GP appointment is a huge challenge for many. Labour has promised to put patients and communities at the heart of the NHS, but I fear that the Bill does not fulfil that promise. The Government promised to sort out social care, but two years later they are still only part-way through a three-year review. They promised to treat mental health with parity, but although mental health accounts for 20% of the disease burden, its share of NHS budgets is falling to just 8.4%. The Government promised to protect women's health, but the women's health strategy published this year was significantly weaker than the men's health strategy, which received 60% more funding for new research. Healthy life expectancy in the UK is stagnating, and adult social care is under ever more pressure, putting immense stress on the budgets of councils and other local authorities.

The reality in rural North Shropshire is that people struggle to get GP appointments, 12-hour waits in A&E have become normal and finding an NHS dentist is becoming impossible. The social care crisis has left Shropshire council's finances in a dire situation. A real NHS reform Bill would have changes to social care, general practice and prevention at its heart. Instead, this Bill passes responsibilities around Whitehall, centralising more power with the Secretary of State, while chaos reigns following 50% cuts to ICB budgets.

Early in his term, the right hon. Member for Ilford North (Wes Streeting) promised that another top-down reorganisation of the NHS was the last thing he wanted to do. Yet the abolition of NHS England is exactly that—focusing on reorganisation at the top, while failing to deliver real improvements for patients and staff. It is true that NHS England has allowed Ministers to shirk responsibility and accountability, but its abolition has been poorly planned, leaving both ICBs and specialised commissioning in chaos. Instead of the Government's advertised aim of creating a more community-based NHS, the Bill centralises power in Whitehall, giving sweeping Henry VIII-style powers to the Secretary of State. Such powers carry a real risk that political considerations could influence what should be operational decisions about how the NHS provides for patients in future. That is particularly concerning in the current febrile political climate, and the Government must ensure that protections are in place for what may happen in the future.

The Government have made 50% cuts to ICBs, but the Bill gives them new legal responsibilities, different structures and centrally directed spending objectives. It is indicative of a lack of planning that could plunge ICBs into chaos. Meanwhile, the removal of the integrated care partnership and the extension of ICBs to cover multiple local authorities raises unanswered questions about the future of social care planning. In Shropshire,

[Helen Morgan]

the council already spends around 80% of its budget on social care provision. That has a monumental impact on all services, as constant savings have to be found. Removing the pooling of the better care fund among local authorities and ICBs will discourage integrated working between these bodies on social care. Given existing complications over the sharing of costs and social care provision, the chaos of that reorganisation may only exacerbate confusion.

It is also astounding that the Bill plans to remove the duty of GP representation on ICBs, along with local authorities and NHS trusts. The replacement of council representation with mayors is extremely problematic for the many areas that do not have a mayor, and it removes the local accountability needed to ensure true community representation. Like so much Labour policy, such changes risk benefiting concentrated urban areas, while letting down rural communities such as those I represent.

Steff Aquarone (North Norfolk) (LD): My hon. Friend will be aware of clause 4 on reducing health inequalities, which I welcome. As a rural MP, like me, she will also know that access and outcomes are poorer in our communities. Does she agree that the Government should go further and ensure that the Bill explicitly refers to equality of access and outcomes for rural and coastal communities such as North Norfolk?

Helen Morgan: My hon. Friend will not be surprised to hear that I agree with his point.

ICBs are already overstretched and underfunded. In North Shropshire, both Shawbury medical practice and Prescott surgery in Baschurch are in desperate need of expansion. Community infrastructure levy money is available and land is earmarked for a new site, but progress is being held up by the ICB's inability to agree notional rent. That situation is replicated across the country, and there is no sign of such problems being solved by the Government's changes.

The plan to abolish Healthwatch will ultimately strip patients of their voice. There has been a statutory independent patient voice in the health and care system for more than 50 years. More than half of patients who experienced poor care in 2024 did not take any action, with many citing fears that giving negative feedback directly to the NHS might affect their ongoing treatment. That is why it is crucial that we have an independent patient voice, rather than leaving the Department or the ICB to mark its own homework.

We need only look at the devastating consequences of the failings uncovered during the Mid Staffordshire scandal, and the long list of maternity failings since, to see how important it is to have Healthwatch exposing challenges in the health service and listening to patient feedback, and how the CQC can fail in that operation. In Shropshire more than 200 babies are thought to have died due to maternity failures; in the reviews that followed, the one thing that came up time and again was that grieving parents were not listened to.

Patients and their families must have a voice. The new system will give no incentive to investigate such issues, which are invisible in the main performance metrics of the NHS. To see the value of Healthwatch, we need only look at the Cabinet Office King's Speech briefing for the Bill, which refers to a Healthwatch report from May 2025 on missing medical records in order to make the case for the single patient record. I urge the Government to protect both national Healthwatch and local healthwatch organisations, and the independent whistleblowing routes that empower and advocate for patients.

The Liberal Democrats welcome the move to create a single patient record; that part of the Bill could prove to be the most transformational for patient experience and, most importantly, for patient outcomes. People are tired of endless NHS admin and of having to reconfirm their medical histories over and over to different medical professionals. Patient harm has often occurred where clinicians have not had a patient's full medical history, and different parts of the NHS having access to the same patient information is clearly necessary. However, that must come alongside essential new privacy protections and safeguards for patients, particularly given the understandable concerns surrounding Palantir's involvement with the federated data platform. We would introduce a health charter to set out guiding principles for data sharing across the NHS, ensuring that patients are in charge of their own data.

The Bill's references to carers are welcome, as is the Secretary of State's duty to promote the involvement of carers alongside patients in decision-making around care and commissioning. However, the Bill goes nowhere near tackling the social care crisis and demonstrates a pitiful lack of ambition on one of the biggest challenges we face. As I mentioned, the chaos caused by the restructuring of ICBs will only worsen the challenges that local authorities face in providing care for an increasingly ageing population. We want to transform the NHS so that patients are empowered to live more healthily, for longer and in dignity. The nation's health is stagnating, with an ever-widening gap in healthy life expectancy between the country's most and least deprived areas and growing pressure on adult social care.

Fixing social care is fundamental to our vision for the NHS. It is the key to providing a better quality of life for the frail and vulnerable, freeing up hospitals and building independence for an ageing population. It also empowers our constituents to live as independently as possible in their homes and near to their families and communities. We cannot fix the NHS and move care to the community while ignoring social care—yet the Bill ignores it and, as I have outlined, the changes to ICB commissioning will undermine the structures that are supposed to integrate social care with the NHS.

Liberal Democrat plans will give people control, rooting services in communities, listening to patients and making it much easier to see a GP. We will give patients a right to see a GP within seven days, reverse surgery closures and ensure proper personalised management of chronic conditions and frailty, with guaranteed access to a named GP for those patients. We will also protect the mental health investment standard so that we can rebuild community mental health services—something that this Government have failed to do— empowering individuals with poor mental health by intervening early and allowing them to access care in their community. Our maternity rescue plan will ensure that Britain is the safest country in the world in which to have a baby, offering one-to-one midwifery care and empowering women at this most important moment.

This Health Bill could have been a moment for real change. Liberal Democrats are clear about what real modernisation of the NHS would look like. Our vision for a reformed, community-based NHS is one where proper care and restored investment in public health ultimately cut NHS waste and empower people to live healthier and more independent lives. This Bill focuses on shuffling responsibility around Whitehall and gives the Secretary of State the role of chief micromanager. The Government continue to procrastinate over bringing in real change to fix social care, empower patients and save our NHS. In Committee and on Report, Liberal Democrats will use every lever at our disposal to deliver the transformation the NHS so desperately needs.

7.11 pm

Dr Zubir Ahmed (Glasgow South West) (Lab): Twenty-one years ago, when I started my NHS career as a junior doctor, there were Labour Governments in every part of Britain, and I was proud to have practised in every single nation of our country. The NHS then exemplified the mood of our nation: hopeful, comfortable in its own skin and confident about embracing, even shaping, its future. And we did shape that future. The Labour Government delivered world-class heart attack care, stroke care and cancer care, regardless of where someone lived and their ability to pay for it. We also drove through controversy to secure a smoke-free generation, starting in Scotland and then delivering it all across these isles. The success of that legislation is perhaps best exemplified in the fact that we now have a whole generation who feel it is their inalienable right to go indoors and never have to inhale passive smoke or suffer all the deleterious effects that come with it.

Now, as then, the NHS is holding a mirror up to our society. For those who rely on it, there is anxiety and frustration about why, so often, we do not get the basics right, from grappling with the uncertainty of simply seeing a doctor or specialist to the anxiety that comes with waiting for a scan or its results. There are 1.5 million people working in the NHS—including once-idealistic surgeons like me, who unapologetically gave our youth to the NHS because we enjoyed our craft so much that sometimes it did not even feel like work—but those staff have been battered by austerity and covid. They are hoping for better days but, despite the improvements that have been made in the last two years, I know that they harbour a quiet hopelessness that perhaps their workplace can never be joyful again. They are good people who are resigned to running faster just to stay still and keep their patients safe.

All that is because of a 14-year-long Tory Government and the choices they made. They made political choices to rob Peter to pay Paul, and to fail to invest in our NHS. In an era of AI, technology and digital transformation, they left highly skilled staff with 21st-century clinical skills and 20th-century equipment, and left the public feeling more adrift than ever from their most prized national asset. Let us also not spare their handmaidens in Scotland, the Scottish National Government, who fared no better: NHS spending going up and productivity coming down; no NHS app to book appointments or get test results; lung cancer screening lagging behind; and 24/7 21st-century stroke care that is more like Russian roulette.

It is in this mood of cynicism and despondency that this Labour Government are charged with the responsibility of modernising our NHS and showing that we dare to go big again: going big on giving more power and control to patients and the staff who look after them; going big on taking the bold decisions, even if controversial, on becoming the healthiest generation that has ever lived; and going big on grasping the opportunity that technology presents us with. That is the path we start on today. It answers the cries of patients and answers the call of those who want to look after them.

Take the single patient record, which has been lauded in the news today as an exemplar of this Bill. It is a programme that, as health innovation Minister, I was proud to start off and bring my NHS experience to. It is a simple concept, demanded by patients and the vast majority of people who look after them, that there should be a single and comprehensive source of truth about a patient's history when it is most needed. Most of the public believe it already exists, yet it has proven harder than ever to deliver because of conservatism, paralysed by the thought of the worst outcomes and unable to plan for the best outcomes, and by a belief that patient safety and data safety are somehow tangled up in the status quo. There is nothing safe about going from one hospital to another where a consultant cannot see your scans, or your child urgently attending an A&E department where their medical history cannot be seen or, as recently happened in my own practice in the middle of the night, having to turn down an organ donation because we could not access GP records at the weekend.

What about data security? The NHS is dependent on thousands of IT systems born out of necessity rather than design. If we were designing it, we would never have done it this way, but we must now be absolutely committed to making sure that data is safe and that military-grade security prevails. During my time as health innovation Minister, I was clear—as those on our Front Bench today are clear—that NHS data is sovereign and must be used for the benefit of patients.

We can no longer afford to look the other way. We have to lean in to the arguments and the headwinds that say, "No, not yet" or, "Not this much all at once." We have to say to our citizens, and to our NHS staff who demand we get the basics right, that we are ready to face down those headwinds, those noisy tweets and those vested interest positions and say loudly, "Yes, right now" and, "Yes, as big as we can," because our NHS can, because its patients expect us to, and because its users demand us to go further. This movement and this party were born of difficult times to deliver in difficulty, and this Bill will definitely and ultimately deliver on that promise.

7.17 pm

Dr Ben Spencer (Runnymede and Weybridge) (Con): It is a real pleasure to follow the hon. Member for Glasgow South West (Dr Ahmed). I did not agree with everything in his speech, but I know of his passion for NHS services and I am grateful for the work that he did as a Minister, particularly in helping me to advocate for my constituents, which I will come to in the main part of my speech. I should start with the standard declarations: I am a former NHS doctor and my wife is a current NHS doctor.

[Dr Ben Spencer]

There is a lot of good and very reasonable stuff in this Bill. I very much support the abolition of NHS England and I am glad that is being taken forward. The single care record makes complete sense. It is pretty crazy that we do not already have a national system in place. I think there will be some speed bumps in terms of administration, and the question I have is this: how is it going to encode sex data? What data is the record going to use as sex data, given the problems and the discussion that we had just before this debate?

For me, the problem is about accountability. I have a local integrated care board. I also have NHS trusts, one of which is Surrey and Borders, which has been failing to deliver rapid, timely autism spectrum disorder and attention deficit hyperactivity disorder assessments for children. Frankly, that failure to provide a speedy assessment for ASD or ADHD locally is a disgrace. I have been putting pressure on my local trust to try to change that. My constituents expect me to do that. Some of my constituents expect me, as an MP, to be able to click my fingers to make this happen, but of course I cannot do that because this is the NHS trust, the chief executive and the ICB.

I raised this issue in Parliament with the then Secretary of State, asking him to investigate my local mental health trust and look at the failings, and I am grateful that the then Minister, the hon. Member for Glasgow South West, responded to me and wrote to my ICB. The response I got was that this was within the ICB's framework, and that what ICBs do is essentially up to them. My ability to go about changing this is therefore very limited.

I get the point about clause 11 and the Secretary of State taking a few more powers to direct ICBs, but that is a very blunt tool. In reality, it will not be accountability. I cannot quite believe that it will work in such a way that, if I raise something in Parliament, a directive will force my ICB to deliver better for my patients. I cannot quite see that that will happen in reality—or perhaps I am wrong and it will. In that case, Parliament will essentially become a forum for MPs—all of whose constituents will expect them to be able to give directives to our NHS trusts and ICBs—to raise these issues so that the Secretary of State can take forward a directive.

It would be far better if ICBs were directly accountable to local politicians. I heard the response that the plan is for ICBs to be accountable to mayors, but we do not have a mayor in Surrey and, even though many of us have been calling for a mayor, there is no timescale for getting one. ICBs need to be directly accountable to locally elected representatives in some way, shape or form, and the logical group is Members of Parliament, because that is what the public believe and expect. I hope that, as the Bill goes through, we will investigate the local accountability of ICBs in the NHS and that perception.

One of the biggest dangers is the sense that we, as MPs, can deliver direct changes in day-to-day clinical commissioning, from which, of course, we have a degree of distance. I reiterate that, at the moment, the public perspective and public belief is that that is what we are empowered to do. We therefore have to be empowered to do that, or we have to have mechanisms to make it clear to people that local NHS care is not in the direct control of myself or anyone else here, apart from Ministers on the Front Bench.

Patient groups are an important mechanism, but they are also important in terms of consultation. I worry about what will happen when ICBs consult on plans. What is the number? What is the survey? What is the metric? Who is appointing the ICB chair? Who is appointing the NHS foundation trust chair? Who is appointing the members of all these quangos? Where do democratically elected representatives sit in these appointment decisions?

Given the time limit, I will finish on this point. Accountability is critical in getting this right. Care models need accountability. I have raised this matter in Parliament for many years now. I hope that we can use the Bill as an opportunity to give our constituents the accountability they need and deserve in the delivery of local health care.

7.23 pm

Wes Streeting (Ilford North) (Lab): That was a characteristically thoughtful speech by the hon. Member for Runnymede and Weybridge (Dr Spencer). It is also a particular pleasure to follow my hon. Friend the Member for Glasgow South West (Dr Ahmed), who was an outstanding Minister in the Department of Health and Social Care and has demonstrated again today why his expertise and integrity are highly valued on the Government side of the House.

I strongly supported the speech made by the Secretary of State. He has hit the ground running, and he knows that he has my full-throated and wholehearted support. He does not need a predecessor being a back-seat driver—something that I am sure the Prime Minister feels about one or two of his predecessors after recent days. I also thank the Minister of State for Health, my hon. Friend the Member for Bristol South (Karin Smyth), for her leadership on the Bill, and the brilliant team of officials, who have worked exceptionally hard to prepare the Bill for its introduction.

It will come as no surprise to anyone that I strongly support the Bill. The latest NHS waiting list figures show the biggest cut to NHS waiting lists for 17 years, and as we heard from the Tories today, they cannot stand it. They cannot stand that within less than two years we have done something that they failed to achieve in 14: lowered waiting lists. Waiting lists are shorter than when we came in—lots done, and lots more to do, but the numbers are there. Despite record levels of demand and strike action by the British Medical Association, we delivered record levels of activity and waiting lists are falling. That is the difference that a Labour Government make.

To understand how and why this happened is to understand why the Bill matters. Those who claim that recent improvements in NHS performance are simply the result of more money are making exactly the same mistake that held the NHS back for years under the Conservatives. Investment matters—of course it does—but, as the Secretary of State outlined, we are combining investment with reform. We are embracing technology, cutting bureaucracy, improving productivity and changing how care is delivered—from cutting £1 billion from spend on agency staff to funding GPs to treat more patients in the community, equipping NHS staff with the latest AI tools, and sending crack teams of top

clinicians to bust the backlogs in hospitals with the most patients off work sick. Every single change has been opposed by vested interests, but that is why we are seeing more patients treated and better value for taxpayers. That is the difference between managing decline and delivering change.

For all our progress, we know that there is so much more to do. Too many people are still waiting too long. Too many staff are working against systems that make their jobs harder, not easier. Too many patients have to tell their story over and over again. Too much money is trapped in bureaucracy when it should be reaching the frontline. Too often, accountability is blurred between two different headquarters or two different boards, bodies and acronyms that the public do not know and cannot hold to account. This Bill is the NHS modernisation Bill, and it addresses every single one of those challenges, giving expression to the principle that the NHS should be run for the patient, not the other way around.

The Leader of the Opposition recently claimed that we have not kept our promise to abolish NHS England. In fact, we have already started: 7,000 posts removed from ICBs, and 4,500 more posts going from NHS England and the Department of Health and Social Care. I know that those changes are not easy for the people affected, and I never treated them lightly, but abolishing NHS England is about cutting duplication, reducing bureaucracy and putting responsibility for the NHS where it belongs: with elected Ministers who are accountable to the public.

Every pound wasted on administration is a pound that could be spent on patient care. That is why we are stripping out unnecessary layers and directing more resources to the frontline. Hearing the opposition from Conservative Front Benchers, it is no wonder that they presided over such a bloated bureaucracy. This Bill will save money, but they never once asked how much it would cost to pile on layer after layer of bureaucracy, saddling the NHS with top-heavy management, which frustrated patients and really frustrated staff.

Some will say that there is a contradiction: that centralising accountability and giving patients more control over their own data pull in opposite directions. But that is precisely the point. For too long, power in the NHS has sat in a no man's land—an accountability sink, too distant from patients and citizens to be meaningful and just far enough away from Ministers that there is plausible deniability when things go wrong. The Bill takes back power in order to give it away: accountability for Ministers where it belongs, and power for the patient where it belongs, too.

The Government must face down powerful producer interests on patient data. Our health data is precious. Two things matter above all else: that our data is held securely and that it is used ethically. However, the single patient record is one of the most important reforms of the NHS for decades. It is frankly unsafe, as well as absurd, that patients are still being asked to repeat their medical history every time they access a different service. We also have to take on the producer interest of those who think patient data belongs to them rather than to patients. Our health, our data, our NHS—patients should control who can access their data, and they should control their own data.

By all means let us scrutinise the Bill and suggest improvements, but do not slow it down. The NHS does not have time to waste. The NHS is on the road to recovery, and this Bill puts the foot down on the accelerator.

Madam Deputy Speaker (Judith Cummins): I call the Chair of the Health and Social Care Committee, after whose speech there will be a four-minute time limit.

7.29 pm

Layla Moran (Oxford West and Abingdon) (LD): It is a pleasure—and slightly surreal—to follow the former Secretary of State, the right hon. Member for Ilford North (Wes Streeting), because he is very much an architect of the Bill, and I am sure that we would have had many questions for him about what he meant by parts of it. It was a pleasure to work with him when he was in the role, and I look forward to working with the new Secretary of State too.

We all understand what is at stake here: far too many feel that the system is not working for them. The latest British attitudes survey showed that more than half of people in this country are dissatisfied with the NHS. That should give us all pause. When the abolition of NHS England was first announced, I welcomed its boldness because our population faces enormous challenges. Healthy life expectancy has not just stalled; it has gone backwards. We are getting older and we are getting sicker—so, yes, we need to be bold. There is widespread recognition that the three shifts in the 10-year plan, to community, to prevention and to digital, are the right ones, and if achieved—and that is an "if"—they will be transformative, but along with the enthusiasm, which I share, there is a big dollop of scepticism. Twenty-five per cent of the public do not believe this plan will make any difference to them, and we must prove them wrong.

My message to this Government is this: "Focus on the plan. It is the right plan, and achieving it will be an enormous challenge. Also, please do not forget social care." We must remember that this merger, which could risk becoming a distraction from the plan, did not start with the Bill; it started with the announcement in March 2025, and the effects are already being felt in the NHS. This was not in the manifesto, so it came completely out of the blue, with many people waking up and discovering that their jobs were at risk only from reading the news. It has been brutal. As a result, the Institute for Government told the Health Committee in our hearing just before the recess that there has been a "large drop in morale", which is unsurprising. There has been uncertainty, poor communication and disruption. I have heard at first hand how decisions have been snarled up as key people have left, and we must learn from previous reforms that the savings often do not materialise because many of the same people who leave first end up being rehired—a point made in the Committee hearing a couple of weeks ago by the chair of NHS England, Penny Dash. So, despite my initial enthusiasm, there is much that we need to chew over.

In the six inquiries and 13 one-off sessions that our Committee has done so far, there are clear themes for change, and it is on those that I will judge the Bill. The first theme is innovation. Pilots and moonshots are good, but they should not replace evidence-based prevention and joined-up thinking. For example, the Government's obesity moonshot focuses on weight-loss drugs, but ignores

[Layla Moran]

the obesogenic environment of advertising, ultra-processed foods and lifestyle pressures. It tackles the symptoms and not the cause. And too often, these pilots show promise but are then never scaled up. What a waste! Innovation should be a mindset, not a buzzword, and we should strengthen clause 6 of the Bill to ensure that the long term is embedded from the outset.

The second theme, which has come up already, is patient voice. Our inquiry into severe mental illness laid bare a system where vulnerable people feel like pinballs in a machine.

Alex Brewer (North East Hampshire) (LD): In my area, children waiting for ADHD assessments—many already on the standard pathway for years—have been told that they will have to wait until 2027 at the earliest. We know this is happening nationally, because Healthwatch told us in its 2024 report. Does my hon. Friend agree that abolishing Healthwatch—the only statutory independent body holding our NHS to account—will leave the most vulnerable patients without a voice and the NHS marking its own homework?

Layla Moran: I do have concerns over Healthwatch; I have even more concerns over the role of the HSSIB. We cannot have it both ways: people cannot sit at desks near other people who are making decisions and at the same time be perceived as entirely independent. The perception of independence cannot be legislated for—the perception is everything, and that is my concern. Clause 15 talks about co-creation, but getting this point right is key to making the system work. There are many examples of where it has been done correctly, but all too often it is just a tick-box exercise.

The third theme is financial flows and integration. Time and again, the Committee is in rooms with local authorities, social care and the voluntary sector all saying that they know how to do this for their local area and it is the system that gets in the way. Section 75 arrangements are a good start and should be strengthened, and there is a lot of promise in the neighbourhood health plans under clause 24. Our concern is over clause 21, because if local authority representation is removed from ICB boards, then social care is not present in those first conversations. That is critical and needs rethinking.

The fourth theme is data. Recently in my surgery, I spoke to a woman called Freya-Rose, who described how repeatedly recounting traumatic experiences compounded her own suffering. The single patient record could be transformational for her and others who find recounting traumatic experiences difficult. We therefore welcome clause 47, but we must be careful about the risks, especially around sensitive data. On that, the Committee will be having hearings on the federated data platform and Palantir, which has already been mentioned today.

The final theme that has emerged in our work is inequalities, so I am excited about the potential of clause 4. I am proud of the Liberal legacy that this NHS is built on. In his seminal report, Beveridge rightly pointed to want, disease, squalor, idleness and ignorance as the five giants that needed to be slayed on the road to recovery following world war two. Obviously, we have come a long way since then, but I would argue that it is time to define some new giants, and health inequality must be one. It is self-evidently the moral thing to do, but—here is something I think the Secretary of State will like—it is also the economically wise thing to do, because study after study shows that tackling inequalities is the key to unlocking productivity in the NHS. Simply put, helping those who need it the most helps us all. This Bill needs to do more than just "have regard" to inequality; I would urge the Government to make it its core mission.

I end by simply saying what I started with: I will work constructively to help the Government make this the success that I hope they want it to be. I would urge them to think about the downsides, because there are some and they need sorting out. Above all, the Bill will be judged not by us, but by Chris and Freya-Rose, the very patients who deserve to be put at the heart of this legislation moving forward.[1]

7.36 pm

Liam Conlon (Beckenham and Penge) (Lab): Like others, I start by paying tribute to the NHS. I know from first-hand experience how important the NHS and its staff are. When I was 13, I had an accident that left me unable to walk for four years. I spent so much time on NHS children's wards that I went back a year at school and, as a sixth-former, I was one of the youngest people in Britain to have a hip replacement on the NHS. I want to thank the staff at the Royal London hospital and the Royal National Orthopaedic hospital who cared for me. Last year, I went back to the children's ward that I had been on and opened a new outdoor play area for the children on the ward today; it was one of the greatest privileges I have had since being elected.

I am pleased that the waiting list for hip replacements has come down and that opportunities for children to access education in hospital are improving, but I want to focus my remarks today specifically on brain cancer and brain tumours. Brain tumours are considered rare, but 12,000 people a year are diagnosed with a brain tumour. Just one in 10 adults diagnosed with brain cancer in England survive five years or more, and it is the biggest cancer killer of children and adults under 40.

Behind those statistics are the real lives of people and their families, such as my friend and constituent, Alex Savage. Alex was diagnosed with a glioblastoma in 2021 at just 33 years old and sadly passed away in April this year, aged 38. He leaves behind his daughter Etta—who is now not even two years old and will grow up without her dad—his wife Anna, his mum Marie, his dad Ed, his brother Nick and his sister Rebecca. Alex was intelligent, warm, funny, fearless and full of life. He spent his final months campaigning for change on brain cancer, working closely with the Tessa Jowell Foundation—a cause close to my heart—and I know he will be much missed by the staff there. Alex spoke extensively about how he lived well with brain cancer, and also how severely it impacted his independence and how his family often had to pick up the pieces. They are a real credit to him and to themselves, but the strain this must have had on them is undeniable.

Our improvements to the NHS must be a rising tide that lifts all ships, not just for common conditions, but for rare and difficult ones such as brain cancer. I believe that we have begun to provide answers, many of which are covered in the Bill. First, we have the creation of a

1. *Official Report*, 8 June 2026; Vol. 787, c. 2WC. (Correction)

single patient record. It is not acceptable, in 2026, to have a health system that is still operating in the analogue age. It was only after the intervention of this Government —particularly the previous Health Secretary, my right hon. Friend the Member for Ilford North (Wes Streeting), and the previous Minister for Health Innovation and Safety, my hon. Friend the Member for Glasgow South West (Dr Ahmed)—that the last NHS trust stopped using fax machines. The single patient record is an important step towards the digital age, finally bringing together patients' data in one easy-to-access place.

Secondly, if we want to improve the prognosis for patients like Alex, we need to improve the funding and infrastructure behind research and clinical trials. I am glad that the Government have committed to taking action on this by increasing access to trials, giving greater hope to other families who are suffering.

Thirdly, I welcome the Government's endorsement of the work of the Tessa Jowell Brain Cancer Mission, which has done so much for brain cancer patients by reducing the postcode lottery and raising overall standards of care. However, as Alex's case shows, we still need further improvements. This means making a sustained commitment to improving outcomes for those with brain tumours, backed by meaningful increases in funding to reflect the incredible burden of this cruel disease.

I am proud of the improvements that we are making to the NHS. I know the impact they will have on the lives of millions of people across the country, including in my constituency of Beckenham and Penge. However, we also need a specific approach to tackling brain cancer. As Tessa Jowell said in her final speech in the other place, it cannot be

"put into the "too difficult" box".—[*Official Report, House of Lords,* 25 January 2018; Vol. 788, c. 1170.]

Through funding, improvements in trials and further expansion of the mission model, I am confident that we can make progress, and I look forward to being a part of that progress throughout this Parliament.

7.41 pm

Sarah Bool (South Northamptonshire) (Con): As an active user of the NHS, I welcome steps that can be taken to help improve patient experience and care, but the NHS is a delicate ecosystem: mistakes and errors do not just lead to a loss of money—they can be life-changing and, quite literally, a matter of life or death—so it is absolutely essential that we get these changes right.

Conscious of time, I will focus on a few points that I want to raise. The single patient record has already been mentioned a number of times. There is no hospital within the boundary of my constituency of South Northamptonshire, so my constituents can be treated at a variety of hospitals, including Northampton, Milton Keynes, Kettering, John Radcliffe or the Horton. Working cross-county and across the country, I can see the value in creating a single patient record, ensuring that notes are available. It really could transform care co-ordination. For example, the wife of one of my constituents was almost given medication that would have killed her—she would have had an allergic reaction—because of the use of old notes. Only her husband's presence saved her life. We cannot allow that in this day and age.

As the Royal College of Nursing has indicated, we must ensure that any new system has robust safeguards around data privacy, transparency, access, procurement and secondary uses of data. I acknowledge that the Secretary of State has put an emphasis on looking at that, but I think we all need more assurances. Even the Royal College of General Practitioners is asking whether the Government will provide any assurances around indemnity for GPs to protect against liability if there are breaches of data protection regulations or instances of mishandling patient records.

All in all, the single patient record will work only if the system has the confidence of patients and staff. Nursing staff have been asking through the Royal College of Nursing if they will be involved in the creation and design of the single patient record, to make sure that it will actually work in practice. Will the Minister confirm whether that will be the case?

Without careful safeguards, structural changes could risk undermining some of most significant advances that we have seen in recent years. As many Members will not fail to know, I am a type 1 diabetic and I will always passionately talk about diabetes. Diabetes UK has highlighted concerns about some of the changes. We have seen some incredible movements in diabetic technology, including the development of continuous glucose monitoring and, most recently, of hybrid closed-loop systems, which I am wearing and using as I speak. Central co-ordination has ensured that funding agreements are secured and access is prioritised. A shift to purely local decision making risks fragmentation and widening inequalities.

Many new treatments are being created and progressed. For example, I introduced a ten-minute rule Bill about type 1 diabetes screening in children. We need to ensure that this is prioritised, along with access to emerging immunotherapies. As this is an incredibly specialised area, it requires expert national oversight and co-ordination. It would be inefficient and potentially ineffective for such developments to be pursued on a purely local basis. We want to ensure that we do not see any progress falling through the cracks as changes are made.

Finally, I want to touch on patient voices. The abolition of Healthwatch England has been mentioned numerous times during the debate. Many patients have to be incredibly vocal about the care that they need. Often, they cannot make those points as strongly as we might, so it is vital that we maintain bodies that can speak on their behalf, especially those that ensure the voices of young children and youth are prioritised. I am supportive of some of the changes that are coming, but we do need to exercise some care and caution.

7.44 pm

Jen Craft (Thurrock) (Lab): The NHS is at a critical juncture in its existence. In order to survive, it needs radical change in how it is run. I welcome the measures in the Bill to keep the NHS around for generations to come, but there are opportunities for the Bill to go further.

I will briefly touch on the situation in my constituency, where an acute care trust has been under-delivering for decades. It constantly gets terrible CQC ratings, whether they relate to how it is run, specific departments or access to services such as A&E. During a recent inspection,

[Jen Craft]

two of the inspectors had to stop the work that they were carrying out to point out that there was a deterioration in a patient that had not been noticed by the medical staff on duty. The previous Secretary of State, my right hon. Friend the Member for Ilford North (Wes Streeting), placed the trust into an intervention programme, naming it as one of five trusts across the country that were "challenged", which means it will be subject to significant NHS intervention.

I strongly welcome the measures in the Bill, particularly those that put a clear emphasis on accountability and preventing historic patterns of underperformance and that allow the Secretary of State to deauthorise failing foundation trusts, taking away some of their independence and bringing them under the control of the Secretary of State. Ongoing interventions have not delivered the healthcare that my constituents need, so this might be the final measure that ticks the trust into working, benefiting from the wealth of expertise and experience within the Department of Health and Social Care.

I believe that the Bill can go further in the area of special educational needs and disabilities, delivering for children with disabilities or extra educational needs. There is a systemic problem that is not related to individual instances in specific trusts or areas of the country. Far too often, health is not at the table when it comes to commissioning services for disabled children or meeting the needs of children with additional needs, so there is an onus on local authorities, who have a statutory duty to provide services that it is not in their gift to provide. We hear from local authorities, schools, academy trusts, parents and sometimes even children that the absence of health in these discussions is critical.

The crucial role that the Department of Health and Social Care can play in delivering the SEND White Paper relates to the "Experts at Hand" model. These experts provide an early intervention model, so that all children who exhibit an additional educational need can access expert advice from a panel of people who make up part of the allied health professions. We know that there is a huge shortage in this workforce and, again, it is in the gift of DHSC to remedy that. The Bill could go further to create a change in the commissioning and the development of a workforce strategy, moving the responsibility from NHS England to the Secretary of State. The Bill should mention allied health professionals and paediatric allied health professionals, which would put them on an equal footing with normal clinical staff.

Another way in which the Bill could go slightly further is by putting a duty of partnership and a duty of commissioning on ICBs around SEND services, particularly paediatric services. As I said, there is currently a statutory duty on LAs. We have heard time and again that a similar statutory duty on ICBs would help delivery.

Josh Fenton-Glynn (Calder Valley) (Lab): My hon. Friend is making some powerful points. I hear again and again from parents that while different commissioning bodies argue about who is responsible, children fall through the cracks. Does she agree that we must urge the Secretary of State to go further and ensure that these children do not fall through the cracks?

Jen Craft: My hon. Friend is completely right.

One of the biggest issues with delivering care for children in the SEND system and for disabled children more widely is the lack of join-up between the various services that they should be able to access. The single point of access in this Bill is a great way to deliver on the health aspect of that. I hear from my constituents who parent children with chronic or complex medical needs, and they find it extremely frustrating that they are the one nexus holding all the information about their child's healthcare and what they need. They are quite often battling a number of healthcare bureaucracies to get their child the healthcare and support that they need.

I believe that with a few tweaks, this Bill could be truly revolutionary in delivering the healthcare and support that disabled children and children with extra educational needs require and in taking the onus and the stress away from their parents.

7.50 pm

Steve Darling (Torbay) (LD): As I am sure is the case in many other constituencies, the NHS is perhaps the most valued service in Torbay, where it is the largest employer. Ironically, while the Government talk about investing in the NHS, Torbay is looking at 300 voluntary redundancies. Rather than the investment that the Government talk about, the reality in Torbay is job cuts, many of which are likely to be to clinicians. That is the background to my comments, which I will limit to the crucial ones.

Torbay has had the luxury of an integrated care organisation, which has been vaunted internationally as the way forward. The direction of travel of the Government is very much toward integrated care organisations, as my hon. Friend the Member for North Shropshire (Helen Morgan) alluded to. We have section 75 arrangements, yet because there has been a failure of focus on this matter by NHS colleagues over a number of years, they have been binned in recent months. We have appealed to the Secretary of State to intervene, but he has failed to do so. In the light of that, how can we have any confidence about greater influence from the Secretary of State? When the appeal happened, he said, "It is a contractual relationship." The integrated care organisation has resulted in many people being discharged early and people being cared for in the community at a grassroots level. As Liberal Democrats, we know that that is desperately important.

The binning of Healthwatch is disturbing. I pay tribute to Kevin Dixon, who heads up the organisation in Torbay and Devon. Only a few years ago, it identified a failure by domiciliary care workers who were supporting the most vulnerable people in their own homes. That resulted in an investigation, which took away the contract from that provider, and another provider ended up better supporting those people. How can we expect that to happen if we effectively give the duty to providers to mark their own homework?

Let me focus on the better care fund. It is bonkers that this is being handed on a plate to the NHS acute care services. There needs to be partnership working between adult social care providers and the NHS. It should be driving better care—it says that on the label. This is extremely perverse. I hope that as the Bill progresses, common sense will prevail in a number of areas.

7.53 pm

Paulette Hamilton (Birmingham Erdington) (Lab): As someone who has worked in the NHS for 25 years as a district nurse and who has been involved in integrated care systems in Birmingham and Solihull since the very beginning, I will focus my contributions on three areas of the Bill: health inequalities, patient voice and integrated care boards.

Let me start by saying that I support the principles of the Bill. My constituents want services that work better. They want care that is easier to access closer to home and properly joined up, and parts of the Bill help to support that ambition. I want a focus on neighbourhood health plans and shifting more care into communities. Some of the best healthcare happens in people's homes, in clinics and through early intervention before problems become a crisis. That is why the investment in Stockland Green health centre in my constituency in Birmingham matters so much to my residents and to me. It represents the right ambitions: shifting care into the heart of the community, bringing services together locally and making healthcare more accessible for residents in Birmingham Erdington. The principle of that is absolutely right.

My concern is that parts of the Bill risk moving us away from the original purpose of integrated care. Integrated care systems were created because health is shaped by far more than hospitals alone. I am concerned that the Bill risks moving us away from that local collaborative model and towards something far more centralised. As a former cabinet member on Birmingham city council with governance responsibility for health and social care and public health, and as the chair of Birmingham health and wellbeing board, I know how important local government involvement is in these decisions, yet under these proposals, somebody in that position would not automatically have a seat around the table—they would have to compete for it.

I believe the Bill should protect three things in relation to ICBs: genuine local partnership, a combined focus on health inequalities and prevention, and a strong focus on place, reflecting the needs of local communities like mine. One of my biggest concerns about the Bill is the reduction in independent patient representation, including the abolition of Healthwatch structures. If patient voice is weakened at the same time that local representation is reduced, there is a real risk that health inequalities become even less visible within the system, and we cannot allow that to happen.

The ambition to improve joined-up care and strengthen community healthcare is the right direction of travel. I simply ask the Government to keep a close watch on local representation and patient voice as these changes are implemented. Patient voice must not be lost and health inequalities must not increase. ICBs should not be used as a vehicle to reorganise NHS management structures.

Madam Deputy Speaker (Judith Cummins): I will call a Member on the Opposition Benches, and then I will reduce the time limit to three minutes.

7.57 pm

Saqib Bhatti (Meriden and Solihull East) (Con): It is a pleasure to follow the hon. Member for Birmingham Erdington (Paulette Hamilton), not least because I agree with a lot of what she just said, especially around accountability and the impact on integrated care boards and Healthwatch. I will try to speak quite swiftly in the time allocated to me.

I campaigned for ICBs, because when I was a new Member of Parliament I had to deal with clinical commissioning groups. In summer 2020, the CCG that I was dealing with told me that I was going to get two new urgent treatment centres at the cost of about £1 million each, but I had a call with the same CCG a month later and it denied ever saying that to me. Luckily, one of my staff members had been on that call. I went to see the Health Secretary at the time, and I thought, "This is not possible."

I am not a health expert, but I have been in business, and accountability and transparency really matter. That is why I supported the Health and Care Act 2022 and the introduction of ICBs. The consequence of the Act was much more local accountability and delivery. That is why, since 2020, we have seen the introduction of an urgent treatment centre at Solihull hospital, a locality hub, state-of-the-art surgical units with robotics, and the second-largest community diagnostic centre in the country. That was opened under this Government, but it was allocated and instigated by the previous Government.

I am a big advocate for transparency and accountability, which is why I have great concerns about the Bill. I have great respect for the Minister, but I hope she will appreciate that the cross-party concern on the legislation is very valid. There is a bit of a power grab going on here; the central pillar of the Bill is to centralise powers. Despite the Secretary of State—I would welcome him if he was in his seat—saying that the Bill is not about politicisation, it is inevitable that that centralisation of power will be a politicisation. In fact, the integrated care boards in the form that we created them reduce politicisation. I will not stress that point more than the hon. Member for Birmingham Erdington did, because I was in total agreement with her.

Moving on to Healthwatch, I will start with a compliment to the Department of Health, because I wrote to it last year on 12 September and had a response on 15 September. That is pretty good going—long may it continue—but my compliments will stop there, because I am greatly concerned about the abolition of Healthwatch. The Secretary of State kept talking about integrating it into ICBs, but the response I had from the Minister clearly says that the changes will close local healthwatch organisations. I do not agree with the term "integrated"; a new mechanism is being created that will take away patient voices and patient independence.

Healthwatch plays an important role in gathering local intelligence. The hon. Member for Birmingham Erdington talked about inequality, and I have great concerns about that. Two of the most deprived wards in the country are in my constituency, and Healthwatch also plays an important role in giving a voice to the voiceless. I was not reassured by the Secretary of State that that role will be preserved as those powers are taken into the ICB or centralised into the Department of Health, where the Secretary of State will be an important arbiter.

There was one question that I wanted to ask the Minister. The inequality I referred to includes huge amounts of digital exclusion, another area in which Healthwatch plays an important role. When I talk about the voiceless, I mean the people who do not have the

[Saqib Bhatti]

strength or confidence to address those issues. What work has the Department of Health done regarding the digitally excluded? That is a really important question, and I share the concerns about accountability and transparency that have been expressed. I hope the Minister can address them.

8.1 pm

Daniel Francis (Bexleyheath and Crayford) (Lab): At the outset, I echo the comments of my hon. Friend the Member for Thurrock (Jen Craft). As fellow SEND parents, we both call for the measures that she has pressed for.

I declare my interest as chair of the all-party parliamentary groups for access to disability equipment and for wheelchair users. I wish to speak about some of those issues, predominantly as they relate to clauses 15 and 16 of the Bill and how ICB commissioning needs to be considered in relation to carers and disabled people. Last October, the APPG for access to disability equipment published a report entitled "Barriers to Accessing Lifesaving Disability Equipment", which made recommendations that I believe need to be considered as the Bill progresses. Its main recommendation was that there be a national strategy for community equipment, ensuring consistent national standards and accountability at every level.

Disparities exist not just across ICB areas, but within them. In my part of south-east London, there are different contracts in Bexley, Greenwich and Bromley—three neighbouring boroughs within the same ICB, where people receive completely different service levels. My daughter is a wheelchair user. She is in a school class with children from the neighbouring boroughs that, despite being in the same ICB, have completely different commissioning contracts and different levels of service. That postcode lottery, both across ICBs and within them, is something we really need to look at.

Getting the commissioning of disability equipment right is crucial if we are to streamline processes, reduce delays and prevent unnecessary hospital stays. For instance, there is no timescale for equipment when it comes to hospital discharges. A timescale of 18 weeks for wheelchairs is set out in the national strategy, but not for disability equipment. That leads to delayed discharges, but also to operations that in many respects are unnecessary, such as for people with cerebral palsy who do not have the equipment they require. There is clear evidence, as we will see again in the months ahead, that providers of disability equipment and wheelchairs bid lowest for contracts, creating cash flow issues for them. They then have to slow down the ordering and provision of equipment, which has great knock-on effects on both operations and discharges for the NHS. That is why our APPG has called for a streamlining of communication channels between local authorities, health bodies and Government Departments to ensure a more joined-up approach.

I have very little time, but I want to mention the recycling of equipment. Often, one ICB will have the equipment that a patient in a neighbouring ICB requires, because it has recycled it, but it cannot pass that equipment on because the contracts are different. We saw that issue to a great extent last year in the area of disability equipment when the NRS Healthcare contract collapsed. I welcome the Bill, but I believe it can be strengthened to better address the needs of carers and the disabled.

8.4 pm

Gideon Amos (Taunton and Wellington) (LD): This Bill contains welcome elements, such as creating a single patient record and enabling integrated care boards to become commissioners across a wider area. However, I cannot support the weakening of patient voices, nor removing local authorities from oversight of health trusts. I pay tribute to Gill Keniston-Goble and her team at Somerset Healthwatch for all the fantastic work they have done.

In moving to a single patient record, we need to prioritise privacy and rethink putting the American firm Palantir in charge of our data, with its founders such as Thiel opposing democracy and denigrating our NHS as part of a "Stockholm syndrome". My constituent, whose family member was brutally murdered, is rightly horrified that victims' NHS records were shared unlawfully online with NHS workers—she called it "repugnant voyeurism", and she was right to do so. I hope the Minister will echo the apology of the trust and condemn that kind of behaviour.

However, none of the reforms in the Bill will have a positive impact on patients or staff in Taunton and Wellington who use the maternity and paediatric department until and unless the promised new unit is brought forward. One of my constituents, Jeff, told me of their grandson Ryan, who was admitted to the ward a couple of weeks ago. The lack of air conditioning meant that temperatures there exceeded 30°C over the past week—no wonder medical staff have fainted in the heat while looking after mothers and children who are baking in single-storey flat-roof buildings—buildings that were put up for the United States army as a temporary measure during the second world war and never replaced.

As Jeff put it,

"Walking down the corridor of the old building is an embarrassment. There are literally sheets of plastic attached to the leaking ceilings running into guttering in the corridor".

I do not need my architectural training to know that guttering should be on the outside of the building, not the inside. It is therefore unsurprising that the previous Secretary of State, the right hon. Member for Ilford North (Wes Streeting), when challenged on BBC Radio Somerset only a month ago, promised that he would speed up the Musgrove Park hospital project if he could. I hope the new Secretary of State will honour his predecessor's promise to meet me to discuss that.

The Bill is based, at least in part, on the mission to move from treatment to prevention, which is of course the right ambition. Because of its major teaching hospital status, Taunton has a big medical community who know a thing or two about prevention, and I will highlight two areas in which this Bill should be going further on prevention. On prostate cancer, I hope the Government do not decide to hold back from widespread screening, as a recommendation to do so is before them. As a member of a family in my constituency recently hit by that disease told me,

"I am a recently retired doctor and I do not believe the statistics that have been published, with the emphasis being placed on over-investigating patients and the distress this causes. This pales into insignificance compared to a missed diagnosis."

Finally, more should be done to reform the dental contract. Unless the Bill leads to more NHS dentists, social care reform and better prevention—

Madam Deputy Speaker (Judith Cummins): Order.

8.7 pm

Sonia Kumar (Dudley) (Lab): Today, we stand at a defining moment for our healthcare system. We face a ballooning NHS budget and a social care system in crisis. We ask ourselves what must change to reduce deep-rooted health inequalities, improve patient-centred care and remain financially sustainable. The NHS was designed to treat acute illness and provide healthcare free at the point of use, regardless of income, background or status. Medical and scientific progress has transformed healthcare—people are living longer than ever before, often managing multiple, long-term conditions that once would have been fatal.

The NHS was founded on the simple but powerful principle of equity, yet health outcomes remain profoundly unequal. Research consistently shows that where someone is born and the socioeconomic conditions they grow up in can determine how long they live, sometimes by more than a decade. The wider determinants of health—income, housing, education and employment—shape outcomes long before illness appears. Now we must embrace the global technological revolution; from artificial intelligence to robotics, we must harness it to improve patient-centred care. Used well, technology does not replace humanity in medicine, but restores it, giving clinicians more time to care.

Indeed, we should go further. AI and data analytics should be used not only to treat individuals, but to understand communities, designing healthcare around the real conditions in which people live. A true systemic approach means not just knowing that a patient has a condition such as high blood pressure, but understanding why: the environment that shapes us, rates of poverty or unemployment, housing conditions, education levels, access to green spaces, the density of fast food outlets or accessibility of affordable healthcare services per capita. The reality is that health inequalities are complex, interconnected and predictable. We require a whole-system approach, bringing together the NHS, local councils, hospitals, charities and grassroots organisations.

Having a way to fully map communities and what they look like would allow for tailor-made healthcare services to be delivered to the population. Healthcare and the NHS do not need reform; they need an ecosystem map. I want to call it the health biosystem. It would be a system where health is shaped not in hospitals, but in homes, schools, streets and workplaces. As Attlee once said, we have

"not been elected to try to patch up an old system but to make something new".

8.10 pm

Sir Bernard Jenkin (Harwich and North Essex) (Con): I very much welcome the idealistic vision that the hon. Member for Dudley (Sonia Kumar) sets out for us, but I am afraid that it is far from what is in this Bill. Like my hon. Friend the Member for Runnymede and Weybridge (Dr Spencer), I shed no tears for the demise of NHS England; it was never an organisation independent of politics, but always looked upwards at the political leadership and did what Ministers wanted. It was created as an unnecessarily complex organisation. However, I ask myself whether reasserting the principle—unspoken in this debate—that somehow the man in Whitehall knows best is not reverting to the previous failures of the system, when we need to be looking for a much more organic and local system.

I speak in this debate to lament the demise of HSSIB, as proposed in this Bill. It is a profound mistake. It represents a downgrading of safety as a priority in this Government's health policy, because HSSIB is the only organisation that can independently investigate safety incidents in the NHS and is not conflicted by any other function or role. It does not compromise any other functional role in the NHS, yet the Government have decided to get rid of it. It will not save any bureaucracy. This tiny organisation costs a few million pounds, yet it is pioneering a new system of safety management in the NHS that the NHS culturally barely understands.

We forget that NHS reform is really about people and leadership, not management structures and organisational structures. HSSIB was one of the catalysts that was beginning to transform attitudes towards safety. It was a safety valve for clinicians and patients and their families. It was the one place they could go to tell their story, without fear nor favour, in a safe space, and it was instructive.

Saqib Bhatti: My hon. Friend is delivering a passionate speech. Is he reassured in any way by the changes the Secretary of State alluded to that will help strengthen the patient voice?

Sir Bernard Jenkin: Well, no, and the abolition of HSSIB is an example of that. It was the one organisation that could independently hold any part of the system to account. If its functions are transferred to the CQC, those functions will be compromised in their independence —and they are explicitly intended to be compromised. The Government set great store by the Dash review, but it is a flawed and dishonest document that misleads the public by what it says. The Dash review is not about patient safety. It puts far more emphasis on quality. It elides quality and safety, which are not the same thing, even if many people believe them to be so.

That concern is reflected by the fact that there are too many recommendations flying around and too many resources being diverted to recommendations that the NHS does not want to implement. All those recommendations are coming from this plethora of public inquiries that Secretaries of State keep setting up. Surely we want to replace the public inquiry system with something much more effective, as we did for rail accidents. After the Ladbroke Grove rail crash, we replaced public inquiries with the rail accident investigation branch in the Department for Transport.

There has not been a public inquiry into a rail accident since the Ladbroke Grove inquiry, because we have the rail accident investigation branch. There has not been a public inquiry into an aviation accident since 1972, because we have the air accidents investigation branch. Why can we not have the same principle for safety in healthcare, instead of this ridiculous Dash review, which is full of falsehoods and misleading statements? I will give the House just one example of that. The review says:

"HSSIB was not able to retain the maternity programme because the Health and Care Act 2022 does not make provision for maternity investigations under HSSIB."

That is wrong. It had to give them up, because it did not have the capacity to do them.

8.15 pm

Lizzi Collinge (Morecambe and Lunesdale) (Lab): First, I must declare that my husband works for NHS England, which is a bit awkward, if I am honest. Today I will speak to a few different aspects of the NHS modernisation Bill, including the single patient record, the independence of the Health Services Safety Investigations Body, or HSSIB, and possible changes to the make-up of NHS foundation trust boards.

I welcome the introduction of a single unified patient record, accessible to patients and clinicians in one place. Too often patients are forced to carry the burden of holding together their own medical history. I have heard the same story from countless constituents: they arrive at appointments with records that they have pieced together themselves, having to rehash their medical history over and over again to each new clinician. That clearly does not work for the patient, and it does not work for the clinician either, because when clinicians do not have access to the full picture, decisions are made with incomplete information, and the right diagnosis or treatment might be missed or, even worse, an unsafe care decision could be made.

The single patient record addresses long-standing issues of fragmented records and poor communication between NHS services, and this Bill is an opportunity to make things work that much better, but that needs to come with strong safeguards. People rightly want to know that their personal, private information will only be used for proper purposes and will be kept secure. I urge the Secretary of State to take full notice of the Science, Innovation and Technology Committee's views on that. In other ways, the single patient record can make our data more secure. I recently received a letter containing personal information, and I had been sent to my last house but one. That is not secure at all.

I will talk quickly about the abolition of HSSIB and its responsibilities moving to the CQC. There is a fragmented and confusing patient safety and regulatory landscape, but independence and the appearance of independence in patient safety investigations is very important. I would like strong reassurances from the Minister that there will be still an independent investigative function that patients and staff can have confidence in. Harmed families have told us just how important that is.

Finally, I flag the changes to the make-up of NHS foundation trust boards. The Bill appears to remove the requirement for registered nurses and doctors to be represented on trust boards. I hope that is an oversight that can be examined and rectified in Committee.

For all its faults, the NHS is there for us right from the beginning and right to the end of our lives, and for the most difficult moments in between. From the birth of our children through to every broken bone and every anxious wait in A&E, we are supported by the NHS and its staff. If we want it to remain for future generations, we have to be willing to modernise it, reform it and make sure it is fit for how people live today.

8.18 pm

Shockat Adam (Leicester South) (Ind): We all cherish the NHS, and all of us in this Chamber have a duty to ensure that anybody who does not believe in the basic principle that care should follow need, not wealth, must be nowhere near the jewel in our crown that is the NHS. I begin with primary care—or, indeed, the glaring inequality in primary care. Practices in the most deprived areas carry, on average, 300 more patients per fully qualified GP than those in the least deprived. That gap has grown by 50% since 2018. In Leicester—my constituency and my home—there are 1,985 patients per GP, which is significantly above the national average. The Bill introduces a statutory duty to reduce health inequalities and, under clause 24, to produce neighbourhood health plans, but a plan without the workforce to deliver it is a plan in name only.

I must also declare my interest as a practising optometrist. Clause 14 gives integrated care boards new responsibilities over primary care services, and the Bill transfers commissioning of NHS sight tests from a national framework to individual ICBs. I completely understand the logic of localisation, but I have already seen what happens in practice. In Coventry and Warwickshire, a community urgent eye care service that was diverting more than 13,000 A&E attendances per year was withdrawn at the end of 2025. In Hampshire, community glaucoma schemes have been moved back into hospitals. This is the postcode lottery in action.

Glaucoma affects approximately 700,000 people in the UK, with about half of them walking around undiagnosed. It causes irreversible sight loss, it increases the risk of falls, and it carries serious long-term costs for both the NHS and social care, and we now have the technology to address it more efficiently than ever. The iStent inject device can be inserted during routine cataract surgery in a single procedure, treating both conditions simultaneously. This is exactly the kind of innovation that the 10-year health plan calls for, yet uptake is inconsistent because there is no national commissioning guidance. I urge the Government to ensure that the single patient record supports consistent clinical decision making across the glaucoma pathway, and that integrated care boards are required, not merely permitted, to commission those procedures.

The Bill also abolishes NHS England, and we have heard much about that. History gives us cause for concern, especially when it comes to private finance initiative arrangements, which have cost the NHS tens of billions of pounds over decades.

Let me end by saying something about the Palantir question. The creation of a single patient record is welcome, but the vessel matters as much as the vision. The £330 million NHS federated data platform contract, awarded by the last Government and inherited by this one, raises serious and unresolved questions, and it must be addressed.

8.21 pm

Rachael Maskell (York Central) (Lab/Co-op): The national must determine the "what", and bringing NHS England into the Department is therefore the right decision. However, as many Members have said today, it is the "how"—how we do this at a local level—that determines the outcomes we see. Given the huge inequalities in our constituencies, which we have all spoken about today, the question of how we deliver, in particular, the third shift to prevention, is really important. The right integration, the right systems and the right focus will bring our health service together at a local level.

I agree that the accountability processes are not in the right place under the Bill, and I agree with the hon. Member for Runnymede and Weybridge (Dr Spencer) about the need to ensure that we in this place have that connection to the national and the local, while also integrating with those held publicly accountable in our councils and combined authorities. But the focus also needs to be there. It is because there is no coterminosity between commissioners and providers that people are looking in both directions in trying to bring about a system that cannot have the capacity to deliver in such ways. We need to see that bringing together of services to focus on a "population health" approach, but the Bill does not do that.

We need to think about what the outcomes that we want to see. I have lived through so many reorganisations, and I know that it is not reorganisations that ever deliver the satisfaction outcome. Given that ICBs have now been stripped back to such an extent—unable to communicate with us, as MPs, and not having the resources to make decisions—I fear that that delivering the "how" will become harder under this model. However, we also need to ensure that local accountability comes from our communities—and that leads me to the issue of healthwatch.

What we called community health councils were abolished in 2003. We replaced them with public and patient involvement forums, and replaced those with local involvement networks and then with healthwatch, which is soon to be scrapped. If it did not exist, we would invent it, because it has the independence that the new structures do not have, giving patients and people confidence in a system that enables them to raise their voices, and to be sure that their voices will be heard and systems will be held to account. I therefore oppose clauses 64 and 65, with the respective schedules 9 and 10, and ask the Government to reconsider and also to take on board the questions that have been raised about the systems that make it possible to hold investigations. HSSIB has done that well, and I think that its role should continue.

Given what has happened over a decade of raising concern in the House, I welcome the commitment of the former Secretary of State, my right hon. Friend the Member for Ilford North (Wes Streeting), to a public inquiry, but we do not have a chair and we do not have terms of reference. It is therefore really important that we put in place the right structures to hold the system to account.

8.24 pm

Adrian Ramsay (Waveney Valley) (Green): The Government present this legislation as technical, restructuring NHS England and reconfiguring integrated care boards. They also say that they want to devolve power from Whitehall and give patients more control over their care. However, there is a mismatch between this presentation and the contents of the Bill. While some responsibilities are being devolved, other powers are being drawn upwards to the Secretary of State, with greater control over spending, appointments and key operational decisions. There are serious concerns about how the patient voice is to be treated, and hearing that voice is essential if we are to address inequality and replace the negative health impacts of austerity, bad planning, poor housing, weak transport and divisive social policies.

With the Bill, we have the chance to address the totally unacceptable 16-year gap in life expectancy between different postcodes in the UK. I therefore urge Ministers to amend the Bill to include clear legal frameworks and a cross-Government strategy to mirror new duties on strategic authorities for tackling health inequalities—inequalities that I see in my constituency, where those without the means to pay for a private dentist endure horrible pain and suffering, and where children go without care; inequalities that mean men in the most deprived areas can expect to live, on average, 11 fewer years in good health than those in the least deprived areas.

It is a real concern that the Bill will permit the Secretary of State to vary the proportion of public and private provision of health services if they consider that to do so is in the interests of the health service. How might that power be used in the hands of a pro-privatisation Secretary of State?

As for the issue of patient voice, it beggars belief that, as drafted, the Bill abolishes the statutory duty underpinning local independent patient and public voice, including the entire network of local healthwatch organisations. That must be rectified. We need independent challenge, because without it accountability is at risk. Healthwatch Norfolk has pointed out that it has a legal power to visit health and social care services and see them in action, but the Bill does not mention that statutory power, or how it might sensibly become the responsibility of the ICB or the local council. What will happen to it? Healthwatch Suffolk has pointed out that recognition of an independent voice for patients has been a principle supported by Governments for 50 years, but if this Bill passes into law unamended, it will end that recognition.

Finally, ensuring that the different records in the health system are in one place so that patients do not have to repeat their stories is an important principle, but that single patient record must be safeguarded. I therefore urge the Minister to rule out awarding the contract for its development to Palantir, so that we can ensure that clear safeguards are in place.

8.27 pm

Lewis Atkinson (Sunderland Central) (Lab): The history of the NHS shows that there is no one way of securing improvement or accountability, and that a range of different mechanisms have a role. Patient voice, patient choice, performance management—including centralised performance management—planning, democratic challenge, competition and collaboration all have a place, and it is for the Government of the day to make a judgment about the right blend of mechanisms with which to pursue their objectives. Overall, I think that the Bill represents a good attempt to do that, given the NHS that this Government inherited and their ambitions, as set out in the NHS plan. There was undoubtedly duplication between the DHSC and NHSE, and returning to the situation before 2012, when there was direct departmental oversight of the NHS, is not a radical step.

There are, of course, costs to this transition. Unfortunately, in terms of morale, I think that these costs were somewhat exacerbated by the regretful manner in which the original announcement about NHSE abolition and ICB changes were made, which did not do justice to the commitment and professionalism of impacted staff.

[Lewis Atkinson]

But that does not change the fact that the Government's overall diagnosis is correct: since the 2012 reforms, accountability has been muddied, and a total reset of regulation is required to empower NHS providers to meet the urgent health needs of the population with the resources available. However, I agree that there are significant questions about the role of HSSIB, and I hope that this issue can be resolved in Committee.

The Government have been clear that they see the future role of ICBs as strategic commissioners. That capability needs to be developed, and I echo the point made by my hon. Friend the Member for Middlesbrough and Thornaby East (Andy McDonald) that it needs to be done with particular care in relation to specialist services. There also needs to be a resolution of how the development of neighbourhood health services will be strategically led. ICBs must retain the capacity to work at place level, and I join others in questioning the proposal to remove local authority representation on ICBs. Combined authority representation does not suitably replace that. Mayors' responsibilities are entirely different and do not include anything to do with social care or public health that rightly sits with councils, and we need that to be hardwired into ICB membership.

I want to end on an area of healthcare that is the subject of a manifesto commitment that is not currently in the Bill: delivering parity of esteem for mental health. It is unconscionable that waits for NHS mental health services are significantly longer than physical health waits and that, as yet, there is no specific commitment to bring them down. The Health and Care Act 2022 introduced a duty on the Secretary of State to report annually to Parliament on NHS mental health spend. I wonder whether, as part of this Bill, there is scope to widen that duty to include reporting on the different waiting times for physical and mental health, and to make some progress on the very welcome cross-Government mental health strategy that has recently been announced.

8.30 pm

Freddie van Mierlo (Henley and Thame) (LD): All too often in my role as a local MP, I have been frustrated by the buck-passing in the NHS. My local ICB cuts a service, pleading no money, or refuses to fund a new one. It tells me to ask the Government, the Government tell me it is a local decision for the ICB, and the cycle goes on.

With this Bill, I welcome the accountability conferred on the Secretary of State, but I am slightly gobsmacked that he has agreed to it. Every Back Bencher should be rubbing their hands with glee. This legislation makes the Secretary of State personally responsible for commissioning arrangements in all ICBs. I look forward to sending him a letter on the day the Bill receives Royal Assent listing every change I want him to make. My ICB has one of the worst offers on IVF, it has been far too slow to adapt to new dynamics in ADHD and autism, it has left commissioning gaps in palliative care and closed down step-down beds, and now it wants to close down child and adolescent mental health services.

I make this prediction: the office of the Secretary of State for Health and Social Care will balloon under this legislation, because every Back Bencher will appeal to him to make sure that they get their local commissioning arrangements sorted. This reform is, of course, fully in line with the UK's overly centralised Whitehall system, but it is not in line with the Government's supposed devolution agenda. Mayors could be the answer, but the Government have been too timid about the role of mayors, who merely sit as members of the ICB. What of areas that have been slow to get mayors?

Although the Bill addresses ICBs, there is no reform of the sclerotically slow-to-act Joint Committee on Vaccination and Immunisation or UK National Screening Committee; they have been painfully slow to act on spinal muscular atrophy screening.

Although I welcome the single patient record, I would like to raise a serious concern. In my constituency, I was recently made aware of a case of a patient's record being accessed multiple times, unrelated to their care. In fact, they were not receiving care at the hospital at the time; instead, they were campaigning on maternity care. Clinicians had no business looking at the record. Although a single patient record of this scope is welcome, it opens up the abuse of data privacy on steroids. What steps will be taken to protect data and confidentiality?

Finally, I want to discuss how the National Institute for Health and Care Excellence recommendations are implemented. Trusts have 90 days to implement NICE technology appraisals, yet this Bill confers on the Secretary of State the right to change that. How will that be handled? It should definitely be considered further in Committee.

8.33 pm

Alex McIntyre (Gloucester) (Lab): Since the general election, there are 10,000 fewer people stuck on NHS waiting lists in my constituency of Gloucester, we have the green light for two new NHS dental practices, and a new GP surgery is being built in Hucclecote. But now is not the time to pat ourselves on the back and say, "Job well done." It is not even job half done. We must go further and start to deliver change at the pace that my constituents expect. Too many people in my city still struggle to see their GP or dentist when they need to, are placed on excruciatingly long waiting lists—particularly for mental health—and have to battle just to get a diagnosis. We have to go further.

I am pleased to see the creation of the single patient record. I hear time and again from constituents who are fed up with having to explain their story several times to different medical practitioners. Keeping records that do not speak to each other just does not make sense in the digital world in which we now live. It is inconvenient, frustrating and, most of all, it threatens patient safety. I am also grateful to the Government for taking the bold decision to abolish NHS England. It is clear that the model has not worked and does not provide the value for money that Gloucester residents deserve.

We are facing a health crisis in the UK, with significant gaps in life expectancy across the country. Someone from Gloucester who, like me, lives in Abbeymead is likely to live a whole decade longer than someone who lives just 3 miles down the road in Kingsholm. That is just not acceptable, and it highlights the entrenched health inequalities found in constituencies like mine up and down the country. Deprivation, poverty and a lack of adequate healthcare are harming life chances in

every part of our United Kingdom. I therefore urge Ministers to meet the charity Health Equals, and to consider its proposal to strengthen the requirement for the Secretary of State to tackle health inequalities. The Bill should also introduce a duty requiring all Ministers across Government to consider the impact of major policy decisions on health inequalities.

Speaking of cross-governmental missions, I read with interest the report by Alan Milburn last week about young people not in education, employment or training. He sets out in damning detail the impact of the failure of the Conservative Governments to properly invest in mental health services. Today, mental health conditions account for 20% of all ill health in UK, but only 9% of NHS spending. Our Heath Committee has recommended making the mental health investment standard a statutory requirement, and the Government should make such a change.

I also ask the Government to consider amendments that confirm our commitment to tackling the obesity epidemic. I and several other Committee Members were concerned to read press reports that the Government are considering scrapping measures included in the 10-year plan to tackle the obesity crisis. Will the Minister confirm at the Dispatch Box that the Department of Health will not bow to pressure from the supermarkets and large food manufacturers to scrap our important work on obesity? We spend billions of pounds every year on tackling obesity-related illnesses, while food manufacturers and supermarkets lobby to avoid scrutiny. Of course we need to do more to tackle the cost of living, but the food lobby's argument that we must choose between the cost of the weekly shop and tackling the fact that one in three children are overweight or obese is disingenuous at best.

This Bill is great, but there is more we can do to tackle mental health waiting lists, to tackle obesity and to tackle health inequalities in places like Gloucester.

8.36 pm

Andrew George (St Ives) (LD): It is an enormous pleasure to follow my hon. Friend the Member for Gloucester (Alex McIntyre)—I call him my hon. Friend as he is a fellow member of the Health Committee.

The 2012 Act was mentioned earlier, and I am one of the few Members who was in this House when it was passed. I was sitting on the coalition Benches at the time, but I eventually voted against the Second Reading and the Third Reading of the Bill because it broke the coalition agreement. We had agreed that there would be no top-down reorganisation, but it was the biggest reorganisation that the NHS had ever seen. Although the Liberal Democrats made the Bill significantly less bad—and I congratulate all those involved in that—there was still far too much that damaged the NHS. I welcome this Bill as it addresses some of those deficiencies.

On the points made by the hon. Member for Harwich and North Essex (Sir Bernard Jenkin), I strongly agree about the abolition or the merging of the Health Services Safety Investigations Body into the CQC.

Sir Bernard Jenkin: Clause 59 states:

"The Health Services Safety Investigations Body is abolished."

It is going to be abolished.

Andrew George: I am grateful to the hon. Gentleman, but the representations made by both the CQC and HSSIB itself seem to refer to its amalgamation into the CQC. The point is that, as he rightly says, a really important role is played by HSSIB, which could be lost as a result. It is a vital safety agency, and its independence is really important. There needs to be a safe space giving those working in the service the confidence that they can blow the whistle confidentially to that service to improve, protect and enhance patient care. There is a major risk, as the evidence has shown, that the protected disclosure of important legal information could in fact be compromised as a result.

Many Members have also referred to clause 4, on reducing inequalities. I entirely agree, but I hope the Minister will also look at geographical inequalities. In my constituency there are places where, as a result of clinical improvements and sub-specialty developments, services are moving further and further away for people facing emergencies. For example, in 10% to 15% of stroke cases, mechanical thrombectomies are required, but in west Cornwall, people need to travel 80 miles to Plymouth to get that service. That geographic inequality is reflected in other areas of sub-specialty too.

Clause 10 refers to not

"causing a variation in the proportion of health services provided by the public or private sector".

I would be interested in the Minister's explanation of whether that is to protect the public sector or the private sector.

Other Members referred to the federated data platform. My hon. Friend the Member for Newton Abbot (Martin Wrigley) made an excellent speech on that on 16 April, which I hope the Minister will look at.

8.40 pm

Andy MacNae (Rossendale and Darwen) (Lab): I very much welcome the Bill and the modernisation it will bring. To deliver the change needed requires a fundamental redesign of NHS structures and practices. Without a willingness to make the big changes, we will never deliver on the aspirations of the NHS 10-year plan.

At the same time, patients and NHS staff need to see change now. We cannot reasonably expect our residents and frontline workers to buy into this long-term vision of the NHS when they face so many issues with services right now. How will the Bill and the ongoing change process impact on some of the areas of most concern to my residents in Rossendale and Darwen? Top of the list for us is Blackburn A&E, which is one of the busiest in the country. I fully recognise the work being done by brilliant doctors and nurses to try to manage demand. None the less, the indignity of corridor care remains a blight. Almost every week I hear of patients spending hours and hours in the corridor, not knowing when they will be seen, often in discomfort, feeling exposed, anxious and unsupported. Ending that sort of experience is a crucial test for NHS modernisation. Only when we see the end of corridor care at Blackburn A&E and others will the residents of east Lancashire feel that something has really changed for the better.

As we have heard, the Bill is also about improving patient safety. It includes some significant steps, but, again, what about the practicalities? For years now we have been stuck in a vicious cycle of investigating

[Andy MacNae]

shocking cases of patient harm and system failure, making numerous recommendations to improve safety and yet failing to implement them, and repeating the same mistakes. We must break the cycle. This cannot only be about simplification; it requires bold action as well. For example, as we have heard many times in this place, we have a crisis in maternity safety and soon Baroness Amos will deliver the report on her national investigation, which is likely to identify a requirement for some really fundamental systemic and cultural change. There will also be areas outside her remit that need to be addressed, such as the role of the regulators in a fit-for-purpose patient safety landscape. I therefore wonder if the Bill goes far enough and if there will be a need for amendment after Baroness Amos reports. Perhaps the Minister will share some thoughts on that.

Finally, I will touch on prevention. The move from sickness to prevention is one of the three big shifts in the NHS 10-year plan. It is surely the key to a health service that is sustainable in the long term. Although the Bill makes some reference to prevention, frankly, a lot of it feels pretty peripheral and leaves some key questions unanswered. For instance, how—in a practical sense—are we enabling ICBs to support prevention at a local level and at a scale that will make a difference? How are we driving the prevention agenda across Government Departments? Are we doing enough to ensure healthy lifestyle habits are developed in early years and at school? Why are we not putting the social prescribing of proven interventions, such as exercise programmes, on the same financial footing as pharmaceutical interventions? And so on and so on.

I suspect the Committee stage will be crucial in ensuring the Bill matches its aspirations. I look forward to the Minister's thoughts on how we can balance long-term modernisations with delivering change today.

8.43 pm

Martin Wrigley (Newton Abbot) (LD): I will focus on two things: the changes in data privacy and access to support a centralised single patient record, and the abolition of Healthwatch.

Healthwatch is not the same as the other regulators and it should not be amalgamated. Regulators can be amalgamated only if they have a single purpose and a single viewpoint. Healthwatch today is not a regulator but a patient advocate and there are no others in the system. Without Healthwatch, the remainder of the checks and balances come from the medical profession and the health establishment—and we have seen cases where that goes wrong. Healthwatch guards against that. It is a vital body to speak up for the patient, rather than the NHS itself.

James Naish (Rushcliffe) (Lab): I have had a look at the parliamentary record; Healthwatch has been mentioned over 100 times in the past five years. One key area of focus is its reporting and the insights it provides to Members of Parliament. Does the hon. Gentleman agree with me that whatever replaces Healthwatch must retain that research focus?

Martin Wrigley: I absolutely agree with the hon. Member. We heard earlier how Kevin Dixon of Devon gives us excellent reports of what is happening with Healthwatch.

The modern NHS must run on data, but critically, on data that carries the consent of patients. A single patient record is undeniably critical to see the data of patients all in one place, but it must be built from a patient's point of view, not from a centralised data-analysis point of view, and with privacy by design from day one. We obviously need GPs to see hospital data and vice versa, and ambulances to see everything that they need to help, but we do not need the new regulation to do that.

The single patient record already exists in a federated model; in Greater Manchester, Merseyside, Shropshire and more, trusts already run interoperable access for care services, GPs and hospitals. The Government admit that but claim it is partial and fragmented. They also claim that the data will remain in the systems where it currently exists. However, with the Bill, the Government are asking to remove all protection of patient data—look at proposed new sections 250E(1) and (3) to the National Health Service Act 2006 as set out in clause 47(2) of the Bill. We are asked to trust somewhere below primary legislation that it will all be okay—we should trust the regulation. It is a big-tech approach to deliver an overreaching centralised system, rather than a distributed interoperable solution.

NHS England has ignored and discounted UK sovereign systems that can and do provide what is required along with patient trust. Systems built over years with focus on patient treatment and defined use cases could be rolled out today with no change required in law and privacy by design built in from day one. Greater Manchester and others have the single patient record capability and the hard-won foundation of trust.

I will be tabling amendments to remove the relaxation of data privacy from the Bill. The measures are unnecessary if NHS England does not follow the Palantir advice and instead follows what has been proven to work in Greater Manchester, Merseyside, Shropshire and many other places. Perhaps it is an example of something that has worked in Manchester that might work everywhere.

8.46 pm

Mary Kelly Foy (City of Durham) (Lab): The NHS needs reform, not least after years of Conservative underfunding, fragmentation and neglect. I strongly support the Government's commitment to shifting the NHS from sickness to prevention. As co-chair of the APPG on smoking and health, I was proud to support the landmark Tobacco and Vapes Act 2026, but smoking still remains one of the greatest drivers of ill health and inequality. Prevention must be built into the machinery of the NHS, and that must apply to mental health provision too. My constituency office deals with huge volumes of casework involving people waiting too long for support, families in crisis, and vulnerable people being passed between services.

On the safety and voices of patients, we have seen the devastating consequences of failures in breast cancer care at County Durham and Darlington NHS foundation trust. I pay tribute to the brave women who have spoken out after unimaginable distress. Their experience was in sharp contrast to the excellent cancer care that I received only 12 miles away at a neighbouring hospital. I hope that clause 4 of the Bill addresses the postcode lottery in quality of care.

I think of a husband who lost his wife and two sisters who lost their mam after tragic failings in what should have been routine care. Their fight for justice continues. The Bill must not weaken independent scrutiny or make it harder to raise the alarm when things go wrong.

I briefly raise dentistry; as co-chair of the dentistry and oral health APPG, I know that access to NHS dentistry is one of the clearest examples of where the system is failing constituents. Dentistry is public health, and Ministers must explain how ICBs will be held accountable for NHS dental care.

Finally, on the single patient record, there is real potential for better joined-up care, but patients must have confidence that their information is safe, confidential and used in their interest. That means safeguards on NHS data, including the role of private technology companies such as Palantir, and transparency around access by private providers and consultant partnerships, including limited liability partnerships. The point of reform is not to move boxes around Whitehall; it is to ensure that when people in County Durham and across the country need care, they can access it, trust it and be listened to.

8.49 pm

Brian Mathew (Melksham and Devizes) (LD): All of us want to see a better NHS, but there is a profound contradiction at the heart of the Bill: the Government are handing ICBs more responsibility and authority with one hand while cutting them off at the knees with the other. ICBs are being merged, clustered and completely reorganised with no idea of what the landscape will look like in six months, let alone six years down the line.

In my constituency, the Bath and North East Somerset, Swindon and Wiltshire ICB is cutting 50% of its staff. In the midst of this, HCRG Care Group, a private equity-owned provider, has taken over essentially all community health contracts. It has arrived with a rapid programme of change, new technology and frontline staffing cuts, promising efficiency and ease of access, yet patients are facing new barriers, unanswered calls and a mounting backlog of referrals. The ICB is supposed to be overseeing and scrutinising all this while running at half capacity, mid reorganisation, with its own future uncertain. Can the Government assure us that no patient will be lost in the shuffle?

On the subject of robust scrutiny and oversight of our health services, I am alarmed at the proposed abolition of Healthwatch, which has been an independent champion of our patient care for more than a decade. Part of its function will be transferred to ICBs, to add to their ever-growing list of responsibilities. My late friend Anne Keat, a long-serving Healthwatch member, would be highly concerned at the prospect of the NHS being given the role of marking its own homework. Independent scrutiny is vital and healthy for the future of our NHS. Will the Secretary of State please reconsider this element of the Bill?

8.52 pm

Dave Robertson (Lichfield) (Lab): We are here tonight to talk about a very large piece of legislation, but I would like to focus my remarks on just one part of it, which is the changes the Government want to bring in around planning for the future in the NHS, which are so very needed. There is perhaps no better example of where that planning is going wrong than in Burntwood in my constituency.

Almost 20 years ago, a new doctors surgery was planned for the town. The NHS at that time was very good at knocking things down; however, when the coalition Government rode into town in 2010, all the funding for the replacement was cut. Here we are, almost 20 years later, with no replacement. That has been to the detriment of the town: for well over a decade, people in Burntwood have had to see their doctor in portacabins in the leisure centre car park. In all that time, nobody has stepped up to right that wrong.

We thought there might be light at the end of the tunnel in 2023, when we were promised a replacement by the end of last year. But before that happened, some pen pusher at NHS England decided that the existing surgery in that temporary structure had to close, which meant 5,000 patients distributed to other surgeries in the town. In a town of 30,000 people, that is a significant number. They were told simply to disperse them—"It'll be fine, don't worry. We'll just disperse them." That dispersal was so traumatic that an existing surgery has had to pick up the same temporary structure and is now operating out of there as well. There was also all the paperwork, legal matters and everything that went with that, because NHS England said that it could not extend for two years. I am very pleased to see the back of that particular quango, which so disadvantaged my constituents.

However, that structure is still being used because the replacement is still not here—it was not delivered by the end of 2025. We do not have the planning application yet. We have once again been promised that it will be here by the end of next month.

I am aware that the Reform-led county council inherited this situation and promise from a Conservative-led county council, but it has not sought to talk to the people in Burntwood. The council has not sought to explain why that promise was not going to be met; it just blew past it. It broke the promise with very little expectation. We now have another one, and that must be met, because so many people across the town have seen so many broken promises and false dawns that they are failing to believe that anything will actually come good.

This entire saga reinforces exactly why the Bill is needed and why these changes are needed. I do not want any other community in any other constituency to be overlooked and forgotten in the way that Burntwood in my constituency has been for so long.

8.54 pm

Ian Sollom (St Neots and Mid Cambridgeshire) (LD): Reducing duplication, streamlining priorities, and getting resources close to frontline care—these are reasonable aims. My concern is that in pursuing simplification the Bill makes a series of choices on patient safety that it is not clear have been fully thought through and that risk repeating mistakes that this country has paid a very high price to learn from.

Through successive inquiries, including Mid Staffordshire, Morecambe Bay, Shrewsbury, Ian Paterson—I could name more—Parliament has repeatedly recognised that the NHS cannot be relied on to scrutinise itself. Each found the same pattern: concerns present within the system but not acted on, problems developing in isolated services,

[Ian Sollom]

and a culture in which those who raised concerns were treated as the difficulty rather than as sources of vital information.

Yet the Bill's general approach is to remove independent scrutiny rather than improve it. I am not arguing that all the bodies that have been created—Healthwatch, the National Guardian's Office, which has been absorbed into NHS England, which will now be abolished, and HSSIB—have worked exactly as intended. In fact, I have been working with families and others affected by failings at Cambridge University Hospitals trust. It has been suggested that the trust has not published independent information, commissioned by the trust, that found 32 missed opportunities to identify and address concerns about a paediatric orthopaedic surgeon between 2012 and 2024, and children were harmed as a result.

Sir Bernard Jenkin: I am most grateful to the hon. Gentleman for raising the HSSIB question. The Dash review accused HSSIB of exceeding its remit. That is completely wrong in law, and it was always intended to look at systemic problems across the system. The new investigation function in the CQC will not be able to do that, because it will not be independent.

Ian Sollom: The CQC and HSSIB themselves have expressed concerns about how those two organisations might be brought together. The AAIB is separate from the Civil Aviation Authority, and that model was created for a good reason. The hon. Member made good points about the statistics on that earlier.

Returning to the case I was talking about, a clinician at the trust who did raise concerns formally in 2015 was simultaneously subjected to disciplinary proceedings and told by the trust that they did not want to hear any more complaints. I wish I could say that I had not heard similar stories from NHS staff several times in a little under two years as an MP.

Just because there are some flaws in those independent systems for the NHS, it is not a reason to remove the independence. That would represent a return to conditions that so many of the inquiries warned us about, and I think that patients would rightly question whether lessons have really been learned.

As the Bill proceeds to Committee stage, I urge the Government to ask a simple question about each body that it proposes to absorb or scrap: not just whether the function will still be performed somewhere but whether it will be performed with genuine independence from the organisations that it scrutinises. That independence has been hard-won, and I hope that Ministers will reflect on that carefully before legislating to remove it.

Several hon. Members *rose—*

Madam Deputy Speaker (Ms Nusrat Ghani): Order. Interventions are going to make it very difficult for everyone to speak in the debate. I call Dr Beccy Cooper.

8.58 pm

Dr Beccy Cooper (Worthing West) (Lab): I will try to keep my remarks brief. The NHS is one of the most unifying institutions in our country today. It is a huge employer, a major source of pride, and a safety net for us all at our moments of greatest need. We all know that it has been creaking under significant strain for some time now, so it is good to see new life and new energy in the 10-year plan. I welcome this Bill as a response to some of the purpose outlined in the strategy.

A lot of the detail in the Bill has been covered by colleagues already and will doubtless be covered further in the Bill Committee, so I will limit my remarks to single patient records and the role of public health in the Bill. I am fully supportive of a single patient record finally being realised. Our health and care system should revolve around patients, rather than patients revolving around it. It is over 20 years since I was a junior doctor, but I still remember my and my patients' frustration when I once again had to ask them for their clinical history after they had already told it to the GP, the paramedic and the triage nurse.

This endeavour has been tried several times before. The financial cost of NHS Digital and the litany of platforms, software and systems that have been tried and abandoned provide a wealth of lessons learned to ensure that it is successful this time—which, let us face it, is long overdue. Public trust is very important for health data systems. We could consider new safeguards such as a public interest test for sharing data or bringing back requirements to report to Parliament. The NHS must ensure that the technical know-how is sound, as well as being fleet of foot.

I turn to the role of public and population health in this NHS Bill. Public health must be front and centre to provide the right health services in the right place at the right time. At an ICB level, there is now an explicit requirement for population health considerations to be understood. Integrated care boards will be responsible for commissioning the vast majority of our local NHS services, so they need to know the population health need.

That has been demonstrated in my ICB area of Sussex over the past couple of weeks. In the discussions about proposed sites for neighbourhood health hubs, it became clear that the population needs of my constituency of Worthing West had not been entirely understood when considering sites: there is a large area containing several villages with an ageing population and limited access to transport, whose requirements had not hit the radar of the ICB.

To be clear, this is not about blame—anyone who thinks that planning for population health needs is straightforward is welcome to sit the public health exams in epidemiology and statistics. Expertise is there to be used, and we should draw on it. I therefore suggest that we require a statutory appointment of a lead director of public health to represent the area covered by each integrated care board.

Finally, to guard against a focus solely on reorganisation, alongside this NHS Bill and as a key focus of the 10-year strategy we must have a whole of Government approach that recognises health as a strategic and shared asset—

Madam Deputy Speaker (Ms Nusrat Ghani): Order.

9.1 pm

Navendu Mishra (Stockport) (Lab): I declare my interest as chair of the all-party parliamentary group on cancer and the donations made by trade unions to my constituency Labour party.

I welcome a Bill to modernise the NHS, but our local hospital in Stockport, Stepping Hill, needs a lot of modernisation. The building is quite old and lots of problems have presented themselves over the years. I am grateful to the Minister for meeting me a few weeks ago to talk about Stepping Hill. The former Health Secretary and I had several conversations about the Stepping Hill estate. I urge the Government to work with me and other Stockport MPs on a long-term solution for Stepping Hill. I am very grateful to all the doctors, nurses and volunteers at Stepping Hill hospital.

I want to mention ICBs, as they feature quite a lot in the Bill. My experience of the Greater Manchester ICB has been quite poor. I thank the British Fertility Society and the charity The Fertility Alliance for all they have done on protecting access to in vitro fertilisation. I also thank in particular my local councillor Karl Wardlaw and his late wife Jodie, and place on record my gratitude to them for all the work they did on protecting access to IVF.

The Greater Manchester ICB consulted on levelling down the offer for NHS-funded IVF treatment across Greater Manchester to just one cycle in each borough, including Stockport; 74% of respondents completely disagreed or disagreed with that proposal. The ICB did the consultation—I am not sure how much time and money it wasted on it—but then proceeded with the levelling down offer of just one cycle of IVF. My experience of the ICB is therefore very poor.

Many constituents have written to me about their concerns about Palantir and access to their data. I know that Unison has also raised significant concerns about the damage done to public confidence by Government data initiatives and the use of organisations such as Palantir, the spy tech firm.

I have limited time. On a more positive note, as we are talking about the NHS, I am always keen to encourage more people to donate blood; I have been donating blood myself for almost 10 years. I place on record my thanks to everyone at the Plymouth Grove donor centre in Manchester. In particular, I thank Connor, Phil, Vivian and Dorcas, who always look after me. May I ask the Government to do more to promote blood donations?

I welcome the Government's reforms to bring more democracy and accountability to the NHS, but we must ensure that health inequalities are addressed and reduced. In the richest part of my constituency, people can expect to live almost nine years longer than those who live in the most deprived part.

9.4 pm

Peter Prinsley (Bury St Edmunds and Stowmarket) (Lab): I know of a quite frail diabetic patient with cancer, who underwent several operations as well as complicated chemo in London. He eventually decided that he was well enough to take a short holiday, so he went to Cornwall on the train. Unfortunately, shortly after arriving he was found in a state of collapse by his daughter, and taken to the nearest hospital late on a Saturday night. The doctors had no access to his medical notes, and no answer when they called the hospital in London, so they were puzzled. That situation is familiar to doctors. Patients are incredulous when they are told that we are unable to see all their medical records: "Surely everything is on the computer?"

As a surgeon before becoming an MP, I worked in at least three different hospitals. There was no compatibility between the records, which meant that transferring care was complicated and hazardous. I would be asked to advise on a patient from another hospital, relying on a dictated note from the referring doctor, but I could not access the clinical records, the results of investigations such as the pathology test, scans or, crucially, the operating records. Consultations were delayed as I stared at creaking computers, with numerous software programmes, each individually protected by ever-changing and forgettable passwords, that slowly booted up. That obviously needs to change.

I would link the NHS number to an unique single patient record. I would give ownership of the record to the patient, and let the patient be the custodian and the gatekeeper. That is the truly revolutionary idea. If someone could easily look at their medical record, with appropriate physician safeguards, they could monitor everything—blood pressure, heart rate—and perhaps there would be an incentive for them to look after their health a little better.

Let us imagine for a moment the power of anonymised medical data for a population of 70 million people. The NHS is perhaps the largest complete set of health data on a whole population in the world. That is a huge resource for informing health policy and medical research. By tracking the health outcomes of millions of our fellow citizens, we can sort out all kinds of diseases, such as heart disease, cancer and mental health disorders. I can think of no greater innovation, or more helpful measure to improve the health care of this nation, than a single patient record.

Martin Wrigley: All the features that the hon. Member is asking for are available to people within the Greater Manchester area. Exactly those things are there and work today, even down to the remote monitoring he mentions.

Peter Prinsley: I am grateful for that intervention, and I am aware that in various bits of the country such systems do exist. I would like to see a single patient record that is genuinely single, so that when my hon. Friend the Member for Stroud (Dr Opher), who is sitting next to me, writes something in the record, I can see it, and when I write in my record, he can see it, and no letters are passing back and forth between us. That is why I am sure that legislating for the mandatory single record is what we must do, and as a surgeon who has worked for 40 years in the NHS, I will do everything I can to help.

9.7 pm

Dr Simon Opher (Stroud) (Lab): It is a pleasure to speak in support of the Bill, which I believe has the power to transform patient care in the NHS. Particularly after the remarks of my hon. Friend the Member for Bury St Edmunds and Stowmarket (Peter Prinsley), the House will be aware that I also have a vested interest in this, as I have been a working GP in the NHS in Stroud for at least the last three decades. Indeed, I did a surgery last Friday, and I excitedly told the other doctors that we are going to have a single patient record. Instead of being excited, they said, "It's about time."

[Dr Simon Opher]

Those of us working in the NHS have been calling for a single patient record for years, so it is about time that a patient can tell their story just once, and about time a GP knows what a consultant is saying and the consultant knows what the GP is saying. It is about time that, when a patient gets admitted to A&E, the doctors know what the GP has already done, and that, when a patient gets referred to a psychiatrist, they know which antidepressants have been taken. As my hon. Friend said, patients struggle to understand how all the doctors do not know what is going on. We got rid of the fax machine in our surgery only last year, so we are fairly behind on communication, but the Bill lays the foundation for that to be remedied.

The benefits of the Bill for patients are huge—their medical knowledge at their fingertips, just as they are for clinicians and for integration. We cannot have integration without a decent single patient record. On research, our data is a national asset. I fear that a company such as Palantir owning our data is a derogation of our duty, and that we should use that data as a fantastic resource. I am also worried about Palantir's involvement with death in Gaza and the infringement of civil liberties under the Immigration and Customs Enforcement agency in America. Also, at the Chelsea and Westminster hospital, it seems that the benefits that Palantir said it would bring to the operating theatre were not provable. The data is owned at the moment by GPs, and if there is a spillage of data, GP practices are unlimitedly liable. We must change that; otherwise, no one will become a GP partner. We must also be careful, because excessive and over-the-top safeguarding could obstruct the single patient record, and that would harm patient care.

Peter Prinsley: Does my hon. Friend agree that we must have a single patient record, not simply federated records from other sources?

Dr Opher: I do agree, although that is a much bigger job. At the moment, mental health uses a different system from the hospital, and it would be great to unite them. I agree with that, but whether it would possible in the next couple of years, I am not so sure.

Let me quickly go on to NHS England. The administrative burden on GP surgeries from NHSE has been huge, as my hon. Friend has mentioned, and it will be fantastic to get rid of that. When GPs undergo CQC inspections we have to do pointless protocols to fulfil the criteria, and they involve weeks of work. I want to make a little bid here for a much more supportive, lighter touch approach when looking at proper data around GP surgeries, which we would not have to prepare for. That would be very popular with GPs.

I warmly welcome this Bill. It is about time we reduced the ridiculous administration around patients and allowed clinicians to properly care for patients, and it is about time we had a single patient record.

9.11 pm

Liz Twist (Blaydon and Consett) (Lab): First of all, I very much welcome the Bill. It has been designed to deliver and work with our 10-year plan in that bigger picture.

I will touch on three issues raised with me by my constituents in Blaydon and Consett. The first is the single patient record. Of course it makes absolute sense for everyone to be able to access up-to-date records when a patient is admitted. I think of the groups I have worked with who have rare conditions, for example, who find that when they are taken into a different hospital, the doctors there are unable to access the records of their specialist treatment. That is the first thing, although there is also a good deal of concern among my constituents and others about how that will be managed and brought about, and how the data will be handled and the contracts awarded.

The second issue I wish to raise is Healthwatch. I understand that the Government's real intention, through the Bill, is to strengthen the patient voice and the ability to raise issues, but there is real concern that an organisation inside the Department of Health and Social Care will not provide that independence. Will the Minister commit to looking again at how that independence can be built in and linked with the ability to pull the levers that Ministers have talked about, in order to make a real difference for patients? It is about getting that balance right.

Finally, I want to talk about parity of esteem for mental health services. As we move from treatment to prevention services, we need to use this legislation to reinforce parity of esteem for mental health services, including in the ability to access them. We need to build in preventive measures and access to those mental health services. I would just like to comment on the point made by my hon. Friend the Member for Worthing West (Dr Cooper) about building public health issues into the overall health framework. We need to look at re-establishing that public mental health function within DHSC under the new arrangements, and indeed within ICBs. We need also to link this to our mental health strategy, which we are expecting in the very near future. I welcome the Bill greatly and look forward to seeing those issues addressed in Committee.

9.14 pm

Josh Fenton-Glynn (Calder Valley) (Lab): This Bill has to be set in the proper context of the mess that we are clearing up from the previous Government. The Darzi report laid bare the crisis in the NHS. We must learn from that Government's disastrous reorganisation, because we cannot afford to make those mistakes. I approach the Bill as a critical supporter of the changes that we have made and that we seek to make.

I have not always given my right hon. Friend the Member for Ilford North (Wes Streeting) the easiest time, but I pay tribute to his leadership, both on this Bill and in the NHS more generally. Waiting lists are down, treatment is up and we are seeing a real shift to the priorities that we need—from sickness to prevention, from analogue to digital, and from hospital to community. We have seen an overall reduction in NHS waiting lists of more than half a million since July 2024.

I welcome the new Secretary of State to his place. He has a famed eye for detail, which this job demands, and I hope that his background in local government means that he will take seriously the need to get to grips with social care.

Clearly, there is a real problem that needs fixing. Over the past decade, the centre of health policy has increased: staffing across DHSC, NHS England and local commissioning bodies has doubled since 2013, from 20,000 to 40,000. The Lansley reforms were one of the most high-handed acts of sabotage that a Government have ever committed on the health service. They were meant to reduce bureaucracy, improve efficiency and save money, and they achieved none of those things.

Some concerns about the Bill came up in a recent sitting of the Health and Social Care Committee. I am curious as to how, in practice, the merger will be able to concurrently reduce headcount from NHSE, DHSC and ICBs by 50% without causing unintended consequences. I am concerned about that and want to see more detail on it, particularly given the scale of the changes that we are trying to make in the NHS. A report published in 2012 by the Institute for Government entitled "Never Again?", which looked at the Lansley reforms, warned against making redundancies that are quickly undone as organisations recognise that essential roles have been lost and end up rehiring the same staff. The cost of redundancies under the Bill is estimated at about £1 billion. The cost of the Lansley redundancies was about half that, but one in five of those staff ended up being re-employed by the same organisation. The Select Committee heard before the recess that some areas of the NHS are under-managed, and I do not want clinicians to take on those roles.

Overall, I support the Bill, but we should be clear that a reorganisation of the centre at this scale is not simple. It has to be properly planned, co-ordinated and communicated. I welcome the new Secretary of State, but I hope that the Bill can make the changes we need.

9.17 pm

Sojan Joseph (Ashford) (Lab): We have already seen the difference that a Labour Government can make in improving our NHS. That is the result of the difficult choice that this Labour Government made to prioritise investment in the NHS and our other public services, but I know from my 22 years working in our health service that investment on its own is not enough. That is why I am pleased that this Bill will reverse the legislation passed during the Conservative and Liberal Democrat coalition, which made NHS overly rigid and too prescriptive, increasing bureaucracy and weakening accountability. The Bill is an important part of delivering a reformed NHS by implementing the elements of the plan that require legislation.

I particularly welcome the parts of the Bill that will amend the National Health Service Act to make provision for the establishment of a single patient record. Patients too often receive care that is not as co-ordinated as it could or should be, meaning that they must repeat their story each time they see a different medical professional. From my experience in mental health services, I know that mental health patients go to A&E, explain their story to the doctors there, explain the same story to a mental health worker, and then explain the same story the next day when they are admitted to a mental health ward. That is very challenging for professionals and patients. The single patient record can therefore be very useful.

We also have patients coming from other parts of the country. For example, a patient from Manchester could be admitted in Kent, where the doctors and medical professionals will, in some cases, be unable to access that patient's records for many days. That delays the treatment, so it will be a big step to have a single patient record.

The other area I welcome is the abolishment of NHS England. During my time in the NHS, I saw layers and layers of management structures and scrutiny by different organisations, which caused lots of repetition, so I welcome the abolishment of NHS England. I would like to see that money go to the frontline, so that we can recruit many more nurses for hands-on patient care.

Finally, I would like to raise the issue that many other colleagues have raised: parity of esteem for mental health services. I would like to hear from the Minister that the single record system will be implemented not just in other parts of the health system, but in mental health services.

9.20 pm

Josh Newbury (Cannock Chase) (Lab): Before becoming an MP, I worked in communications in our NHS. Combined with numerous stories from my constituents, that gives me a view of the NHS at its best, but also where things do not work as they should. Very few of our constituents think about the structures of the NHS. For them, whether it is working right comes down to whether they can see a GP and how long it takes to get a diagnosis and treatment. I welcome the Bill because all of us have constituents who have had to give the same information over and over, wasting their time and their clinician's time and undermining trust in the fundamentals of a unified national health service.

A member of my team told me about one of her family members who suffered a stroke two years ago. He got to A&E at 11 am, was diagnosed after several hours and then at 6 pm, after several scans, was told that he needed to travel to another hospital to see a specialist. When he got there, he was told that the data had not been passed across, so all those scans and tests had to be done again. Stories like that demonstrate why the single patient record made possible by this Bill is so vital for patients, who should not have to repeat their symptoms, and for clinicians, who want to focus on care.

On the abolition of NHS England, the Government are right to shift money currently tied up in monolithic bureaucracy to frontline services. But as one of, I assume, very few former NHS communicators in this House, I want to dedicate the time I have left to them.

The abolition of NHSE comes at a time when ICBs are shedding half of their staff and are busy clustering. It is a time of immense change and anxiety for staff. I have recently seen a slew of posts from brilliant NHS communicators who are signing off for the last time, or posting bittersweet celebrations of securing a role while many colleagues are leaving. Some see NHS communications jobs as a "nice to have", but the reality is they are the people who ensure that patients, from general practice through to discharge, know how to get the right care at the right time. They are the ones who spring into action when the phone lines go down. They tell the stories of real people working and getting treated in our NHS, which is so vital to encouraging others to spot early warning signs and come forward.

[Josh Newbury]

Comms in the NHS literally saves lives, and that is why when I see comms professionals leaving the NHS, I fear that we could be throwing the baby out with the bathwater through this important and justified process of change. I pay tribute to every NHS communicator, and I hope the Minister will say a little about how these legends will be valued and retained. The Bill will do so much to improve the NHS for millions of people in our country, so I will proudly support it, but let us ensure that we know the value of everyone who makes our NHS world-class.

9.23 pm

Luke Murphy (Basingstoke) (Lab): I welcome the NHS modernisation Bill as the next step in improving our NHS. When I was elected as the Member for Basingstoke, access to GPs, dentists and mental health services was not good enough. There were unacceptably long waits for elective care and at A&E, poor conditions of our hospital building and an overstretched primary care estate, so I welcome the progress made since my election, nationally and locally, through the investment, reform and hard work of NHS staff. We have seen 3,500 fewer people waiting for healthcare at Basingstoke hospital under a Labour Government, more GP appointments delivered across Hampshire than ever before, money to upgrade the practice at Chineham surgery from the Government's upgrade fund and, after significant pressure from my office, the local council providing developer contributions of nearly £1.4 million for the same surgery. But we do need to go further; we have made progress, but there is so much more to do.

I particularly want to recognise in the Bill the importance of bringing about the single patient record. Before my dad died at the end of last year, he spent many days, weeks and months, over many years, in hospital, including in diabetic foot clinics and dialysis units, and in far too many intensive care units and wards. While the single patient record will bring about safer and more efficient care, the most important thing for me, as many other Members have mentioned, is the reduction of the burden, anxiety and stress placed on both the patient and their carer. When my dad was in hospital, I remember vividly that my mum carried around several sheets of A4 paper with his medical history and medications written on them. She did not just have to present that record to different parts of the NHS—she often had to present it to different units within the same hospital. Rather than worrying about my dad, she was worrying about whether she had brought that record. Clearly, that record should be held by the NHS. I know that many patients will recognise what an advance that will be both for their care and for hospital efficiency.

I recognise that the streamlining and abolition of NHS England will put more services on the frontline. As I said earlier, that is still badly needed in Basingstoke. It will help to improve GP access, deliver the health centre at Winklebury, ensure that there is a neighbourhood health centre across the constituency and further improve the A&E wait, for which there is plan in place.

9.25 pm

Jessica Toale (Bournemouth West) (Lab): In his opening remarks, the Health Secretary set out our record in office on waiting times, patient experience and investment. My local area has benefited from this record level of investment. The BEACH—births, emergency and critical care, children's health—building at Bournemouth hospital opened in March 2025, improving maternity, children's and emergency care services. Poole hospital will this year become the largest planned care hospital in the country.

Over the past month, I have been to the opening of two new mental health facilities, representing a £70 million investment in the local area. One of them, the Seastone building, is a high-intensity unit for young people, the first of its kind in our region, and it will stop young people from being sent to Manchester or Newcastle from Dorset or the south-west. I am particularly proud of the commitment to get Winton health centre back open, and we have now secured £1.3 million in investment to do that. It will open in the summer and will bring care closer to my community and alleviate pressure on our local GPs.

I have not met a person in the health system, in education or in the community who does not agree with the NHS 10-year plan's ambition to move the health system from treatment to prevention and to get more care into the community. The Bill helps us to get closer to delivering this ambition for all people. I want to talk in particular about three often vulnerable communities. My hon. Friend the Member for Thurrock (Jen Craft) spoke eloquently about the experience of children with SEND and their parents, so I ask the Minister to reflect on how the Bill helps with joined-up services and access to specialist care for those young people.

HealthBus, a local charity that I support, brings direct nurse-led care to people experiencing homelessness. Their core ask has been to have access to system 1 records and local NHS historical records to better help their patients. I am grateful to the civil servants who have been helping them to date, but I ask that particular attention is paid to ensuring that the single patient record is rolled out to benefit communities who struggle to engage and get support from existing structures.

We must support our elderly population to get the care they need. I met staff at Lewis-Manning hospice care this week. They have done an incredible amount of work on the number of hospital admissions that people have in their last 12 years of life. They are proposing hospice at home hubs to ensure that up-front investment can help people to spend their last days in dignity. Will the Minister provide reassurance that any frontline services that become available are put into end-of-life care as well?

Finally, when this Labour Government came into office, the fundamental promise of the NHS, that it would be there for us when we need it, had been broken by decades of under-investment, by bureaucracy and by ditching reforms that had been made under the last Labour Government. I am proud of the progress to date, and I support the Bill to improve the patient experience, to put more resources into frontline services and to deliver our NHS 10-year plan, getting care closer to the communities who need it.

Several hon. Members *rose—*

Madam Deputy Speaker (Ms Nusrat Ghani): Order. To ensure that the final four speakers can get in, the speaking limit will become two and a half minutes.

9.29 pm

Anna Dixon (Shipley) (Lab): I welcome the Government's plan to make it easier for doctors and clinicians to share critical information in a single patient record, but I would like the Minister to confirm whether access to patient records could be extended to carers, giving them the ability to access information concerning the person they care for. The NHS often fails to look after our amazing carers, so I am keen for ICBs to have a duty to identify and support the health and wellbeing of our fantastic unpaid family carers, and give them the right to a break.

Our health service needs to do a better job of identifying the next of kin of people who die in its care. There are currently 4,000 public health funerals each year for people whose loved ones cannot be reached, including Ken Bower, a friend of my constituents Cathy and Richard. In his memory, they launched the "Next of Ken" campaign. I invite the Minister to meet me and my constituents to see how this could be embedded in the patient record.

Ministers should promote integration between local authorities and the NHS, and I urge Ministers to implement a stronger duty to integrate health and care services. I welcome the duty to reduce inequalities in access to care, but the Bill needs to go further. I echo calls from colleagues for a cross-Government duty to have due regard to health inequalities.

Finally, as an officer of the APPG on patient safety, I know that the relevant Minister has received many representation on the issue of patient safety, not least from the hon. Member for Harwich and North Essex (Sir Bernard Jenkin). I hope the Minister will provide reassurances that when harm occurs, there will continue to be fully impartial investigation by HSSIB and clinicians will be able to speak openly about safety incidents.

The Health Bill is a comprehensive and ambitious piece of legislation, but I hope that, on the matters I have mentioned, changes will be considered in Committee. Our ambitions must be bold, our delivery must be rapid, and our NHS must be renewed.

9.31 pm

Jim Dickson (Dartford) (Lab): I warmly welcome the priority and the additional investment in our NHS over the first two years of this Government. In my constituency, we are seeing positive change with our newly opened North Kent community diagnostic centre, which is delivering vital tests and results for residents in a few short days from a great building with amazing staff.

On top of that, we are seeing major investment in our local Darent Valley hospital, with £27 million being spent on a new intensive care unit. That said, there is still a long way to go to reduce the length of waits in A&E, and the hospital remains in a building that is prone to problems, as illustrated by a recent water outage that lasted several weeks and affected patient care across half the hospital.

Above all, we need Kent and Medway ICB to recognise the speed of population increase and ensure that there is new primary care capacity to meet it so that GP practices such as Swanscombe health centre are able to cope with patient registration numbers—an extraordinary 38,000 in its case. Health infrastructure must be properly planned alongside new homes, and a test of the powers for the ICBs in this Bill must be that this happens.

I also warmly welcome measures in the Bill to provide a single patient record. This new information must drive fully integrated care, the absence of which is causing worse outcomes for my residents. One of my constituents, Frank Fitzpatrick, suffers from severe coronary artery disease and a separate condition that affects his oesophagus, and he has also had a stroke. He has recently received severely disjointed care, including discharge without medication or a letter, unsafe transport, and a lack of co-ordinated follow-up to provide physiotherapy or monitor his range of conditions. The result has been a major worsening of his health and quality of life. We must urgently bring in proper patient-centred care for Frank and so many others.

I have two final concerns. The winding up of NHS England must ensure that more resources are available and that decisions are made at or near the frontline. With the abolition of Healthwatch, independent scrutiny must not be lost. We will need to be convinced that the patient experience directorate, alongside the local service user voice, will genuinely hold the system to account.

9.33 pm

Amanda Martin (Portsmouth North) (Lab): I do not think there is a single person who thinks the current recording system is working. Navigating this system, whether as a patient, a family member or indeed an MP on behalf of constituents, is a nightmare. When it comes to safety and accountability, it is not transparent, and the experience is made harder for people who regularly move, so I would like to speak about the single patient record and what it will mean for the tens of thousands of people in my city who serve or have served in the armed forces.

Thousands of serving personnel, veterans and their families call Portsmouth home, and many more pass through it at various points in their careers, because one of the defining features of military life is mobility. Serving men and women move regularly at short notice, sometimes across the country and sometimes overseas and back again, and often their families move too. Every new posting means a new GP practice—starting from scratch with a folder of letters and a bag of medication boxes, hoping that the new surgery can piece together a medical history from scraps of paper or that the patient themselves can remember every diagnosis, allergy and procedure. For young families, those expecting a baby or those waiting for a diagnosis or tests, it is stressful, but for someone managing complex or chronic conditions, it is dangerous.

Veterans in Portsmouth have also described to me the exhaustion of having to re-explain their medical history every time they register with a practice, including mental health histories that are deeply personal and difficult to revisit. That is not good enough, and this Bill will help to put it right. The single patient record will mean that when a family moves from Norfolk or Plymouth to somewhere near Portsmouth, their medical records will move too. However, it will not work for those who move from Scotland to Portsmouth, so I urge the Government to work cross-border to rectify that situation.

[Amanda Martin]

I also want to acknowledge what the single patient record means for mental health. The mental health needs of veterans are well documented and often unmet. Continuity of care is critical for those managing post-traumatic stress disorder, depression and other service-related conditions. Losing that thread every time a file fails to transfer or a referral gets lost between trusts could cost lives, and the single patient record can hold that thread together.

Military personnel already sacrifice an enormous amount in service to this country. The least we can do is ensure that their health service keeps pace with their demands and those of their families. I am proud to say that this Labour Government are delivering a Bill for our armed forces, and I am proud to say to those people: we see you and we see your family, and your health matters to us.

9.36 pm

Sureena Brackenridge (Wolverhampton North East) (Lab): Given the lack of time remaining in this debate, I will focus my remarks on the long-overdue move to a much-welcomed single patient record.

Many Members will have had constituents get in touch with casework, raising blunders and delays that stem from fragmented patient records. When they have been in severe pain or at their most vulnerable, patients have been asked to repeat the same medical history again and again to different clinicians, whether in hospital or in the GP setting. It is frustrating, and in some cases distressing, especially if the patient is elderly or with neurological conditions such as dementia. A single patient record will ensure that clinicians have the right information at the right time, including on allergies, medications and previous diagnoses, so that they are better placed to make the right decision quickly. Today, we have heard of surgeons who have had to cancel operations because patient histories were incomplete or did not arrive quickly enough. There is consensus that a single patient record will make a significant difference in A&E, for paramedics at the roadside and even in routine care, where small details can have significant consequences.

I must, however, also make clear the concerns of many of my residents in Wolverhampton North East. Bringing together such large volumes of highly sensitive personal data into a single system will inevitably raise questions about cyber-security and data protection. We know that patient data in the UK would be extremely lucrative to some, and many will be acutely aware of international interest in getting hold of our data-rich NHS in order to profiteer. As such, can the Minister set out in more detail the safeguards that will be built into the system from the very start to guard against cyber-attacks and unauthorised access? How will this be controlled, and what oversight will exist to ensure that public confidence is maintained if threats evolve?

Madam Deputy Speaker (Ms Nusrat Ghani): I call the shadow Minister.

9.38 pm

Dr Caroline Johnson (Sleaford and North Hykeham) (Con): Before I start, I must declare an interest as an NHS consultant paediatrician, a member of the British Medical Association and a member of the Royal College of Paediatrics and Child Health, as well as someone who has been moved to the back of a waiting list, after asking for a consultant review for the third time, and finding that I still do need it but it will have to wait a bit longer.

Churchill once said:

"Healthy citizens are the greatest asset any country can have".

Good health is perhaps the most important asset that any individual can have, and I am sure that across the House, we all want the very best healthcare and the most efficient NHS for our constituents. As such, I am confident that this Bill has been brought before the House with the very best of intentions, but does it achieve its goals?

In general, organisational restructure involves some sort of assessment of where we are now, followed by a vision of what the future should look like, and then a focus on how to get smoothly from A to B. The Government started with a review of the current system. They called it the "Independent investigation of the NHS in England", although the House should note that it was independently conducted by a former Labour Minister. In his report, Lord Darzi said that

"a top-down reorganisation of NHS England and Integrated Care Boards is neither necessary nor desirable".

The then Secretary of State, the right hon. Member for Ilford North (Wes Streeting), seemed to agree. In September 2024, he was reported as saying that a top-down reorganisation was the "last thing" he wanted to do. Within six months, he seemingly changed his mind, which he is allowed to do, but it is regrettable that, having begun the last thing he wanted to do, such little progress has been made on his promised first acts, such as the roll-out of fracture liaison services. So many other promises are delayed, undelivered or, in the case of the promise to double the number of medical school places, somewhat bizarrely denied.

Another of the Government's stated objectives is improving the patient experience. At the moment, we have Healthwatch—an independent organisation that listens to patients and provides feedback. More than 300,000 people a year share their experiences with their local Healthwatch to improve services, and that feedback has led to positive change. The Government cited Healthwatch data in their King's Speech publication. Against the backdrop of rising clinical negligence claims, concerns about maternity care and even reports of abuse in hospitals, it is clear that more must be done to listen to patients and address the problems, but this Bill abolishes Healthwatch England and effectively ends local Healthwatch organisations. The Government plan to replace it with a patient experience directorate within the Department of Health and Social Care. As Councillor Dr Wendy Taylor of the Local Government Association has warned that this

"risks organisations being seen to mark their own homework."

There is another concern. Facts are stubborn, but statistics can be pliable. How can the public ensure that they are getting reality and not spin from the Government? Ministers keep celebrating falling waiting lists, when in fact patients are being removed from the list without treatment because their appointments have been cancelled, because they missed an appointment they were not told about, because they have not filled in a form, or because

they were called several times asking if they still needed an elective operation and agreed to see a consultant to check.

My hon. Friend the Member for Harwich and North Essex (Sir Bernard Jenkin) made a passionate speech about the importance of HSSIB. This Bill seeks to abolish the Health Services Safety Investigations Body. It provides a safe space, modelled on air accident investigations. Through the avoidance of blame and liability, it can get to the truth and prevent future tragedies. The Bill abolishes HSSIB apparently to simplify the patient safety landscape and reduce the number of organisations. In response to criticism, the Government have attempted to provide reassurance by saying that HSSIB will retain autonomy within the CQC, but the Government cannot have it both ways. Is HSSIB being abolished, or is it being hidden within the CQC?

Either way, the new unit within the CQC will face a number of challenges, such as the undermining of confidence in safe spaces, because it will be within a regulatory body. Its independence will be undermined, because Ministers have now signalled their intent to direct the vast majority of investigations and because the national quality board will prioritise any recommendations that they make. We will also have a CQC board without full oversight of what it is accountable for and, somewhat bizarrely, a risk that if the regulatory part of the CQC wants information from the safe space, and the other part of the CQC does not want to publish it, we could see the CQC suing itself. We have all this upheaval to have one less—or at least the illusion of one less—organisation. How on earth does that improve patient safety?

As many have said, including my hon. Friends the Members for Runnymede and Weybridge (Dr Spencer) and for South Northamptonshire (Sarah Bool), the single patient record is a good idea in principle. Patient information is currently fragmented across different parts of the healthcare system, and bringing it together could save lives, save time and improve prevention. However, the introduction of such a system must be well executed.

First, there are practicality concerns. Do patients want their full medical records, including sensitive conditions and perhaps including sexual health records, visible to every health professional? The hon. Member for Bury St Edmunds and Stowmarket (Peter Prinsley) talked about the difference between a single patient record that is all of the same type and one that is part of a federated platform. The Secretary of State talked about linking up people's ability to see the current system, but there is huge variety in systems. Even within one hospital, there might be a different system for maternity, A&E, blood results, historical notes and current clinic appointments. Will NHS staff be required to learn all those systems for all over the country, or will data be transferred to a new system? Either move has its downsides, but I am not clear which the Government intend to do.

Secondly, there are security concerns. As has been said, the NHS has the most valuable health dataset in the world. The Government must provide clarity in relation to who controls the data, who is responsible for maintaining its accuracy, and how it will be kept securely. Hackers are already trying to gain access to it, knowing that even if it is encrypted, quantum computing will be able to unpick encryption in the years to come. The Government must ensure that they are quantum-ready. What role is the National Cyber Security Centre playing in this regard?

Life, in all things, is a balance. If arm's length bodies are in control of things for which Ministers are nominally responsible, we have a democratic deficit, and it is understandable that the Government want to recoup that, but, as we heard from my hon. Friend the Member for Meriden and Solihull East (Saqib Bhatti), the powers in the Bill for them to take control of everything risk the creation of a politicised service in which those who shout the loudest get preferential treatment. Those with very rare conditions such as corticobasal degeneration, Wiskott-Aldrich syndrome, Lafora body disease, Friedrich's ataxia and many more such conditions may not have as well-funded or celebrity lobby groups acting on their behalf as those with other conditions. How will the Secretary of State ensure that clinical need drives the provision of services, rather than the resources of lobby groups or access to Ministers or, indeed, the Secretary of State?

As the NHS is undergoing a massive reorganisation, I am mindful of what the Minister once said:

> "The reorganisation of health services always distracts from people's jobs, destroys morale and wastes money".—[*Official Report*, 22 September 2022; Vol. 680, c. 809.]

It also stalls progress and takes a lot of staff time, which may be why we have a 10-year health plan that took a year to write, why the workforce plan has still not been produced, why the so-called "rapid" national maternity investigation has not been completed, why waiting lists are up for patients referred for admission in several specialities, why we have a glacially slow roll-out of fracture liaison services, why the mechanical thrombectomy service promised for stroke victims by April is not available, why there is no response to the Hughes report, why there is a denial of the promise of an increase in the number of medical school places, and why doctors have announced their 16th strike, costing millions of pounds in appointments. The Government promised results, but all they have delivered is disruption, delay and disappointment.

I feel for the current Health Secretary. His predecessor was more focused on unseating the Prime Minister, and he is left to pick up the pieces. However, despite our political differences, I do have hope. Previously, he insisted that trans women were women, but I understand that he has now changed his mind. He has listened, and he has accepted that biological women are distinct and require single-sex spaces, in line with the law, biology, and common sense. I am therefore hopeful that the new Health Secretary will also listen to concerns about the Bill, and that we can work together in Committee to improve it. As I said at the beginning, we all want the best possible health service for our constituents.

9.47 pm

The Minister for Secondary Care (Karin Smyth): I was going to say that sometimes it is the hope that kills you, but instead I will say that it is a pleasure to close the debate on behalf of this Government.

Let me begin by commending the many fantastic speeches that we have heard this evening. My hon. Friend the Member for Middlesbrough and Thornaby East (Andy McDonald) made some excellent points

[Karin Smyth]

about spinal cord injury and specialised commissioning. His comments apply to many people, and I take them on board. My hon. Friend the Member for Beckenham and Penge (Liam Conlon) talked about the experience of Alex Savage and his work with the Tessa Jowell Foundation; we thank Mr Savage for that, and mourn his passing. The Chair of the Health and Social Care Committee, the hon. Member for Oxford West and Abingdon (Layla Moran), made a number of valuable points, and I will continue to engage with her and her Committee. I also note the points made by my hon. Friend the Member for Calder Valley (Josh Fenton-Glynn). My hon. Friends the Members for Thurrock (Jen Craft) and for Bexleyheath and Crayford (Daniel Francis) talked about the experience that they bring to this place in relation to SEND, supporting disabled people—particularly children—and joining up services. My hon. Friend the Member for Dudley (Sonia Kumar) drew on her experience of designing services for the future around people and patients.

As ever, I thank my hon. Friend the Member for Sunderland Central (Lewis Atkinson)—another excellent manager from the service—for the expertise that he brought to the debate. My hon. Friend the Member for Cannock Chase (Josh Newbury) made some excellent points about professionals in NHS England, and about communications professionals as well. We know that it is difficult, and we want to use their expertise as we go forward. My hon. Friends the Members for Gloucester (Alex McIntyre), for Rossendale and Darwen (Andy MacNae) and for Stockport (Navendu Mishra) talked about mental health, obesity prevention and their local services. I thank the former Secretary of State, my right hon. Friend the Member for Ilford North (Wes Streeting), for his support for my work in presenting the Bill, and I am relieved that he is still here in support this evening. That is good to know. A week is a long time in politics.

As I often tell people—you have heard it before, Madam Deputy Speaker—I have Lord Lansley to thank—or blame—for my being at this Dispatch Box. I left the NHS and stood for the Bristol South constituency because I could see the coming catastrophe of those coalition reforms. In 2010, patient satisfaction was an all-time high; in 2024, it is at an all-time low. In 2010, the last Government inherited the shortest waiting lists in history; in 2024, they left the waiting lists at record highs. In 2010, the NHS was efficient and delivered value for money; by 2024, we had dropped down international rankings despite a massive increase in headcount at the centre. That is the scorecard that the last Government left for the 2012 reorganisation.

In preparing for this debate, I have looked through my past comments since becoming an MP. In 2016, I said that despite being a non-executive director and manager in the NHS, I could not easily navigate the plethora of bodies in the health and care field. From 2016, it got worse. Each crisis or scandal brought more so-called independent bodies, but no more efficiency, effectiveness or, crucially, safety. We on the Public Accounts Committee were desperately trying to get clarity on accountability for spending, but we did not get it. In 2019—this is on the record—I did an interview with the *Health Service Journal* in which I highlighted how the role of Parliament in nodding through the estimates bore no relation to financial accountability or spending in my local NHS, and how it was impossible to follow through on funding allocations for facilities for my constituents, or even to understand the decision making of local commissioners, trust boards, regions, NHS England, the Department or the Treasury. When I sat on the Opposition Benches, I watched Tory MP after Tory MP chastise their own Government about what was happening in their constituencies, which was met with a shrug of the shoulders to say, "It's all down to NHS England."

The Opposition spokesperson, the hon. Member for Sleaford and North Hykeham (Dr Johnson), talked about ICB accountability, but there is none. Many MPs come to me and say that they cannot get a response from their ICBs. At the moment, some people cannot even get a response to their emails. It is shocking, as my hon. Friend the Member for Lichfield (Dave Robertson) outlined so clearly. The Conservatives' approach was to hand £200 billion of taxpayers' money to one body, and more taxpayers' money to a host of others that were charged with delivering, monitoring and checking a health system in which there is a lot of monitoring, a lot of checking and no end of tick boxes but, crucially, too little delivery of the high-quality services that the British public deserve and the staff want to give.

That cavalier approach changed with this Labour Government, why is why we are bringing forward this Bill. We are abolishing NHS England, devolving commissioning budgets to ICBs, putting patient voice at the heart of the new directorate, and making local commissioners in councils and ICBs embed patient voice and experience in their commissioning, rather than outsourcing their responsibility and then ignoring it. The system does not work, and Members know it. Patients deserve better.

This is the biggest transfer of power to local systems that we have seen. Most significantly, this Government are delivering on giving power to patients, who are frankly astonished to find in 2026 that their records are not joined up in the NHS. My hon. Friend the Member for Portsmouth North (Amanda Martin) made an excellent point about the impact that that has on veterans. Although we have a patchwork of local workarounds that benefit a few people—in Manchester, Bristol or the north-east, for example—patients across England have the right to their own record, and for their clinicians to have access in order to deliver the care they need. That point was well made by my hon. Friends the Members for Glasgow South West (Dr Ahmed), for Ashford (Sojan Joseph), and for Bury St Edmunds and Stowmarket (Peter Prinsley), all of whom gave us real examples of patient experience. As my hon. Friend the Member for Stroud (Dr Opher) says, it is about time that we had single patient records. We heard about the impact on patients from my hon. Friend the Member for Basingstoke (Luke Murphy), who spoke about the sad passing of his father.

A lot of questions have rightly been asked about the single patient record and data, including by the hon. Member for South Northamptonshire (Sarah Bool), my hon. Friend the Member for Morecambe and Lunesdale (Lizzi Collinge), the hon. Member for Newton Abbot (Martin Wrigley), and my hon. Friends the Members for City of Durham (Mary Kelly Foy), for Worthing West (Dr Cooper), for Bournemouth West (Jessica Toale) and for Wolverhampton North East (Sureena Brackenridge).

We want to make sure that we get this right. They should know that although the Bill establishes the legal framework for the SPR, much of the detail will be in secondary legislation. I can assure the House that all Members will have a chance to scrutinise the regulations in due course. However, we firmly believe that pursuing a single patient record is the right thing to do. We have found that patients and staff support it, as long as it is built with the strongest safeguards for security and privacy. We hear their concerns, and we will make sure that those safeguards are built in.

The single patient record will protect personal data by default. It will be considered critical national infrastructure, with the highest standards of cyber-security and information governance, so that only the right people can access the right information at the right time and for the right reasons. There will be audit trails of who has accessed a patient's data, and UK GDPR and the Data Protection Act 2018 will apply. The Bill does not create new legal gateways for purposes other than direct care. It does allow data to be used for research, population analysis and service improvement, but only where there is a separate legal basis for doing so.

Let me pick up on the issue of accountability, which is very important to me personally. I agree that it is important to get this right, and we need to work both nationally and locally. I am old enough to remember the world before 2012. For 60 years, the Secretary of State had overall responsibility and accountability for this service. I think the comments about local accountability were well made by the hon. Member for Runnymede and Weybridge (Dr Spencer) and my hon. Friends the Members for Birmingham Erdington (Paulette Hamilton) and for York Central (Rachael Maskell). Let me be clear: the Bill puts more power, not less, in the hands of local organisations. ICBs will be responsible for commissioning a wider range of services, including primary care, and they will hold a large proportion of the NHS budget—over £179 billion, as before—but at the same time the public expect Ministers to be accountable for the NHS they pay for.

Therefore, Ministers should have the tools to hold ICBs to account and direct the system where necessary. That is why the Bill provides the Secretary of State with a power of direction, but with important safeguards on appointing specific individuals and directions to intervene in decisions about services provided to a particular person. If a NICE recommendation on a drug or treatment exists, this takes precedence over a direction. The powers in the Bill will ensure the Secretary of State is able to create the conditions for ICBs to succeed with effective and proportionate forms of intervention, where necessary.

Another major point made this evening was about Healthwatch. I think there is an important philosophical point about independence, the perception of independence and effective decision making, which we will discuss in Committee and it will be important to do so. However, as the Liberal Democrat spokesperson, the hon. Member for North Shropshire (Helen Morgan), outlined very well, we have had these bodies for 50 years. Patients are saying that the system does not work and are not reporting to it, so the system does not work. I listened carefully to the hon. Member for St Neots and Mid Cambridgeshire (Ian Sollom) and my hon. Friends the Members for Blaydon and Consett (Liz Twist) and for Dartford (Jim Dickson) about getting the balance right, and we will discuss those really valuable points.

Currently, the patient voice sits isolated in separate organisations, which criticise the status quo but are not able to change it. That is why we want a new director of patient experience in the Department to ensure that voices are heard as part of every decision. Locally, it is the job of the commissioner—and I have been a commissioner—and of a good commission organisation to include the patient voice and experience in all its decision making. That is where the difference is made, and such organisations should not be outsourcing those decisions. That is the difference, but a debate is to be had, and we have to assure people on the perception issue. We want to ensure local ICBs incorporate the patient voice and experience appropriately—including digitally excluded people, as the hon. Member for Meriden and Solihull East (Saqib Bhatti) said— into their decision making. How that happens is not set in stone. It is our job to set the destination, not exactly how we get there. If an organisation can provide a good service locally for the patient voice and experience, the ICB could continue to contract with it.

Briefly on HSSIB, I hear the points from the hon. Member for Harwich and North Essex (Sir Bernard Jenkin), whom I have met, and my hon. Friend the Member for Shipley (Anna Dixon) and other Members have raised these issues. The Dash review is very clear—I recommend Members to read it—and it is why the new CQC will combine its regulatory functions with the depth of HSSIB's investigatory capability to the benefit of both. As was rightly raised by the hon. Member for St Ives (Andrew George), the safe space is important to enable people to share concerns in confidence, and that is safeguarded in the Bill. I understand that there is a perception issue, but we must ensure that that is real. The CQC has also raised some operational issues with implementing the integration of HSSIB, and we are working with it to ensure that, when passed, the measures concerned will be implemented effectively.

To conclude, the Bill is only one part of our modernisation agenda, but it is a crucial one, because for decades Governments have failed to grapple with this fragmentation. Like capital and the workforce, the problem was put in the "too difficult" box and left to this Government to solve, but solve it we will. The single patient record will finally mean patients get the joined-up, proactive care they deserve. By voting for this Bill, we can have a fresh start in NHS history. I commend it to the House.

Question put and agreed to.

Bill accordingly read a Second time.

HEALTH BILL: PROGRAMME

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

That the following provisions shall apply to the Health Bill:

Committal

(1) That 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 16 July 2026.

(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.—*(Jade Botterill.)*

Question agreed to.

HEALTH BILL: 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 Health Bill, it is expedient to authorise the payment out of money provided by Parliament of:

(1) any expenditure incurred under or by virtue of the Act by the Secretary of State, and

(2) any increase attributable to the Act in the sums payable under or by virtue of any other Act out of money so provided.—*(Jade Botterill.)*

Question agreed to.

HEALTH BILL: WAYS AND MEANS

Motion made, and Question put forthwith (Standing Order No. 52(1)(a)),

That, for the purposes of any Act resulting from the Health Bill, it is expedient to authorise the making of provision under the Act in relation to income tax, corporation tax, capital gains tax, value added tax, stamp duty or stamp duty reserve tax in connection with a transfer of property, rights or liabilities by a scheme under the Act.—*(Jade Botterill.)*

Question agreed to.

Business without Debate

BACKBENCH BUSINESS COMMITTEE

Ordered,

That Jonathan Davies, Mary Glindon, Alison Hume, Will Stone and Martin Vickers be members of the Backbench Business Committee.—*(Jessica Morden, on behalf of the Committee of Selection.)*

Coastal Communities: Government Support

[Relevant Documents: Seventh Report of the Environment, Food and Rural Affairs Committee, Resetting the relationship with fishing communities, Session 2024-26, HC 680; Sixth Report of the Environment, Food and Rural Affairs Committee, Erosion of trust: the impact of coastal erosion on communities, Session 2024-26, HC 1317.]

Motion made, and Question proposed, That this House do now adjourn.—*(Jade Botterill.)*

10 pm

Neil Duncan-Jordan (Poole) (Lab): It is good to know that I have not lost the ability to lose the room, Madam Deputy Speaker.

Like all hon. Members who represent a coastal constituency, I have a huge pride and privilege in representing Poole. When I get off the train at our local station after spending time in Westminster, the smell of the sea reminds me how lucky I am to live in such a beautiful place; it has the world's second largest harbour, some of the best blue flag beaches in the country and a surrounding coastline that is simply stunning.

We cannot eat scenery, however; like other coastal communities, Poole faces a number of key issues that need Government attention. Since becoming MP for the area, I have been running a project called Positive About Poole, asking local residents for their ideas on how we can make our town an even better place to live. They have highlighted ongoing problems of traffic congestion, a lack of youth services and, of course, the lack of affordable housing.

Average gross median weekly full-time earnings in Poole are £764, but monthly rent is around £1,400, meaning that half of someone's wages immediately goes on housing costs, not to mention council tax, energy bills and food. Nearly one in four children in Poole are living in relative poverty after housing costs, further suggesting the impact that high rents are having on the cost of living crisis.

Perran Moon (Camborne and Redruth) (Lab): The issues in Poole sound very similar to those in Cornwall, where we have a chronic housing crisis. For several months now we have been asking the Ministry of Housing, Communities and Local Government for a strategic place partnership with Homes England to give us the money to build the social and truly affordable housing we desperately need. Does my hon. Friend agree that we need to expand the availability of strategic place partnerships with Homes England well beyond mayoral combined authorities?

Neil Duncan-Jordan: Yes; I agree with my hon. Friend's point and I will develop it further.

Like my hon. Friend's constituency, towns such as Poole are desperate for good quality, affordable and secure housing—I would argue council housing—for local families, rather than the developer-led luxury waterside apartments that have sprung up.

Jayne Kirkham (Truro and Falmouth) (Lab/Co-op): Again, that sounds similar to Cornwall. Does my hon. Friend agree that speeding up a registration scheme for

holiday lets would help to deal with all the second homes and holiday lets proliferating around our towns? Maybe if we had that, we could move towards more affordable housing.

Neil Duncan-Jordan: My hon. Friend is right. There are some areas of Poole where no one lives; they are all holiday lets, second homes and so on.

Jim Shannon (Strangford) (DUP): First, I commend the hon. Gentleman for bringing this issue forward. He is a very assiduous MP on behalf of his constituents and he should be congratulated on his contribution. I am also an MP for a rural coastal area, and there are other issues as well as social housing, including isolation, which many suffer from. Isolation means more expensive shops and more expensive petrol, less frequent transport, social housing scarcity and a lack of digital connectivity. Does he agree that there is a clear need for the Government to understand that greater support is required, not in terms of per head accountancy, but taking into account rural isolation difficulties, and that more investment is the first step to achieve that?

Neil Duncan-Jordan: I always welcome contributions from the hon. Member, and I often find myself agreeing with him, as I do on this occasion.

The expensive apartments that have sprung up in my constituency and others are unsuitable for young families in the area or are out of the reach of many local people. While I support the Renters' Rights Act 2026, we must also go further and look at rent controls to ensure fair play.

That brings me to the health challenges that coastal communities face, and the excellent report from the chief medical officer published in 2021, in which he recognised that coastal communities have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. While coastal communities are not all the same, many share similar characteristics, which should help in developing some common policy responses. Fishing or port communities such as mine have particular challenges, and a national strategy informed by those common experiences will help reduce health inequalities in those areas. For example, many coastal communities were created around a single industry that has since moved on, meaning that work can often be scarce or seasonal.

Chris Webb (Blackpool South) (Lab): Similar to my hon. Friend's constituency, Blackpool has some of the worst health outcomes in the country. A boy born in my constituency will live 10 years less than a boy born in Hampshire. That is my son, and many others across Blackpool, with a decade lost before they have even started their life. Does my hon. Friend agree that it is about not just additional funding for the NHS, but reducing inequality in the housing and jobs markets, as well as strategic support for coastal communities, where support for the big cities has been for the last few decades?

Neil Duncan-Jordan: I absolutely support my hon. Friend's contribution. Let us be clear that we are not going to get the kind of society that we want until we eradicate inequality. I believe that with a much more equal society, we will see more compassion, care and community.

James Naish (Rushcliffe) (Lab): I am sure that my hon. Friend is aware that the Labour Rural Research Group recently did a report on rural poverty, which identified that on average someone living in a rural area is spending £39 more per week on transport costs. That was described as a rural penalty. Would he agree that there is also a coastal penalty, and that ultimately the Government need to abandon their one-size-fits-all approach to running this country and identify the differences between rural, coastal and urban areas?

Neil Duncan-Jordan: My hon. Friend makes a positive point on something that has been overlooked in Government debates until today. We need to recognise the differences between the various parts of our country, celebrate those differences, but also recognise the unique problems that they all face.

Jessica Toale (Bournemouth West) (Lab): My hon. Friend and constituency neighbour is right to point out Poole's history as a fishing and port town; like my constituency, however, it is also a tourism town. Bournemouth has millions of visitors every year; most of them come to spend a nice time, but some come to drink excessively, start fights and disrespect residents and our local area, putting excessive pressure on our police forces. Would my hon. Friend agree that, where those seasonal pressures are predictable, forces such as Dorset police should have a fair funding formula to reflect that?

Neil Duncan-Jordan: I agree with my hon. Friend and neighbour, and I will make that point later in my speech, if colleagues will let me make some progress.

Life expectancy, healthy life expectancy and disability-free life expectancy are all lower in coastal areas, and the gap between more affluent and poorer areas continues to widen. Professor Whitty makes it clear that high levels of deprivation, driven in part by major and long-standing challenges with local economies and employment, are important reasons for the poor health outcomes in coastal communities. That means we need a new approach to dealing with the gap in life expectancy between those with limited incomes and those with large amounts of wealth. Tackling the social determinants of ill health such as housing, employment opportunities, access to healthcare and education is key to bringing about a healthier society.

One of the key features linking all our coastal communities is the water that surrounds us. Poole harbour is both scientifically and environmentally important and it needs to be protected. The beauty of the harbour lies in the stark contrast between ecosystems, ranging from intertidal salt marshes and mudflats to freshwater marshes, reed beds and wet grasslands. Visitors will also discover a wide range of wintering, migrating and breeding birds. However, most of Dorset's rivers suffer from high levels of both nitrate and phosphate pollution.

Amanda Martin (Portsmouth North) (Lab): I represent a coastal city that has high levels of deprivation and inequality. Unlike your beaches, none of ours are blue flag—

Madam Deputy Speaker (Ms Nusrat Ghani): Order. Ms Martin, I do not think my beaches were being discussed.

Amanda Martin: My apologies—I meant my hon. Friend's beaches.

Neil Duncan-Jordan: My hon. Friend is absolutely right that the beaches are first-class in Poole; if your constituency had beaches, Madam Deputy Speaker, I am sure that they too would be first-class.

The nutrients that go into the water system come from a number of sources, including both treated and untreated sewage, as well as agricultural sources including poorly managed soils, animal waste and fertiliser. Sewage discharge has grabbed the headlines in recent months; as well as the nutrients from treated discharges, outdated infrastructure and regular system overflows in stormy weather can result in untreated or partially treated sewage entering our rivers. In Poole harbour, that can lead to shellfish contamination, as well as direct health risks that put restrictions on the local fishing industry.

The Environment Agency monitors water quality at designated bathing sites from 15 May to 30 September, but not all year round, and only in the areas that have been officially recognised as suitable for bathing. In Poole there are many different types of water users, from paddleboarders to windsurfers, who are excluded from those forms of oversight. That is why we need to expand the definition of bathers, monitor water quality all year round and have a serious conversation about bringing water back into public ownership.

Finally, I want to consider the issue of tourism and its impact on the local economy and public services. Like most coastal communities, Poole relies on tourism as a key part of our local economy, but with that comes a number of challenges. The local council no longer has a dedicated tourist office promoting the area or funds the kind of events on the quayside that would attract visitors, and the idea of a tourist tax or levy is contentious in my town.

Government funding also fails to take account of the seasonality that my hon. Friend the Member for Bournemouth West (Jessica Toale) mentioned earlier. With the influx of additional people and the extra demands the area faces in terms of car parking, public order and even litter collection, both our police and fire services regularly witness a seasonal surge in demand.

Anna Gelderd (South East Cornwall) (Lab): I thank my hon. Friend for securing this important debate. During half-term last week, Looe in my constituency saw some really difficult antisocial behaviour, with our public services under pressure to deliver. I welcome the dispersal order that was granted and thank our frontline services for their work, but we need a fair funding formula in our communities to ensure that services are provided during peak tourist season, and I look forward to hearing more about that in my hon. Friend's speech.

Neil Duncan-Jordan: I absolutely welcome and support my hon. Friend's point. A fair funding formula that properly reflects the diverse demands, unique demographic complexities and specific geographical challenges faced by the police and fire services is long overdue.

Andrew George (St Ives) (LD): On the point of geographic inequalities, as my constituency is in west Cornwall and on the Isles of Scilly, it is impossible to call on emergency services from the north, the west or the south. The consequence of that geographical reality is that it is much more expensive and challenging to provide those services in such circumstances, a problem that many coastal areas face. Does the hon. Gentleman not agree that these things need to be factored into the funding formula, rather than being ignored, as they are at present?

Neil Duncan-Jordan: I absolutely agree with the hon. Member's point. As I mentioned earlier, the current funding formula is inadequate for communities such as ours. I should also just say that if anybody else wants to intervene, I have two more paragraphs to go.

Finally, I want to turn to hospitality, which is a key driver of many coastal towns' economies. Hospitality is suffering. In Poole, 486 hospitality businesses generate £239 million in annual revenue and employ 5,738 local people, but the lowering of the national insurance threshold and the removal of business rates relief, alongside new revaluations on premises, are forcing many of them to consider whether they can carry on at all.

My town needs places where tourists can buy an ice cream, have a meal or enjoy a drink. What we do not want are hollowed-out high streets that offer vape shops and little else. We need a vibrant campaign for people to holiday in Britain and the necessary support for hospitality that brings the high street to life. There are suggestions that the Government are looking at a "nice pub tax", which would hit landlords whose premises are on the waterfront and would kill off towns like Poole. I urge the Treasury to think again about such a proposal.

Coastal communities may not grab headlines the way that cities with a proud industrial heritage do, but there are over 5 million residents living in 169 coastal towns across England and Wales, and they all deserve a voice and a future. They deserve a Labour Government who recognise the challenges that they face and whose policies will ensure a rising tide that lifts all the boats, not just the super-yachts.

10.16 pm

The Parliamentary Under-Secretary of State for Housing, Communities and Local Government (Nesil Caliskan): I am grateful to my hon. Friend the Member for Poole (Neil Duncan-Jordan) for securing this important debate. I so appreciated the way that he spoke about the area he represents. His opening remarks made reference to the smell of the sea, which I know will be nostalgic for many. He also made an important point about hospitality and how important it is for the local economies of coastal communities.

Coastal communities are a vital part of our national identity, serving as a key reminder of our national pride and shared maritime history.

Ms Polly Billington (East Thanet) (Lab): It is very important that coastal communities are recognised for our role in the overall identity of the country, but we are also a vital way of developing economic growth in this country. As co-chair of the all-party parliamentary group for coastal communities, what I am asking for,

along with many Back-Bench colleagues who are present, is a coastal economic strategy that identifies the key industrial sectors that can help us to grow. It is not only about hospitality, although that is vital; it is also about ensuring that we have a year-round economy.

Nesil Caliskan: My hon. Friend makes a really important point. It is only my second week in this role, but I have already had passionate representations from my hon. Friend and other colleagues who represent coastal communities, and I will continue to engage with them to talk about the important points they have made in this Chamber and beyond.

The Government are committed to supporting coastal communities everywhere to fulfil their potential and thrive. Coastal communities are a key part of our ambition for the whole country. They play a vital role both for the areas themselves and for the whole economy. Protecting coastal communities, particularly from coastal erosion, is a priority for the Ministry of Housing, Communities and Local Government, and we will continue to do that.

My hon. Friend the Member for Poole made important points about the local communities and economy. I would like to take this opportunity to talk about MHCLG's commitment to Pride in Place and a number of the other programmes that the Department is using to directly target a range of economic, social and health-related challenges felt by coastal communities. Our £5.8 billion Pride in Place programme will deliver up to £20 million of funding and support over the next decade to 284 communities across the UK, and at least 56 coastal communities across the UK are part of it. They will receive over £1 billion collectively through that programme.

A package of targeted investments will be delivered through each community developing a plan, in consultation with local people, that reflects local need and determines where that money is best spent. The programme will help communities to improve local infrastructure and play areas, important cultural venues, and health and wellbeing services, among many other things.

Perran Moon: Coastal communities, because of our geographical location, work very closely together, so within the Pride in Place definition of "community cohesion" we are marked down in our ability to access Pride in Place funding. Therefore, across six constituencies in Cornwall—even though Cornwall is one of the most deprived regions in northern Europe—we have had zero pounds from Pride in Place because of our community cohesion. Does the Minister agree that needs to be looked at?

Nesil Caliskan: I thank my hon. Friend for raising that important point. Community cohesion is an important aspect of how we allocate money through MHCLG, but I recognise that it is not the only important aspect. I am therefore happy to meet him and other Members of Parliament who want to talk about how we allocate money in a fair and transparent way.

Adam Jogee (Newcastle-under-Lyme) (Lab): I am grateful to the Minister for issuing invitations to meet to colleagues. My constituency did not get Pride in Place funding, and I would be grateful if she could find some time to have a cup of tea with me so that I can make the case for it to her before too long.

Nesil Caliskan: I am always happy to have a cup of tea with colleagues, and especially my hon. Friend.

I will turn to the important points made about holiday lets, which particularly impact coastal communities. The Government have committed almost £40 billion to the social and affordable homes programme, which is important for the delivery of houses and affordable homes more generally.

Amanda Martin: Does my hon. Friend agree that, as well as housing, education is vital, and that is really missing in coastal communities, so our constituencies are often seen at the bottom of league tables?

Nesil Caliskan: That is a very important point. As my hon. Friend will know, education is a top priority for the Government, which is why we have seen record investment. I believe that coastal communities will benefit from that commitment.

Lee Pitcher (Doncaster East and the Isle of Axholme) (Lab): Will the Minister give way?

Nesil Caliskan: I will make a little progress.

Although short-term holiday lets can be hugely beneficial to local economies, the Government appreciate that their excessive concentration in some areas of the country can impact on the availability and affordability of homes to buy and rent; hon. Members have highlighted some of the challenges. That is why the Government are making progressive changes to the tax system to protect our vital public services and to ensure that housing is primarily seen as a home rather than an investment. Those taxation changes will be important for coastal communities.

Alongside that, the Government have abolished the furnished holiday lets tax regime, meaning that landlords will no longer be incentivised via the tax system to make their properties available for short-term holiday lets. That is an issue that has long been raised by those who live in coastal communities.

On the important points that my hon. Friend the Member for Poole made on health, I recognise that some of the greatest health inequalities can be found in our coastal towns. I am therefore delighted that the Government have made it a core mission to strengthen joined-up approaches between health and social care services so that people experience health services locally in a more integrated way, with a person-centred approach. Coastal areas will really benefit from that joined-up thinking. A neighbourhood health service approach along with reforming the better care fund in line with the commitments set out in the 10-year NHS strategy are all things that will benefit our coastal communities, which are disproportionately impacted by health inequalities.

Lee Pitcher: We cannot talk about coastal communities and health without talking about safety, and particularly water safety. Over the past couple of weeks, when we have had hot weather, at least 17 people are known to have died by drowning, many of them children and young adults. Will the Minister talk to other relevant Ministers about holding a national campaign before the

[Lee Pitcher]

summer, when it gets hot once again and children are on school holidays, to ensure that we prevent unnecessary deaths on our waterways?

Nesil Caliskan: I thank my hon. Friend for raising an important point. Sadly, over the past decade or so children have become less likely to have swimming lessons, and the consequences have been catastrophic, particularly when we consider coastal communities. I know that my hon. Friend and other hon. Members have already made such representations, and I am happy to take the idea away and ask MHCLG to look further at it. We must also work across Government to ensure that we are doing everything we can to support children and adults to benefit from swimming classes, so that we can keep them safe, as well as communities more generally.

We also need cross-departmental and cross-Government work with the Environment Agency to ensure that water is clean, so that our coastal communities can be enjoyed not just by the people who live in them, but by those who visit them. Clean water is not just a "nice to have"; it is fundamental to the health and safety of everybody who visits coastal towns, and I will ensure through MHCLG that we have an adequate cross-departmental approach on that.

Finally, I thank my hon. Friend the Member for Poole for securing this debate. I know that he cares passionately about the issues he raised, which go beyond his coastal area and speak to many constituencies across the country. The identity of our coastal communities is intrinsic to the identity of our country, and each of our coastal communities has a particular identity that is important to the local area. Government investment to ensure that our coastal communities are properly looked after is not just about borders; it is about ensuring that we support people who live in those communities, reduce health inequalities, and ensure that everybody has the opportunity to thrive.

Question put and agreed to.

10.27 pm

House adjourned.

Westminster Hall

Monday 1 June 2026

[Dame Siobhain McDonagh *in the Chair*]

Child Sexual Offender Data

4.30 pm

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): I beg to move,

That this House has considered e-petition 730605 relating to collection and publication of child sexual offender data.

It is a pleasure to serve under your chairmanship, Dame Siobhain.

Adam Dance (Yeovil) (LD): Will my hon. Friend give way?

Jamie Stone: Goodness me!

Adam Dance: Brave young constituents in Yeovil reported historical cases of sexual abuse, but workforce shortages in the police, terrible communication and other failings meant years of stress, delays and the Crown Prosecution Service ruling that it could not advance prosecution despite the evidence threshold being met. Does my hon. Friend agree that we need urgent investment to ensure that the criminal justice system can address historical cases of sexual violence and communicate clearly with victims? No young person should see justice denied.

Jamie Stone: My hon. Friend makes his case with some passion. I take note of it, and I thank him.

As Chair of the Petitions Committee, it is always encouraging to see public participation in politics, so I welcome our friends to the Public Gallery. With more than 200,000 signatures, it is quite evident that this petition has engaged a very large number of people across the country. At this point, I remind people that the person leading a debate on behalf of the Petitions Committee sets the scene, as it were, so I will refer to the petitioner and to other points of the argument.

The petition was created by the hon. Member for Great Yarmouth (Rupert Lowe). Prior to this debate, he explained to me that he tabled the petition out of concern that existing non-statutory approaches to data collection and transparency regarding child sexual exploitation have been insufficient. He wants to see a clear legal duty imposed on the relevant authorities to consistently record and publish offender data regarding the nationality, ethnicity, immigration status and religion of child sexual offenders.

Furthermore, the hon. Member explained to me that he found the Government's response to the petition insufficient, on the basis that it relies on expectations and directives rather than statutory duties. He believes that this data should not only be collected but be published and standardised to achieve full transparency and accountability.

Before I go any further, I want to acknowledge the profound sensitivity of this subject. Alas, child sexual abuse is far more common than many people may think. Far more children are sexually abused than are ever identified or responded to. At least 500,000—half a million—children in England and Wales are estimated to experience child sexual abuse every year. Crucially, I want to instil in every Member intending to participate in this debate that, behind every statistic, every case file and every policy discussion, there are real people whose lives have been deeply impacted by these offences.

Paul Waugh (Rochdale) (Lab/Co-op): The hon. Member refers to real people. There are no people more real than the three girls mentioned in the 2017 BBC docudrama and the whistleblowers involved. Does he accept that within days of that broadcast, which exposed to the nation the horrific actions of a Rochdale grooming gang, Andy Burnham commissioned an independent inquiry that led not just to the exposure of institutional failings but the vindication of those whistleblowers and, subsequently, the arrest and conviction of seven sick paedophiles in Rochdale, who were jailed for a total of more than 170 years? Does that not prove that we need to have real, strong political leadership on this issue, but also cross-party consensus, and that we should not be making party political points out of this? We should be working together to defeat paedophilia.

Dame Siobhain McDonagh (in the Chair): Order. I point out to Members that this is an incredibly important debate, which is why so many of you are here today. I would ask you to be brief in your interventions, out of respect for all other Members who have something to say.

Jamie Stone: Thank you, Dame Siobhain. The hon. Member underlined the point I am trying to make. Of the people watching this debate, many will alas be survivors of child sexual abuse who did not report that abuse until adulthood. That is the terrible thing. Their safety, dignity and wellbeing must remain at the centre of the debate and all that we say today.

I also want to recognise that there will be people watching this debate who have felt failed by institutions and public authorities in the past. That is precisely why we should use any parliamentary time on this topic—specifically with regard to information sharing—as a way of better equipping safeguarding agencies, local authorities, our criminal justice system and Parliament to improve the protection of children.

Unfortunately, no institution can undo past failures, but we have a responsibility to learn from them and to strengthen the systems we rely upon to improve the identification of abuse, our response to it and the experience of survivors.

Caroline Voaden (South Devon) (LD): Research has repeatedly shown that about half of child sexual abuse in the UK happens within the family, and the majority of the rest is by known, trusted adults. When I was chief executive of a rape crisis service, I worked very closely with an organisation called Child Abuse Prevention UK, which taught children to recognise the signs of abuse and how to report it to a trusted adult, such as a teacher. Unfortunately, it folded due to lack of funding, because the support for prevention and education in this area is absolutely non-existent—

Dame Siobhain McDonagh (in the Chair): Order. Will the Member please sit down? Please do not make me have to intervene a third time.

Jamie Stone: Thank you, Dame Siobhain. I will come to my hon. Friend's point very shortly.

This petition provokes legitimate questions that the public want answered, regarding how data on these offences is collected and how patterns of offending are identified. When discussing this practice, it is important that we balance transparency with privacy, proportionality and the risk that data may be misused or presented in a misleading way. For that reason, our discussion today must approach the petition with reasoned, constructive and evidence-based recommendations. We should all be guided by what best protects children, supports survivors and strengthens public trust in safeguarding institutions when dealing with offenders.

Kevin Bonavia (Stevenage) (Lab): The hon. Member is making a very clear and reasoned argument. Does he agree that everyone here cares deeply about this horrific crime, and that we should be thinking about how we can approach this together rather than attacking people over their party political positions?

Jamie Stone: I thank the hon. Member for his intervention. Today, we have with us people in the Public Gallery who have been through this dreadful experience. Sadly, it leaves scars that can last a lifetime. By referring to "offenders", this petition is focused on a person who has admitted guilt to a child sexual abuse offence or who has been found guilty of such an offence in a court of law.

Prior to this debate, I spoke to people at the Centre of Expertise on Child Sexual Abuse, who pointed out that although there is understandable interest in strengthening the collection and scrutiny of data relating to offenders, such an approach taken in isolation will have but limited impact on the scale of harm they are seeking to confront in order to protect children. Data on known offenders is, by its very nature, retrospective—it looks back. It tells us where the system has already failed, but it does not help us to identify where abuse is occurring right now, unseen. In this way, it is crucial to consider that better safeguarding outcomes should, first and foremost, be driven by the identification and prevention of abuse in the first instance.

Alas, the reality is that a significant proportion of child sexual abuse never reaches the criminal justice system at all. These children are not reflected in datasets or analytical frameworks based solely on convicted offenders. It is therefore worth remembering that, although offender data has its place within a broader safeguarding landscape, it is not adequate as the central focus for protecting victims and preventing further abuse. Failure to consider that risks neglecting the hidden majority of cases and misdirecting our resources and attention.

John Lamont (Berwickshire, Roxburgh and Selkirk) (Con): As a fellow Scottish MP, the hon. Member will know that, sadly, these gangs operate across all parts of the United Kingdom. Does he accept that we need consistency in the collection of data in Scotland, Wales, England and Northern Ireland?

Jamie Stone: Indeed. The hon. Member has some knowledge, as I do, of the situation north of the border. The point is well made—I shall come to it shortly—that this crime is no respecter of where in the United Kingdom someone lives. Only by prioritising the identification of unreported abuse can we begin to address the true scale of the problem, rather than merely documenting its aftermath, retrospectively.

The petition makes particular reference to "gang based crime". Many hon. Members will be aware of previous inquiries into this particular offence and its severity, which should not be undermined. However, we must remember that children can be sexually abused in many different ways by different people and in different places and situations. I think that is precisely the point to which my Scottish colleague, the hon. Member for Berwickshire, Roxburgh and Selkirk (John Lamont), alluded.

Sarah Champion (Rotherham) (Lab): I thank the hon. Member for the reasoned caveats that he lays out, but in the case of Rotherham, the gangs that were grooming and abusing young children in my constituency were predominantly of Pakistani heritage. That mattered because, had we recognised it early on, we might have been able to disrupt and prevent some of the abuse. In specific cases, we need this data and we need to be transparent. Sometimes all the caveats in the world just dilute what should be a laser focus on protecting children.

Jamie Stone: Wise words indeed.

To turn to the point that my hon. Friend the Member for South Devon (Caroline Voaden) touched on earlier, in England and Wales alone almost half of all child sexual abuse offences reported to the police in 2021 and 2022 took place in the family environment. That means the abuse was by parents, siblings, grandparents or anyone considered one of the family. After sexual abuse by a parent, harmful sexual behaviour by siblings is the second most common form of sexual abuse within the family environment that is reported to police.

My point is that we must be cautious about framing child sexual abuse as primarily an external or culturally othered threat, when the evidence shows that it is most often perpetrated within existing relationships of trust and care. I suggest that overemphasising outside narratives risks distorting public understanding and could distract from the full range of contexts in which abuse occurs.

Gregory Stafford (Farnham and Bordon) (Con): Although I accept the hon. Gentleman's wider point, given that we are about to have a national grooming gang inquiry that Opposition Members had to drag the Government, kicking and screaming, to do, would it not be helpful for that inquiry to have the data? Surely sunlight is the best disinfectant on this issue?

Jamie Stone: Of course, the Minister will sum up. It will be interesting to hear the Government's view on this.

Sir Iain Duncan Smith (Chingford and Woodford Green) (Con): I want to make a small point following the strong and powerful point made by the hon. Member for Rotherham (Sarah Champion) about the gang-related stuff. The petition that the public signed does not selectively go for gangs only. It refers to all offenders, including gangs. Surely the key is to get the knowledge. That sunlight will help us to solve those other crimes.

Jamie Stone: I believe that we must distinguish carefully between evidence-based policy and generalisation, between transparency and sensationalism, and between the legitimate scrutiny of institutional failings and the prejudiced stigmatisation of whole groups of people. In short, we have to treat this subject with great care.

Linsey Farnsworth (Amber Valley) (Lab): Before becoming an MP, I was a prosecutor for 21 years. I prosecuted many perpetrators of violence against women and girls, including sexual offenders. I am aware that the CPS has inputted data on all manner of aspects of offenders, including ethnicity.

Data can be useful in identifying patterns of offending, including pockets of offending in particular areas. Does the hon. Member agree that data can be useful, but that each individual case needs to be considered and prosecuted on the basis of evidence rather than anything else, and that it is important that we prosecute as many offenders as the evidence will allow across the country, notwithstanding their ethnicity, religion or nationality? Anybody committing acts of violence against women and girls, including grooming gangs, should be prosecuted, where the evidence allows.

Jamie Stone: Children cannot look after themselves in this regard, so it behoves every single adult to sort this out. How do we do that? By having a conversation, by discussing the issue and by operating on an absolutely cross-party basis. In that way, we can improve responses, and prevent further abuse and exploitation.

Several hon. Members *rose—*

Jamie Stone: I have accepted a rather large number of interventions, and I know that a lot of Members want to speak in this debate. I will therefore close by making this last point. In my view, it would be a great tragedy if this issue became a party political football. It should not because, as was said earlier, sexual abuse is no observer of rank in society or geographical location. It can affect everyone, from those in the remotest parts of the UK to those in the most suburbanised places.

Several hon. Members *rose—*

Dame Siobhain McDonagh (in the Chair): I remind hon. Members that they need to bob if they wish to speak. I want to be sure that I have a good idea of who wants to contribute, because we want to make sure that everybody has as long as they need to make their contribution. We will make that calculation now.

4.46 pm

Mr Jonathan Brash (Hartlepool) (Lab): It is a pleasure to serve under your chairmanship, Dame Siobhain. I want to begin by putting on the record my thanks to the 651 constituents in Hartlepool who signed the petition. They are right to demand greater transparency and accountability from the institutions responsible for protecting children. I also thank the hon. Member for Caithness, Sutherland and Easter Ross (Jamie Stone) for opening the debate in such a measured way.

Let me be absolutely clear: child sexual exploitation is one of the most vile, destructive and unforgivable crimes imaginable. It destroys lives, shatters childhoods and leaves scars that never heal. It is a crime that demands from all of us the strongest possible response. That word "unforgivable" is important. I make no apology for saying this, both as a Member of this place and as a dad: for those convicted of the rape of a child, no punishment is too harsh. They should be chemically castrated, they should be given hard labour, and they should never be allowed to see another free day for the rest of their, I hope, very miserable lives.

There should be no ambiguity and no softness when it comes to protecting our children. I support wholeheartedly the intent of the petition: transparency, accountability and truth. Where facts are missing, speculation—sometimes fostered by malign actors—fills the gap, and when trust in institutions breaks down, it is ordinary people and, most importantly, victims who suffer. As we have heard, sunlight is the great disinfectant. It matters. The public have a right to know the full picture of crime in their communities and how we intend to deal with it.

Of course there are practical challenges. As Baroness Casey has highlighted, some categories, such as religion, depend on self-declaration and, on that basis, may not always be particularly reliable. But those challenges are not a reason for inaction. They are a reason for getting the systems right, not for avoiding the issue altogether.

Let me make a second point very clear: this debate must be about victims, not about political point scoring, and not about narrowing or distorting the problem. Analysis by the police showed that 115,000 children were victims of sexual abuse in 2023. The child sexual exploitation taskforce identified 4,228 group-based offences in that same year, of which 1,125 were cases of family abuse and 717 were sexual exploitation cases, including offences perpetrated by grooming gangs. Even if we accept that not all crimes will be recorded, not all data will be accurate and many crimes will remain hidden, there is simply no doubt what these figures reveal: group-based abuse is real and must be tackled without fear or favour.

The figures also show something broader and far more uncomfortable: this abuse takes many forms and happens in many settings. The most common offenders are not organised networks; tragically, they are family members, trusted adults, friends of the family, neighbours, acquaintances and, in a growing number of cases, peers—children themselves, under the age of 18. These are hard truths, but they are essential truths if we are serious about prevention. That is why we cannot afford a selective focus. Every victim matters, every offender must be pursued, and every form of abuse must be confronted with equal seriousness.

It is true, as we heard from my hon. Friend the Member for Rotherham (Sarah Champion), that investigations of grooming gangs have identified instances where offenders come disproportionately from an ethnic minority background. That must be investigated and confronted without fear or favour wherever it occurs. I trust that the independent inquiry, which in my view was set up too slowly, albeit much faster than under previous Administrations, will do that. Anyone found to be complicit in not dealing with these appalling crimes should be brought to justice with the severity of punishment they deserve.

Suella Braverman (Fareham and Waterlooville) (Reform): The hon. Member is making a powerful speech. Three years ago, when I was Home Secretary, I set up the grooming gangs taskforce. In its first year, it led to 500 arrests and safeguarded over 4,000 girls. I am proud of that, but it

[Suella Braverman]

was not nearly enough. Just for daring to tell the truth that, in places like Rotherham, these were racialised crimes perpetrated largely by Pakistani Muslim men against white girls, I was attacked by—it has to be said—my own Conservative party colleagues for being Islamophobic and for amplifying a far-right narrative. Does the hon. Gentleman agree that ethnicity reporting is essential if we are to combat the institutional fear that has taken over the police, social workers, schools, parts of our media and political parties, and if we are to get justice for victims?

Mr Brash: I would say very clearly that nobody should be castigated for highlighting a truth that is self-evident. I think the most important thing here is that once the essence of the petition is taken up by the Government—and I hope that it is—it will reveal a truth that there is an issue with grooming gangs, and that sometimes they come from particular ethnic minority backgrounds, but it will also reveal another truth: that the vast majority of perpetrators are not from grooming gangs or ethnic minority backgrounds. That is a truth that we have to get out into the open if we are to deal with it properly. I go back to the point that if we are insistent on a narrative that tries to sow division in our country and to be selective in its focus, the only people who will lose are victims of this appalling crime.

It is of genuine concern to me that we do not narrow the focus of this debate. Why would we want less transparency rather than more, unless the goal was something other than protecting children? Narrowing the focus of the debate to only some crimes is not about protecting children, but a tactic to weaponise the issue with the goal of promoting division, driving social media clicks and furthering the individual political ambitions of certain Members of this place. It is of genuine concern to me that today's debate has been promoted, including by the hon. Member for Great Yarmouth (Rupert Lowe), as a debate on grooming gangs. That is not what this debate is about. It is about all victims of child sexual abuse. It is about all data on all perpetrators.

I noted this morning that the hon. Member for Great Yarmouth said that he was going to name and shame every Member of Parliament who did not attend the debate. There are 650 Members of Parliament, and I believe there are 50 seats around this Chamber. Temperance in our language would serve the victims of this crime far better than the language of the hon. Member. This issue must never be weaponised, and it must never be reduced to slogans or selective outrage. It must be about truth, accountability and, above all, justice for victims. I say wholeheartedly: publish the data, show the truth, and never forget the children we are duty-bound to protect. We owe them nothing less.

4.55 pm

Rupert Lowe (Great Yarmouth) (Restore Britain): It is a pleasure to serve under your chairmanship, Dame Siobhain. I thank the 260,974 British men and women who signed the petition to make this debate possible, and I welcome the brave survivors who are sitting behind us in the Chamber. This debate is about them; as the hon. Member for Hartlepool (Mr Brash) quite rightly said, it is not about politics.

I want the world to hear what we heard during the two weeks of our independent rape gang inquiry hearings —an inquiry that should never have needed to happen. I sincerely urge this Parliament to listen to the testimonies from these brave survivors and to finally act.

The first testimony:

"He took his pants down, penetrated me, had sex with me. And then he stopped before ejaculation. He picked up the bottle of Jack Daniels, which was now empty, and he forced it up inside me. He broke the glass while he was there. At that point, I was about 12, nearly 13."

Another testimony:

"I was held down by the men as they each took turns to orally and vaginally rape me, taking it in turns to pin down my arms and legs. When the assault ended, the men hit me repeatedly, threatened to find me, kill me and harm my loved ones if I ever told anybody what had happened."

Another:

"Comments were constantly made suggesting that 'white girls' and Christian girls were viewed as having fewer morals or lower value, whereas 'Muslim girls' were described by some of the men as having dignity and higher moral standing. These comparisons were used to justify the way I was treated and to further humiliate and control me."

Another:

"She was a white woman herself, who I imagine may have been groomed and has obviously now married into the family, shouting obscenities at us. Throughout the whole sentencing, she was constantly saying, 'Fucking liars, lying white bitches'. She said to me that God will be the witness for what happens to me."

Another:

"Race did play a part and motivated the selection or demographic of the victims. Throughout my exploitation, the other girls I encountered or who were abused alongside me were almost exclusively white."

Another:

"She had a baby by him, and his dad was an Imam. His dad knew. And he got his son married and said that he wasn't allowed to see the child. They look after their own community."

Another:

"Over the course of the abuse, I was raped by multiple police officers in different parts of the country."

Another:

"He put a cigarette out on the baby's face."

Another:

"It started when I was 13. I was raped by probably about six or seven hundred different men over the three years."

Another:

"They would toot the horn of the car and then a child would be taken to the front door by a staff member of the children's home."

Another:

"I was bleeding from both my vagina and back passage and was so swollen I could not sit down. I told hospital staff my drink had been spiked and I did not know what had happened because I was too afraid to tell the truth. They did not ask any questions. They gave me tablets and discharged me. I was 15."

Another:

"Things would escalate around Eid and holidays. Parties got bigger, got worse, got more violent. More people involved, more girls involved. The parties were just bigger."

Another:

"The main clash that I kind of had with the religion side of it was, I grew up a Christian. I would wear my cross because it was something really, really special to me. It was just used as a way to break me down. They said, 'Where is your God now? Why has your God forsaken you?'"

Another:

"It was all of the white girls in every home that I went to. I remember a man opening the back of a van and I saw maybe 15, 20 girls locked in dog cages."

Another:

"Dogs were brought in and I couldn't move at all. I had nowhere to move. I think what was the scariest thing was not having any concept of it. There were men around me. Not horrified, not disgusted, not helping, but filming and laughing. Making bets on whether the dog could actually rape me or not. And yes, I was raped by a dog. The man just held my face, stared me down straight in the eyes, and he wanted to see me break, and he did."

Another:

"I just want it to stop and not happen to any other children and for people to actually act and do something and stop being so scared."

I could continue for hours and hours. All of us in this building have a responsibility to finally act—not to talk, but to act. Our rape gang inquiry report will be released in the coming days, and it will change Britain for good.

5.1 pm

Steve Yemm (Mansfield) (Lab): It is a pleasure to serve under your chairmanship, Dame Siobhain. Almost 500 people in my Mansfield constituency signed this petition, and many more constituents have written to me expressing their deep concern about child sexual exploitation, grooming gangs and the failure of our institutions to protect vulnerable children in our country. I understand from them why this issue matters so profoundly to the public, and why there is such a strong demand for transparency, accountability and action.

Where child sexual exploitation has occurred, including in organised, gang-based offending, the failures of our police forces, councils and safeguarding agencies have had absolutely devastating consequences.

Michelle Welsh (Sherwood Forest) (Lab): When I was a county councillor in Nottinghamshire, I asked the children and young people's committee on a number of occasions where child exploitation was taking place in Notts, as well as what age groups and what genders it was affecting. However, I was denied that information both publicly and privately. Does my hon. Friend agree that child exploitation concerns should never be dismissed, that victims must be believed and that institutions must be willing to confront the truth, no matter how uncomfortable they may find it? Truth, transparency and accountability are how we protect our children.

Steve Yemm: I wholeheartedly agree with the views that my hon. Friend has expressed. Too often our vulnerable children were absolutely failed because our institutions were worried more about reputational damage, political sensitivity and some kind of corrupted political correctness than about protecting working-class boys and girls from harm.

Manuela Perteghella (Stratford-on-Avon) (LD): We absolutely need transparency on who the perpetrators are, but we must also confront the systemic failure that let the grooming gangs' abuse continue for years. Those children were not believed; they were dismissed by the police, overlooked by the health services and failed by the local authorities that were supposed to be their corporate parents and that should have kept them safe. It is a profound institutional failure. Does the hon. Gentleman agree that today we must also ask why these children were ignored, and who will be held accountable for those devastating failures?

Steve Yemm: I thank the hon. Member for her intervention, and of course, I agree with her. Parliament should never be in a position where we shy away from confronting those failures with absolute honesty—that is critical. Equally, we must approach this issue with a great deal of care, evidence and proportion.

I looked at the crime survey for England and Wales. It estimates that about 7% to 8% of adults experienced some form of sexual abuse before the age of 16—that is about 3 million people. It shows that the abuse is most commonly perpetrated by someone already known to the child. Other Members have alluded to this: it could be a family member or acquaintance—often a trusted adult or family friend—and, in fact, a growing proportion of abuse now takes place online. That matters, and it is an important issue to raise in this debate, because the majority of child sexual abuse in this country does not take place in the form of organised group offending.

Although grooming gang cases are among the most serious, heinous and disturbing forms of abuse, they are not the totality. It is important, as many other Members have said today, that we reflect the totality of child sexual exploitation in Britain. We should not narrow our national understanding of this crime to a single form of offending that might risk not reflecting on where harm is actually occurring. That does not mean that we should avoid difficult questions where patterns or clusters of offending emerge. On the contrary, we should be prepared to follow the evidence. Honestly, I do not think we have always done that; often we have not.

Jim Shannon (Strangford) (DUP): Will the hon. Gentleman give way?

Steve Yemm: I will happily give way, and this will be the final intervention that I take.

Jim Shannon: I am very conscious of the title of the debate, which is, "Child Sexual Offender Data". I am also conscious that in Northern Ireland, unfortunately, we have had sexual abuse through some churches and organisations. Things have happened in Northern Ireland, and if we are to collect child sexual offender data, it is important that it is shared between Northern Ireland, Scotland, Wales and England in case perpetrators move between those places, as perhaps they have in the past. Does the hon. Member agree that it is important that all regions share the data to ensure that wherever the perpetrators are and whatever they have done, they are accountable?

Steve Yemm: The hon. Member makes a profoundly important point, which I completely agree with—as might be expected.

We must take on those difficult questions and be prepared to follow the evidence, including all those questions on nationality, ethnicity, immigration status and religion. Where those factors can be properly recorded and are operationally relevant, we should of course record them. However, that information always has to be treated carefully, interpreted responsibly and understood

[Steve Yemm]

within the wider safeguarding environment. The data should help protect children; it should not become a substitute for serious safeguarding policy. That is why any approach to statutory data collection must be rooted in thinking about operational safeguarding. It should not be approached in the light of symbolism, political pressure or other types of political correctness.

Good data helps public authorities identify children at risk earlier, allocate resources and understand patterns of offending and allows us to intervene so that fewer children are harmed. Ultimately, the debate comes down to trust. People in my Mansfield constituency want confidence again that the institutions that serve them are honest, competent and focused above all else on protecting children. They want consistency in safeguarding, accountability where there are failures and reassurance that no category of abuse is ignored, minimised or politically inconvenient for anyone.

I understand the motives behind the petition, which I wholeheartedly support, but I believe that any statutory requirement we make has to be based on evidence, operationally meaningful and genuinely focused on improving child protection, not driven by any type of incomplete narrative. Above all, as other Members have pointed out, our duty in this House is very simple: it is to protect children, learn from past failures and ensure that every form of child sexual abuse is confronted with the seriousness, honesty and resolve that it demands.

5.11 pm

Esther McVey (Tatton) (Con): It is a real pleasure to serve under your chairmanship, Dame Siobhain. I am grateful to the hon. Member for Caithness, Sutherland and Easter Ross (Jamie Stone) for moving the motion, and I thank the many people who signed the petition, including 435 from my constituency, who helped to secure this important debate.

Although I welcome it, it is deeply disappointing that such a debate is needed. We are here only because of the outcry from the public, who are outraged that the Government and public institutions continue to shy away from questions of ethnicity, immigration status and religion. Baroness Casey's "National Audit on Group-Based Child Sexual Exploitation and Abuse" reported in June last year, and concluded that catastrophic systemic failures and institutional inaction had allowed grooming gangs to operate freely for many years. Recommendation 4 rightly stated that the Government should mandate

"the collection of ethnicity and nationality data for all suspects in child sexual abuse".

Sir Iain Duncan Smith: I just want to point out a clear example of why this is necessary. In 2022, the Home Office asked police forces to collect ethnicity and other data to have a display of evidence. Out of 43 forces, only one complied. That is why it must be statutory and enforced; does my right hon. Friend not agree?

Esther McVey: That is shameful. I am delighted that my right hon. Friend brought that up; that is why it is essential that today's debate rectifies that situation.

Missing from Baroness Casey's recommendations was the vital need for data collection on religion and immigration status—factors that surely need to be understood so that if they are found to be related to higher offending rates, strategies for protecting children can be that much more targeted and effective. As Baroness Casey acknowledges in her audit, for too long the authorities have shied away from the ethnicity of people involved, and "blindness", "ignorance" and "prejudice" led to repeated failures, over decades, to properly investigate cases.

If we had complete and consistent data, we would be able to answer more questions with greater accuracy. Are certain types of exploitation increasing? How are offenders operating? Are those from certain ethnic backgrounds more likely than others to commit certain sorts of crimes? If we understand what patterns exist, we can improve policing, bring more survivors the justice they deserve and stop these horrendous crimes happening again.

Other questions need to be answered, too. Why are institutions so adverse to collecting and reporting such data? The Jay report, published in 2014, documented a reluctance to discuss offender ethnicity openly. We know that the Labour-run councils of Rotherham—

Sarah Champion: Will the right hon. Lady give way?

Esther McVey: Perfectly timed!

Sarah Champion: I am grateful to the right hon. Lady for referring to the Jay report on Rotherham. She will be aware that the frontline staff were gathering that data; management and the upper echelons were blocking it. She is absolutely right to ask why that happened, and what the consequences were—I put it to her that there were not many.

Esther McVey: I thank the hon. Member for all her work on this matter over many years. I know the abuse that she went through for standing up for those girls.

Steve Barclay (North East Cambridgeshire) (Con): My point flows from the important case that my right hon. Friend is making and from what the hon. Member for Rotherham (Sarah Champion) said. A key element of transparency is finding patterns of behaviour in covering up the crimes. It is not only about patterns in offenders; we also need transparency about where crimes were covered up and the patterns in that.

Esther McVey: My right hon. Friend makes an excellent point; only then can we root out why people failed to investigate. Was it because of fear of being called racist, or even far right? Why were the cases not investigated? Was it because of a culture of political correctness that has been thriving in some Labour councils, such as in Rotherham, Rochdale, Telford and Oldham, and in other agencies, such as the police? They dodged the hard questions. Why? Because they were worried that it might reveal something that did not fit with their ideology of multiculturalism.

Shockingly, in her audit last year, Baroness Casey concluded that

"Questions about ethnicity have been…dodged for years."

After a six-month wait, the Government responded to the Casey audit, accepting all the recommendations, but six months on from that, and a full year since the audit was published, here we are, still waiting for implementation. Will the Minister update us on that and let us know when we can expect the data to be published? Also, not only has the Government's official inquiry into grooming gangs moved at a glacial pace,

but one of their own—a Labour peer—has been appointed as its chair, and a former council chief executive and a chair of an NHS foundation trust have also been involved as panel members. That is exactly what the survivors expressly said they did not want to happen: the inquiry to be handed over to people from the very institutions under investigation.

Meanwhile, the hon. Member for Great Yarmouth (Rupert Lowe) has got on with the job, putting the Government to shame with his independent rape gang inquiry, which heard 10 days of evidence in February and which will report its findings next week. I would not say that I was "fortunate enough" to be part of that panel, but when asked to do so, I accepted. Quite honestly, what we were told was horrifying. There were horrendous stories of rape, but it was not just rape—although that is bad enough. Women were tortured—battered, strangled, cut, whipped—until they were close to death, and then brought back around to be raped again.

That happened over a sustained period because nobody wanted to believe what these women said when they reached out to the institutions that should have looked after them. Some were reaching out to children's homes, which were paid thousands of pounds a year to look after them, but they were let down. Why? Because they were white, working-class girls, many of them vulnerable. People did not want to listen to them and would literally call them "white trash", while allowing others whom they saw as elders in a community to be above reproach, and therefore did not investigate at all.

If we are to successfully end these appalling sexual crimes against children, we must fully understand what is happening, and to do that, we need the data. It is not racist to examine the ethnicity of these criminals; nor is it discriminatory to examine their immigration status. We must follow the evidence wherever it leads, no matter how uncomfortable the truth of it is. These awkward conversations must finally be had, and anyone who might be avoiding them because of a self-serving sense of political correctness must now decide to put the safety of children first. This is not a political football, a right-wing bandwagon or a dog-whistle issue. This is about life-altering suffering and abuse of the most shocking kind—suffering and abuse that could have been prevented. The survivors deserve to know the truth about the failings that were allowed to happen. I hope that all of us here today can agree that the only thing that really matters is protecting children, and that we must do everything to put them first.

5.20 pm

Ayoub Khan (Birmingham Perry Barr) (Ind): I begin where every debate on this subject must: with the victims and survivors of child sexual abuse, like the brave women here in the Public Gallery. There are few crimes more devastating, and there are few duties more important for this House than ensuring that every perpetrator is identified, convicted and punished with the full force of the law.

Let me be clear at the outset: I support the proper collection and publication of data that helps us to understand patterns of offending, to close gaps in safeguarding, to improve prosecution and to protect children. As a barrister, I believe in evidence. I believe in facts. I believe that the criminal justice system must follow the evidence wherever it leads, regardless of whether those facts are convenient or uncomfortable. However, I also believe that we must be honest about what some people are doing with this issue, because there is a difference between using data to protect children and using children as a shield for prejudice. There is a difference between seeking transparency and seeking a radicalised political weapon. I am afraid that around this petition and the wider debate, there are some who appear far less interested in victims than in validating their own hatred of ethnic minorities, Muslims, migrants and foreign nationals. That is not safeguarding. That is not justice. That is exploitation of another kind.

We have to be incredibly careful here, because the facts simply do not support the narrative that some would like to peddle. The data currently collected by the police is undoubtedly incomplete, and I welcome serious efforts to rectify that, but it is simply not true to suggest that we are operating in an evidential vacuum. The Ministry of Justice already records ethnicity and nationality data for those convicted and held within the prison estate. Although more up-to-date figures would of course be welcome, the available data show that as of 2020, more than 88% of prisoners serving sentences for sexual offences with an associated child sexual abuse offence were white. Fewer than 6% were Asian and fewer than 0.5% had no stated ethnicity.

That is a relatively complete dataset. On those figures, white men are significantly represented, yet no serious person in this House would argue that white people are inherently more likely to commit child sexual abuse because of their ethnicity, culture or background, and rightly so, because it would be obscene policy and an obscene politics to draw sweeping conclusions about communities of millions from the crimes of 16,000 of the most depraved individuals in our society. When people insist on doing exactly that to Pakistani, Muslim, Asian or migrant communities, they are not following the evidence; they are revealing a prejudice. They are not interested in protecting children; they are interested in blaming communities. That does not mean we ignore cases involving Asian men, Muslims, foreign nationals or anyone else; it means the opposite. It means we investigate all of it. It means we should prosecute all of it. It means we do not allow any community to hide behind discomfort, political embarrassment or fear of reputational damage.

However, it also means that we reject the grotesque idea that rape, abuse or grooming are the product of select or even inferior ethnicities, religions or nationalities. These are crimes committed by human beings. They are rooted in power, misogyny, coercion and the exploitation of vulnerability. They are not committed only by Muslims, migrants and minorities—far from it.

If we are going to talk about consistency, let us talk about consistency. When John Ashby raped a Sikh woman in Walsall, he did so while directing Islamophobic abuse at her because he believed she was Muslim. That was not incidental; it was part of the terror inflicted on the victim. Yet many of the very people who are usually desperate to talk about ethnicity and religion suddenly changed their view. They said rape is rape. They criticised media outlets for making it about religion. Suddenly, the victim's identity and the hate-driven nature of the attack was cleansed and downplayed. But when the perpetrator is Asian, Muslim or foreign, those same people insist that identity is everything. That is not concern for victims. That is selective outrage.

[Ayoub Khan]

When the victim is from a minority community, they tell us not to mention her race or religion. When the perpetrator is from a minority community, they tell us that his race or religion explains the crime. That double standard should shame anyone who claims to care about justice. I say this plainly: celebrating or minimising the rape of a woman because she is Sikh or because she is presumed to be a Muslim, is vile. Denying the religiously or racially aggravated nature of such a crime is vile. It is not British. It is not patriotic. It is not about protecting women and girls.

I support better data collection, but unlike some, I do so because I am consistent and because facts matter. I support it because bad data creates a vacuum, and that vacuum is filled by either denial or hatred. We should not tolerate either. The Government must ensure that ethnicity and nationality data is collected accurately, consistently and nationally. They must ensure that safeguarding agencies share intelligence properly. They must ensure that victims and survivors are believed, supported and protected. They must ensure that local authorities, police forces, schools, health services and prosecutors cannot fail children because they are afraid of asking difficult questions.

The victims of child sexual abuse deserve better than to be turned into ammunition in a culture war. They deserve justice and, above all, they deserve honesty. They deserve a system that is brave enough to collect the facts and decent enough not to twist those facts into bigotry. Let us have transparency. Let us collect the data and let us publish what can properly and safely be published, but we must do it for the right reason—to support survivors and bring offenders to justice, not to feed hatred or attribute those crimes to certain communities. This is a problem that everyone in our society shares and one that we all bear. It belongs to all of us to prevent it, and it belongs to Members to confront it with facts, consistency and compassion.

5.27 pm

Nigel Farage (Clacton) (Reform): While this debate is very welcome, it is on the broad range of sexual offences against children and the gathering of data about the perpetrators. I suggest, and certainly my constituents in Clacton suggest, that there is something uniquely evil and awful about mass-rape gangs. That is not in any way to diminish sexual abuse committed in the home or elsewhere by trusted people, but there is something uniquely evil about what is going on.

I certainly speak for many of my constituents in saying that there is a feeling that for a couple of decades the authorities at all levels have not done the job of genuinely pursuing justice because of racial sensitivities. I was unaware of the problem, its scale and the cover-up until the Rotherham by-election in 2012, when the current hon. Member for Rotherham (Sarah Champion) was elected. In the intervening years she has spoken out more bravely on the issue than most Members of this House. I was genuinely shocked by the stories I was told by families who came forward, and stunned that the police, social workers and local councillors had received multiple reports of what had happened. When I say mass rape, in some cases we are talking about individual girls being raped by hundreds of men over a period of time. Something genuinely shocking had happened.

In the intervening years, we have had the Jay report, the Casey report, attempts by Home Secretaries and current attempts to find out the truth about what has gone on. While a handful of people have been held to account, the truth is that the vast majority have not. I was surprised that during 14 years of Conservative Government, we did not have a proper judicial inquiry with the necessary powers. I have done my best to encourage the current Prime Minister to do the same, but sadly to no avail.

There are two things that it strikes me would be helpful. First, we ought to get published, with redacted names, all the reports of police and social services over the past 40 years, across the whole country, as a public record that everybody can read. But the thing that really surprises me is the reluctance of Members of Parliament to realise their own powers. We are in the Palace of Westminster, in this remarkable historic building, and we are all privileged to be here. We have enormous powers. They were last effectively used back in 2011 by the Public Accounts Committee, which in the wake of the global financial collapse of 2008 used the powers of this Palace to turn Committees into courts. That means that they have powers of subpoena; it means that people can be brought into Committee Rooms like this, under oath, and could face charges of perjury if they do not tell the truth.

My suggestion is this: rather than waiting for this Home Secretary or the next one, who may come soon—who knows?—to act with full judicial power and the ability to subpoena, why don't we, as Members of Parliament, forget party affiliation, recognise the upset, concern and fear of our constituents that we are increasingly living in a two-tier justice system in this country, come together and force the Government to have a powerful Committee in this place? Let us call the heads of social services, let us call senior police officers and let us call former or serving councillors, or even former or serving MPs, and get to the truth.

5.31 pm

Cameron Thomas (Tewkesbury) (LD): I thank my hon. and gallant Friend the Member for Caithness, Sutherland and Easter Ross (Jamie Stone) for moving the motion. At the heart of this issue are exploited children and predatory men. Sexual exploitation of children continues to occur across the country. It is not exclusive to a particular skin tone, an individual culture or religion, but leaders and those in authority must acknowledge and address patterns. Who are any of us to deny the testimonies of the victims, as were so heavily laid out by the hon. Member for Great Yarmouth (Rupert Lowe)? Those with responsibility must feel empowered to act in defence of women and girls, without fear of persecution or judgment or of prosecution under the Equality Act.

It should not take a humanist to recognise that various interpretations of the Quran, the hadiths, the Torah and the biblical Old Testament continue to validate varying degrees of female subjugation. Malala Yousafzai was shot by religious fundamentalists in Pakistan for daring to advocate for girls' education. Therefore, where exploitation has taken place by groups that entirely comprised men of Pakistani heritage, there can be no pretence that culture did not factor in their subjugation of those women and girls.

I am proud that the UK leads much of the world in our elevation of women. I am equally proud of the enrichment that cultural diversity has brought to our own. But why pretend that integration is frictionless or that any two cultures are perfectly compatible? The rational among us would want integration to take place, so let us not take it for granted. Where there is incompatibility between cultures in this country, no inch should ever be given that would undermine the rights of women and girls.

Sir Julian Smith (Skipton and Ripon) (Con): This issue is very real. Very close to here, a fun run organised by Tower Hamlets council did not allow women over 13 to join in. I totally agree with what the hon. Gentleman is saying, but let us be clear: it is happening, it is happening frequently and it is happening very close to where we are having this debate.

Cameron Thomas: I thank the right hon. Member for his intervention. I have to say that I am not entirely familiar with the specific instance that he has laid out, but certainly it is ongoing today and across the country.

The reasonable among us must not avoid these uncomfortable societal issues. We must never leave the floor open and unchallenged to racists and white supremacists who unfairly denigrate demographics at large for the crimes of a few. In the absence of reasonable voices, this issue has been weaponised by the far right and deployed by its propagandists to sow racial, cultural and religious division.

Hannah Spencer (Gorton and Denton) (Green): As has been raised, why were those women and girls never believed? I have a constituent whose sister was a victim of grooming gangs and tragically died from HIV contracted as a result of that abuse. Another constituent wanted me to be here today because all too often this conversation is dominated by men. The women who were sexually abused and exploited as children by grooming gangs deserve to have their voices heard.

Dame Siobhain McDonagh (in the Chair): Order. Ms Spencer, I appreciate that you are very new to this House, and it is great that you are at this debate. I note that you will be making a speech later, and there will be time, but what you are doing at the moment is making an intervention, so it needs to be really brief.

Hannah Spencer: Thank you, Dame Siobhain; I was just coming to my question. Sowing division will not keep children safe. Does the hon. Member agree that the next steps must be guided by listening to survivors and by fostering a culture in which women and girls are believed?

Cameron Thomas: I fully endorse the hon. Member's comments. I often feel self-conscious about bringing this issue forward as a man, when really we should be listening to the voices of women and girls, particularly those who have been victims of these crimes.

Victims of domestic and sexual abuse, exploitation and trafficking deserve to be treated with compassion and sincerity. Their tragedies should not be a foundation over which clamber opportunistic and ambitious politicians desperate to score political points over their opponents, as did the Conservative party in January 2025. It is a continuing tragedy that these cases are most vociferously contested by thugs who attack police and defile our national emblems, by political opportunists and by hostile foreign commentators who call for civil war and violent uprisings against the elected Government. They rarely, if ever, consider the victims. Social media commentators periodically ask me, "What are you doing about grooming gangs?"; they never ask me what I am doing for the victims.

Elon Musk's interest in the 2024 summer riots and the unimaginable crimes that they followed was not in the protection of women and girls. Rather, it was based upon his apartheid-nostalgic white supremacism. Musk's concern for women and girls extends only to his own attempt to exploit them, as evidenced through his reluctantly public exchanges with sex trafficker Jeffrey Epstein. That brings me to the hon. Member for Great Yarmouth—again, I feel self-conscious for delivering this from behind him. Despite Musk's relationship with paedophile Jeffrey Epstein, the hon. Member for Great Yarmouth continues to publicly court him. Last year, he was paid £40,000 by Elon Musk through his platform X, the same platform over which Musk provoked the riots in 2024.

In closing, let us bring forward this motion, and let the evidence show that I am sure most sexual abuse of this kind does occur within the family—but let the evidence show where it does not, and let us act upon it as one.

5.39 pm

Robbie Moore (Keighley and Ilkley) (Con): It is a pleasure to serve under your chairmanship, Dame Siobhain. I congratulate the hon. Member for Caithness, Sutherland and Easter Ross (Jamie Stone), who opened the debate on behalf of the Petitions Committee; the lead petitioner, the hon. Member for Great Yarmouth (Rupert Lowe); and the many campaigners who have fought tirelessly, and continue to fight, for justice for the victims of child sexual exploitation.

The petition is asking for

"a statutory requirement on councils, the police, the Crown Prosecution Service and all other related institutions to collect, record and publish the nationality, ethnicity, immigration status and religion of child sexual offenders, including gang based crime",

and rightly so. It believes that to properly protect children and prevent the mistakes of the past, it is essential to collect and record all that information. I agree with the petition, which states that data would

"protect children and inform public policy…allow for better understanding of offender demographics, ensure transparency, and support targeted safeguarding strategies."

It also states:

"Without this information, critical patterns may be missed, weakening efforts to prevent abuse and protect vulnerable children."

I agree with this narrative, and I join the over 260,000 people who have taken the time to sign the petition.

Although I appreciate that the petition covers several areas, I would like to start by focusing on the importance of the retention of data in cases of grooming gangs and child sexual exploitation. In her audit published in June last year, Baroness Casey rightly recommended a full national inquiry into grooming gangs. As part of her recommendations, as is set out clearly on page 151, Baroness Casey rightly said that it should be mandated that all local authorities, police forces and other relevant

[Robbie Moore]

agencies retain all relevant records. Any evidence or data that could help the national grooming gangs inquiry should be retained, and the Government should be mandated to inform that retention.

After much back and forth with various Home Office officials, the previous permanent secretary at the Home Office, the previous Safeguarding Minister and the previous and current Home Secretary, I learned that it took the Home Office 212 days to issue that direction to our police forces and other key Home Office agencies instructing them to preserve those records after Baroness Casey's report was published in June last year. That is nearly seven months after publication. I then learned that it took eight months for the Ministry of Housing, Communities and Local Government to write to local authorities with the same instruction. That is a staggering failure at the heart of this Government to address a key recommendation from Baroness Casey.

My first question to the Minister is "Why such a delay?" Secondly, what kind of records are likely to have been lost, or potentially destroyed, in the seven months that it took the Home Office to issue the specific instruction to police forces and the eight months that it took MHCLG to issue the same instruction to local authorities? That question is worth asking, because the reality is that many local authorities up and down the country resisted more openness and transparency on this issue for years—for decades—including Bradford council, whose area my constituency is in.

Another key issue in cases of organised child grooming gangs is not only the lack of data, but the lack of certain types of data. In her audit, Baroness Casey stated:

> "The appalling lack of data on ethnicity in crime recording alone is a major failing over the last decade or more. Questions about ethnicity have been asked but dodged for years. Child sexual exploitation is horrendous whoever commits it, but there have been enough convictions across the country of groups of men from Asian ethnic backgrounds to have warranted closer examination."

I have seen that for myself in my Keighley constituency, within the Bradford district, where the vast majority of convictions have been of men of Asian ethnic background, whose offences were predominantly against white young girls.

We have to be sensible when talking about this issue because, as Baroness Casey rightly found in her audit, only 37% of suspects had their ethnicity data recorded. That is simply not good enough, and addressing it is a key recommendation by Baroness Casey. I welcome the recommendation that the Government mandate the collection of ethnicity and nationality data on all suspects in child sexual abuse and criminal exploitation cases; I only wish that it had come sooner. In my view, the very same approach should apply to the immigration status and religion not only of the victim, but of the perpetrator, so that we can get to grips with the complexity of this issue.

A national inquiry is now taking place. The areas subject to local investigations will be announced by 13 July. Why on earth is that taking so long? I commend the work done by the hon. Member for Great Yarmouth, but is the information collected by his inquiry being fed into the national grooming gangs inquiry led by Baroness Longfield? It is crucial that that information is considered.

Lee Anderson (Ashfield) (Reform): I thank the hon. Member for giving way; he is being very generous with his time. I met the panel of the rape gang inquiry just a few months ago. I asked that information from the inquiry of the hon. Member for Great Yarmouth (Rupert Lowe) be passed on to that panel, and they agreed on that.

Rupert Lowe *rose—*

Robbie Moore: I will also take the next intervention.

Rupert Lowe: The hon. Member has made a very good point. We have been in touch with the Government and Baroness Longfield and have said that we will help them, but so far nobody has actually made contact with me.

Robbie Moore: The point is that all hon. Members in this place have a duty to represent our constituents and to feed any information that we have to Baroness Longfield, as the chair of the national grooming gangs inquiry, so that we can make sure, now that the terms of references have been set, that the local inquiries that form part of that national inquiry take place in the right areas.

That brings me to my key point. Keighley and the wider Bradford district is an area where people have been ignored and abandoned, at a local and national level, for far too long. For years people there have fought hard for our area to be included but they have been ignored. Since I was first elected to this place to represent the people of Keighley and Ilkley, I have stood alongside victims and survivors such as Fiona Goddard and alongside leading child abuse lawyers such as David Greenwood to call for one simple thing: a full independent inquiry should take place across Keighley and the wider Bradford district. These heinous crimes did happen and are happening right now. For decades, child sexual exploitation and gang-related grooming have haunted communities that I represent. Lives have been shattered. Trust has been broken. Far too often, those crying out for justice have been met with silence.

My second question for the Minister is: will she announce in this debate that Keighley and the wider Bradford district will be included as part of the national grooming gangs inquiry? If the Government were confident enough in January 2025 to announce that Oldham would be included, why on earth are they not confident enough today to announce that Keighley and the wider Bradford district will be included? As I have said many times before, I fear that the scale of the issue across the Bradford district will dwarf that in places such as Rotherham, Rochdale, Telford and Oldham, where previous inquiries took place. Bradford has been referenced a lot in relation to child sexual exploitation, and many victims and survivors have unfortunately been trafficked through the city. I would therefore like to hear a positive response from the Minister.

My final point is about the cost of the national grooming gangs inquiry. The Government have allocated £65 million to that inquiry, but we are yet to understand which local areas will form part of it. My third question to the Minister is: will the Government expand the allocation of funds to the national grooming gangs inquiry if the inquiry's chair, Baroness Longfield, deems that more money is needed because more areas need to be looked at as part of the inquiry?

Sir Julian Smith: I pay tribute to the amazing work that my constituency neighbour has done over many years on this issue. The issue of taxi networks in the north of England, particularly those operating in Bradford and Keighley and in my area of Skipton and Ripon, is an example of the fact that analysing broader issues properly will require more funding.

Robbie Moore: I completely concur with my right hon. Friend. I do not want the Government's independent inquiry to be restricted by the amount of funds that it has been allocated. We need to make sure that the inquiry is robust, transparent and open, and that no stone is left unturned.

Terry Jermy (South West Norfolk) (Lab): I agree with much of what the hon. Gentleman said about the importance of gathering data, but something that has not really come out in this debate is an acknowledgment of the significant cuts to public services over the past decade, including cuts to youth services. I was a youth worker in Norfolk for many years, where I was the lead for child protection. Our services were decimated by cuts, and it is youth workers who very often spot signs of abuse and stop it. The hon. Gentleman is calling for additional funding; would he support money for youth work in hotspot areas so that we can protect children?

Robbie Moore: I absolutely concur with the hon. Member's point. Youth services are a key indicator. Many of those who work for local authorities engage with victims and survivors, and of course they have a safeguarding responsibility and an ability to spot the signs of abuse. If youth services are one of those mechanisms, and if certain local authorities say that funding is an issue, then yes, of course—if that results in the right outcomes.

My final point is that there is always much focus on the national grooming gangs inquiry, but it seems that there is less focus on the report of the Independent Inquiry into Child Sexual Abuse, which was an excellent piece of work by Professor Alexis Jay. It made 22 recommendations, but here we are, 22 months into this Government, and only six of those recommendations have been acted on. I fully acknowledge that the report came out in 2022 and that the previous Administration did not make enough progress on the recommendations in the 20 months that they had to act on them before the general election, but we are now 22 months into the new Government. My fourth question is: what additional progress are the Government making on implementing all 22 IICSA recommendations? I acknowledge and welcome the progress that has been made.

Mr Brash: Some of the Jay report recommendations were implemented by the Government through the Crime and Policing Act 2026, which came before the House recently. How did the hon. Gentleman vote on it?

Robbie Moore: The Crime and Policing Act did not go anywhere near far enough to provide the safeguarding mechanisms to protect vulnerable victims and survivors who have experienced heinous crimes of child sexual exploitation. I will not vote for poor, badly thought-through legislation introduced by this Government.

Beyond the six that have been acted on already, what additional progress will be made on the 22 recommendations? I conclude by advocating that the Minister include Bradford and Keighley in the national grooming gangs inquiry.

5.53 pm

Joy Morrissey (Beaconsfield) (Con): It is a pleasure to serve under your chairmanship, Dame Siobhain. The petition calls on councils, the police and the CPS to publish their child sexual offender data on nationality, ethnicity, immigration status and religion. I cannot overemphasise the importance of that in making sure that the victim's voice is heard.

I would like to use an historical example from the Sikh community in my constituency, who came forward when the child rape gang scandal was in the news. So many of my Sikh constituents came to me in tears, publicly. They said, "We came forward saying that our girls were being raped and targeted in schools. We were trying to protect them, but we were told by the police, politicians and the media that it was an Asian problem and that we needed to just deal with it within our own community." They were ignored—no one wanted to listen to them, because it was Pakistani Muslims who were attacking their girls. They were trying to do things to protect them, and they have historically been ignored and told it was an Asian problem that they could deal with themselves.

I was not the MP at the time, but I have dealt with cases, including historical cases, that have come to me. It would be remiss of me not to say that I believe it is vital that the religion, immigration status, ethnicity and nationality are mentioned in reporting, because how can we target specific areas of criminality if we do not know those key details?

Another historical example that occurred before I was an MP involved a girl who was abducted, raped and killed in an area for which I was a councillor. The person who committed those crimes was from an eastern European country that was exporting its criminals. It would let them out of prison, and they could either go to the UK or go back to prison—those were their choices, so we were getting a huge number of sexual offenders and murderers coming to the UK. Without recording ethnicity data in the police stations in areas where crimes were being committed, we could not link those things together. If Interpol did not release that information, we were not aware of that crime, which is why it is essential that we publish that information.

When we look at mass rape gangs and the protection of group-based child sexual exploitation, which is a very specific kind of exploitation—the hon. Member for Great Yarmouth (Rupert Lowe) spoke about the horrific, sadistic abuse and torture that these girls have endured—no one wants to hear these things out loud. It is disgusting; it is an abomination; it is a shame and a blight on our country.

It would be remiss of us not to do everything in our power to uphold the rule of law and ensure that any ethnic or religious groups that were targeting those girls are brought to justice. If this was a Catholic rape gang, or a Protestant rape gang, or something like that, we would be shouting from the rooftops that something needed to be done. We need to be honest about what is

[Joy Morrissey]

happening, where and why these abuses are taking place, and what ethnic and religious groups are targeting our young women.

Mr Louie French (Old Bexley and Sidcup) (Con): My hon. Friend is making a fantastic speech. Does she agree that although the public perception seems to be that these crimes are a northern towns issue, there are also young girls who have historically been abused in London? It is disgraceful that people in authority in London are still in denial that these crimes are happening here, in our capital city.

Joy Morrissey: My hon. Friend makes an excellent point; London has had horrific abuses. I worked with a girl who the Children's Society intervened on. She had been gang-raped and exploited. She had been moved from local authority to local authority, and it had been covered up. We are not addressing these things, because we have been drowning in a sea of political correctness and we are afraid to call out the truth.

Ian Roome (North Devon) (LD): I know that everybody here, and the nearly 500 people from my constituency who signed this petition, will be struck by the gravity of the terrible crimes that are being committed up and down the country. Does the hon. Lady agree that, when justice is delivered only years or even decades later, we should all be asking uncomfortable questions about what might be happening on the streets today in our own constituencies, however difficult that is?

Joy Morrissey: We do need to ask those questions, and we need to be unafraid to stand up for the girls who have been raped, exploited and lied to—who have been let down by the local authority and let down by political correctness gone mad. We have forgotten who we are here to protect—the victims, the girls. No matter how unpleasant this truth is, we need to face it. Whether it is Pakistani gangs or other ethnic groups, we need to face it in the broad light of day, and we need to make sure that the victims' voices are heard.

[Martin Vickers *in the Chair*]

5.59 pm

Robert Jenrick (Newark) (Reform): I thank the hon. Member for Caithness, Sutherland and Easter Ross (Jamie Stone) and the lead petitioner, the hon. Member for Great Yarmouth (Rupert Lowe), for helping to organise the debate.

Thousands of young girls had their childhoods stolen from them in the most evil way imaginable. These are obscene crimes, and it is hard to think of more depraved acts than those committed by the men involved. I have struggled at times, as many have, to read the court transcripts that have been put into the public domain. Every time, my mind has turned to my own girls, as I have thought about them and what could have happened to any of the children we know and love. It is truly hard to comprehend. This is also not in the past tense; it is almost certainly still happening in communities across our country.

I would like to praise, thank and honour those girls—those women—who have chosen to speak out as whistleblowers and to campaign, and who have done so to this very day. They will never get their childhoods back, and the scars will never fully heal, if at all, but their bravery is truly extraordinary.

I would like to pay tribute to those Members of Parliament who have raised this issue. Many would say it is too few, and many would say it is too late, but there have been Members of Parliament on all sides of the House who have done so—including the hon. Members for Rotherham (Sarah Champion) and for Keighley and Ilkley (Robbie Moore), as well as my right hon. and learned Friend the Member for Fareham and Waterlooville (Suella Braverman), who was here a few moments ago. In each of those cases, they were often attacked, insulted, denigrated and accused of being xenophobic or racist, when they were actually right. They were doing what is our duty as Members of Parliament: shining a light on the great social injustices facing our country.

I would like to pay tribute to Adam Wren, who is the director of Open Justice. He is campaigning for transparency in our legal system, and his work to uncover and publish court transcripts propelled this issue back into the national conversation last year. It was only when many people read extracts from those court transcripts that they really understood what had actually happened, and that "grooming gangs" was a euphemism that did not come close to capturing what was really going on and the appalling crimes that were happening.

Of course, I would like to thank all those who signed the petition, including those in my Newark constituency. That has led to this debate and, given the unanimous view expressed by Members in the House today, I hope it leads to action by the Government, which would be supported by everybody across this Chamber.

In March 2024, I tabled new clause 39 to the Criminal Justice Bill, which would have mandated that an annual report be laid before Parliament on the nationality and visa or asylum status of every offender convicted in England and Wales in the previous 12 months. It attracted cross-party support, but the then Conservative Government opposed it. Last year, I tabled a similar provision, again with cross-party support, but it too failed, this time because of opposition from the present Government. I hope that this petition can be the catalyst to make it third time lucky, and that we ensure that this issue is settled once and for all. The statutory requirement suggested in this instance relates specifically to child sexual offenders and gang-based crime. Naturally, I support it, and I see no good reason why it should not be applied to all crimes.

As the petition argues, once the Government routinely publish the data, it will show offender demographics, which will allow policies that target the right people. It should give people the confidence to talk about these appalling crimes without fearing the backlash from spurious accusations of racism or xenophobia—accusations that so many have faced.

Samantha Niblett (South Derbyshire) (Lab): No person of any colour, creed, religion or community, or in any position of power, should be allowed to get away with heinous crimes and using sex as a weapon. When the right hon. Member talks about there being nowhere to hide,

does he stretch that out to anyone in a position of power, no matter who they are, not being allowed to get away with these things, and to nobody turning a blind eye to anybody using sex as a weapon?

Robert Jenrick: Of course. I want equality before the law. No one, from the most exalted figure in this land to the lowest, should be free from scrutiny, accountability and, ultimately, the full force of the law.

Above all, we should publish this data because it would give the Government of the day incontrovertible evidence and the rationale to make the necessary changes. That would include our immigration system, because, at its heart, our immigration system should have one abiding objective above all others, whether economic or social: it should put the safety of the British people first. If the data shows that men from certain countries are disproportionately likely to commit sexual crimes against young girls here in our country, any responsible Government would suspend visas immediately and design a different system that protects women and girls in this country.

Right now, as we have heard throughout the debate, there is an unwillingness across councils, the police and prosecutions to report and act upon the truth. The facts about crime are covered up because of a toxic combination of bureaucratic inertia and weak leaders who pussyfoot around the truth. They refuse to acknowledge any evidence that contradicts their illusion of Britain as a harmonious, well-integrated country or that confounds their glib statements that diversity is our strength. It is not always the case, as we have seen.

In 2012, an audit by the Children's Commissioner on grooming found that ethnicity was recorded in 79% of cases. By 2025, Baroness Casey found that ethnicity data was recorded in only a third of cases. More broadly, Ministry of Justice data shows that the police and courts are collecting less data on the ethnicity of criminals, including those who commit child sex abuse, than at any time in the past 15 years, so the problem is getting worse—much worse.

The former Home Secretary, the right hon. Member for Pontefract, Castleford and Knottingley (Yvette Cooper), ordered officials to publish the nationalities of foreign offenders awaiting deportation. That is obviously welcome, but it is a tiny proportion of the issue, and even that we are still awaiting. The only solution to guarantee transparency is to make public authorities duty-bound by the law of the land to report the truth. So of course we should all support the petition.

But I want to go further. First, we must release the court transcripts—unredacted—and change the entire climate in our criminal justice system, so that court transcripts of any case are easily available to everyone, from journalists to Members of Parliament to campaigners. The current system is unsustainable and completely absurd in an age of AI, when these transcripts could be made available in an affordable way.

Secondly, we need to release every email, memo and record held by central Government, local councils and police forces relating to grooming gangs as soon as possible. How ridiculous that everything being released today—the WhatsApp messages, text messages and so on, which are admittedly about serious errors of judgment and are related to appalling crimes in and of themselves—about the paedophile friend, Peter Mandelson, is attracting this extraordinary furore in the House of Commons Chamber and the media, yet these documents, relating to thousands and thousands of girls in each and every one of our constituencies, are being withheld. Let us get them into the public domain and use transparency to drive change.

Thirdly, we should increase the funding of the National Crime Agency to go after the perpetrators and the public officials who are obviously complicit. Fourthly, we should lock up the perpetrators, with mandatory whole-life sentences. The current sentences handed down to some of these perpetrators are insults to the victims. This is not a new thing, and it is not the fault of this Government; it is a long-standing failure of our criminal justice system. I started, perhaps too late, to pay an interest in this a year or so ago and was stunned at the pathetic short sentences being handed down by judges.

Let me give one example that I came across in Bradford Crown court. A judge handed out a six-and-a-half-year sentence to a man who drugged a 13-year-old girl and then raped her at least twice, queuing up with other men to rape her. The young girl obviously lives with the scars today; in fact, she later became addicted to drugs and alcohol as a coping mechanism. Six and a half years for that! Imagine if that was your daughter—or anyone, frankly, in this country. He would probably have been out on licence in four years had the sentence not been increased after I and others referred it to the Attorney General and ultimately the Court of Appeal as unduly lenient. Let us change the law and make these individuals—these vile perpetrators—serve the rest of their lives in prison. That is the least the victims deserve.

Lastly, we should strip citizenship from dual citizens and deport them—deport them far away from these shores. If countries will not take them back, as some do not wish to, why on earth are our constituents paying millions of pounds in foreign aid to those countries? Why on earth is the Home Office issuing thousands of visas to them so that their citizens can come here for business, as students or for pleasure? No! We should use every lever of the British state to get these vile individuals out of our country and protect our women and girls.

None of those things will be enough for the victims, whose childhoods were stolen from them and for whom the scarring will never fade. What possibly could be? But this proposal will move us a step closer to correcting this injustice and, above all, to preventing future ones.

6.12 pm

Tessa Munt (Wells and Mendip Hills) (LD): It is a pleasure to serve under your chairship, Mr Vickers. I have listened carefully to the debate. Child sexual abuse is one of the most despicable crimes. We absolutely need to pay attention to the victims; I pay tribute to those of you sitting in the Public Gallery today who are victims and thank you for attending. I understand that what you have heard today may well have triggered you to re-experience the things you suffered as children, and some of you, perhaps, as adults. We Liberal Democrats will support any measure that goes some way to deliver justice for the victims and prevent these horrific acts from occurring again in the future.

I was one of the seven cross-party MPs who approached Theresa May after being elected in 2010 and who spent time trying to persuade her of the merits of having the

[Tessa Munt]

independent inquiry into child sexual abuse. It took a long time to persuade her, and then it took further time to persuade her not to use the chairs she had chosen, because they were, or might have been perceived as, part of the infrastructure of the very problem we were trying to face, and that there was institutional abuse across many of our accepted centres of power.

I want to accentuate the fact that child sexual abuse is all about the abuse of power and that relationships are absolutely catastrophic when someone removes the power from an individual. There are a number of ways of removing power, and I will move straight to asking the Minister whether she would consider using some of the academic research in this field. Amnesty International has leaned quite hard on something called Biderman's framework of coercion—Biderman spoke about it in 1957 and Amnesty International released it in 1975—which talks about the use and abuse of power and of coercive control in particular, and about the isolation of victims, the monopolisation of perspectives, the induced debility and exhaustion that victims suffer, the threats they are subject to, the occasional indulgences, or treats, that make them feel they might be special, the business of abusers—perpetrators—demonstrating omnipotence, the degradation of victims, and very often the enforcement of trivial demands just to absolutely enforce the power of the perpetrator over the victim. The perpetrators are always responsible. There is no one under the age of 16 who can consent, and many over the age of 16 cannot either. The word "rape" itself suggests there should be no consent, but no one under the age of 16 can consent anyway.

My party and I agree absolutely that we should collect data on nationality and ethnicity, and share it where it is appropriate to do so, but I draw Members' attention to the fact that that has started to happen. I certainly have some evidence in front of me that reflects that that data is being collected. Whether it is being shared or not, I do not know, but we certainly need to make sure that the CPS, judges, magistrates, teachers and lecturers, schools generally, health staff, council staff—particularly those in adult social care and children's social care, and housing officers—as well as the police, are absolutely required to collect data and share it. There should be compulsory training for all those in the positions that I have just listed.

Coercive control should not be viewed as something that applies only in a situation of domestic abuse. Victims of coercive control need to be heard. We need to recognise the signs of coercion and people need to be trained to recognise them.

Dr Al Pinkerton (Surrey Heath) (LD): A few moments ago, my hon. Friend mentioned data. The House of Commons Library has compiled some information from 2021 to 2025, which shows that the single largest ethnic group of perpetrators of child sexual abuse in the United Kingdom was white British men, who were responsible for 58.35% of all such incidents. I do not say that to reinforce points that have already been made; I do so to emphasise the second most prominent category of ethnicity, which is simply "Unknown". That data shadow is shameful. It fails the victims of child sexual exploitation, but it also creates the space in which speculation and distrust have been allowed to flourish. Does my hon. Friend agree that we need not only to gather better data, but to robustly and systematically analyse it, in order to finally allow the truth about child sexual exploitation to be brought out into the light?

Tessa Munt: Absolutely. Earlier, somebody said that sunlight was the best disinfectant, and I agree absolutely.

I have here the ethnicity figures for those who have had proceedings brought against them. As I understand it, in the last five years, 989 offenders were of Asian background, which is 8% of offenders. That compares with 12,157 people of white British origin who had proceedings brought against them. Those of white British origin who were sentenced numbered 8,730; that figure was 622 for those of Asian origin.

I am not in any way decrying what has happened to anyone who has been abused, but I speak from personal experience: I declared quite openly in a previous Parliament that I was a victim of child sex abuse. It happened to me between the ages of 12 and 17. I am very lucky, because I had an enormous amount of support, both from counsellors and from my family. I am not over it, but there are ways that you can survive and thrive, and I came here in 2010 with that in the back of my head. I wanted to make sure that it came to the fore in that Parliament, and it did, but I am not finished, and that is why I am back here now.

Hon. Members: Hear, hear.

Lee Anderson: The hon. Lady has come out with quite a few interesting bits of data. I wonder if she has any data on how many white British working-class girls have been systematically raped.

Tessa Munt: I have not, but I was looking in particular at ethnicity, which is what—*[Interruption.]* Forgive me; I was referring to the petition of the hon. Member for Great Yarmouth (Rupert Lowe), which my hon. Friend the Member for Caithness, Sutherland and Easter Ross (Jamie Stone) presented today on his behalf. I think it is a very good thing that the hon. Member created the petition, and I salute him for doing so, because anything that brings information into the public domain is a good thing. I feel terribly strongly about that, as people probably will have seen from previous contributions I have made in Parliament.

Dr Lauren Sullivan (Gravesham) (Lab): I thank the hon. Member for her bravery and for being an example for survivors. I pay tribute to her and all those who have experienced this abuse. There is hope, and they should reach out and have faith, but we need to make sure that the authorities listen to their voices and take them seriously.

Tessa Munt: This is absolutely not about me. All I would say is that I am an example of how you can come through and do something, but my God I have been frustrated watching the independent inquiry into child sexual abuse, which eventually turned into Professor Jay's recommendations, about which absolutely nothing was done for some time. We need to proceed and make sure that all 20 of those recommendations, and Baroness Casey's recommendations, are implemented. I am aware that the Government are doing stuff, but they are never fast enough, and this just needs to happen.

I feel very strongly that we need to train all the people I mentioned, including the judges, the teachers and the police—crikey, the police!—so that they understand what coercive control is. They also need to recognise what can be done to challenge what is colloquially referred to as the "manosphere". Two or three weeks ago, I met a young woman and two of her friends, and she complained about the fact that boys in her school—she was young—had said to her that she could not tell them what to do because she was a girl. This has to stop, because it just feeds this whole thing. Women have been down-trodden for many, many years. Now we are brave enough to speak out, and we have to make sure that those who are in authority have the ability to tell us because they understand, not ask us because we do. I want to make certain that we have that compulsory training in place. We need to challenge toxic masculinity. I recognise that it is triggering to everybody when this stuff comes up, but I hope above all hopes that you are able to sleep with a little more peace tonight.

Martin Vickers (in the Chair): Order. I remind Members not to address the Public Gallery, but to speak through the Chair.

Tessa Munt: I am sorry. I hope that the members of the public who have suffered are able to sleep a little more peacefully, but we need data collection and sharing. We just need to bring some rigour and force to what we are doing. Lots of people have looked at this over a period of years.

If I have time to make one more small point, I want to bring in the subject of religion. I am particularly interested in religion because, as far as I can tell, there is no mechanism for collecting data on belief systems, faith systems or whatever. We have only to look at the census of 2011, when, certainly in my neck of the woods, we had masses of people refer to themselves as Jedi. What people choose to call themselves in religious terms is absolutely up to interpretation, and I am not entirely sure that there is a way of making that data clean.

Experience tells me that, if we bring religion into this, in the near past we would have been looking at the Church of England and the Roman Catholic Church, where some of the most appalling things happened to people, and at the fact that that power was vested in people who had positions in the Church, as they do in youth movements and other places. I do not know whether it is possible to hold religious data or whether there is a real purpose to that. I am not sure that we can get anywhere with that, but I recognise that nationality and ethnicity data is useful and helpful.

On immigration status data, I know that the Home Secretary has the power to remove people, so that data may look a bit squiff if people are being deported, as they are. There are several ways in which the Home Secretary can remove people in different situations, so we may find that those figures are going down. They may not be useful or show the whole picture, but I would welcome the Minister's comments on that.

The Liberal Democrats will support anything that improves the situation for victims. We have to remember the victims in all this, and we have to protect children into the future. As I said, I hope that victims can sleep a little better every time they hear a debate like this—something will happen.

6.27 pm

Matt Vickers (Stockton West) (Con): It is a pleasure to serve under your chairmanship, Mr Vickers. I begin by thanking all Members who contributed to the debate, the hon. Member for Great Yarmouth (Rupert Lowe) for bringing forward this important petition, and the more than 260,000 people who signed it. I pay tribute to those victims who have lived through some of the most horrific issues and incidents and are bravely doing so much to support others and prevent this from happening to others.

The scale of support for the petition demonstrates the strength of feeling on this issue across the country. Child sexual exploitation and abuse are among the most horrific crimes that can be committed. The offenders are the most vile, sick and evil individuals among us; their actions leave lasting scars on victims and destroy young lives. Our first duty, as legislators and as a society, is to do everything possible to prevent these crimes and bring perpetrators to justice.

For many people who signed the petition, this debate is inseparable from the grooming gangs scandal that has scarred towns and communities the length of this country. We saw not only despicable actions by offenders, but the failure of institutions. Vulnerable children were abused while too many warning signs were missed, too many concerns were ignored, and too many difficult questions went unasked. That failure remains one of the darkest chapters in this country's history. The crimes themselves were horrific, but what makes this even more shocking is that, in too many cases, victims were failed by the very institutions that existed to protect them. If we are serious about ensuring that such failures are never repeated, we must be willing to gather the evidence, confront the facts and learn the lessons, however uncomfortable they may be for some.

At its heart, this petition asks whether we are collecting enough information about those who commit these crimes to properly understand who they are and stop them. The truth is that we need to know who is committing the crimes. The more accurate information we have, the better informed this House, this Government, the police and safeguarding agencies will be when deciding how to prevent them.

Sarah Champion: Does the hon. Member share my frustration that the petition did not include victims and survivors? I know from my experience that the vast majority are white British girls, but a particular sect of Sikh girls is also being very aggressively targeted. It would be good to include them so that the police can do more protection work.

Matt Vickers: The hon. Lady is entirely right. As many people have said, sunlight is the best disinfectant. We need to be more transparent and know who the victims and perpetrators are so that we can seek solutions and give victims the support they require.

As Baroness Casey's recent audit highlighted, there have been significant shortcomings in the collection of data relating to perpetrators of group-based child sexual exploitation. I welcome the fact that the Government have now accepted her recommendation that ethnicity and nationality data be collected more consistently. However, accepting the principle is only the beginning. The real question is whether, how and when that commitment will be delivered in practice.

[Matt Vickers]

This is not a new issue. During the passage of the Crime and Policing Act, I and colleagues tabled amendments that would have required greater transparency around the collection and publication of ethnicity data relating to sexual offenders and grooming gangs. The purpose was simple: to ensure that collection of this information did not depend on changing priorities or varying practices between police forces. Those proposals were resisted by the Government. I therefore welcome their change of position, but I wish it had come sooner.

We need to confront the failings now and not wait for another report, another scandal or another public outcry. For too long, a lack of proper data has meant that legitimate concerns were dismissed and public confidence was undermined. A striking feature of this debate is that independent researchers have often been able to identify trends and patterns that official systems have struggled to capture. It cannot be right that academics can sometimes build a clearer picture of offending patterns than the institutions responsible for recording and responding to the crimes. The state should know what is happening within its own criminal justice system.

This debate is not about stigmatising communities, but about protecting victims and confronting the facts, wherever the evidence leads. Baroness Casey's audit contained one particularly troubling example. She described finding a children's case file in which the word "Pakistani" had literally been Tipp-Exed out. Whatever the reason for that, it is not how safeguarding should operate. We cannot protect children if information is ignored, obscured or left unrecorded. As Becky Riggs, the national policing lead for child protection and abuse investigation, has acknowledged, this data helps police to understand risks, vulnerabilities and where resources should be targeted, which is why improving its quality and completeness matters so much.

The Government have accepted the principle; the question now is how quickly, comprehensively and consistently it will be delivered across every police force in the country. The public need to be confident that the authorities are prepared to ask difficult questions, collect evidence rigorously and publish findings honestly.

I welcome the Minister to her place, and I would be grateful if she addressed three specific points. First, what discussions have the Government had with chief constables and police leaders about improving the collection of ethnicity, nationality and other relevant data relating to group-based child sexual exploitation? Secondly, how will progress be measured? What expectations will be placed upon forces, and how will compliance be monitored? Thirdly, when will Parliament next receive an update on progress so that we can assess whether the commitments that were made following Baroness Casey's review are actually being delivered on?

Better data alone will not solve the problem—we also need effective policing, strong safeguarding, successful prosecutions and proper support for victims and survivors—but it is an essential part of the solution. The lesson from every review, every inquiry and every survivor testimony is the same: difficult facts do not disappear because institutions choose not to record them. The failures of previous generations of authorities to tackle child sexual exploitation are a stain on this country's record. We owe it to survivors to do better. That means putting safeguarding before institutional reputation, putting evidence before ideology, and being prepared to follow the facts, wherever they lead.

The victims of these appalling crimes deserve justice, truth and confidence that every possible lesson has been learned. For that reason, I welcome this debate and thank the petitioners for bringing the issue before Parliament. I hope that the Government will now ensure that the commitments they have made on transparency and data collection are fully and consistently delivered. Let us deliver justice for victims, hold perpetrators to account and do everything we can to prevent these crimes from ever happening again.

6.35 pm

The Parliamentary Under-Secretary of State for the Home Department (Natalie Fleet): It is an absolute pleasure to serve under your chairship, Mr Vickers, and I am grateful to have the opportunity to speak on this most important issue. I am also grateful to all Members who have contributed with such passion, sensitivity and care for the victims—those brave women—who are with us today, as well as those who are not. At the heart of this debate has been the theme that when women and girls come forward, we must absolutely believe them, and I thank hon. Members for that.

I thank the hon. Member for Caithness, Sutherland and Easter Ross (Jamie Stone), who provided a clear and balanced account of the petition's main arguments. I also thank the petitioners for the role that they have played in bringing us together—including the 598 signatories from Bolsover—and in allowing us to have this cross-party debate with so much consensus.

This is my first opportunity to respond to a debate as Minister for Safeguarding, and it is absolutely one of the most important issues that we face as a Parliament. I pay tribute to my predecessor, the hon. Member for Birmingham Yardley (Jess Phillips), for her tireless work in supporting victims of these heinous crimes. The grooming gangs scandal is one of the darkest moments in our nation's history. Every time I meet one of the survivors, I hear the same story. Not only were the girls abused by these predators, but they were ignored, belittled and even blamed. Too many endured years of being told that the crimes against them did not matter, and therefore, they did not matter either. And now, as women seeking truth and justice, there are still those who seek to exploit them with lies and misinformation, spread daily by people claiming to represent the victims' best interests. We keep seeing too many people who are not interested in victims, but only in themselves. Their lies do nothing but undermine the hard work happening to uncover the answers that survivors have long searched for.

I am so proud to be a Minister in the Government who are fighting to get and deliver those answers. My policy responsibilities are broad, but they are connected by a single, sacred thread: the state's responsibility to keep the most vulnerable in our society safe. There has been a lot of talk about data and evidence, and I will come to that shortly, but first, I will say a word for the victims and survivors of all the different types of abuse that we have been talking about. The testimony that we have heard has been absolutely horrendous, and I thank every Member who has brought it and every victim and survivor who has shared it. We will never forget the

terrible suffering that you have endured. That is why I will be part of a team and a Government who will strive relentlessly to prevent others from going through what you have. That will be my focus every single day in this role as we drive forward the Government's mission to halve violence against women and girls in a decade. To meet that goal, we must tackle all forms of child sexual abuse and exploitation while taking every possible step to protect children from harm.

Let me turn to the crux of this debate and the specific points that have been raised. As Members are aware—this has been mentioned often—in February 2025, the Prime Minister and the then Home Secretary commissioned Baroness Louise Casey of Blackstock to evaluate the scale, nature and drivers of group-based sexual exploitation and abuse. The Government immediately accepted the 12 recommendations from Baroness Casey's audit. That included making it a requirement for police to collect the ethnicity and nationality data of individuals suspected of being members of grooming gangs or perpetrators of other group-based sexual exploitation.

Sarah Champion: Can the Minister give clarity on whether the Government will also accept the 20 recommendations made by the IICSA inquiry?

Natalie Fleet: I thank my hon. Friend for her intervention, and I absolutely will come to that as part of this speech.

Let me assert once more the Government's unwavering commitment to delivering all the recommendations set out in Baroness Casey's national audit, which exposed more than a decade of institutional failure. This was, without question, one of the darkest episodes in our country's history, and every part of the state bears a responsibility to ensure that this is never repeated.

Baroness Casey was rightly clear that the collection of suspect ethnicity data in grooming gang cases is poor. We agree and we are acting. That is why in July last year, the then Home Secretary wrote to all chief constables setting out the expectation that ethnicity data should be collected from all suspects in child sexual exploitation cases, and to urge them to make sure that they are fulfilling that obligation. We continue to work with policing colleagues to improve data collection and analysis. But incredibly importantly, we are legislating to give the Home Secretary the power to mandate the collection of ethnicity data by police officers. The police reform White Paper, published in January, set out our intention to put data standards for policing, including in this area, on a statutory footing.

I say clearly to all those who signed the petition: the Government will legislate to ensure that we fix this issue. Baroness Casey was clear that given the evidence available in some local areas, we need better ethnicity and nationality data at a national level to strengthen understanding and accountability. We will follow that evidence without fear or favour, and we will not let cultural sensitivities stand in our way. The Home Secretary said it best last December:

"We must root out this evil, once and for all. The sickening acts of a minority of evil men, as well as those in positions of authority who looked the other way, must not be allowed to marginalise or demonise entire communities of law-abiding citizens."—[*Official Report*, 9 December 2025; Vol. 777, c. 179.]

Members will be aware that the Government set up the independent inquiry into grooming gangs earlier this year. I am proud to be part of a Government who are delivering on this incredibly important work to uncover the truth. The inquiry has begun its crucial work to give survivors of these horrific crimes long-awaited answers. It will have a laser focus on grooming gangs, including the role that ethnicity, religion and culture played in these terrible crimes. It has a budget of £65 million, and the chair has confirmed that the funding is sufficient to deliver the inquiry. The inquiry has been designed to be time-limited for three years. That is long enough to go deep into where it matters the most, with a definitive end date to get the answers that victims and survivors need.

Separately, the Government are also making sure that everything we do is underpinned by evidence. I welcome Members sending me any additional research and information they have in this area. If the Liberal Democrat spokesperson, the hon. Member for Wells and Mendip Hills (Tessa Munt), could send me that it would be fantastic.

Tessa Munt *indicated assent.*

Natalie Fleet: Thank you.

We will look at research, including on the role that ethnicity, culture and religion play in group-based offending so that our response can lead to lasting, systemic change that everybody in this House, including the hon. Member for Great Yarmouth (Rupert Lowe), is right to call for today.

Luke Myer (Middlesbrough South and East Cleveland) (Lab): There is a worrying tendency to view these issues as historical. A few months ago I pressed the Home Secretary on the question of whether the national inquiry will be able to look at evidence of crimes that might currently be being committed and refer them to the relevant agencies. Does the Minister agree that is absolutely necessary if we are to deal with these crimes today?

Natalie Fleet: It absolutely is, and I will come on to that.

Tessa Munt: I cannot remember whether I mentioned this—my notes have gone, although I did not follow them anyway. I just want to draw the Minister's attention to small religious groups, which is the terminology I use to describe what most of us would probably call "cults". We should make sure that is a focus of some attention in the inquiry, because children of both genders and vulnerable adults are forced into situations over which they have very little control. It is that power dynamic.

Natalie Fleet: I give way to the hon. Member for Birmingham Perry Barr (Ayoub Khan).

Ayoub Khan: I welcome the £65 million additional support for getting to the facts of what happened up and down this country. Youth centres have been mentioned, and in Birmingham we have lost 38. Will the Minister consider looking at further investment in youth centres, which could capture a lot of data that might be useful?

Natalie Fleet: We have all seen the impact of 14 years of cuts to services. There are lots of things that need improving, so I cannot speak specifically to that point.

On the point made by my hon. Friend the Member for Middlesbrough South and East Cleveland (Luke Myer), the inquiry will look at any current offending. As raised by the hon. Member for Keighley and Ilkley (Robbie Moore), from the moment the inquiry was announced in June 2025 organisations already had legal obligations to protect relevant information. A letter from the Government was not required to make that case.

Robbie Moore: If that was the case, why did Baroness Casey feel strongly enough to include this issue as part of a recommendation in the report?

Natalie Fleet: It also made sense to wait until a draft term of reference, setting out the scope of the inquiry, was developed and published in December '25. At that point, the chair of the inquiry wrote to the Cabinet Secretary, and the Home Office wrote to the National Police Chiefs' Council and Home Office-sponsored arm's length bodies in January 2026 to emphasise the importance of retaining documents.

The hon. Member for Keighley and Ilkley also raised the independent inquiry into child sexual abuse. The Government have set out a clear plan for how we will deliver against the IICSA recommendations. That includes reforms to the Disclosure and Barring Service, a new mandatory reporting duty, a removal of the limitation period for child sexual abuse civil claims, establishing a new child protection authority, and rolling out the child house model across England to improve support for victims and survivors, with £50 million additional funding. Where we have been able to move quickly, we have. However, many of the recommendations require systemic and legislative change. We are moving as quickly as due process allows, and we have recently introduced a tranche of measures in the Crime and Policing Act. Where we are not currently taking forward recommendations, we have been clear about the reasons for that.

The hon. Member also made the case for including Bradford and Keighley in the independent inquiry. It is not for me to decide that, as set out at length to him by the chair of the inquiry on 19 May at the Home Affairs Committee. The inquiry will shortly set out its plans.

On the funding of the inquiry, the chair has been clear that they are determined to deliver on time and budget, and that the inquiry believes that is achievable.

Robbie Moore: Will the Minister answer two questions? If the Government were confident enough to announce Oldham more than 18 months ago, why are they not confident enough to announce that Bradford and Keighley will be part of the national grooming gangs inquiry? On the £65 million cost, are the Government challenging the independent chair of the inquiry, Baroness Longfield? Last week she stated to me, in front of the Home Affairs Committee, that she felt that £65 million was about right, yet she has not announced which local areas, or how many local areas, the inquiry will look at.

Natalie Fleet: It is absolutely right that it is an independent inquiry, and it is not for me to decide where the local investigations will be. The hon. Member will find out shortly whether his area will be included.

Before wrapping up, I will make some further general points. First, I reiterate that we are working closely with police forces to strengthen how suspect ethnicity data is collected, to identify gaps and to drive improvement so that our evidence base is clearer, more consistent and better supports action. We are strengthening how safeguarding agencies and key institutions work together to identify, disrupt and prosecute group-based child sexual exploitation. That includes bringing together police, local authorities, children's services, schools and health partners to share intelligence, spot patterns and act faster. We are also reinforcing our expectation that all agencies play their full part so that the national police response and the statutory inquiry draw on the fullest possible evidence and are supported by a co-ordinated, intelligence-led system that leaves no gaps for offenders to exploit.

Regarding the questions raised by the hon. Member for Stockton West (Matt Vickers), we have committed to legislate through the police reform Bill. Measures for tracking and enforcement will be introduced as part of that process.

On rape gang inquiries, I again want to pay tribute to victims and survivors who have shared their experiences. I recognise how difficult and how personal that is. Their courage in speaking out is absolutely extraordinary and these issues cannot and will not be ignored. The independent inquiry into grooming gangs is an official statutory inquiry established under the Inquiries Act 2005.

The inquiry has a clear mandate to uncover the truth and to deliver justice for victims and survivors. I want to be clear that if the rape gang inquiry encounters any evidence of criminal conduct as part of its work, that evidence should be passed on to law enforcement. I welcome the previous commitment of the hon. Member for Great Yarmouth to work constructively with the statutory inquiry.

I again thank the petitioners and all hon. Members who have taken part in this debate. There is no doubt that this is an important subject. It is right that we expose it to the full scrutiny of Parliament. Like my predecessor as Minister, I will not shy away from having tough conversations. We have had them in this debate, and we will no doubt have more. I welcome them all. I have always been guided by an unshakeable belief that the protection of the most vulnerable in our society, especially of children, is one of the state's most vital responsibilities. Where that duty has not been upheld, the consequences are devastating. This Government are taking action to ensure that the failings of the past are never repeated.

Lee Anderson: I have spoken to several rape gang victims. Many of them tell me that they are fed up of hearing politicians call them brave. They want bravery from politicians; they want real action. Does the Minister agree that any British national who is convicted of a sex offence against children should be locked up for life, and any foreign offender should be deported?

Natalie Fleet: This is something that we can absolutely agree on: where an offence is committed, the perpetrator should face the full force of the law. On victims not wanting to be called "brave" and on politicians being called "brave" when they speak out—I am sure the hon. Member for Wells and Mendip Hills has experienced

that—no victim wants to be called brave. Instead, we want justice, and to see a Government and a Parliament that act. That is what we are getting to today.

There has been much talk about transparency. Let me state again firmly that we recognise the need to expose the worst examples of human behaviour to the sharp glare of scrutiny. In our mission to protect children and vulnerable people from harm, we will never shy away from the truth, regardless of what is found. We will work to ensure that perpetrators are brought to justice, and that victims and survivors receive the support that they absolutely deserve so that no child is overlooked, no warning signs are ignored and every child is better protected in every community in the future. Ultimately, this issue is about trust: trust that the system will act, that the victims will be heard and that these injustices will never be allowed to happen again.

6.55 pm

Jamie Stone: The hour grows late. The people in the Public Gallery, who I must not mention, have sat patiently and listened. We know how many people signed the petition. That is an indication of how important it is out there. We have hon. Members from all over the UK in this debate—from Wales, my colleagues from Scotland, from all parts of England, and from Northern Ireland—because this issue matters in the body politic. We should all remind ourselves that petition debates have some of the highest viewing figures of anything that happens in this place—they are up there with Prime Minister's questions—so an awful lot of people out there will be watching this debate. The key is that we have had a full and proper discussion: we have aired the issue, but it all depends on what happens next. I rest my case with that.

Question put and agreed to.

Resolved,

That this House has considered e-petition 730605 relating to collection and publication of child sexual offender data.

6.57 pm

Sitting adjourned.

Written Statements

Monday 1 June 2026

ENVIRONMENT, FOOD AND RURAL AFFAIRS

EU-UK Sanitary and Phytosanitary Agreement: Business Readiness

The Secretary of State for Environment, Food and Rural Affairs (Emma Reynolds): Further to the written statement of 9 March 2026, I am today updating the House on the Government's work to support business preparation for a future sanitary and phytosanitary agreement with the European Union. Negotiations continue with the European Union and are set to conclude this summer. It is our intent that businesses be ready for, and benefit from, the deal from mid-2027.

The deal will apply to businesses in agrifood and related sectors, including producers, manufacturers, retailers, wholesalers, hauliers and logistics providers, irrespective of whether they export to, or import from, the European Union. It will facilitate the smooth flow of agrifood goods, including plants, from Great Britain to Northern Ireland, protecting the UK's internal market.

As previously set out, the Government are seeking an agreement that will make it easier, cheaper and quicker to move food, plants, animals and related goods across our borders. Unnecessary costs, burdens and delays currently faced by British businesses throughout the agrifood sector and related sectors will be reduced.

The SPS agreement will deliver significant benefits for UK businesses trading with the EU, our closest partner and largest agrifood market. The agreement is expected to increase UK exports of key agricultural commodities to the EU. It could add up to £5.1 billion annually to the UK economy by 2040, while reducing red tape and lowering costs for businesses and consumers.

The Government will work proactively to reach an estimated 500,000 businesses that may be affected by the changes. This includes a communications campaign, alongside detailed, sector-specific information that is now available on www.gov.uk and will be developed as negotiations progress. In addition, we are undertaking targeted engagement activity to ensure that businesses understand what is required and how to prepare.

Businesses have told us that they want early clarity to support their preparations, and we have listened. Government are committed to transparency, and to providing clarity, where we can, at the earliest opportunity. As part of the commitment we have made to UK business, we are now providing sector-specific information that sets out the broad nature of the changes that may be required.

Some of the detail is still subject to negotiations. Depending on the final negotiated outcome, businesses may need to consider changes in areas including production and processing requirements, certification, labelling, IT systems, and wider compliance activity. We know that some businesses will need to adjust to the new arrangements, and we will work with those businesses to make sure they have the detail required to be ready. We will provide more information once negotiations conclude. Any changes requiring legislation will be subject to the usual parliamentary scrutiny.

As part of our business engagement, we have established a new SPS Readiness Business Advisory Council, which has met for the first time and is comprised of representatives from across the agrifood supply chain, including producers, manufacturers, retailers, logistics providers and trade bodies. We are collaborating with them to ensure that we hear from, and understand more about, what businesses need and how they can best prepare themselves to benefit from upcoming changes. Responses received to the Government's call for information, launched in March, which totalled 489 responses, will also be used to co-design and deliver support and guidance through to mid-2027.

Businesses can engage with trade bodies, sign up for alerts from the Department for Environment, Food and Rural Affairs, and explore how potential changes may affect their operations. By preparing now, businesses can put themselves in the best possible position to benefit from day one.

This SPS agreement recognises our shared interests, common challenges, commitment and co-operation to resetting our relationship with the EU. It will deliver real benefits for British business. We will actively support UK businesses to seize those opportunities and drive growth. The Government will continue to engage closely with businesses, trade bodies and other stakeholders, as negotiations soon conclude, and I will continue to update the House.

[HCWS71]

HEALTH AND SOCIAL CARE

Community Pharmacy Contractual Framework Consultation

The Minister for Care (Stephen Kinnock): I am pleased to announce that we have now concluded our consultation on the community pharmacy contractual framework for 2026-27. We have agreed with Community Pharmacy England that in 2026-27 the CPCF will increase to £3,636 million, an increase of £340 million—or 10% —compared with 2025-26 budgets.

This investment will enable us to roll out independent prescribing—a Government manifesto commitment—which will allow us to improve access to primary care and better use the skills of pharmacy teams to keep people well in their communities.

This funding will include an increase in the retained medicine margin to further support the supply of medication. The medicine margin allowance will be £1.1 billion in 2026-27, an increase of £200 million from 2025-26. In addition, we have agreed to write off up to £239 million of historical net contract overspend—driven by over-delivery of medicines margin. This will bring more certainty of funding for contractors and support pharmacies in purchasing the medication prescribed for patients.

This agreement with CPE will provide much-needed investment, further building on last year's uplift in stabilising the community pharmacy sector. We are also committing to work with the sector on reforms that improve sector sustainability, ensuring that community pharmacies are able to continue to deliver for patients.

I would like to thank CPE's committee and am grateful to them for working constructively and at pace with officials to agree how best to use this significant new investment to support the sector, so that community pharmacies can continue to provide services to patients across the country.

This announcement follows record investment over the last two years and a range of measures to deliver more services to patients, including:

making emergency contraception available free of charge at pharmacies on the NHS;

offering patients suffering from depression convenient support at pharmacies when they are prescribed antidepressants, to boost mental health support in the community;

cutting red tape and bureaucracy to give patients easier access to consultations, with more of the pharmacy team able to deliver a wider number of services; and

boosting funding for medicine supply so that patients have better access to the medicines prescribed for them.

I am therefore very pleased to share this announcement and look forward to continued collaborative working with Community Pharmacy England and the wider sector as we build on what we have announced today and deliver what we all want for community pharmacy: a service fit for the future.

[HCWS73]

HOME DEPARTMENT

Support Hub for Victims and Survivors of Terrorism

The Minister for Security (Dan Jarvis): Terrorist attacks leave a profound and enduring impact on individuals, families and communities. Beyond the immediate tragedy, the effects are often long-lasting and complex—shaping lives in ways that are not always visible, and requiring careful, sustained support over time. It is essential that our response matches the scale and nature of that harm.

Today, the Government are taking an important step to strengthen that response through the launch of a new, dedicated support hub for victims and survivors of terrorism.

This national service has been established to ensure that those affected by terrorism can access clear, consistent and trauma-informed support, when they need it and for as long as they need it. It is designed to bring greater co-ordination and clarity to the support available, while complementing the vital work already delivered across the system.

The hub is fully funded by Pool Re, demonstrating the shared commitment of Government and industry to improving outcomes for victims and survivors of terrorism. The support hub will be delivered by a partnership of three highly experienced organisations:

Victim Support, as lead provider, bringing decades of experience supporting victims of crime and terrorism;

West London NHS Trust, a nationally recognised leader in specialist mental health care, with particular expertise in supporting individuals affected by complex trauma and psychological recovery following major incidents;

Peace Collective, a community organisation with deep expertise in trauma-informed support and recovery.

Together, they combine clinical expertise, practical support and lived-experience insight to deliver a service that is both specialist and responsive to individual needs.

Launching today, the hub will provide a single, accessible point of contact for those affected by terrorism. It will offer timely emotional and practical support and access to specialist psychological care, where needed. Support will be tailored to individuals, and will include dedicated provision for children and young people and advice on financial, legal and media-related issues. Crucially, it will provide continuity over time, recognising that recovery is often non-linear, and that needs can evolve significantly in the months and years following an attack.

The service will be available to anyone in the UK affected by terrorism, including those who are bereaved, injured, witnesses, first responders, carers, or otherwise impacted. This includes those affected by past attacks, as well as individuals affected by incidents overseas who return to the UK.

This new support hub reflects the Government's commitment to ensuring that victims and survivors are not left to navigate their recovery alone. Its model has been designed through a combination of professional expertise and, importantly, the experiences and voices of those it is there to support. At its heart, this support hub is about ensuring that those whose lives are changed by terrorism are met with the lasting support, recognition and care they deserve.

[HCWS69]

SCIENCE, INNOVATION AND TECHNOLOGY

Online Safety Act 2023 Codes of Practice on Illegal Content

The Parliamentary Under-Secretary of State for Science, Innovation and Technology (Kanishka Narayan): Non-consensual intimate image abuse can have devastating and long-lasting impacts on victims and disproportionately affects women and girls. Delivering stronger protections against this harm is a key Government priority. The Prime Minister committed earlier this year to strengthen protections for victims and ensure platforms take a more proactive role tackling this horrendous abuse.

Today marks a further important step in strengthening protections online, as I lay before Parliament an amendment to Ofcom's codes of practice for the illegal content duties, bringing in hash matching to strengthen protections against non-consensual intimate image abuse.

The Online Safety Act 2023 puts a range of duties on social media companies and search services, making them responsible for their users' safety on their platforms. These include duties to put in place systems and processes for tackling illegal content and activity. Ofcom, as the independent regulator for this regime, is required to set out steps in codes of practice that providers should take to ensure they fulfil these duties.

Ofcom issued its first codes of practice for the illegal content duties following parliamentary scrutiny. Those codes came into force in March 2025. They introduced a framework of measures, and required services to take a proactive, systems-based approach to tackling illegal harms.

This amendment introduces a targeted additional measure to strengthen protections against non-consensual intimate image abuse. It sets a clear legal expectation that relevant services will use perceptual hash-matching

technologies, or demonstrably equivalent tools, to identify and prevent the re-uploading and circulation of known non-consensual intimate images, including intimate image deepfakes. In practice, this will require services at risk of hosting such content to deploy proactive detection systems, capable of preventing repeat uploads at scale, rather than relying on case-by-case takedown, following user reports. This approach meaningfully supports victims, and ensures that once content is identified, it is effectively prevented from reappearing.

Ofcom has now submitted an amendment to its codes of practice for the illegal content duties. I am laying this before Parliament for scrutiny. If neither House objects to the amendment, Ofcom must issue the amended codes, and the updated measures will apply from 21 calendar days after they are issued.

Once in force, these updated measures will further strengthen the existing framework, ensuring that service providers put in place effective systems and processes to prevent the spread of illegal intimate image abuse content, including through the use of proactive technologies.

The amendment represents a further step in implementing the Online Safety Act and strengthening protections for users, particularly in tackling some of the most harmful forms of online abuse against women and girls. Ofcom will continue to build on this framework and keep its codes under review to address emerging harms.

[HCWS70]

TRANSPORT

Govia Thameslink Railway Services: Transfer to Public Ownership

The Secretary of State for Transport (Heidi Alexander): I am confirming to the House that on Sunday 31 May, Govia Thameslink Railway's services, operating as Thameslink, Southern, Great Northern and Gatwick Express, became the fifth to transfer into public ownership under the Passenger Railway Services (Public Ownership) Act.

Operations are now run by a new public sector operator—Thameslink Southern Great Northern Limited (TSGNL)—a subsidiary of public corporation DfT Operator Limited (DFTO).

The new operator will commit to deliver a range of measures to help improve performance and passengers' experience, including:

doubling the number of Gatwick Express trains each hour between Gatwick Airport and London Victoria from December, as well as more early morning services on Saturdays and Mondays over the busy summer period;

providing additional Great Northern off-peak services from Moorgate from December;

recruiting an additional 75 drivers on Thameslink and Great Northern this year, helping to reduce cancellations;

enabling passengers to get support from staff directly via WhatsApp if there is disruption to services;

improving all 115 Class 700 units on Thameslink by carrying out deep cleaning and repairing minor damage, as well as refreshing and resurfacing all toilets to help combat graffiti;

providing a total of 110 Travel Safe Officers on Thameslink services; and

completing the Automatic Train Operation training programme by December 2026, which will support improvements in punctuality, particularly in recovering delays during disruption.

Nine of the 14 train operators delivering passenger services under contract with the Department for Transport are now in public ownership.

Chiltern Railways' services will be the next to transfer on 20 September 2026, followed by Great Western Railway's services on 13 December 2026. The rail public ownership programme is on track to be completed by the end of 2027.

Public ownership is already putting passengers back at the heart of the railway, but it is not in itself a guarantee of improved services. To truly fix the structural issues that have long plagued our railways, we need systemic reform. The Railways Bill continues its passage through Parliament and will establish GBR, a new nationalised rail company, that will integrate the management of track and trains for passengers and freight use every day. It will also create a strengthened passenger watchdog.

Once established, GBR will maintain and improve the railways and be accountable to passengers, freight customers and taxpayers. GBR will be empowered to build a railway that not only puts passengers and customers first but also supports the Government's missions to drive economic growth and opportunity, by improving connectivity and unlocking jobs and housing.

The Government are already making improvements for passengers, with the first regulated rail fares freeze in 30 years as well as rolling out Pay As You Go more widely.

Economic growth is a key priority for the Government. Reforming our railways is central to achieving this. Improved performance will bring more people back to rail—generating greater revenue and reducing costs.

[HCWS72]

WORK AND PENSIONS

Historical Personal Independence Payment Claims

The Minister for Social Security and Disability (Sir Stephen Timms): On 28 May 2026, DWP published statistics about two exercises which reviewed historical personal independence payment claims for people affected by the MM Supreme Court judgment or the LB upper tribunal decision.

MM judgment

The MM judgment was handed down in July 2019 and related to daily living activity 9 of the PIP assessment. It found that prompting should be considered social support when it is provided by a person trained or otherwise experienced in assisting people to engage in social situations. It also found that DWP should take account of social support given before and after a social situation, not just at the time of the interaction itself, depending on the needs of the claimant. DWP updated the guidance for new claims from 17 September 2020 to reflect the judgment.

On 20 September 2021, DWP launched an exercise to review historical claims from 6 April 2016 to 16 September 2020 that may have been affected by the MM judgment. DWP looked at cases where people with a psychiatric condition had previously been assessed as

needing prompting and cases not previously awarded points for daily living activity 9 because of the timing of any support. A progress update on this exercise was previously published at: PIP administrative exercise for MM: progress report to 31 August 2023 - GOV.UK.

This exercise concluded on 17 November. The release sets out management information related to the exercise. DWP reviewed 350,000 cases and made 48,000 payments in arrears, totalling £270 million.

LB upper tribunal decision

The LB upper tribunal decision was handed down in November 2016 and related to daily living activity 3 of the PIP assessment. It changed how managing therapy or monitoring a health condition should be interpreted. The upper tribunal found that a combination of time spent supervising, prompting and assisting with medication and monitoring a health condition must be considered as therapy. The tribunal also made comments on when paying attention to the timing and nature of food and drink constitutes diet as therapy.

DWP updated guidance for new claims from 17 June 2019 to reflect the decision.

On 15 October 2019, the Department launched an exercise to review historical claims made between 28 November 2016 and 16 June 2019 that may have been affected by the LB decision. DWP looked at cases of people with diabetes and another condition, such as a learning disability or severe visual impairment.

The exercise concluded on 31 January 2024. The release sets out management information related to the exercise. DWP reviewed 44,000 cases and made fewer than 100 payments in arrears, totalling £188,000.

All reviews have been carried out by a case manager within the Department and no one should have seen their PIP reduced because of these exercises.

Although DWP has completed both exercises, claimants can still ask the Department to conduct a review of their case if they think they are affected.

[HCWS68]

Petitions

Monday 1 June 2026

OBSERVATIONS

ENVIRONMENT, FOOD AND RURAL AFFAIRS

Access to household waste recycling facilities in Sherborne

The petition of residents of the constituency of Glastonbury and Somerton,

Declares that Somerset residents should be able to use their closest household waste recycling centre; further declares that the decision to charge Somerset residents £8.50 to use a Dorset Council household waste recycling centre in Sherborne is wrong; further notes the recent separate petition highlighting the strength of community feeling on this issue; further declares that this move will force residents in Milborne Port, Henstridge, Charlton Horethorne, Corton Denham, Templecombe and the surrounding areas to travel up to a 28 mile round trip to access a free household waste recycling centre; further notes the possible environmental impact of this decision and the possible increased CO2 emissions and fuel costs for rural residents; further declares that easy access encourages residents to separate waste properly rather than disposing of recyclables, hazardous items, or bulky furniture in standard household bins; further notes with concern that this charge has been implemented after the latest annual statistics show there was an 9% increase in fly tipping incidents in 2024-25; and further notes that 62% of fly-tips involved household waste.

The petitioners therefore request that the House of Commons urge the Government to take into account the concerns of the petitioners and to encourage Dorset Council and Somerset Council to take immediate action to ensure that Somerset residents are able to use their closest household waste recycling centre without charge, including in Sherborne.

And the petitioners remain, etc.—*[Presented by Sarah Dyke, Official Report,* 21 April 2026; Vol. 784, c. 297.*]*

[P003188]

Observations from the Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Mary Creagh):

Local authorities are legally required to deliver waste collection services to households in their area. Householders must be allowed to deposit waste deemed to be "household waste" for free. There is no specific obligation to provide such a service for residents in another area, although a local authority can make arrangements with a neighbouring authority for its residents to use the neighbouring authority's facilities.

We have issued guidance for local authorities on factors to consider when delivering household waste collection services to ensure they meet local need and deliver value-for-money for the taxpayer.

Local authorities are independent bodies and are accountable to their electorate rather than to Ministers or Departments. If citizens have concerns about their local authority, they should try to discuss these with their council in the first instance. The Local Government Ombudsman is charged by Parliament with investigating complaints of injustice arising from maladministration by local authorities and is free of charge.

Flooding in Ladygrove, Didcot

The petition of residents of Derwent Avenue, Thurne View and Eden Court in Ladygrove in the constituency of Didcot and Wantage,

Declares that Thames Water must take all possible measures to mitigate against repeat sewage flood occurrences from manhole 2201.

The petitioners therefore request that the House of Commons urges the Government to ensure that Thames Water confirms that all possible measures will be put in place to mitigate against further sewage flood events from manhole 2201.

And the petitioners remain, etc.—*[Presented by Olly Glover, Official Report,* 25 March 2026; Vol. 783, c. 367.*]*

[P003180]

Observation from the Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Emma Hardy):

We sympathise with residents of Derwent Avenue, Thurne View and Eden Court who have experienced repeated sewage flooding and the ongoing risk this poses to their homes, and thanks the petitioners for raising this serious and distressing issue.

We are committed to reducing the risk of sewage flooding and to holding water companies to account for the performance of their waste water networks. Water companies have a legal duty to maintain their sewerage systems to ensure they are effectual and do not cause pollution or harm to communities. Where companies fail to meet these obligations, regulators have strong powers to intervene.

Thames Water is responsible for the operation and maintenance of the local sewerage network, including manhole 2201. The Environment Agency and Ofwat expect Thames Water to take all appropriate and proportionate measures to prevent repeat sewage flooding incidents, including investigating root causes, increasing network capacity where necessary, and delivering long-term solutions to improve resilience.

This includes ensuring Thames Water takes a proactive and preventive approach to planning for current and future risks and demands on its waste water systems over the next 25-plus years, through the newly statutory drainage and waste water management plans. All water and sewerage companies DWMPs must set out how they will manage sewer flooding, storm overflows, pollution incidents, and to maintain ongoing compliance with regulatory permits.

We have significantly strengthened the regulatory framework governing water companies. New powers allow regulators to take faster and tougher enforcement action, including issuing substantial penalties where companies fail to act. We have also made clear that water companies must prioritise investment in waste water infrastructure to protect communities from sewage flooding and pollution.

Locally, the Environment Agency works closely with water companies and local authorities to monitor sewer flooding risks and ensure appropriate action is taken. Where repeated incidents occur, regulators expect companies to engage with affected residents, clearly explain planned mitigation measures, and keep communities informed of progress.

We will continue to work with regulators to ensure Thames Water delivers the necessary improvements to its waste water network, and that residents in Didcot are protected from current and future sewage flooding incidents.

FOREIGN, COMMONWEALTH AND DEVELOPMENT OFFICE

Banyamulenge Community

The petition of residents of the United Kingdom,

Declares that the Banyamulenge community in the UK are profoundly dismayed and outraged about the ongoing genocide and disastrous humanitarian crisis faced by the Banyamulenge civilians in Minembwe and the High Plateau of South-Kivu, in the Democratic Republic of Congo (DRC), as well as the role of the DRC government, the Burundi National Defence Forces (FDNB) as well as their allied militias including Wazalendo and FDLR (the Democratic Forces for the Liberation of Rwanda), in perpetrating these atrocities.

The petitioners therefore request that the House of Commons urge the Government to advocate for the resolution of the root causes of insecurity and violence against the Banyamulenge community in the Democratic Republic of Congo (DRC); to take steps to advocate for the immediate end of use of any drones, heavy artillery, and blockades targeting Banyamulenge civilians in the DRC; to raise internationally the need for the return of displaced Banyamulenge individuals, both internally displaced and refugees in neighbouring countries, to their homeland and the destruction of villages and the looting of cattle as part of resolving the crisis with the DRC's Government; and to advocate for the inclusion of Banyamulenge concerns in relevant international peace accords, ensuring these agreements address the root causes of the conflict.

And the petitioners remain, etc.—*[Presented by Rebecca Long Bailey, Official Report,* 22 April 2026; Vol. 784, c. 5P.*]*

[P003191]

Observations from the Parliamentary Under-Secretary of State for Foreign, Commonwealth and Development Affairs (Chris Elmore):

The UK Government remain deeply concerned by the conflict in eastern Democratic Republic of the Congo and are committed to pursuing all diplomatic avenues to support lasting peace and stability. Baroness Chapman's first visit as Minister for Africa in October 2025 was to Rwanda, where she urged the implementation of Rwanda's commitments under the Washington peace agreement. In March 2026, she visited the Democratic Republic of Congo, including Kinshasa and Beni, where she met President Tshisekedi and Vice Foreign Minister Ayenganagato to welcome progress on the ceasefire and press for the fulfilment of DRC's commitments under the Washington and Doha processes. The UK remains committed to engaging all parties and holding them to account in pursuit of sustainable peace in eastern DRC.

The UK Government condemn violence against all individuals and communities, including the Banyamulenge people, and have called for urgent de-escalation and a return to diplomatic efforts to end the conflict. The Government are clear that hostile rhetoric and hate speech towards all communities is unacceptable, and that the human rights of all Congolese people must be respected, including Banyamulenge communities. We are also clear that all those who have committed human rights violations and abuses must be held accountable, and have reminded all parties to the conflict of their obligations under international humanitarian law.

We remain committed to continuing engagement on the conflict in eastern DRC and will continue to use our international leadership to push for a peaceful resolution that stops the cycle of violence and enables prosperity and stability to return to the region.

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT

Government review of the National Planning Policy Framework

The petition of residents of Redbourn and the surrounding area,

Declares that Redbourn village faces large-scale development proposals driven by national planning law pushing development onto green and grey-belt land; further declares that government policy is having a detrimental impact on Redbourn village's character and environment.

The petitioners therefore request that the House of Commons urges the Government to schedule a debate in the House of Commons on the Government review of the National Planning Policy Framework and how villages like Redbourn can be protected from over-development , and local communities given real power over planning decisions and infrastructure provision that affect the lives of village residents.

And the petitioners remain, etc.—*[Presented by Victoria Collins , Official Report,* 24 March 2026; Vol. 783, c. 272.*]*

[P003178]

Observations from the Minister for Housing and Planning (Matthew Pennycook):

The Government have a brownfield-first approach to development. The National Planning Policy Framework makes clear that substantial weight should be given to the value of using suitable brownfield land within settlements, including the development of under-utilised land and buildings to meet the need for homes and other uses.

Through the revisions made to the NPPF on 12 December 2024, we broadened the definition of brownfield land, set a strengthened expectation that applications on brownfield land will be approved, and made clear that plans should promote an uplift in density in urban areas.

Between 16 December 2025 and 10 March 2026, the Government consulted on a new NPPF. That consultation, which can be found on gov.uk, included a range of policies to further strengthen support for development on brownfield land. We are currently analysing the feedback received and will publish our response in due course.

The Government are committed to preserving green belts that have served England's towns and cities well over many decades, not least in terms of checking the unrestricted sprawl of large built-up areas and preventing neighbouring towns from merging into one another.

However, we know that there are simply not enough sites on brownfield land registers to deliver the volume of homes that the country needs each year, let alone enough that are viable and in the right location. That is why we acted to replace the haphazard approach taken to green-belt designation and release by the previous Government with a strategic and targeted approach.

We have not changed the five purposes of the green belt set out in paragraph 143 of the NPPF, and we do not propose to alter its general extent. Relevant green-belt guidance makes clear that when assessing contribution to these purposes, "large built-up areas" and "towns" do not include villages. Considering whether any particular settlement constitutes a village is a matter for the given local planning authority to judge, which may be informed by the adopted local settlement hierarchy.

The framework still contains strong protections for the green belt, making it clear that inappropriate development should not be approved unless justified by very special circumstances. Where it is necessary to release green-belt land for development, national policy makes clear that local development plans must take a sequential approach: first exhaust previously developed land, then consider low-quality grey-belt land that is not previously developed, and only then consider other green-belt locations. Under our revised approach, the sustainability of green-belt sites must also be prioritised, and local planning authorities must pay particular attention to transport connections when considering whether grey belt is sustainably located.

The definition of grey belt, for the purposes of plan making and decision making, is provided in the glossary of the NPPF. We published updated green-belt guidance on 27 February 2025, to ensure a consistent approach to the identification of grey-belt land. Where land is identified as grey belt, that does not mean it is automatically granted planning permission. The potential consequences of any planning proposal should still be assessed in light of all relevant local and national policies.

Where green-belt land has to be released for major housing development, we have put in place new golden rules to ensure that development delivers higher levels of affordable housing; the provision of new or improvements to existing green spaces that are accessible to the public; and the making of necessary improvements to local or national infrastructure.

The draft NPPF continues to make clear that the purpose of the planning system is to contribute to the achievement of sustainable development, by managing the use and development of land in the long-term public interest. The NPPF promotes positive plan making by expecting development plans to meet the development needs of their area while providing for the improvement of the environment and seeking to mitigate climate change and adapt to its effects.

We believe that communities must remain at the heart of the plan-making process, and that local people must have a meaningful say on planning policies that will affect them and their local areas. We want to encourage open dialogue between authorities, communities and other key stakeholders such as statutory bodies about key local decisions and trade-offs, to help influence the production of genuinely local plans at the earliest stages of plan making.

Houses in multiple occupation

The petition of residents of the constituency of Old Bexley and Sidcup,

Declares that the rise in houses in multiple occupation (HMOs) within the Old Bexley and Sidcup constituency is having a detrimental impact on the local community, leading to anti-social behaviour, parking pressures and pressure on local amenities and services; notes that this uncontrolled growth in HMOs is leading to a loss of family homes, preventing families from getting on to the property ladder and preventing couples from starting a family; further declares that the powers available to the local council are not sufficient to prevent the loss of family homes and over-proliferation of HMOs; and further notes that a corresponding online petition on this issue has received a separate 2,347 signatures.

The petitioners therefore request that the House of Commons urges the Government to introduce new legislation to prevent the loss of family homes through conversion to houses in multiple occupation; and to ask the Mayor of London to ensure the next London plan realises the vital role of family homes in Bexley and provides protection for them against being divided into HMOs.

And the petitioners remain, etc.—*[Presented by Mr Louie French, Official Report,* 10 March 2026; Vol. 782, c. 295.*]*

[P003167]

Observations from the Minister for Housing and Planning (Matthew Pennycook):

Houses in Multiple Occupation can play an important part in the housing market providing relatively low-cost accommodation for rent.

National permitted development rights are a grant of planning permission for certain types of development set out in legislation. Under the planning system, a permitted development right allows a house, in the C3 dwellinghouse use class, to change use to a small HMO, in the C4 use class, for up to six people sharing facilities, without the need for a planning application. Larger HMOs require an application for planning permission.

Local planning authorities already have powers to limit the proliferation of HMOs through article 4 directions. This would mean any change of use to both large and small HMOs would require an application for planning permission, which is determined in accordance with the development plan for the area and provides an opportunity for local people to comment.

I note that Bexley council have already introduced a borough-wide article 4 direction to ensure that all proposals for new HMQs can be considered locally, in consultation with the local community. It is important that local areas have relevant, up-to-date policies in place against which any planning applications or appeals will be determined.

The National Planning Policy Framework requires local authorities to plan to meet housing needs. The size, type and tenure of housing needed for different groups in the community should be assessed and reflected in the development plan and other planning policies, which are publicly available. Any concerns about the mix of housing locally should therefore be raised with the local planning authority.

In relation to HMO licensing, under the Housing Act 2004 local authorities have powers to license HMOs to ensure they are safe, well-maintained and properly managed. Local authorities must license HMOs where five or more people from two or more separate households share facilities—mandatory licensing. Following consultation, local authorities can also choose to license smaller HMOs where three or four people from two or more separate households share facilities—additional licensing.

A licensed HMO property must meet mandatory conditions around fire safety, minimum room size and provision of amenities. The licence holder—and manager, where relevant—must undergo a fit and proper person test. Local authorities can also add bespoke licence conditions, for example to improve facilities, and have the power to inspect licensed HMOs without notice where they believe an offence is being committed under HMO legislation.

All HMOs, regardless of whether they require a licence, must also comply with the HMO management regulations. These impose duties on the manager of an HMO—typically the landlord—including providing adequate bins and waste collection.

Where a landlord fails to license an HMO, or does not comply with HMO licence conditions or the HMO management regulations, local authorities can prosecute them, impose civil penalties of up to £30,000 as an alternative to prosecution, or seek a banning order. A landlord who commits a serious offence, such as failing to obtain a mandatory licence, could also be subject to a rent repayment order, where they can be ordered to repay up to 12 months of rent to a tenant or local authority.

The Government will keep the powers to regulate HMOs under review.

Stockport Green Belt

The petition of residents of the constituency of Hazel Grove,

Declares that the green belt across Stockport and Hazel Grove should be preserved; further declares that brownfield sites should be prioritised for new developments; and further declares that adequate school places, transport provision, and GP capacity should be guaranteed for any new developments.

The petitioners therefore request that the House of Commons urge the Government to roll back its doubled mandatory housebuilding target for Stockport and thereby allow Stockport Council to deliver a Local Plan that protects the area's green belt while developing the homes our communities need.

And the petitioners remain, etc.—*[Presented by Lisa Smart, Official Report,* 22 April 2026; Vol. 784, c. 405.*]*

[P003183]

Observations from the Minister for Housing and Planning (Matthew Pennycook):

The Government have a brownfield first approach to development. The national planning policy framework (NPPF) makes it clear that substantial weight should be given to the value of using suitable brownfield land within settlements, including the development of under-utilised land and buildings to meet the need for homes and other uses.

Through the revisions made to the NPPF on 12 December 2024, we broadened the definition of brownfield land, set a strengthened expectation that applications on brownfield land will be approved, and made it clear that plans should promote an uplift in density in urban areas.

Between 16 December 2025 and 10 March 2026, the Government consulted on a new NPPF. That consultation, which can be found on www.gov.uk, included a range of policies to further strengthen support for development on brownfield land. We are currently analysing the feedback received and will publish our response in due course.

The Government are committed to preserving green belts which have served England's towns and cities well over many decades, not least in terms of checking the unrestricted sprawl of large built-up areas and preventing neighbouring towns merging into one another.

However, we know that there are simply not enough brownfield sites to deliver the volume of homes that the country needs each year, let alone enough that are viable and in the right location. That is why we acted to replace the haphazard approach taken by the previous Government to green belt designation and release with a strategic and targeted approach.

We have not changed the five purposes of the green belt set out in paragraph 143 of the NPPF, and we do not propose to alter its general extent. The framework still contains strong protections for the green belt, making it clear that inappropriate development should not be approved unless justified by very special circumstances.

Where it is necessary to release green belt land for development, national policy makes it clear that local development plans should give priority to previously developed land and other lower-quality grey belt land. Under our revised approach, the sustainability of green belt sites must also be prioritised, and local planning authorities must pay particular attention to transport connections when considering if grey belt is sustainably located.

The definition of grey belt, for the purposes of plan making and decision making, is provided in the glossary of the NPPF. We published updated green belt guidance on 27 February 2025, to ensure a consistent approach to the identification of grey belt land. Where land is identified as grey belt, that does not mean it is automatically granted planning permission. The potential consequences of any planning proposal should still be assessed in light of all relevant local and national policies.

Where green belt land has to be released for major housing development, we have put in place new "golden rules" to ensure that development delivers higher levels of affordable housing; the provision of new—or improvements to—existing green spaces that are accessible to the public; and the making of necessary improvements to local or national infrastructure.

In December 2024, the Government introduced a new standard method for assessing housing needs that is aligned to our stretching plan-for-change target of building 1.5 million new safe and decent homes in England by the end of this Parliament. This new standard method relies on a baseline set at a percentage of existing housing stock levels, to better reflect housing pressures right across the country, and uses a stronger affordability multiplier to focus additional growth on those places facing the biggest affordability challenge.

The standard method is used by local authorities to inform the preparation of their local plans. Once local housing need has been assessed, authorities should then calculate the number of new homes that can be provided in their area. This should be justified by evidence on land availability and constraints on development—such as national landscapes and areas at risk of flooding—and any other relevant matters.

Each authority should assess and plan how to meet its housing needs over the plan period. We expect local planning authorities to explore all options to deliver the homes their communities need—maximising brownfield land, working with neighbouring authorities, and, where necessary, reviewing green belt.

With regard to infrastructure, the NPPF sets out that the purpose of the planning system is to contribute to the achievement of sustainable development, including the provision of supporting infrastructure in a sustainable manner. Contributions from developers, collected through the community infrastructure levy (CIL) and section 106 planning obligations, play an important role in delivering the infrastructure needed to support new development. The Government are committed to strengthening the system of developer contributions to ensure that new developments provide necessary affordable homes and infrastructure.

CIL has not been adopted by Stockport council but is otherwise a locally set charge on most new development to help address the cumulative impact of development by funding infrastructure anywhere across the charging authority's area. Local planning authorities can separately also seek a section 106 planning obligation from a developer to mitigate the impact of a specific development, to make the development "acceptable in planning terms". This might, for example, require the provision of, or a contribution towards a new or improved road, school, health facility, or open space, needed because of the development.

Additionally, the Government have announced £5 billion of capital grant funding for infrastructure and land to be administered by a new, single National Housing Delivery Fund. This National Housing Delivery Fund will provide grant funding for land and infrastructure, including on brownfield sites. In Greater Manchester this includes almost £260 million of funding devolved to Greater Manchester combined authority through the integrated settlement.

UN International Day to Combat Islamophobia

The petition of residents of the constituency of Manchester Rusholme,

Declares that the UN International Day to Combat Islamophobia, marked on 15 March, is an important reminder of the unacceptable levels of hatred, discrimination and abuse that Muslims, and those perceived to be Muslim, continue to face worldwide; further declares that public understanding is crucial to tackling prejudice; notes that 45% of religious hate crimes committed in the UK in 2025 were directed towards Muslims, representing a 19% increase on the previous year; further notes the recent rise in Islamophobic disinformation circulating online and in the media; further notes that the UN International Day to Combat Islamophobia is marked by several governments worldwide, including the Government of Wales in 2025; further declares that recognising the UN International Day to Combat Islamophobia would reaffirm the Government's commitment to tackling all forms of racism and xenophobia, and encouraging a more tolerant and understanding society.

The petitioners therefore request that the House of Commons urges the Government to take action to support marking the UN International Day to Combat Islamophobia on 15 March across the UK.

And the petitioners remain, etc.—*[Presented by Afzal Khan, Official Report,* 10 March 2026; Vol. 782, c. 296.*]*

[P003168]

Observations from The Parliamentary Under-Secretary of State for Housing, Communities and Local Government (Nesil Caliskan):

The Government recognise the significance of the UN International Day to Combat Islamophobia as a moment to reflect on the harms caused by anti-Muslim hostility and the importance of promoting tolerance, mutual respect and understanding.

As set out in our recent "Protecting What Matters" publication, in recent years our Muslim communities have faced growing hostility, discrimination and hate. This Government are committed to tackling anti-Muslim hostility wherever, and however, it manifests itself.

Our "Protecting What Matters" action plan outlines the suite of measures this Government are taking to tackle anti-Muslim hostility through action on hate crime, online harms, public order and strengthening local responses. Alongside the vital protections provided by existing law, we are tackling the wider cultural, educational and preventive work that stops religious hatred from taking root. We are taking sustained action to keep Muslims safe, support victims and challenge unacceptable prejudice, while ensuring that everyone's rights, including freedom of expression, are protected.

We are making up to £1 million available in 2026-27 for funding the British Muslim Trust to provide a helpline to report incidents safely and access support. They are also working closely with partners across the country to help victims, listen to communities and ensure that every person can live free from fear and hatred.

We have already introduced new free access to the faith security training scheme to help Muslim institutions improve their safety and security. Up to £40 million is also being made available for protective security for Muslim communities in 2026-27.

We have also taken the historic step of adopting a non-statutory definition of anti-Muslim hostility. This will provide a clearer and more consistent understanding of anti-Muslim hostility. This definition is focused on protecting individuals rather than religion or belief and, by setting out clearer parameters, it supports a better understanding of when legitimate debate crosses into unacceptable hatred, prejudice or discrimination.

We are also increasing the support and funding we provide to programmes that directly tackle anti-Muslim hate, including the combating hate against Muslims fund. We are committing to making up to £4 million available to tackle anti-Muslim hostility and implementation of the definition, as a first step.

Furthermore, we will appoint a special representative on anti-Muslim hostility, to champion efforts across the UK to tackle hostility and hatred directed at Muslims and those perceived to be Muslim. The special representative will engage with communities and stakeholders, and support cross-sector action to strengthen understanding, reporting and response. They will also lead on work to facilitate understanding and implementation of the definition of anti-Muslim hostility across various sectors and contexts.

To specifically recognise the UN International Day, on 19 March this year Deputy Ambassador to the Organisation for Security and Co-operation in Europe, James Ford, reaffirmed in a statement to the OSCE the UK's commitment to tackling anti-Muslim hostility and hatred and promoting tolerance and non-discrimination and the enjoyment of human rights for all. The statement can be read here: https://www.gov.uk/government/speeches/combatting-anti-muslim-hatred-uk-statement-to-the-osce

Through these sustained actions, and by continuing to work closely with communities, we are demonstrating the Government's commitment not only to recognising the harm caused by anti-Muslim hostility, but to delivering meaningful, long-term change.

TRANSPORT

Antisocial Behaviour in Holton Heath

The petition of residents of the constituency of Mid Dorset and North Poole,

Declares that the residents of Holton Heath Park have been experiencing an unacceptable level of antisocial behaviour caused by dangerous motor vehicle driving in this area; further declares that this has been a major issue in the area for many years; and further declares that urgent traffic calming, surveillance and speed reducing measures should be implemented in the area to re-establish peace and quiet for Holton Heath's residents.

The petitioners therefore request that the House of Commons urge the Government to take action to assist the relevant authorities in Holton Heath in tackling and preventing antisocial behaviour caused by dangerous drivers around Holton Heath Park.

And the petitioners remain, etc.—*[Presented by Vikki Slade, Official Report,* 19 May 2026; Vol. 786, c. 516.*]*

[P003200]

Observations from The Parliamentary Under-Secretary of State for Transport (Lilian Greenwood):

The Government recognise the concerns raised by residents of Holton Heath Park about antisocial behaviour linked to dangerous and inconsiderate driving. These are serious issues that place other road users and pedestrians at risk through reckless, dangerous or inconsiderate driving, and can also affect the residents' entitlement to peace and quiet.

All road users are required to comply with road traffic law, in the interests of their own safety and that of other road users. The behaviour being exhibited in Holton Heath, described in the petition, may amount to multiple offences where Dorset police have the legislation and authority to investigate and enforce.

The Road Traffic Act 1988 provides offences for careless, inconsiderate and dangerous driving. The Road Vehicles (Construction and Use) Regulations 1986 set limits on the level of noise that vehicles may produce when used on public roads, and it is an offence to modify a vehicle's exhaust system so that it increases noise beyond these limits. Where vehicle use causes excessive noise or disruption, it may also constitute antisocial behaviour.

In addition, section 59 of the Police Reform Act 2002 provides the police with powers to take action where a motor vehicle is used in a manner that causes, or is likely to cause, alarm, distress or annoyance to members of the public and involves a contravention of road traffic law. This includes the power to issue warnings and, where behaviour persists, to seize vehicles being used antisocially.

Such incidents can be reported to the police. Enforcement of the law is a matter for Dorset police, who will decide based on the evidence in each individual case whether an offence has been committed and the appropriate action to take.

The Government's road safety strategy published earlier this year emphasised the importance of reducing deaths, injuries and harm caused by unsafe road use, including speeding and dangerous driving. Within this framework, local authorities are expected to take appropriate action where there is evidence of persistent road safety or antisocial behaviour concerns, using the powers and tools available to them.

As part of the delivery of the road safety strategy, the Department for Transport published a motoring offences consultation, which closed on 11 May. The consultation sought views on taking a tougher stance on serious motoring offences, including dangerous driving and cases where driving behaviour has resulted in serious injury or death. We will publish the outcome of the consultation and our next steps following analysis in due course.

With regard to the introduction of traffic calming, speed management and surveillance measures, responsibility for their introduction and delivery rests with the relevant local authority. While the Government wish to support measures that make the roads in Holton Heath safer, they recognise that local authorities are best placed to balance the needs of residents with an understanding of the wider function of the road network in their area and the suitability of such measures in specific locations.

Written Correction

Monday 1 June 2026

Ministerial Correction

BUSINESS AND TRADE

Industrial Strategy

The following extract is from Business and Trade Questions on 21 May 2026.

Gareth Davies: The Government's industrial strategy rightly states that improving skills in the construction sector is essential to keeping our country building. In fact, on page 44, there is a commitment to invest

"£625 million to train…60,000 more skilled workers".

It has been one year since publication, so how many more skilled workers have entered the construction workforce as a result of that commitment?

Chris McDonald: The hon. Gentleman is right to point out the importance of construction skills. In fact, on a recent visit to a construction skills academy in east London, I had the opportunity to do a bit of tiling myself—that has come in quite handy at home, actually—and to talk to some of the young people, who realise that they are developing skills for life. The Government are incredibly committed to that. The hon. Gentleman may have missed it, but he will be pleased to know that the Government have announced **five** new technical excellence colleges to help young people to get those skills for life in the construction sector.

[*Official Report*, 21 May 2026; Vol. 786, c. 683.]

Written correction submitted by the Under-Secretary of State for Business and Trade, the hon. Member for Stockton North (Chris McDonald):

Chris McDonald: The hon. Gentleman is right to point out the importance of construction skills. In fact, on a recent visit to a construction skills academy in east London, I had the opportunity to do a bit of tiling myself—that has come in quite handy at home, actually—and to talk to some of the young people, who realise that they are developing skills for life. The Government are incredibly committed to that. The hon. Gentleman may have missed it, but he will be pleased to know that the Government have announced **10** new technical excellence colleges to help young people to get those skills for life in the construction sector.

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Monday 8 June 2026

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