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PARLIAMENTARY DEBATES  
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# HOUSE OF LORDS

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<b>Abbreviation</b>	<b>Party/Group</b>
CB	Cross Bench
Con	Conservative
DUP	Democratic Unionist Party
GP	Green Party
Ind Lab	Independent Labour
Ind SD	Independent Social Democrat
Ind UU	Independent Ulster Unionist
Lab	Labour
Lab Co-op	Labour and Co-operative Party
LD	Liberal Democrat
Non-afl	Non-affiliated
PC	Plaid Cymru
UUP	Ulster Unionist Party

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# House of Lords

Thursday 18 April 2024

11 am

Prayers—read by the Lord Bishop of Newcastle.

## Social Housing: Right-to-buy Sales Question

11.07 am

Asked by **Baroness Taylor of Stevenage**

To ask His Majesty's Government what assessment they have made of the impact on the provision of social housing of removing the right of local authorities to retain 100 per cent of receipts from right-to-buy sales.

**The Parliamentary Under-Secretary of State, Department for Levelling Up, Housing & Communities (Baroness Swinburne) (Con):** As a temporary measure, councils were able to keep 100% of the right-to-buy receipts from sales in 2022-23 and 2023-24. As councils have five years to spend these receipts, we are continuing to track the impact of allowing authorities to retain 100% of right-to-buy receipts. As previously announced, the cap on acquisitions funded through right-to-buy receipts is at 50% until 2025-26, to enable councils to do more acquisitions. The Government are working with councils to support their supply and delivery plans, and we are keeping the right-to-buy receipt flexibilities under review.

**Lord Forsyth of Drumlean (Con):** My Lords—

**Baroness Taylor of Stevenage (Lab):** My Lords, with 3.8 million people on council housing waiting lists, some having waited nearly two decades, and with the economic case for social housing comprehensively demonstrated in the recent study by the National Housing Federation and Shelter, showing that building 90,000 social homes would add £51 billion to the economy, the need for delivery of more social homes gets more urgent by the day. Since the right-to-buy programme started in 1980, there has been a reduction in the number of social homes by 1.5 million. Some 40% of those homes are now let privately, and councils have no choice but to use them as expensive temporary accommodation for homeless families. That has pushed up the housing benefit since 1991 from £9 billion to £29.6 billion. Councils should be able to use the proceeds from right to buy to deliver like-for-like replacements, but with councils able to receive £100,000 of discount, that is difficult enough. Taking away the ability to retain 100% is another blow. Does the Minister not consider that this is an economically illiterate move, depriving people of the homes they need and driving the benefit bill ever upwards?

**Baroness Swinburne (Con):** I draw the House's attention to the fact that the right-to-buy receipt is only one very small portion of the entire receipts that are available to deliver affordable housing. Indeed, the £11.5 billion affordable homes programme is delivering thousands

of affordable homes, including, since 2010, 696,000 new affordable homes, with over 172,600 homes available for social rent.

**Lord Forsyth of Drumlean (Con):** My Lords, I apologise to the noble Baroness for my enthusiasm but I could not believe the bare-faced cheek of asking this Question. There would have been no receipts from the sale of council houses if the party opposite had had its way. It was a Conservative Government who brought in the right to buy, and it was a Conservative Government who enabled people such as the deputy leader of the Labour Party to buy their council homes.

**Baroness Swinburne (Con):** I agree with my noble friend's comments. We are genuinely committed to supporting home ownership, especially for first-time buyers, no matter how they get on the housing ladder.

**Lord Bird (CB):** Surely the point is that a Labour Government created the right to buy, and all the work was done under a Labour Government, and then it was implemented by the Tories, but they cut it in half and did not allow the replacement of social housing, meaning that we have the present crisis that we have.

**Baroness Swinburne (Con):** I am afraid that is not my understanding of what has happened historically, and I understand that some Members of this House may have been involved in setting up the original scheme.

**Lord Shipley (LD):** I remind the House of my register of interests. Can we go back to the issue of the right to buy? In the last year, 10,896 homes were sold through right to buy in England and only 3,447 houses replaced them—a net loss of 7,449 in 2022-23. How would the Minister explain that to a family stuck in temporary accommodation which is gradually becoming permanent?

**Baroness Swinburne (Con):** I do not recognise those figures. The figures I have in front of me are that, in 2022-23, local authorities reported 10,896 eligible sales, which was very similar to sales in 2021-22, and delivered 8,900 homes that same year. Overall, there was a net increase of 4,600 affordable homes in that year.

**The Lord Speaker (Lord McFall of Alcluith):** My Lords, the noble Lord, Lord Campbell-Savours, will be participating remotely.

**Lord Campbell-Savours (Lab) [V]:** Has not the now overreaching transfer of housing from public to private sector landlords led to an explosion in rents, costing billions in increased housing benefit? Why should housing authorities be forced to pay for problems created by this strategy, when there is talk of losing a proportion of the capital receipts they desperately need to help fund housing for the homeless—a problem created by the Government? It seems to me that the only beneficiaries are to be private landlords and the Government's PSBR, while the losers are the poorest in society.

**Baroness Swinburne (Con):** I return to the statistic that we have increased the number of affordable homes by 482,000 during the period since 2010. That means there are more houses for people to rent at an affordable rent. We also acknowledge that the rent agreements with regards to the increases, particularly for social housing over the last year, while inflation was running high, have had an impact on the housing associations, but we are working closely with them to make sure that they have the right to increase their rents at an acceptable level while the tenants themselves are not having to struggle with the high cost of living.

**Lord Young of Cookham (Con):** My Lords, as one of the Housing Ministers in the 1979 Parliament, I say to the noble Lord, Lord Bird, that I do not recall the right-to-buy legislation being in my briefing pack when I took office. Returning to the original Question, I agree that we need more affordable homes. Has my noble friend seen a report by the Home Builders Federation that 13,000 sites for affordable homes have been earmarked as a condition for market sales on the rest of the site but no housing associations or local authorities have come forward to claim them? Can my noble friend find a solution?

**Baroness Swinburne (Con):** I thank my noble friend for that question. We have been monitoring this for some time. All measures to increase the rate of housebuilding for the provision of affordable homes are being considered, including the preferential borrowing rate for councils, and housebuilding from the Public Works Loan Board, which has been extended to June 2025. Indeed, that 100% temporary measure for the right-to-buy receipts for the last couple of years was to increase the capital buffer to allow the speeding up of housebuilding and acquisition in the sector. The abolition of the housing revenue asset borrowing cap also helps, alongside the £11.5 billion affordable homes programme. We believe that local authorities and housing associations are being supported to maximise delivery at pace, and we strongly urge them to utilise the flexibility to build these new homes.

**Baroness Warwick of Undercliffe (Lab):** My Lords, whatever the data we are bandying around here, there is no doubt that right to buy and demolitions mean that we are losing social housing every year. As has already been said, large numbers of households are now forced to live in expensive and insecure homes in the private rented sector due to the lack of social homes. What plans do the Government have, recognising the point the noble Baroness is making, to further increase the supply of social housing to prevent right to buy eating into this crucial asset?

**Baroness Swinburne (Con):** I return to the fact that the main programme we have is the £11.5 billion affordable homes programme, of which a large amount has been allocated for social and affordable housing. When we look at the numbers, the right to buy, and local authorities' delivery through that mechanism, represents 14% of the overall affordable housing delivery—the highest recorded number of local authority

completions in a decade. It is making progress, and the reality is that the rest of that budget is being spent in other ways and being delivered as we speak.

**Baroness Scott of Needham Market (LD):** My Lords, does the Minister accept that she is referring to affordable housing, whereas my noble friend is talking about social housing? They are absolutely not the same thing—and in many areas affordable housing is anything but affordable.

**Baroness Swinburne (Con):** I remind the House of the statistic I gave in answer to an earlier question: of those homes, since 2010, 172,600 are for social rent.

**Lord Moylan (Con):** My Lords, further to the question from my noble friend Lord Young of Cookham, perhaps my noble friend the Minister has not quite grasped the root of the problem. We are dealing here with small and medium-sized housebuilders. When they generate social housing to accompany their private sector developments, that social housing frequently comes in penny packets, isolated to one house on the site and so on. There are 13,000 of these now waiting to be built, but the housing associations are not interested in them—they are simply not interesting to housing associations, as they are too difficult to manage. It is unblocking that logjam that I think my noble friend was asking my other noble friend on the Front Bench to address herself to.

**Baroness Swinburne (Con):** Indeed, this is where a local authority could step in to deliver more replacement homes. In the current economic climate, councils are able to continue to deliver 50% of their right-to-buy replacement homes as acquisitions each year until 2025, with a focus on the purchasing of new homes. That should help small, medium-sized and large housebuilders.

## UK-African Investment Summit *Question*

11.18 am

*Asked by Baroness Northover*

To ask His Majesty's Government why the UK-African Investment Summit scheduled for April has been postponed, and when they plan to hold it.

**The Minister of State, Department for Environment, Food and Rural Affairs, and Foreign, Commonwealth and Development Office (Lord Benyon) (Con):** My Lords, the Government are committed to maximising the success of the next UK-African Investment Summit. The successful 2020 summit laid foundations for new partnerships between the UK and African nations, based on trade, investment, shared values and mutual interest. The Government are committed to building on that, ensuring attendance from Governments and British and African businesses eager to harness the benefits of our trading relationships. New dates will be announced in due course.



**Baroness Northover (LD):** My Lords, I have heard the reasons why the summit was postponed. When this date was chosen, it was known that there were multiple elections this year, which was an excuse for why it was changed, and that there were other conferences around this time, particularly between Europe and Africa. Until recently, those plans were going ahead, and the Minister seems to imply that they still are. However, if the UK is indeed to engage fully with a continent of the future, which he indicates that he wishes to—obviously, the middle classes there are growing rapidly, and the EU, the US, Russia and China are fully engaged—then postponement, or, in effect, cancellation, does not really show the United Kingdom in the right light, does it?

**Lord Benyon (Con):** We are committed to this event, but it should not be seen as the only action we are taking. It is part of a continuous engagement with African businesses and with British businesses that want to trade more in Africa, and to build on the success of the recent past. She is right: by 2050, 2 billion people will live on that continent, half of them under 25. They will all want the kind of lifestyle that they see happening elsewhere, and we want to assist that through trade. The UK is the largest investor in African countries by investment stock. Direct investment flows from the UK to the continent were more than £2.4 billion in 2022, and we want to see the increases in bilateral trading continue in future years.

**Lord Howell of Guildford (Con):** My Lords, will my noble friend bear in mind that an increasing number of African countries are showing an interest in association or involvement with the Commonwealth, including recently, I understand, the Kingdom of Morocco? Will he also bear in mind that, if we do not stay closely engaged, the Russians and the Chinese certainly will and are moving in all the time?

**Lord Benyon (Con):** My noble friend is absolutely right. Using our contacts through the Commonwealth, we are seeing huge advantages for British companies and for greater prosperity in Africa. The UK has nine trade agreements with 18 countries in Africa, a combination of association agreements with north African markets and economic partnership agreements with sub-Saharan African countries. These include many Commonwealth countries, and we want to see that continue. The work of the Commonwealth investment organisation, which is supported by many noble Lords in this House, will continue to be a focus of trade in the future.

**Lord Collins of Highbury (Lab):** The last summit was a great success and the initiative is a very positive one; it is certainly something that we should focus on. However, the Minister ignored the question about the damage that this cancellation is doing. We raised hopes, we engaged, we appointed a former ambassador 12 months ago, and we invested in sites for the conference. Media reports in Africa suggest that the Government are turning much more to domestic issues rather than delivering on these important international strategic

objectives. What is the cost of this cancellation, and what impact does he believe it will have on our relationships with Africa?

**Lord Benyon (Con):** I have to say that has not been my experience when I have been travelling in Africa. Last week I was in Angola, where I saw a £440 million UKEF investment unlocking an extraordinary corridor of prosperity from the port of Lobito into the DRC and Zambia. It is that kind of investment that we want, and we can continue to do that with or without an African investment summit. Still, we want to have that summit and we will announce a date shortly.

**The Earl of Effingham (Con):** My Lords, Africa currently represents 2.8% of global GDP but a material 19% of the world's population. Only 2.1% of imports to Africa originate from the UK. In addition to the summit, what will the Government do to focus on promoting UK exports to the region in line with its expected GDP growth?

**Lord Benyon (Con):** I thank my noble friend. There is the world's largest free-trade area initiative, the African Continental Free Trade Area, with 54 signatures. There is abundant potential for renewable energy and resources critical to the economies and energies of the future. For example, the DRC has almost 70% of global cobalt resources, and will benefit from the investment that we have made in the Lobito corridor. My noble friend is right that it has to be a focus for government support to get businesses to trade. I am delighted to see a 6% increase in trade from the UK to Africa of £46 billion. That has been reflected in recent years and will continue in future years. This is an absolute priority for the UK Government. There are huge advantages, not least through our Commonwealth connections, and we want to build on those.

**Baroness Hoey (Non-Aff):** I was in Ghana at the time as the trade envoy when this was announced, and I have to say to the Minister and His Majesty's Government that there was huge disappointment and indeed a bit of anger that this happened and at such short notice, with no real reason being given. I still have not found a real reason why it was done. Other countries have elections coming this year, including Ghana. Will the Minister try to answer exactly what the noble Baroness, Lady Northover, was asking: why was it cancelled and who made the decision? Presumably it was Downing Street.

**Lord Benyon (Con):** There has not been any suggestion that it is because elections are being held in any country. That was certainly not part of the communique at the time. This will be a major event involving up to 25 Heads of State and around 1,500 people, but it will not be the only show in town. There is continuous activity to increase the amount of trade from Britain and Africa and in reverse. We believe there is huge potential. We want to look to the future and make sure this event is a success and that the continuing activities we carry out will increase trade further between us.

**Lord Bruce of Bennachie (LD):** The Government are making a strong case, but the reality is that damage that has been done by the dramatic cuts in aid and the disengagement at short notice of this conference. All this indicates to Africa that Britain is not focused. We have seen in francophone Africa the influence of Wagner, now reinvented as Africa Corps, where Russia is offering support to autocratic regimes to defend them against democracy in exchange for mineral rights. What assurance are we getting that it is not doing that in the countries where we are trying to build partnerships?

**Lord Benyon (Con):** The noble Lord is right to point to the malign actions of some state actors and their proxies. We, a country that bases itself on the rules-based order, believe that trade can be a massive bilateral advantage, and that it can lift people out of prosperity.

**Noble Lords:** Oh!

**Lord Benyon (Con):** Sorry, into prosperity—I got that wrong. In co-ordination with our ODA programme, we are seeing the UK as a major influence in that continent, and we want to see that continue.

**Baroness Blackstone (Lab):** The Minister mentioned earlier the high proportion of the population of African countries under the age of 25, and that is particularly true of poorer countries. In many of those countries there are high levels of unemployment among young people, which is extremely destabilising. The cancellation of this conference will hardly help in promoting economic growth through partnerships between the UK and sub-Saharan Africa. Could he at least tell us what the Government will do to try to support countries to reduce this very high level of population growth, which is potentially so damaging?

**Lord Benyon (Con):** We have a range of tools in that respect, but it is mostly done through our ODA money. There is a lot of support particularly for women and girls. I refer the noble Baroness to the White Paper that was published towards the end of last year, which addresses precisely the point of trying to increase female empowerment and supporting women and girls; if you are doing the right thing for them, you are usually doing the right thing for everyone. The most important aspect of raising Africa out of poverty is to see more stability in the region. There are some horrendous conflicts going on, and we are active in trying to resolve them.

**Lord Hannan of Kingsclere (Con):** My Lords, some of your Lordships will remember the great tomato shortage of last year when our supermarket shelves were bereft of those crimson globes. What noble Lords may not know is that we were still imposing tariffs and quotas from our largest source of tomatoes, which is the Kingdom of Morocco—quotas and tariffs that we inherited from the EU that were designed to protect Spanish growers but that serve no function even from a protectionist point of view because Moroccan tomatoes are counterseasonal to our own. Will my noble friend the Minister give us some hope that we are going to end these ridiculous restrictions, not as a favour to our allies in Morocco, although they are old allies, but as a favour to ourselves that may incidentally benefit our good friends in the Kingdom of Morocco?

**Lord Benyon (Con):** I was in Morocco last year and had my ear effectively bent on this issue. I thought we had resolved it, but then last night I heard from my colleague the Trade Minister that there are still some issues to be ironed out, which I confess has frustrated me. My noble friend is absolutely right that we need to resolve this. Morocco is a key partner with us, and it can provide good-quality food on our shelves that does not conflict with UK farmers.

## Property Agents: Regulation *Question*

11.29 am

*Asked by Lord Kennedy of Southwark*

To ask His Majesty's Government whether they plan to introduce an independent property-agent regulator, to deliver a legally enforceable code of practice for property agents.

**Lord Kennedy of Southwark (Lab Co-op):** My Lords, I beg leave to ask the Question standing in my name on the Order Paper, and I draw the House's attention to my relevant registered interests and to the fact that I am a leaseholder.

**The Parliamentary Under-Secretary of State, Department for Levelling Up, Housing & Communities (Baroness Swinburne) (Con):** The Government are committed to raising professionalism among property agents. Property agents must already belong to a redress scheme. The Government's Leasehold and Freehold Reform Bill and Renters (Reform) Bill will help drive up overall standards. Legislating to set up a new regulator would, however, require significant additional legislative time that we do not have in this Parliament. We will meanwhile continue to work with industry on improving best practice, including on codes of practice.

**Lord Kennedy of Southwark (Lab Co-op):** My Lords, the Government received the report from the noble Lord, Lord Best, in the last Parliament, in July 2019. Can the Minister explain to the House what the Government have been doing for the past five years on this issue? There is widespread agreement on what needs to be done. From the outside, it looks like the Government are reluctant, unenthusiastic, disinclined and generally unwilling to address the issue.

**Baroness Swinburne (Con):** I appreciate the time delay and am exceedingly grateful to the noble Lord, Lord Best, for the report from him and his working group, which included more than 50 recommendations cutting across different housing tenures. We are developing key primary legislation to address the fundamental power imbalance that exists in parts of the housing market. Through the Renters (Reform) Bill and the Leasehold and Freehold Reform Bill, we are taking forward specific recommendations from the noble Lord's report, and we will keep the question of further regulation for the sector under review.

**Lord Best (CB):** My Lords, did the Minister see the excellent report from your Lordships' Industry and Regulators Select Committee, which thoroughly endorsed the need for a regulator? It took evidence both from those representing the consumers—that is, tenants,

leaseholders and people buying and selling properties—and from those who would be regulated, the agents themselves, who felt at least as passionately about the need for a regulator. If we cannot have a fully-fledged regulator because time does not allow, could we at least go half way and introduce some mandatory training and qualifications so that the people handling property agency work know what they are talking about and we weed out some of the rogues?

**Baroness Swinburne (Con):** I thank the noble Lord for his comments and for his work, which I have acknowledged. I am grateful also to noble Lords on the committee for their recent work on this important topic. Ministers are considering its recommendations and will respond in due course. Training programmes are currently available, and I suspect that this question will come up time and again. In respect of the legislation that we are currently talking about, I have no doubt that I will be having those conversations with the Minister, my noble friend Lady Scott, in the coming days and weeks.

**Lord Foster of Bath (LD):** My Lords, given the clear, widespread support for the introduction of an independent property agents regulator, first proposed by the indefatigable noble Lord, Lord Best, some five years ago, can the Minister explain why, having had five years to think this through, it is not now possible, as she seems to suggest, for the Government to include it by way of an amendment to the Renters (Reform) Bill? That way, they would provide what more or less everybody in this House and outside it are keen to see.

**Baroness Swinburne (Con):** I understand the frustration. I believe that all of us in this House and in our wider communities would like to see more professional-quality work being done in this sector and that we all want to drive up service standards for buyers, sellers and renters—whoever they may be—interacting with the system. It is important that we get it right; measures are coming up in the leasehold and freehold Bill and certainly in the private renters Bill, both of which will be before this House over the next few weeks. Therefore, there are opportunities for us to put forward specific measures that we felt were a priority in the leaseholder space and the private rental space.

**Baroness Warwick of Undercliffe (Lab):** My Lords, I declare an interest as chair of the Property Ombudsman. The ombudsman has been producing codes of practice for several decades, and that skill was utilised by the RoPA steering group, particularly the steering group chaired by my noble friend Lady Hayter. A new code was produced which has been received very positively. It stands ready to be implemented, and I urge His Majesty's Government to give serious consideration to how it could be achieved in the absence of a regulator.

**Baroness Swinburne (Con):** The Government welcome the work undertaken by the independent steering group chaired by the noble Baroness, Lady Hayter of Kentish Town, on the codes of practice for property agents. That is an important development towards making sure all consumers are treated fairly and all agents work to the same high standards. The Government

have approved two codes for managing agents, which set out good practice and are to be taken into account in cases before courts or the tribunal. We will consider other codes as they are brought forward.

**Lord Harris of Haringey (Lab):** My Lords, I declare a former interest in that I used to chair National Trading Standards. The Minister will be aware that the department already funds an estate agents and letting agents regulator through National Trading Standards. Would it not make sense to extend the remit of that regulatory function carried out by Trading Standards into this field? That could presumably be done fairly simply, fairly easily and possibly fairly cheaply.

**Baroness Swinburne (Con):** Estate agents are regulated under the Estate Agents Act 1979, which is currently enforced by the National Trading Standards estate and letting agency team—the abbreviation or acronym is too complicated for me to work out, so I have given the full title. It has powers to issue warnings and banning orders, and estate agents are required to belong to an approved redress scheme. These things can all be improved on. When we bring forward the home buyers and sellers reform strategy over the coming months, I hope to come back to the House and give details on further actions.

**Lord Blunkett (Lab):** My Lords, the bad apples are giving legitimate, professional agents a very bad name, recently highlighted in my own city of Sheffield, where instances of adding charges that never existed to ground rents and refusing to answer correspondence and communication were taken up by the honourable Member for Sheffield South East, Clive Betts. We have just ascertained, including from the Minister, that we have unanimity across the House. Could we not just agree in the legislation coming forward very shortly to pass the necessary measures to put this right?

**Baroness Swinburne (Con):** I can confirm that in the Leasehold and Freehold Reform Bill we are introducing measures to empower leaseholders to take action in the event of unreasonable behaviour. The Bill will make it easier for leaseholders to scrutinise costs and challenge the services provided by both landlords and property managing agents and ultimately for them to take on the management of their building themselves or directly appoint or replace agents. Alongside existing protections and work undertaken by the industry, these measures will seek to make property managing agents more accountable to leaseholders who pay for their services. It is coming.

**Baroness Taylor of Stevenage (Lab):** My Lords, we have before the House a suggestion that we introduce a property regulator. It has waited five years. There is agreement across the House. Surely we should take the opportunity to amend the Leasehold and Freehold Reform Bill or the Renters (Reform) Bill to introduce this. Five years is long enough to wait, especially when we have complete agreement across the House that this is what we need to do.

**Baroness Swinburne (Con):** I know that the Minister, my noble friend Lady Scott, has engaged with noble Lords on the leaseholder and freeholder Bill and will



[BARONESS SWINBURNE]

continue to do so as it progresses through this House next week. I understand that the noble Lord, Lord Best, has reached out to her to consider how to improve the Bill further. I have no doubt that further conversations will happen as we consider the Bill in detail in Committee.

**Lord Kamall (Con):** My noble friend the Minister will be aware that there have been some industry initiatives—though they are not perfect—over the years such as Safeagent and the kitemark scheme. In considering the possibility of more regulation in this space, could my noble friend and her department ensure that they do not squeeze out those private initiatives and work in conjunction with them?

**Baroness Swinburne (Con):** I can confirm to my noble friend that we are working hand in glove with industry and trade bodies that want good-quality services provided by their members. It is in their interests, in our interests and in consumers' interests that we do so.

## Sudan *Question*

11.39 am

*Asked by The Lord Bishop of Leeds*

To ask His Majesty's Government what steps they are taking, as penholder on Sudan at the UN Security Council, to support an immediate ceasefire in Sudan to prevent a humanitarian catastrophe and regional destabilisation.

**The Minister of State, Department for Environment, Food and Rural Affairs, and Foreign, Commonwealth and Development Office (Lord Benyon) (Con):** My Lords, the UK uses its position as penholder on Sudan at the UN Security Council to increase the international spotlight on continued atrocities and to pressure the warring parties to end the fighting. On 8 March, we secured Resolution 2724 which calls for an immediate cessation of hostilities and unhindered humanitarian access. We work with Security Council members and at the UN to keep Sudan firmly on the council's agenda, including at the UK-requested meeting tomorrow.

**The Lord Bishop of Leeds:** My Lords, I am grateful to the Minister for that Answer and for his presence yesterday at a meeting with members of the Sudanese diaspora, where we heard some harrowing stories about what is going on there. Sudan has largely fallen off the media radar. Up to 11 million people are displaced, with famine looming—think of the consequences of that. Yesterday was the anniversary of this conflict. One clear message came out of that meeting: stop the war and stop the fighting, and all else will follow. I am not naive—I know that you cannot just click your fingers—but can the UK apply increasing pressure on our international partners, particularly in order to stop the arms feed to the UAE, Iran and the different partners? Secondly, can we restore the UK envoy to Sudan in order to maximise our diplomatic heft at this time of enormous crisis?

**Lord Benyon (Con):** I am grateful to the right reverend Prelate. You would have to have a heart of stone not to have been affected by the witness statements we heard yesterday at the APPG, and they built on many others I have heard. He is absolutely right: the conflict ending is the only way we can get help to the nearly 18 million people in desperate need of it.

The UK has a special envoy to the Red Sea and the Horn of Africa, which includes Sudan: Sarah Montgomery, who is very engaged and knowledgeable on this issue. We are obviously working with her, and we also have a representative for South Sudan, which is deeply affected. I shall be visiting South Sudan in the very near future to see the impact this is having on the surrounding countries. We want to do anything we can, and we will work with anyone to try to get the warring parties to cease their conflict.

**Lord Alton of Liverpool (CB):** My Lords, the noble Lord is right to be moved by the statement he heard yesterday at the meeting organised by the All Party Parliamentary Group on Sudan and South Sudan. Does he agree with the assessment of the representative of the World Food Programme, who spoke at that meeting, that the situation is “catastrophic”? Eleven million people are displaced; 16 million are facing catastrophic levels of hunger; tens of thousands have been killed; and atrocity crimes are being committed in Darfur. As he says, this has become a forgotten, brutal war which is just marking its first anniversary, as the right reverend Prelate said. With aid workers killed and access to only 10% of the population, how can we accelerate relief work without an end to the fighting by these warring parties? What more can we do to end the flow of Iranian drones and armaments into this appalling conflict, in which the daily suffering, misery and deaths mount, and such terrible atrocities are occurring? How will we bring to justice those responsible for some of these crimes?

**Lord Benyon (Con):** There are a lot of questions there, and all very pertinent. On the last one, we gave £600,000 last year to the Sudan Witness organisation. and I am sure we will give more in the future. We hope it is compiling a record of the atrocities and that we will be able to bring those people to justice.

The noble Lord may have seen the interview my colleague, Andrew Mitchell, gave in Chad, where he saw many of the displaced people. He was incredibly moved by what he saw, and nobody who sees this can have a different emotion. The most frustrating thing is our inability to act. We have doubled our bilateral aid to Sudan and we are supporting neighbouring countries. I was in Paris on Monday at the international meeting on Sudan, where €2 billion was promised to Sudan. But if we cannot get the aid in and we cannot stop the conflict—the Sudan Government have closed the border with Chad—it is incredibly frustrating. But I will work with the noble Lord, the all-party group and others, listening to any suggestions they have for alleviating this problem.

**Lord Anderson of Swansea (Lab):** My Lords, quite possibly the two rival leaders will slug it out at the expense of the people until one is killed or goes into



exile. Do the Government see any hint of compromise at all between the two rivals?

**Lord Benyon (Con):** To be frank, no. The warring parties have clearly come to the view that there is no benefit to their aspirations in ceasing the conflict. Until one or both realise that this is the case, we will continue to put pressure on them and on those who continue to support them. We have just announced another raft of sanctions. At some point, those supplying them with the weapons, those carrying out the atrocities and those perpetrating this conflict have to realise that it has to stop.

**Lord Bellingham (Con):** My Lords, this truly horrendous civil war was superimposed on a number of existing local conflicts, doing untold damage. They were largely unseen and not taken on board. Further to the point made by the right reverend Prelate, the Minister will be aware that there is overwhelming evidence that the Rapid Support group is being funded first of all by the Libyan militia, under Field Marshal Haftar, by the UAE and by the Wagner Group. Among other things, thermobaric shells, which are absolutely lethal and do a great deal of collateral damage, are being supplied. What more can be done to put pressure on these third parties and state actors?

**Lord Benyon (Con):** Some information on this was forthcoming in a Panel of Experts report in early March. We are deeply concerned by the report's assertion that credible evidence exists of external provision and support, particularly arms, both to the south and to the RSF. Such actions clearly only prolong the conflict. We are engaging with international partners and others to make sure that we are holding those responsible to account, and that, where we can, we exert influence on them to cease stoking the fires of this conflict.

**Lord Purvis of Tweed (LD):** My Lords, I declare an interest, in that I worked intensively with civilians, many in exile in Addis and Nairobi, on the Taqaddam programme. A year and two weeks ago, I met with General Burhan and then, separately, with General Hemedti in Khartoum on behalf of civilians, in a futile attempt to avert the conflict and the absolute tragedy of the last year.

I welcome the Minister's response, his sincerity, the UK's continued support for civilians, and the most recent sanctions, including on the gold industry, which I called for in this Chamber on 28 June last year. I appeal to the Minister to send back to Downing Street the message that this is the world's worst hunger crisis and the worst child displacement crisis. Slavery markets are now back in Omdurman. This is a horrific situation, and I appeal to our Prime Minister to get personally involved. When was the last time our Prime Minister spoke to another head of government or state about Sudan? This is an absolute emergency. The UK has a very deep relationship with Sudan, and our Prime Minister needs to be involved.

**Lord Benyon (Con):** In fairness, I think he is. In answering the noble Lord's question I can also answer another that was asked earlier. This is a catastrophe—there is no other word to describe it—and it is an absolute

priority at the very top of the UK Government. We must move it from being what is too often referred to as the forgotten war to one that is deeply relevant. The wider implication in humanitarian terms for the most innocent people in the world is a catastrophe beyond all measure. I can assure the noble Lord that this is a priority for senior Ministers, whether in the Foreign Office or No. 10. I know they will try to exercise any leverage they can through many upcoming events, not least the G7. We will see what happens as a result. It is a priority.

**Lord Collins of Highbury (Lab):** My Lords, if Sudan collapses, it will be a disaster not only for the people of Sudan but for the region as a whole. The focus has to be on those supplying and supporting this conflict, which is a conflict against the people of Sudan. This is the reality. Emphasising the point made by the noble Lord, Lord Purvis, about pushing this forward on the global agenda, I hope the Minister can reassure the House that we are having direct talks with neighbouring states in the region to ensure that the focus is back on the people of Sudan and not on supporting those who are fighting the people.

**Lord Benyon (Con):** I totally agree with the noble Lord. On Monday at the Paris conference, a great many people who have some skin in this game were there. We want to make sure we are talking to the people outlined in that report as possibly providing arms. They need to be held to account and to be part of the solution, because we want to see an end to the fighting as a precursor to a proper, well-organised international humanitarian aid programme that the United Kingdom will be at the heart of.

## NHS: Long-term Sustainability

### *Motion to Take Note*

11.50 am

*Moved by Lord Patel*

That this House takes note of the long-term sustainability of the NHS to be able to deliver comprehensive, timely and affordable health and social care for all, including options for systems of care and funding.

**Lord Patel (CB):** I see noble Lords leaving. The debate will not be that bad. It has certainly emptied the House.

I am grateful to the noble Lords who are taking part in the debate. I look forward to their speeches, particularly the maiden speech of the noble Baroness, Lady Ramsey of Wall Heath; I wish her well. Several noble Lords—the noble Lords, Lord Stevens of Birmingham and Lord Darzi, the noble Baronesses, Lady Harding and Lady Watkins, and the noble and gallant Lord, Lord Stirrup—would have joined us, but other commitments do not allow them to do so.

I declare my interests. I am a fellow of several medical royal colleges and faculties. Importantly, I worked for 39 years in the NHS in its glory days. My comments will be based on comparing the current state of our healthcare system with 26 other systems that I have

[LORD PATEL]

looked at. They all have some problems but, compared with more developed systems of universal care in Europe and the Far East, ours is severely strained.

On 26 April 2018, 6 years ago, we debated this exact Motion. There were 50 speakers and the debate lasted nearly seven hours, interrupted by a Statement on artificial intelligence, which mentioned how AI will transform healthcare. Today's debate may well mirror that debate in 2018. What has happened since then? We have daily media reports of the demise of the NHS as we know it, and lots of suggestions for how to improve things. Public satisfaction with the NHS is at its lowest point; waiting lists are at their highest level; waits at A&E are long and harming patients; and there are huge inequalities in health and poor outcomes—I could go on.

After several reorganisations and reforms, including a seismic one in 2012, the NHS has not found the equilibrium that it needs. But the NHS is still capable of delivering superb primary, community and hospital care. Thousands of hard-working, resourceful and committed front-line professionals are prepared to go the extra mile, despite feeling undervalued. They need to be better supported and valued before they too give up. It is access to care that has become a major problem.

The current state of NHS is not because of some inevitable built-in decay; it is a system failure. It is the result of decades of political short-termism, a lack of long-term planning and an underinvestment in capital infrastructure and technology. The system lacks capacity, with fewer beds and equipment such as CT, MRI and PET scanners, and with a huge workforce shortage compared with other countries. We now have a workforce plan stretching to 2035, with no longer-term funding. We need it to work. I congratulate the Minister for getting 50,000 nurses in place, as the Government hoped to.

A lack of planning means that disease is diagnosed at a later stage, leading to poor outcomes. Modelling suggests that, by 2040, one in five people will be living with a major illness, which is upwards of 9 million people. Nearly 3 million people of working age will not be in work due to ill health. Not investing in health means greater pressure on the budgets of other departments. Anxiety, depression and chronic pain will be the main causes of ill health, which has implications for primary and community care.

Unfortunately, there is no silver bullet to reduce the growth in people living with major illness in the short to medium term. Diseases that affect millions, such as diabetes, cardiovascular disease, stroke, some cancers and chronic lung disease, are all amenable to either prevention or early detection. The focus needs to change to prevention and health, not just healthcare. We need to move from: "I am ill; I need to get better" to "I don't want to be unwell". Countries that have recognised this are seeing the benefits of higher life expectancy, people living more years in good health and being more economically productive. The system needs to change to make primary and community care a central part of our care system.

The current funding of primary care is at 8.4% of the total NHS budget of £192 billion, which is the lowest in eight years, and it employs only 154,000 of the total 1.3 million workforce. This proportion will need a significant increase to at least 20% or more if we are to see improved access to primary care. The traditional system of a single portal of access to healthcare also needs to change. To enable patients to have greater choice of access, community care will need to be staffed by a multidisciplinary team of professionals, including general practitioners.

An explosion in data, generated by patients and the health system, will drive healthcare through screening services' early detection of markers of disease, such as blood pressure monitoring and hypercholesterolemia, to mention but two. Population and risk-based genomic screening, liquid biopsies, individual health data monitoring and so on will lead to early risk identification and detection of disease. Healthcare will be digitally driven, technologically enabled, personalised and patient-centred. Patients will be involved in planning and managing their own health. The best health systems in the world have strong community care, with a focus on helping people stay well.

From birth to death, health, healthcare and long-term care in old age is a continuum. If any part of it is not functioning, it affects the rest. The lack of a properly funded and organised social care system is having a huge effect on the NHS. We have had 28 years of kicking the can down the road. After seven policy papers, six consultations and four independent reviews, we have a social care system that is means-tested, needs-assessed and underfunded.

There is a lack of a workforce plan for a service that needs 1.5 million staff, with 2 million people still needing care—one-third of whom get no support. With a rise of 20% in working-age adults needing social care, this needs urgent attention. Capacity is getting worse, and public satisfaction with social care is as low as 13%.

Various options have been considered, including free personal care, the Dilnot cap and universal care. The best performing comprehensive system of social care is provided in countries with a long-term care insurance, or which is tax funded, based on the principle of social solidarity. People above a certain salary range pay throughout their lives. Without a solution to the funding of social care, the NHS cannot survive.

I now turn to the key issue of funding the NHS. Funding of the NHS has always been a rollercoaster, despite its link to the performance of the NHS. The planned budget for 2024-25 is £192 billion, an increase in real terms of 0.6% from the 2023-24 settlement but a reduction from 2022-23. According to NHS England, it will provide a spending increase of 0.25%. Over the parliamentary term 2019-20 to 2024-25 the increase has been 3% per year, but from 2010 to 2019 it was 1.4% on average.

Following the famous "expensive breakfast" in 2000—when Prime Minister Tony Blair announced on breakfast television an uncoded commitment that he would bring NHS spending up to the EU average—and the Wanless report, there was a multiyear increase in

funding leading to better NHS performance. Waiting lists came down dramatically and health inequalities began to improve.

If the EU average had been maintained in the years that followed, the budget would now be £40 billion higher per year. Lack of capital funding—an average of £2.5 billion per year from 2010 to 2019—has led to poor infrastructure and a lack of equipment; it has not increased. Rising costs have led to calls for funding reform. Social insurance, some element of self-pay and hypothecation have all been suggested. Each has its own problem. Analysis suggests that a single-payer system is most effective in costs and complexity. The public seem to prefer a tax-funded system. What is important is that there is properly costed long-term funding that tracks GDP growth. Also important to note is that while measures of prevention and healthy living may make people live longer in good health, they will not cut costs. If cutting costs is a priority, a different model of care will be needed—but people may not live longer.

In conclusion, a sustainable future for both NHS and social care is possible, and with it a healthier population that leads to increased life expectancy and decreased health inequalities. It needs a long-term funding commitment, including in capital funding, and strong primary and community care with a focus on prevention and health. It needs to be digitally driven, connected and tech enabled, and to have a clear plan with timelines for its introduction. An overcentralised, bureaucratic system will not address the fundamentals of effective healthcare. This may well be the last opportunity for the NHS as we know it and as we want. If not, the public may well seek an alternative that could lead only to a two-tier system of care.

My question, in this election year, is to the Minister and the noble Baroness on the Opposition Front Bench: what plans does each party have to make the NHS sustainable in the long term? What support will the Liberal Democrat Front Bench give to make amends for the part it played in the reforms of the coalition years? I beg to move.

12.04 pm

**Baroness Blackwood of North Oxford (Con):** My Lords, I declare my interests as chair of Genomics England and Oxford University Innovation and a board member of BioNTech. It is a great pleasure to follow the noble Lord, Lord Patel, who is an eternal champion of the NHS and a great expert in these matters. I am grateful to him for convening today's important debate.

As time is short, I will focus on the role of genomic technologies in future-proofing the NHS. From Crick, Watson and Franklin discovering the double helix structure to the Human Genome Project, the UK has long been at the forefront of genomic discovery. With the 100,000 Genomes Project we did something quite different—we drove that discovery into the heart of the clinic for patient benefit. Today Genomics England hosts the largest clinical whole-genome dataset in the world. Recruitment of this cohort was complete in 2018 but analysis is still ongoing, increasing the diagnostic

yield all the time. In rare diseases this is over 30% and rising, while in some individual conditions, such as cystic renal disease, it is over 60%.

Each of these diagnoses is a life changed. One 10 year-old girl was admitted to intensive care with a life-threatening condition. It turned out that she had been undiagnosed with a rare condition for over 7 years with more than 300 secondary care episodes, costing the NHS over £350,000 to date. It took whole-genome sequencing to uncover a genetic deficiency and provide her and her family with a diagnosis at last, ending her diagnostic odyssey. Moreover, a bone marrow transplant proved curative. From sequencing to treatment in her case cost £70,000, just 20% of her pre-diagnosis healthcare costs. This sounds like an edge case, but rare disease patients have an average of 67 appointments over 75 months before diagnosis. For many patients this diagnostic odyssey is much longer.

That is why Genomics England was founded—to use the power of genomics to do better. Our aim is to change the fundamentals of healthcare delivery. We want to create a virtuous cycle by making genomics routine in the NHS and supporting frontier genomic research and discovery, and to continually replenish one of the richest genomic datasets in the world. In doing this we will create a return for participants through better diagnostics and therapeutics; a return for the NHS by boosting productivity and efficiency through stratification, screening and early intervention; and a return for the UK by increasing R&D investment and clinical innovation.

Genomics England now enables the NHS to deliver the world's first nationwide whole-genome sequencing service for more than 190 clinical conditions across rare diseases and cancers. The service has supported more than 90,000 patients since its launch at the end of 2020 and is scaling fast. We ask patients for a specific consent to use their data for research purposes. Over 95% agree, and their data is stored in the National Genomic Research Library to enable cutting-edge research. The findings of that are then driven back into the clinic to improve NHS care. This means that the Genomics England structure is inherently translational by design; the heart of our mission is to drive long-term, sustainable improvements in the care of our participants and in the NHS as a whole.

We see research and clinical results flowing all the time: research at Great Ormond Street for children with blood cancers found that whole-genome sequencing was proven to provide additional information for diagnosis in 81% of cases, it changed the management of condition in 24% in cases, and it reclassified diagnosis in 14% of cases. Meanwhile, baby Oliver in Cambridge was born with a 6-centimetre tumour on his leg. Under the microscope it looked like an infantile fibrosarcoma and the standard testing was inconclusive, but with whole-genome sequencing it was confirmed as a benign myofibroma. This meant that baby Oliver was spared chemotherapy and surgery and is now happy and healthy.

We know that over the next decade data, analytics and genomics will transform healthcare by enabling personalised medicine. This means more effective and tailored treatments, better diagnostics and predicting disease susceptibility so that we can intervene earlier—



[BARONESS BLACKWOOD OF NORTH OXFORD] possibly even preventing disease altogether. Earlier intervention and more targeted treatment not only improve patient outcomes but reduce the huge healthcare costs of ineffective treatments and side-effects. Multimodal genomic data that we are building now have the potential to cut the costs of drug development and improve population health management.

That is why at Genomics England we have launched three programmes designed to push the envelope of genomic medicine further into the clinic. We are diversifying the ancestry of genomes to improve equitable outcomes for patients; validating long-read and multimodal cancer technologies to drive earlier and more accurate diagnostics for cancer patients; and our Generation Study, a newborn screening pilot, is designed to end the diagnostic odyssey where it starts and explore options for supporting genomic-enabled prevention. The potential of genomics is immense, but to fully harness its power we must continue to invest in research, infrastructure and education to realise its full potential and truly make the NHS sustainable.

12.10 pm

**Lord Hunt of Kings Heath (Lab):** My Lords, I am very grateful to the noble Lord, Lord Patel, for opening the debate, and very much welcome my noble friend Lady Ramsey on the occasion of her maiden speech.

The noble Lord, Lord Patel, talked about the NHS being severely constrained, but we know that the NHS can work well. Fourteen years ago, the NHS was in rude health, with new hospitals, new services, and waiting times that had come down dramatically. In 2010, the British Social Attitudes survey reached the highest level of satisfaction ever at over 70%.

What have 14 years of coalition and Conservative Governments brought us? The latest survey, published three weeks ago, recorded the lowest levels of satisfaction since those surveys started in 1983, of 24%. Long waits have become the norm; access to GPs, dentistry and CAMHS services have become very difficult for many people; ambulance waits are outside safety targets, and social care is unreformed. As the noble Lord, Lord Patel, said, we have very poor health outcomes as well. If the NHS is to be sustained, it has to respond to health and care needs very different from those that existed in 1948. There are complex long-term conditions among a growing older population—yet the NHS at the moment seems woefully unprepared or, as the noble Lord, Lord Patel, said, it has not reached an equilibrium.

To turn this around, I agree with the noble Lord, Lord Patel, that we first have to start upstream, with a bolder preventive focus to reduce health inequalities and improve life expectancy. As my noble friend Lord Filkin, the noble Lord, Lord Bethell, and others say in their recent report, *Health is Wealth*, our nation's poor health damages lives, communities and our economy. Then major surgery is required of the NHS. Wes Streeting has outlined a decade-long programme of modernisation, with plans to digitise massive amounts of NHS paperwork and to make proper use of the NHS app to give patients real control. What the noble Baroness said about genomics really fits into that model.

However, three major changes need to accompany this. First, we need a step change from the current overcentralised and bureaucratic NHS. As Nigel Edwards of the Nuffield Trust has said, we have a culture of checking, assurance, performance management and other manifestations of a controlling and low-trust approach, alongside a system with a very large number of priorities. I do not know whether the Minister is aware how much NHS England's approach is despised and hated within the health service at the moment. I would suggest that that comes from the approach that Ministers are now taking to NHS England. It comes right from the top.

This has to go with the workforce. We need a fundamental change in how we treat our people working in the NHS. Bullying, problems of recruitment, retention and morale—these are everywhere in our health service. I have been fascinated to read the outcome of a King's Fund and RCN project entitled *Follow Your Compassion*, which looked at the experience of 22 newly qualified nurses and midwives. The work that they do is high stakes, with significant and often disproportionate responsibility placed on them almost immediately after qualifying. Life, death and human suffering are everyday encounters, and the work of caregiving is emotionally demanding. But the overwhelming experience of participants was reported as their feeling unprepared, anxious, silenced and exhausted. You can have as many workforce plans as you like but, unless we get to grips with how our people are treated in the health service, you will never really sort the workforce problems out.

Finally, we must invest in leadership and management of the NHS. I remind the House that I am president of the Institute of Health and Social Care Management. Unlike the military and many private organisations and companies, the NHS does almost nothing to select, nurture and develop the next generation of executive leaders. Training and development are often sporadic, which, combined with the lack of a systematic appraisal, makes development and deployment of key talent almost impossible. The Government's insistence on carving yet more managers out of the system at the moment is having a very damaging impact on their ability to take forward the kind of change that needs to happen.

If we do not sort this out, if we do not change the culture, if we do not put more trust in the NHS locally and if we do not sort out social care, all the other changes that we need to make will come to very little. This Government have now had 14 years; they have had their opportunity—it is time for change.

12.15 pm

**Lord Scriven (LD):** My Lords, what a pleasure it is to follow the noble Lord, Lord Hunt of Kings Heath, who like myself is a former NHS manager and who clearly understands the difficulties and nuances of the future challenge of the NHS. I am also thankful to the noble Lord, Lord Patel, for this very timely debate.

The current performance of the NHS worries many and therefore needs to be improved urgently before it can be a stable platform for us to rise to the challenge of the significant technological and demographic changes that will take place if it is to become sustainable. The



NHS's current performance is distressing to say the least, despite the gallant efforts of many staff within the system. People in need of care and treatment are unable to see an appropriate medic or professional, with some waiting up to three years just to get on the NHS dentist list. People are waiting in the back of ambulances outside A&E for hours, while people waiting for a cancer diagnosis are not getting access to timely treatment, which can be life threatening, and people in great pain and agony are waiting far too long for planned operations. The Government have allowed this to happen and now try to placate the public with a list of office-generated statistics and playing catch-up. It is not good enough. People deserve far better than this.

Despite this picture of appalling failure by the Government, this debate makes us think very carefully about the future of our NHS. I am sure that the debate will be framed around two themes: one is how to make the NHS more productive, efficient, and innovative, while the other theme will be the wider context of the demographic, economic and social issues in which the NHS will have to work. The reality is both these themes will have to be addressed for a sustainable NHS.

Time today is limited, so I cannot go into depth about what is required across both themes, but I shall throw these issues in as a starter for 10. The 1948 orthodoxy on which the NHS stands has to be addressed, if we are going to see an NHS that can meet future need. For instance, why do we have a fixed view which is over 70 years old of what a hospital should be? Why are emergency and elective services always in the same building? Is it time to think more laterally about emergency hospitals and elective hubs? The model of primary care needs to be questioned. Why have we had the same model and front door system for over 70 years? This needs significant change, for those who need significant primary care needs due to comorbidities and those who occasionally dip in and out of primary care. Maybe a different type of service delivery is required, as the integrated electronic health record takes hold, with no longer just one model of GP and primary care access.

As technology, robotics, AI and data-driven services become central in predicting, planning and delivering healthcare, appropriate leadership skills at all levels of the NHS will need to be addressed to maximise the potential of these issues, as well as to minimise the risks. Is it time to end the leadership model based predominantly on managing efficient siloed organisations by moving to leaders who are experts in maximising health gain and facilitating community action to bring about complex change?

Societal issues, such as housing, education and the environment will have to be addressed, as the NHS does not work within a vacuum. A population that is ageing with comorbidities, and the balance between the working-age population and the non-working-age population—and, of course, climate change—needs to be addressed. Some key issues that we need to think about across government to support the NHS maximising health gain are supporting people to age with dignity and independence, tackling deep-rooted worklessness, and an absolute laser-sharp determination to narrow

the health inequalities, as well as having a long-term and fully understood funding formula for both the NHS and social care.

All this will take long-term, focused action by government and society. I am not sure that the siloed structure of central government can deal with these challenges effectively at present. The approach must be a community health-based model, to maximise healthiness and improve health outcomes.

One simple way of supporting this would be for the Treasury to set up designated funds that can be used in communities and the NHS to invest for health. That would break down the problem of pretending we can move existing NHS budgets, which are mainly sunk, fixed costs, into prevention and reducing health inequalities.

Talking of funds, it is vital, as the noble Lord, Lord Patel, said, that we sort out, once and for all, the social care crisis. The NHS can never be sustainable if, as a nation, we have not dealt with social care funding. After the general election, I think it is the duty of all politicians, from all parties, to sit down and work out a cross-party solution to this difficult problem that has been left for far too long. We need to take a different approach and think about some fundamental questions if we are to have a sustainable NHS.

*12.21 pm*

**Lord Crisp (CB):** My Lords, I congratulate my noble friend on his excellent speech introducing this debate. I am very much looking forward to the maiden speech of the noble Baroness, Lady Ramsey of Wall Heath, bringing her great expertise to bear on this issue. I declare an interest, I suppose, as former chief executive of the NHS in England and Permanent Secretary at the Department of Health between 2000 and 2006, when I had the privilege to work with three noble Lords who are taking part in this debate: the noble Lord, Lord Reid of Cardowan, as Secretary of State, and then successively the noble Lords, Lord Hunt of Kings Heath and Lord Warner, in your Lordships' House.

I want to make three points about the major reforms that are required, and a fourth point on implementation. I shall state them briefly at the beginning, in case I run out of time. The three reforms follow very much from what the noble Lord, Lord Scriven, just said: that we are using a 20th-century model of service delivery for 21st-century issues, and that must change. The second point is that the Government need to create a cross-sector health and care strategy and plans, of which the NHS is part. Thirdly, this needs to be underpinned by changes to professional education—that is fundamental, but it has not yet been mentioned and I want to say something about it. Finally, implementation needs to be based around a shared vision that motivates and involves people, and efforts to build consensus and momentum.

I say in passing that I very much enjoyed the speech of the noble Baroness, Lady Blackwood. It was fantastically important. I also know that the noble Lord, Lord Bethell, and others will be talking about the links between health and prosperity. A healthy workforce and a prosperous country are fundamental.

[LORD CRISP]

The first major reform is the need to change the model, with much more focus on primary and community care, support for carers and social care, and action by many people. It cannot be just the same model or a question of more GPs and nurses. Around the country now, we see community health workers doing outreach, the great programme of Growing Health Together in Surrey, and people creating the future. We need to build on those examples of what a new model of primary and community-based care will be.

I turn to the second major reform. I have spoken many times in the House about the African saying, “Health is made at home; hospitals are for repairs”. I have also been pressing the case for quality standards to include healthy homes. The NHS is dealing with many problems that it has not caused, and those need to be addressed at source. There needs to be a government cross-sector health strategy and plan, of which NHS and social care is a part. I suggest that that plan needs to focus on the aim of creating a healthy and health-creating society—and indeed a prosperous society while we are at it. The focus should be not just on dealing with the problems—by tackling such things as air pollution—but on creating the conditions for people to be healthy. Think of Sure Start, for example, which I know many noble Lords will be aware of. Such a plan would create the conditions for people to be healthy. That is why we should be looking at health as being about healthcare and the prevention of disease but also the promotion of the causes of health and creating the conditions.

The third major reform underpinning all this is a need to transform professional education. I am happy to be associated with a radical group of young professionals who are starting to drive this agenda, recognising that they will need different skills for the sort of model I am talking about, as well as retaining the basic science.

The final point is implementation. My experience as chief executive is that I was lucky to arrive at a point when two things had happened. First, the Government of the day brought people together to create a plan; they built energy and hope, and there is not much energy and hope around today. That hope and energy created good will that carried us forward two or three years. That good will lasted a really long time and allowed us to make radical changes, including bringing in the private sector and other things. It is very much harder today, obviously. As was already mentioned by the noble Lord, Lord Hunt, by the end of 2005 waiting lists were below 1 million, with a six-month maximum wait, and there was more improvement to come from then on. It is very much harder today. The NHS is in worse condition, although there is still good care being provided, as the noble Lord, Lord Patel, emphasised. But the Government must do something—whether it is a new Government coming in or this Government continuing—to bring people together around this problem and create a solution that people will buy into.

We must also deal with the presenting problem. We cannot just deal with the long-term. A new Government coming in will have to look at the waiting lists and how to handle that, but they must then pivot to health. Twenty years ago, I believed that we must talk about

the issues people were presenting with, such as waiting lists and A&E, and then pivot to a focus on health. We never quite pivoted to health. It is time now to change from talking about healthcare to talking about health, which embraces healthcare but also prevention and the creation of health.

12.26 pm

**Baroness Warwick of Undercliffe (Lab):** My Lords, it is a pleasure to follow the noble Lord, Lord Crisp, and I thank the noble Lord, Lord Patel, for providing the opportunity to consider this challenging but vital issue. I look forward to the maiden speech of my colleague, my noble friend Lady Ramsey of Wall Heath.

I shall focus my remarks on care needs, highlighting the crucial interdependence of care and the NHS. I will draw on my experience as a member of this House’s Select Committee on Adult Social Care, so ably and empathetically chaired by my noble friend Lady Andrews, whose report, *A “Gloriously Ordinary Life”*, was published at the end of 2022.

It is clear to me that, if we are to ensure the long-term ability of the NHS to deliver comprehensive healthcare for all, adult social care is crucial. Fundamental changes to social care funding and provision, in the form of a national long-term plan for adult social care, are a national imperative. We engage with the NHS at all points in our lives, but adult social care is often invisible and off the public agenda until we have a sudden need for it. Yet as our report noted, 10 million of us are affected by it at any one time, either because we receive care and support or because we provide paid or unpaid care. Because we are living longer and with more complex conditions, we are all increasingly likely to be one day included in that number.

Noble Lords will be aware that there is no national government budget for adult social care in England. Services are financed primarily through local authorities, bolstered by large numbers of people who fully or partly fund their own care. As the APPG on Adult Social Care highlights in its recent report *Future of Care 5*, this piecemeal approach means that social care is particularly vulnerable and will often be the first to lose out when—I say that advisedly—the NHS or local authorities have their budgets cut. The 29% cut in local government funding since 2010 has led to an estimated 12% drop in spending per person on adult social care services.

If we are looking at new models and systems of care and funding within the NHS, we have to change short-term emergency funding. Social care needs a long-term funding plan. As our Select Committee highlighted, improving adult social care should be seen not only as an investment in the NHS but in ourselves, as a resilient and caring society. As the quality and consistency of services has suffered, so has the pressure and demand on unpaid carers risen. Estimates suggest that there are more than 6 million unpaid carers in the UK, and the actual figure is likely to be much higher. Estimates of the value of unpaid care provided by family and friends vary between £100 billion and £132 billion a year. That is an extraordinary contribution to the health of this country and it really needs to be seen to be valued. However, as one carer who gave evidence to our report told us:

“Unpaid carers are often not even considered to be a part of the health sector and yet without them the sector would collapse”.

Despite their numbers, carers feel invisible and many are at financial, emotional and physical breaking point. Hearing the lived experiences of those who gave evidence to the Select Committee was sobering, at times even harrowing. Time and again, they told us of being unaware of what help was available, not knowing who to ask or how to access help, or of not being listened to and being put through tick-box exercises that bore no relation to their actual circumstances or needs. Time and again, these carers were falling between the gaps of a broken system, often over many years.

One parent carer told us that, while her daughter was under the age of 18, she had a central point of contact within the NHS, a paediatrician, who could project manage the different strands of specialism her daughter needed. Once she turned 18, all this fell off a cliff. The distinction made between a health need and a social care need means that unpaid carers, often family members, are on their own, battling to get information and help.

In the Select Committee report, we urged the Government to establish a commissioner for care and support who would be able to raise the profile of social care, act as a champion for older adults, disabled people and unpaid carers and accelerate a more accessible adult social care system. Sadly, this recommendation gained no traction with the Government, but, in light of the overwhelming body of evidence on the need to improve adult social care and advocate for those at the heart of adult social care of all ages, can the Minister give us any assurance that this will be revisited?

**Lord Evans of Rainow (Con):** My Lords, I am most grateful to the noble Baroness for finishing just before five minutes were up, but she has been the only one. The excellent speech of the noble Lord, Lord Patel, finished two minutes before his allotted time. I gently remind all noble Lords to keep to their allotted time of five minutes. I know that the next speaker will keep to it because he is a perfect timekeeper.

12.31 pm

**Lord Bethell (Con):** My Lords, it is a great privilege to speak after the noble Baroness, Lady Warwick. I thank my good friend, the noble Lord, Lord Patel, for bringing about this important debate. I declare my interests as a research fellow on public health at the Milken Institute School of Public Health and a research fellow on biodefence at King’s College London, and as chairman of Business for Health, a community interest company which advocates for greater involvement in health by businesses.

There have been so many powerful words about the importance of investing in our healthcare system. I saw at first hand the incredible power of our national health system during the pandemic. I love the system and what it does for our society. However, we cannot duck two particularly important problems when debating this key issue.

One is the unbelievably heavy cost to society of our healthcare system. The deputy chair of the NHS, Wol Kolade, whom many will know, put this very bluntly;

when he joined the board it was £100 billion a year, and it is now edging towards £200 billion a year. He asks:

“Where the hell is it going to stop?”

That is a pertinent question for this debate. We cannot treat our way into good health. We have to look at the underlying health of the country and at how we prevent disease.

We also have to think about the return on investment of our healthcare system. If we want to sustain it and to have it in a secure financial position, we have to ask whether it is giving a return on investment. We have 2.8 million people who are long-term ill at the moment and half a million extra who have left active employment. The OBR predicts that there is no hope that they will return, and there may well be another half a million on the way out in the next year or so. If the economic and spiritual prosperity of the country is not being underpinned by our healthcare system, we have to wonder whether, as a number of noble Lords have pointed out, we need a bit of a rethink.

That is why, alongside the noble Lord, Lord Filkin, and other colleagues, I launched *Health is Wealth: A Fast Start for a Covenant for Health*. We prioritised five areas of prevention which I believe are achievable and affordable and will yield a massive economic benefit. First, we have to scale up and deliver on our ability to detect and address the risk factors of disease. I am grateful to my noble friend Lady Blackwood for her words on genomics. Secondly, we have to strive for a smoke-free Britain. We should all celebrate this week’s achievement on the smoke-free generation legislation, but there is so much more we can do in the next 10 years to reduce the 5 million people who already smoke. Thirdly, we need to build a much stronger focus on healthy eating, making it affordable for all and helping us reverse the upward trend in obesity. Fourthly, we must focus on the health of our children, ensuring that healthy habits are ingrained from an early age. I emphasise mental health here, in particular the role of the digital world in provoking a mental health challenge for our young people. Finally, we need to ensure that no area is left behind and look at helping those who live in areas with the worst health to live longer. That includes the underlying environment in which they live—the dirty air, the mouldy homes and online and toxic workplaces.

The moral argument for this prevention and upstream focus is very strong, but the economic argument is overwhelming. We cannot keep pouring increasing amounts of money into more hospitals, doctors, nurses and medicines in the hope that we can treat our way out of this problem. We have to address the determinants of health. Can the Minister say what more can be done in this space from a position of ambition for the NHS? We cannot keep scapegoating the NHS for the poor health of our country. We have to look upstream and focus on the determinants of health.

12.36 pm

**Lord Kakkar (CB):** My Lords, it is a great pleasure to follow the noble Lord, Lord Bethell, and to congratulate my noble friend Lord Patel on the thoughtful way in which he introduced this important debate. I declare



[LORD KAKKAR]

my interests in the register, in particular as chairman of the King's Fund and as chairman of King's Health Partners.

My noble friend alluded to the report of your Lordships' ad hoc Committee on the Long-term Sustainability of the NHS, published in April 2017, to which the Government responded in February 2018. The debate to which he referred extensively covered the questions raised in that report and the Government's response, but, regrettably, very little has changed since. It must be recognised that we have had the global pandemic, an acute health emergency, and many other challenges, but the reality is that we have not been able to address in any meaningful measure either acute or mid-term challenges in the sustained delivery of health and care in our country, and nor have we even initiated a meaningful approach to its long-term sustainability.

We have heard in this important debate that performance, regrettably, is not where it should be in clinical outcomes. It is well recognised and sought after by all parties in all constituencies that we improve clinical outcomes. They are not as good as modern medicine would predict and could deliver. Operational delivery is poor and its trajectory in the NHS does not appear to be improving. On workforce, we have found it impossible to inspire and motivate healthcare professionals, be they clinicians, nurses or other healthcare professionals, to remain committed to the NHS and be inspired not only to serve but to innovate, undertake research and ensure that the application of that research and innovation is quickly brought to bear for the benefit of patients. More broadly, the research and innovation agenda, which our country has led for so many decades, appears to be falling behind. If that agenda is not at the centre, sustainable healthcare in our country will not be achieved.

That is not to say that there have not been many important and very well-meaning initiatives over decades to address acute problems and longer-term sustainability issues, but they have not delivered. As a result, we must ask how we are going to reach a position where we can develop a national consensus that brings together diverse political, public and professional constituencies with a common understanding and vision for the future—a consensus that is appropriately motivated and understands that what is proposed is deliverable and remains a deep-seated national commitment across the political divide?

Part of the problem may be that questions, with regard to the medium-term or long-term sustainability of health and care in our country, are projected and considered through the lens of a clinical, a delivery or an innovation problem, rather than looking more holistically at all those issues. Some of them were addressed in the previous NHS long-term plan, but they need to be considered more broadly in the context of our country's economy and other policies, such as immigration, which need to be co-ordinated with a wider understanding of healthcare delivery needs, if we are to have a sustainable long-term plan.

I follow the fine example of my noble friend Lord Patel and ask the Minister, as well as the noble Baroness, Lady Merron, and the Liberal Benches, what approach are they going to take, for the national interest, to

achieve consensus on the needs for delivering our country's health and care? How will this consensus be delivered? In the debate on the noble Lords' report in 2018, the idea of a royal commission was dismissed as something that was not politically acceptable and would not deliver in a short enough timeframe. Six years have passed since that debate; maybe something like a commission would have delivered the answer in that period. It is now essential that we develop a clear consensus and have the courage to adopt a long-term plan that addresses the holistic needs beyond the question of clinical care alone.

12.41 pm

**Baroness Ramsey of Wall Heath (Lab) (Maiden Speech):** My Lords, thank you for the opportunity to give my maiden speech. I start by thanking the noble Lord, Lord Patel, for the opportunity to speak in this important debate as well as noble Lords on all sides of the House, who have made me feel so warmly welcome. I thank Black Rod—who actually knows where Wall Heath is, without any explanation—her staff, the doorkeepers and many others who have been so supportive and informative, helping me on a daily basis to find my way around this beautiful building.

I am also grateful to my friend, the noble Baroness, Lady Hayman, and my noble and learned friend Lord Falconer for introducing me, and to my noble friend Lady Pitkeathley, who insisted that my ninth day in this House was the right time for me to give my maiden speech.

When I got the news that I was to be nominated for a peerage, my first words were unrepeatable for *Hansard*. My second were to regret that my father and mother are no longer alive to witness this amazing honour and privilege. They were Lancastrians, children of men who worked down the pit, from a long line of proud trade unionists and co-op members. My mother wished all her life that she had had the opportunity to gain educational qualifications, but she had to leave school at 14, and then worked to pay the doctors' bills, because her own mother was dying of stomach cancer, just before the introduction of the NHS.

My life-long personal interest in the NHS was originally driven by the life experiences of my older sister Patricia, who died six years ago. Patricia was born in the 1950s, with what we now call learning or intellectual disabilities, but at the time she was labelled first as "mentally defective", then "mentally handicapped", and she was also physically disabled. She lived from childhood until the 1980s in a huge, forbidding mental hospital in the West Midlands, which I was scared to visit as a little girl and teenager. As the years went on and the NHS evolved, she moved into the community, into a house with others, and we could visit her without having to ask for permission, and become involved in her medical and personal care. I became her co-guardian after our father's death.

I have inherited my mother's life-long gratitude to all those who work for the NHS, not least those in the hospital opposite this place—St Thomas'—where two of my children were born and three have been patients, one with a life-threatening peanut allergy, another with severe childhood asthma. Over time, my personal commitment to the NHS broadened into the professional.



I was appointed chair of Lambeth Primary Care Trust, just over the river, and relished the opportunity to work in partnership with GPs and others to try and make a real difference to local people's lives by, for example, helping to reduce teenage pregnancy and smoking rates. I then joined the board and became vice-chair of UCLH, where my youngest child was born.

In 2016, I was honoured to be appointed the chair of Cambridge University Hospitals, otherwise known as Addenbrooke's. There, I was privileged to work with some of the world's most distinguished doctors and biomedical scientists, whose commitment to ground-breaking research was matched only by their determination to see the results implemented to the benefit of the public at large—truly, medical research “from bench to bedside”.

Whatever comes next for the NHS, it is clear that, when it is properly funded—as the noble Lord, Lord Stevens of Birmingham, fought hard for in challenging economic circumstances—its people do wonderful work. This is particularly true when doctors, nurses and other health professionals, both in and out of hospitals, as well as those in public health, work truly collaboratively to help our growing and older population stay in good health for as long as possible.

In my experience, structural reorganisations designed—however well-meaningly—to try to achieve improvements are trumped every time by positive relationships between clinicians, managers, patients and the public, supported by the right level of funding in the right place, at the right time. This is just as true for the NHS's engagement with other public services. We are all kept as healthy as possible, and taxpayers' money is spent well, when the NHS, local government, housing associations and schools work in partnership to support adults and young people with chronic and challenging conditions.

The NHS's continuous commitment to finding new methods of care, in partnership with others, improved my sister's life immeasurably over the years. Free healthcare, available to all who need it, at the point of delivery, seemed to my mother like the best thing that a Government could offer its citizens, as she paid those bills long after her mother died. She was right, and said so repeatedly when, 40 years later, my father was being treated for lung cancer. The NHS care that he was able to get at home, from GPs and district nurses, was literally unaffordable for my poor grandmother.

I am grateful to have been able to contribute to this important debate, as well as to hear and learn from so many distinguished noble Lords. I look forward to many more excellent, informed and expert debates in this House—listening carefully to everybody—which this House is famous for.

12.47 pm

**Baroness Pitkeathley (Lab):** My Lords, it is an honour and pleasure to follow my noble friend Lady Ramsey, and to be the first to congratulate her on her truly memorable maiden speech. I should not be surprised that she has made a remarkable speech, because she is a remarkable person who brings a

wealth of experience and achievement in public service to your Lordships' House. As a barrister working in local authorities, as chair and non-exec on many health agencies and as an upholder of standards in public life, she has already achieved a great deal. Indeed, the range and breadth of her experience is so great that she could have made her first contribution in a variety of debates. I am sure your Lordships will be glad that she chose this one. As we have heard, she brings willingness, commitment and enthusiasm to continuing her work in this latest phase of her public service. Her colleagues on these Benches, and throughout your Lordships' House, will be grateful for her presence, and look forward to many more memorable contributions.

I thank the noble Lord, Lord Patel, for this debate and for his indefatigable pursuit of improvements in health and social care. Like many noble colleagues, I could give examples of where great care is happening, and my own recent experience could not be improved. The use of technology to make appointments and to deliver care was fantastic, as was the skill and understanding of all the professionals with whom I came into contact. However, too often patients report very differently. As we know, 24% satisfaction with the NHS is nothing to be proud of.

I have lost count of the number of health debates in which I have taken part in my 27 years in your Lordships' House, and in every one there has been agreement about what is needed to provide the comprehensive and timely care that we seek. We always agree on two things—first, that we need more preventive services, as the noble Lord, Lord Patel, and others have reminded us. We treat people too late and allow their conditions to become chronic, so that major interventions are needed when small ones would have sufficed. We do not treat the broader picture: we do not look at the lifestyle issues and diets that cause the conditions or the poverty that is the reason why people eat the wrong food, which in turn causes diabetes, the need for new joints and the disabilities that mean people cannot work or have a tolerable, pain-free life. Still less do we think of surveying living conditions, such as putting in a handrail and getting rid of the rugs that cause falls, which in turn create huge amounts of work for the NHS and distress for an older individual.

The second area on which we have always agreed is that we need more integration. I shall have more to say to your Lordships' House next month, when the report of my Integration of Primary and Community Care Committee is debated, but, for now, I agree with other noble Lords that the NHS allocates an excessive amount of funding to reactive hospital care at the expense of preventive primary and community care. This was not just the conclusion of my committee but the strong opinion expressed by all former Health Ministers and Secretaries of State who gave evidence to it. They were from different parties and Ministers in different circumstances, but they were all adamant on this point, as many noble Lords will be in today's debate.

The mismatch in the levels of funding and importance that is so clear in the NHS is even more significant when it comes to social care. We are all victims of the historical accident that means that local authorities fund social care. Nobody knew that we would live so long and have so much need for support in 1948, but

[BARONESS PITKEATHLEY]

we have made only pathetic or failed attempts to rectify that situation. I know that the Minister would not call the better care fund either “pathetic” or “failed”, but it is, at best, a sticking plaster to cover the basic flaw in our funding system.

Unless we get better integration between health and social care, we will never deliver comprehensive care, and the divide will continue. To overcome that divide, we have to address the join between the NHS and local authorities and areas where professional silos and the arrogance that goes with such divides have not been eradicated. We never seem to have found the ability to translate local success into national guidelines. The “not invented here” syndrome stymies all attempts at change.

Do not get me started on the main providers of both health and social care. I am grateful to the noble Baroness, Lady Warwick, for mentioning unpaid carers. It is not the NHS or local authorities but family carers who provide, willingly and with love, billions of pounds of care—estimates vary, but it is well over £150 billion, or the cost of a second NHS. Does it not make sound economics, as well as moral good sense, to support them better than we have ever succeeded in doing? They are the best-value service any nation could want. Yet what do we hear? We hear of carers being persecuted, even prosecuted, for invertedly going £1 over the earnings limit on the derisory amount of the carer’s allowance. We hear of carers being forced to abandon paid employment, building up future poverty for themselves and future liabilities for the state. We hear of carers being ignored, having their skills knowledge and experience dismissed and not being consulted, with their own health needs going unrecognised. Carers are, and will continue to be, the bedrock of health and care services, and I hope that the Minister will confirm the importance of recognising that.

12.53 pm

**Baroness Finlay of Llandaff (CB):** My Lords, I declare my interests as an NHS consultant and chair of the Bevan Commission. I congratulate the noble Baroness, Lady Ramsey of Wall Heath, on her very moving speech and on reminding us of the hardship of the pre-NHS days and why the NHS is so important to us. The contribution of the noble Lord, Lord Patel, in opening this important debate was characteristic of his great speeches.

I had the pleasure of being a member of the Times Health Commission, where we were given the task of suggesting reforms to improve the NHS. It was a very interesting experience, taking evidence from a wide range of people, including previous Ministers. At the end of our deliberations, we came up with a 10-point plan for health, which I will briefly outline now. For patients, it is clear that digital health accounts, such as patient passports accessed through the NHS app, are crucial for the future. Patients need to be able to co-ordinate their appointments, manage any medication and view their own records in full. We cannot expect people to take control of their own health if they do not have their test results, referral letters and vaccination and intervention records, or the ability to review, in their own time, the outcome from different consultations.

Patients retain a small percentage of what they are told in a consultation, so it is very important that people can review things in their own time and with their families.

In Wales, we established Talk CPR to address the very important conversations around end of life and resuscitation procedures, which establish whether somebody wants ongoing treatment and intervention. We found that, by giving patients video books to take home, they were much more comfortable discussing issues than trying to have all that discussion in the context of a short consultation. In the Times Health Commission, we focused on the workforce—including the need to reform the GP contract and to write off student loans for people who continue to work in the NHS rather than leaving it—and the importance of no-blame compensation approach to errors, rather than the current blame culture that demoralises.

We addressed the need for mental health support and tackling obesity in particular. It is a precursor to so much disease, and the antecedents of illness can be decades before a patient presents. The importance of research and investing in it became more and more evident. Data collection is crucial for us to monitor and understand better the course of health in our own country, but also as a basis for inward investment from pharmaceutical and technological innovators. The NHS could be a major test bed, with integrated information and fast-track processes, to attract and retain researchers from around the world with inward investment, but unless we speed up the processes for investment we will never reach our goals.

One of our recommendations was to have a healthy lives committee to look at the impact of improved public health and a healthy life expectancy, addressing the antecedents of poor health. But whatever we do, bad things happen: people have accidents, severe illness hits out the blue and new infections emerge. Although palliative care is now in legislation as a core service, contracting is not the same as ensuring that patients have access, yet it is cost effective to involve palliative care services early. We need a national funding formula to support integrated care boards in establishing contracts with palliative care providers. Services must be rapidly responsive seven days a week; without that, the sad toll of inappropriate transfers to emergency departments out of hours will not decrease.

In recovery from a serious accident or devastating illness, early rehabilitation becomes crucial to improve outcomes and decrease costs. Next Monday, I am hosting a drop-in on rehabilitation with the full range of professionals involved. Rehabilitation is cost effective for the NHS, yet, like palliative care and hospice services, it is very patchy in provision. As such, we allow distress and ongoing, avoidable morbidity to accumulate and jeopardise long-term outcomes, in both the patient and the bereaved. Fair access to help in response to need is essential; we must never forget the patient.

12.58 pm

**Baroness Chisholm of Owlpen (Non-Aff):** I congratulate the noble Baroness, Lady Ramsey, on a very moving and brilliant speech. I also thank my noble friend Lord Patel for bringing this timely debate to us today.

As he mentioned, community will play a vital role in the future sustainability of the NHS. I will speak briefly on community nurses, who deliver, along with the help of care assistants and families, bespoke care to individuals in their homes and the community. It is not unusual for these professionals to live in the area where they carry out their work, leading to—I feel this is a key point—they having the added advantage of often being aware of the families' circumstances, bringing the continuation of information, relationships and management. They foster an organic connection for patients and their families—care that is delivered to the community from birth to death.

We all know that primary prevention avoids the manifestation of disease, improving health through information and lifestyle behaviour, which includes dietary and nutrition interventions along with vaccinations, strategies to promote sexual reproductive health, family planning and mental health well-being. If this healthcare can be provided in the community in family hubs, schools, the workplace, medical centres and homes, it obviously frees up hospital beds and unnecessary GP appointments.

However, from what I have read, 4,000 district nurses are providing care for a population of around 55.8 million. That is one nurse per 14,000 people, whereas there is one GP per 1,600 people. The fall since 2010 equates to almost half of NHS community matrons and district nurses, and 29% of health visitors. Health equality is achieved when everyone has a fair and just opportunity to be as healthy as possible. Community-based nurses are well positioned to play an important role in addressing the underlying causes of poor health.

We are all well aware that it is vital that we move from concentrating solely on treatment and management of disease to prevention and social needs. Embedded within the community, community professionals are well positioned to build trust. They see first-hand the limitations associated with those they are involved with, be it in housing, family, mobility, transportation or dietary issues, to mention just a few. They connect and engage with partners from across social, health and other services. That is the ideal, but without the professional numbers required to carry out this vital work and giving them time with their clients, along with time to report back to the multidisciplinary team, none of the above can be achieved.

It is an attractive career that provides flexible working and a diversity of roles as an autonomous and independent practitioner. With the use of modern technology, there should be more productive time with clients and less paperwork. But a survey done by The Queen's Nursing Institute in 2022 found that, in practice, the application of digital technology is poor. The survey pointed out that poor user experience appeared to be around design and function rather than a lack of computer literacy or enthusiasm. It went on to highlight problems with unsuitable hardware and software, lack of integration and repetition of data entry, as well as a lack of compatibility between different computer systems. That is disappointing. Can the Minister tell us what has been done in this regard and what is being done to raise the level of community nurses and encourage nurses to go into this genre of nursing?

In conclusion, over the past few weeks we have had a record fallout of the workforce due to long-term illness. Community nursing enables patients to remain independent in their homes with bespoke care, which is obviously beneficial to their health, economically beneficial to the NHS and beneficial to the productivity of the country. I have rather rattled through this, but as with sustainability of the NHS, time is of the essence, and it is the same in this Chamber.

*1.03 pm*

**Lord Warner (CB):** My Lords, I congratulate the noble Baroness, Lady Ramsey, on her excellent initial contribution to our debates. Unlike the noble Lord, Lord Patel, my experience is that too many interests are still worshipping at a 75 year-old NHS shrine that only 25% of the population is satisfied with. The NHS is trapped in an over-centralised management and service delivery model that cannot improve efficiency fast enough to cope with the tighter funding it faces.

As others have said, too many services are delivered to what I would describe as overcrowded, expensive and overprotected acute hospitals. We have neglected investment in primary care, community health services, social care and public health. We should ignore pleas to pour more money into this dysfunctional 75 year-old and focus on fundamental reform, led by people capable of delivering change at pace. My sketch of a five to 10-year operational plan to do this has five main strands.

First, we need fundamental change of a failing top management at the Department of Health and Social Care and its replacement with a new health and care management board, chaired by the Health Secretary, a CEO with high-level management experience outside the NHS, supported by a chief people officer for all workforce issues, and a chief finance and efficiency officer. I will not go into more detail, but I think this would lead to the abolition of NHS England—which would get quite a few cheers in the NHS, I suspect—and some other health quangos, which would get a further lot of cheers.

Secondly, we should consider emulating Singapore, which has similar health outcomes to the UK while spending less than 5% of its GDP on health. This low figure is accomplished because it delivers so many services outside acute hospitals, using up-to-date technology. It is very difficult to get into an acute hospital in Singapore. To achieve this change, we need to restrict the proportion of NHS funding going to acute hospitals over a five to 10-year period and invest much more in community-based services. We would need a clinically led national team, perhaps using the Academy of Medical Royal Colleges, to concentrate more specialist services in fewer sites, but with an enhanced capital investment programme for selected hospitals. Those hospitals with fewer services should become local community hospitals, and this should be the end of the district general hospital, a 1960s model. To make these changes stick, they should be underpinned by secondary legislation.

Thirdly, in consultation with the Royal College of Surgeons, all elective surgery should be undertaken in its own units, either provided by the NHS or contracted for with the private sector at NHS prices, which we



[LORD WARNER]

managed to achieve in the noughties. Again, that would be a capped five-year budget which would not be used for other purposes.

Fourthly, we should be devolving responsibility for the management of all GP contracts, primary care, community health, social care and public health to new regional bodies, with elected mayors heading up as many bodies as possible, using devolution deals such as that done in Manchester. There should be a protected budget for this sector, growing faster than acute hospital budgets, with any real-terms cuts reported to the Public Accounts Committee.

Fifthly, a statutory proportion of the NHS budget should be devoted to public health, administered under the guidance of a new independent office of public health, set up on the lines of the Office for Budget Responsibility. It would be able to take the kind of difficult decisions on public health that the experience of recent years suggests elected politicians find very difficult. I would call this the “tough love approach”, and it is the direction of travel the NHS needs to consider taking. If the Front Benches want to find out more, they can go to the Social Market Foundation website and read my pamphlet on the NHS at 75.

1.08 pm

**Lord Reid of Cardowan (Lab):** My Lords, I congratulate my noble friend Lady Ramsey and I thank the noble Lord, Lord Patel, not only for securing the debate but for his sweeping overview of the coming years. I have a much more modest aim. I would like to tackle just one issue: the 7.5 million people who are on the waiting list, suffering sometimes pain and very often distress. I will look at the reforms to the NHS in the years 2000-05 and how they were tackled. There are a number of former Ministers in the House, and they will be well aware that think tanks rarely look back with kindness and positivity at our efforts. I was therefore somewhat surprised and pleased that the King's Fund report of 2022, *Strategies to Reduce Waiting Times*, was unusually positive. Indeed, it argues that some of the NHS reforms I was involved in, along with the noble Lords, Lord Crisp and Lord Warner, actually worked. That was a first, I think, for a think tank's review of ministerial activity.

The report starts with the overall judgment that:

“The years following the NHS Plan in 2000 provide important lessons for tackling long waits ... successfully”.

I suggest, therefore, that we might look at some of the levers that we used, because we have so many people waiting in pain and distress at the moment, as I said. The simple judgment of that report is important, because it means that we do not need to be fatalistic about the large number of people waiting in care. We faced the issue before, and as a nation we succeeded in solving it, so let us briefly mention the reform levers that the Government might want to consider or to enhance.

From 2002 we developed the policy of paying NHS trusts more money if they carried out more work. Put like that, it sounds very simple, but at the time it was portrayed as an extremely controversial, right-wing point of view. Ironically, that came from some of the

people who naturally assumed that if they produced more at work, they would get paid more, but they felt somehow that it was wrong for NHS entities to work on that basis. They argued at the time that it would undermine the NHS. It did not. It acted as a clear incentive to do more work, and because more work got carried out, waiting lists, among other things, began to fall.

Secondly, we realised that there was no point in providing an incentive to a trust to obtain more resource by carrying out more work if at the year end the trust had to give back any surplus to the centre. That is why in 2004 we created foundation trusts, which could roll forward the resources they made and reinvest them. Again, arguing for this caused many to attack the Government at the time for being too right-wing.

Thirdly, from 2002 we started to offer patient choice to those who had been waiting for more than six months. I was told at the time, as was my predecessor Alan Milburn, that this was no use because patients did not have the knowledge, the ability or the capacity to exercise that choice. Funnily enough, of course, that too was proved wrong because, rather than wait longer, most patients chose to go somewhere other than their local hospital, despite the disadvantages of travel, because they valued the shorter time before treatment.

Fourthly, the money followed that patient choice, putting patients, not providers of healthcare, in the driving seat and rewarding those carers who best met patients' needs and satisfactions.

Fifthly, we not only used the private sector to provide services for NHS patients but created, through the independent sector treatment centres, a new form of private sector that increased productivity by each concentrating on one form of treatment.

Taken together, those were the reforms that effectively reduced massively the waiting lists. Of course, there were extra resources. The only criticism I would make of the noble Lord, Lord Patel, is that he referred to Tony Blair's promise of a 6% increase per annum as uncoded. It was not uncoded. We coded it—we just had not told the Chancellor. That was the controversy. As I said, with each reform there was great political controversy.

My final point is that thereafter there is a mystery, because you would assume that after the Labour Government left office, the Conservative Governments that came in consecutively would not only adopt those practices but turbocharge them. In fact they dropped them and the practices disappeared, apparently disintegrating, until last year. I pay credit to the Minister who is replying today, because he was one of those who pushed for their reoption. The lessons of those five things are very important for any future Government, and I hope they will be taken on board by a future Labour Government.

1.14 pm

**Baroness Murphy (CB):** My Lords, like the noble Baroness, Lady Pitkeathley, this morning I was reminiscing about the number of NHS debates I have taken part in since I came here 20 years ago. It is at least one a year—I gave up counting when I got to 20—and the tenor of those debates has got more and more depressing.



We have had words of wisdom that I have heard several times before—I mention in particular the noble Lord, Lord Hunt of Kings Heath, who always gives a characteristic, brilliant overview of what needs to be done. I disagree with him and the noble Lord, Lord Reid, about the Blair years' injection of money and reforms. They certainly improved things for a short while but they were never continued, neither during the Blair years themselves nor afterwards. One of the problems with central government control, which we have had, is that you have no history. Nobody remembers. The next Department of Health enthusiasms come along, and no history is remembered by one set of Ministers after another.

I find it utterly heartbreaking to witness what has happened over the last 20 to 30 years, having been first employed in the NHS when I was 17 as a healthcare assistant, having been through the whole gamut of levels of interest and having worked alongside the NHS. No amount of money thrown at the NHS will do anything to improve productivity, generate a workforce proud to belong to the NHS, or produce a quality of care to rival the best in the world that we aspire to, nor change the chronic defensive culture, which is disastrous. We have the skills and the talented people, and we waste them by profoundly inefficient human and capital infrastructure.

The NHS is dying. Dentistry has died in the NHS, more or less, and the NHS is also dying, bit by bit. I was shocked when I was admitted as an emergency last year to a district general hospital in East Anglia. The quality of care and the ongoing support provided were appalling, and that is not a badly rated hospital. I understand that now up to a quarter of young people in London aged 19 to 24 cannot bear to be treated as they are by trying to get a GP appointment, so they go online and pay £39 for an online GP appointment. They are seen on video instantly and they get a prescription the same day. That will happen more and more unless we do something.

Of course, the last 13 years of organisational muddle, with no one able to make any serious decisions and endless time-wasting, has made things a lot worse. We still have this centralised system, which has not changed since 1948 and which gets worse from time to time.

In March there was a Question—I think the noble Lord, Lord Markham, answered it—about the decision to concentrate children's cancer services at the Evelina rather than the Royal Marsden. I have no axe to grind—I do not know either of those institutions—but my overwhelming sense was that the noble Lord, Lord Markham, should not have called that in for another decision or looked at it again. He should have said, "Let the NHS managers who have made this decision get on with it". The sooner we get our hospital providers out from under central control, the better. The model where we have everybody in the provider system and everybody in the funding system controlled by central government works only in very small countries. Luxembourg and Iceland both have our system, and it works quite well. After many years of having a more sensible system, the Canadians adopted our system and their health service has gone steadily downhill, with increased waiting lists and people not getting the

central funding from federal government that they need. It does not work. When will we accept that we need to develop a model where the providers and purchasers are separate?

I have run out of time so I will just end with my hope that the next Government, whatever colour they are, will get to grips with the need for profound reform, and of course include social care as well in the necessary reform.

1.20 pm

**Baroness Tyler of Enfield (LD):** My Lords, I, too, thank the noble Lord, Lord Patel, for the debate and I congratulate the noble Baroness, Lady Ramsey, on her outstanding and moving maiden speech. As we have already heard today, public satisfaction with the NHS has fallen to an all-time low but, despite this, there is still strong support for its three founding principles: free at the point of delivery, primarily funded through taxation and available to everyone.

Last year, the King's Fund published a report on the performance of the NHS compared with the health systems of 17 other OECD countries. Essentially, it was a scorecard which showed that, on the plus side, the NHS performs well in protecting people from some of the "catastrophic costs" of falling ill, and a relatively low share of the UK's health budget is spent on administration—some might be surprised at that. On the minus side, the report concluded that the NHS has fewer key resources than its peers, below-average health spending per person, fewer doctors and nurses, less equipment such as CT and MRI scanners, and fewer hospital beds. In addition, the report said the NHS performs noticeably less well on outcomes such as survivable cancers, treatable mortality and life expectancy.

Various independent commentators have concluded that changing the funding model is not the primary answer. Nor, of course, is it either desirable or feasible to always just pour more money in. The important thing, as the Health Foundation has argued, and I concur, is to get the current NHS model to work better—that is, to reform the way it works. The key, surely, is to increase capacity in the right places. That is so simple to say but so hard to do. It is indisputable that funding growth is skewed towards the acute sector. Despite the majority of daily NHS activity happening in general practice and the community, a large proportion of expenditure on health and social care goes towards acute hospital trusts.

In my view, the answer to overcrowded hospitals is not simply more hospitals. As the noble Lord, Lord Patel, and others have said, the health and care system must be radically refocused to put primary and community care at its core if it is to be effective and sustainable and so that people can get access to their GP, a pharmacist and a district or mental health nurse.

That was one of the key findings of the Select Committee on Integration of Primary and Community Care, on which I had the privilege to sit, which was so expertly chaired by the noble Baroness, Lady Pitkeathley. The committee found a lack of co-ordination between the everyday primary and community services relied on by people using the NHS, which was leading to

[BARONESS TYLER OF ENFIELD]

substandard care, missed opportunities for home or community-based treatments and overstretched hospitals being put under even further strain.

I turn now to productivity. Respected health commentators have been looking at what is called the productivity conundrum. A recent Institute for Government report found that, despite increased spending, much of which has gone on increasing staff numbers, there has been no resultant rise in productivity, if measured against metrics such as the number of patients treated. We really need to understand why this is. The report drew particular attention to the fact that most hospitals are running at above full capacity. They do not have enough beds and it is estimated that each day around 13,000 beds are occupied by people who do not need to be there but cannot be discharged because of lack of community and social care. We all know that, after years of neglect and underfunding, our social care system is in crisis.

Secondly, despite notable increases in the headline number of staff, the NHS is losing too many experienced employees and they are being replaced with junior staff who are naturally less experienced and need more support. Staff burnout, low morale and pay concerns are cited as the principal reasons for this. A recent IFS report also concluded that, while

“It is difficult to measure productivity ... the NHS is less productive now than pre-pandemic”,

particularly in hospitals. The report was at pains to say that was not about staff not working hard but pointed the finger at Victorian estates, too few diagnostic machines and outdated IT systems causing communications problems within and between hospitals.

I believe that there should be far greater focus on retention and making the NHS an attractive place to work. That should be central to the NHS workforce plan, and we need a plan for social care, too. If not, we shall never clear the backlog or reduce waiting lists. We also know that valuable NHS equipment and operating theatres too often stand idle in the evenings and at weekends. Can the Minister say what plans the Government have to address this and whether they might include bringing in independent clinical teams from outside the NHS—a point raised by the noble Lord, Lord Reid.

Finally, are we going to see a productivity plan to set out how the productivity increases announced in the spring Budget, alongside the £3.4 billion additional capital investment will be achieved? In my view, Parliament needs to be scrutinising these plans.

1.25 pm

**The Lord Bishop of Newcastle:** My Lords, I thank the noble Lord, Lord Patel, for securing this debate. It is a pleasure to follow my friend, the noble Baroness, Lady Tyler, and I commend the noble Baroness, Lady Ramsey, on her excellent maiden speech. I welcome this debate’s focus on health and social care and in this regard I pay tribute to the noble Baroness, Lady Warwick, for her speech. Too often, social care is considered in public debates primarily in the context of ensuring that the NHS is not overwhelmed.

This debate’s title is rightly ambitious about social care reform. But given the current state, social care simply needs to be there when people need it, in a comprehensive, timely and affordable way. This was highlighted by the case in Newcastle of Dr Jo Wilson, who had been diagnosed with dementia in 2020. Following her death in January 2023, her husband Bill, who had provided round-the-clock care as a result of inadequate and inconsistent care support, described the care system as “broken”. Many cases, such as those raised by campaigns such as John’s Campaign, founded 10 years ago, are also linked to poor dementia care, particularly access for loved ones to those under care.

The Archbishops’ Commission on Reimagining Care developed a vision for social care, drawing on Christian theology and values. The commission heard the need for a fundamental shift in how social care is thought about, organised and delivered. It proposed a national care covenant, a process initiated by government in dialogue with stakeholders to clarify the responsibilities of everyone: individuals, families and communities, alongside local and national government. What assessment does the Minister make of a covenant as a means of rebalancing social care roles and responsibilities?

Areas prioritised by the Government in recent years are worthy of attention. We need more digitisation of systems and databases. We certainly need more care workers, and an attitude shift around that work’s importance, reflected in pay and conditions, as other noble Lords have mentioned. Indeed, the greatest challenge the sector faces in delivering high-quality care and support nationally is workforce recruitment and retention. The north-east is no exception: in 2022-23, the vacancy rate was 8.7%, with 6,400 vacant posts.

I commend the newly published report by the think-tank Theos, which considers the intersection between love, work and care and offers a different and profoundly helpful lens for valuing care more highly. It says:

“Love is a skill, and ... is what makes care possible”.

The lack of a shared sense of why social care matters may contribute to attempts at reform being abandoned. With the health and social care levy scrapped and the cap on costs delayed, there lacks a long-term strategy around funding social care. I worry that neither this debate nor the fundamental debate about the value and purpose of social care are taking place. It can feel as though there is a collective burying of heads and a desire to avoid the next NHS crisis rather than recognising that the success of our health and care systems are fundamentally bound up with one another. Where is the vision? Social care demands our focus, not as an end in itself but as the very means by which we begin to experience life in all its fullness.

1.29 pm

**Lord Turnberg (Lab):** My Lords, I too thank the noble Lord, Lord Patel, for his very wise words when introducing this debate; I would expect nothing less. What a pleasure it was to hear the maiden speech of the noble Baroness, Lady Ramsey; I am sure we will hear more from her.

The excellent Library report for this debate suggests that there may be little benefit in seeking new ways of funding and new systems of delivering the NHS. I was

reminded of the economist Maynard Keynes, who said that any proposed change should not only produce improvement but be sufficiently better to make up for the evils of transition. We have seen plenty of evils of transition over the years. I will focus on one set of problems among the many which need attention.

The difficulties faced by patients coming to hospitals have been well rehearsed: crowded emergency departments, queues of ambulances waiting outside, long waiting lists for patients needing to be admitted, cancelled operations—the list is endless. I am acutely aware of them as someone who has spent most of his working life in hospitals. However, if there are to be any solutions, they must be found outside hospitals and in the community, where social, community and primary care are hardly coping under their loads.

This is where the problems for hospitals, and for everywhere else, arise. Age UK noted that 700,000 elderly patients were attending emergency departments because they could not get an appointment to see their GP. Over 15% of acute hospital beds are occupied by patients waiting, sometimes weeks, to get out of hospital. Some patients wait so long for care in the community that they are much more ill by the time they reach hospital. It is therefore little wonder that hospitals are overwhelmed. So, I make no excuse for focusing on the problems in the community, as other noble Lords have. They have been accumulating for many years. Local authorities' funding has been squeezed to the point where they clearly are not coping. Because almost two-thirds of their budget is spent on social and community care, these are being cut to the bone.

We now have far too many vacancies for health visitors and district nursing posts. Meals on wheels has disappeared and support services are squeezed out completely. Yet demand for social care is increasing. There were almost 2 million requests to social care departments in 2023, and waiting lists are growing. Some wait many months for assessments and when they get to the front of the queue, they have to go through a tortuous and bureaucratic process that few can understand. As others have said, it is a two-stage system: an assessment of whether they really need support, and of whether they can afford to pay. Few can understand it, and few can pass.

Then, there is the problem faced by the very large number of people cared for at home by relatives and friends. Many such carers give up paid employment to look after their relatives. If they apply for help and if they can get through the mountain of bureaucracy, they may be able to receive £76.75 per week—ludicrously low recompense when it is recognised that this huge number of independent carers, several million of them, are saving the Exchequer vast amounts of money. Surely, we can do better than that.

Finally, I will shine a light on what is a disgrace in social care: the way we treat our social care staff. We treat all NHS staff badly, but care staff are at the bottom of the pile. Not only are they the poorest paid employees, who can earn much more in jobs outside caring; they are also treated badly for the vital role they play. They do not have a nationally recognised training programme or an approved and registered qualification. The lack of a professional qualification

or the prospect of career progression causes many to leave caring within the first 12 months. Some 10% of jobs are vacant—approximately 165,000 vacancies are currently advertised—and high sickness and absentee rates are far too common. The picture I have described has been creeping up for years.

Will the Minister look again at how to make the careers of care home workers sufficiently attractive, so that we can retain as well as recruit them? Will he press for them to have professional qualifications after recognised training programmes, along with the prospect of career progression? Will he reduce the distressful level of bureaucracy faced by applicants for social care? If there is any more money—and quite large amounts were being bandied about last year that have not become visible on the ground—it should be focused where it would have most impact: on community and social care.

1.35 pm

**Baroness Boycott (CB):** My Lords, it is a pleasure to take part in this debate and, like everyone else, I thank the noble Lord, Lord Patel, for introducing it so brilliantly. I also congratulate the noble Baroness, Lady Ramsey, on a really good maiden speech.

This is an interesting week, in that we have decided to ban kids smoking. What we have not banned, and are in fact encouraging, is kids eating an appalling diet. We are flooded with unhealthy food, which is incredibly heavily advertised in all media. You only have to look at sport, and this year's Olympics. The healthiest thing, everywhere, will be McDonald's and Coca-Cola, yet we are worrying about our NHS. We must start having conversations with the food industry because if we do not, the NHS, which we all treasure and love, will creak under the strain.

I have lots of alarming statistics. I am not sure which ones to choose in the next four minutes, but here is one. Before the year 2000, there were no known cases of children in the UK with type 2 diabetes. There are now almost 10,000. All those children will be on the NHS books for the rest of their lives. They are also going to be ill. Let us look at it purely economically, rather than compassionately at what kind of life they will lead. They will not be working, not paying tax, not being good parents, not contributing to society. We can change this. I have been doing food politics for nearly two decades, and it amazes me that we have very little involvement with the NHS. We have very little involvement with doctors when talking about what people can do.

Do you know the main reason why most children under 10 go into hospital and have a general anaesthetic? It is to have all their teeth out because of the food they eat. We are also the lowest ranked country in the world for breastfeeding. My daughter, who has twins, managed to feed them for over a year. She had no help or support. I was astonished by the advertising she received from companies calling themselves "hungry baby" and stuff like that, absolutely trying to get under a mother's skin and say, "Get off breastfeeding and get them on to formula foods"—foods which have higher sugar levels and set your sweet spot higher for the rest of your life. It is outrageous. There is almost no



[BARONESS BOYCOTT]

regulation. As for support with breastfeeding, for this young woman with twins, there was nothing. We paid for consultations to help her get through it and achieve that.

Is it any surprise that our kids are therefore growing up to be the most obese in Europe? As a country we are now the third most obese. No medical professional doubts what obesity does to our society, but they fail to connect it back to the food companies. Sticking with the baby food companies, all these little pouches they sell not only cost a lot of money but are extremely addictive to the kids because they are nice, they are handy and they convince mothers that they are doing the best for them, when in fact they are the root cause of them eating too much sugar.

The staggering profits made by the food companies every day are being paid for by the NHS. We are paying for it with our money and in the lack of care that nurses and doctors can give people. I am not saying that these people are not genuinely ill; they are, but from a preventable cause. The Government have had the balls to stand up to the tobacco companies this week. I know that this issue is more complicated than that—I can see the Minister looking at me—and of course we have to eat. However, there is a big difference between what we eat and how we eat it. We are just machines, like everything else. We need to put good stuff into the machine.

Unlike the noble Baroness, Lady Murphy, I had an extraordinary experience with the NHS. I managed to scald my foot and had a blister the size of a tennis ball. I ended up getting sepsis and was in the burns unit in Bristol. It was impeccable. However, in the lobby there was Costa Coffee and the Friends Shop. In the Friends Shop there was not one piece of fruit. It was cakes and biscuits all the way.

I got transferred to the Chelsea and Westminster Hospital for outpatient care. Again, the treatment was impeccable. Down in the lobby was bloody Costa Coffee—doughnuts and a long queue—and, in the Friends Shop, there was not even a grape. We have to start looking at this. As I say, no one would buy a Rolls-Royce, put Coca-Cola in the engine, and expect to go 100 miles down the motorway. We are not dissimilar, but we are even better than a Rolls-Royce. We deserve to put better stuff in. It is time the whole NHS and the country got this one straight.

1.40 pm

**Lord Carter of Coles (Lab):** My Lords, it is a delight to follow the noble Baroness, Lady Boycott. She certainly has a different view on things. I congratulate my noble friend Lady Ramsey of Wall Heath; she gave a tremendous maiden speech and brings great experience to this House, for which I am sure we will be very grateful. I was particularly struck by her comment on reorganisation, which I will return to later. We have had too much of that and a little less performance. I draw attention to my interests in the register. The noble Lord, Lord Patel, made a tremendous, and very knowing, opening speech. It was very clever how he went across the whole spectrum of things. I am perhaps a little less Olympian and will focus on one or two more narrow things.

Modern, high-performing healthcare systems are characterised by high quality, high productivity, and critical, consistent and predictable funding. That then leads to high patient satisfaction. This is being achieved in other parts of the world. For patients, it means access, rapid diagnostics, timely care and rapid discharge, preferably to home. How is that delivered? It is by providing the patient with a seamless journey along the continuum of care. Nowadays, that can be AI-enabled, but that needs an IT system that sits behind it to provide the single view of the patient. It is siloed, and it is very hard to deliver integrated care—I am sure that my noble friend Lady Pitkeathley knows this—unless you have a data system that gives you that access.

In other countries where such a system has been deployed, we have seen diversion away from hospitals—something many noble Lords have commented on. Between 20% and 40% of people simply do not need to go in; they need to be treated in other places. One encouraging thing—the National Health Service gets things right sometimes—is that the integrated care boards stand a chance of delivering this, but we have to focus and get on with it. It will take five years, but it needs to be done.

In the meantime, we must operate what we have a lot better. There are a number of things that are key to that: getting the primary care contract fixed; getting healthcare professionals facing up to patients much more on a substitution basis; and streamlining the primary care back offices. These are simple things—they are managerial, but critical.

Acute hospital productivity must rise, which the noble Lord talked about. Why did it take us so long—perhaps the Minister can say—to go back to payment by results? In a system that is desperate for activity, we went to block contracts, which is as close to lunacy as you can get. Can we go back to payment by results, and can we broaden it to encourage more providers, so that we get diversity of provision and also location? We need to move closer to the patient, and the only way to do so is to create certainty of payment through the tariff system. Those are the straightforward things that we can do.

I suggest doing two things. I have already talked about payment by results but, secondly, we must simply face up to the issue of delayed discharge. As happens in many other countries, we need the National Health Service to pay for the first 60 days post discharge. That would cut it all out and get people out of the hospitals. It is a very straightforward solution. It must be paid for at some point—but better that it is paid for and the arguments are moved out to somewhere else while people consider how to fund it. Long-term care funding and social care funding are, I think, matters for another day.

No healthcare organisation can truly be efficient and deliver at high quality if it has appalling staff morale. According to the last staff survey, only 44% of those employed in the NHS felt valued, which means that 56% did not. Some 25% felt bullied by their colleagues or managers. In most health systems, if that figure got to 5%, they would have the drains up. This is absolutely hopeless.

What all this comes down to is a management problem. We have had a lot of strategies; we have great strategies. Again, Ministers sort of knew what to do,



so they commissioned the Messenger report. That report was absolutely tremendous, and had nine things we can do to fix things. Perhaps the Minister can tell us if those nine things will be implemented, because it is two years since the report was published. If we do not get the management right, nobody will put any more money in.

I am short on time, but I just share a little anecdote. If you have a group of NHS managers, and you ask them to name the 20 best-run hospitals in England, you get the usual: Northumbria, Chelsea and Westminster—despite the diet—Leeds and South Warwickshire. People can name eight easily; if they are lucky, they name 10. At best they name 15. There are 135 hospitals in this country. What does that tell us about the depth of management? The critical thing, therefore, if this is to work—I will shut up in a moment—is to get NHSE working properly. I am not sure that I will be as dramatic as the noble Lord, Lord Warner, but we must face up to the fact that we do not have a working management system. It is Soviet, and we are way past Soviet times. Let us hope that we can save the NHS and keep it free at the point of delivery.

1.46 pm

**Baroness Cavendish of Little Venice (CB):** My Lords, I pay tribute to the noble Lord, Lord Patel, his tireless work for the NHS and, as the noble Lord, Lord Carter, called it, his Olympian view across the system that he shared earlier. I too will focus on only one or two things. I am very glad that the Messenger report has been mentioned, and I echo the noble Lord's question to the Minister, because it is two years since it was written. Gordon Messenger, as someone who served in the Army, really does know how to run a system.

I will talk briefly about two things beyond hospitals that other people have already talked about: prevention and social care. On prevention, to echo some of what the noble Baroness, Lady Boycott, said, my simple question to the Government is this: when will they fully implement the 2015 obesity strategy, written under the Cameron Government, which included, for example, broadcasting bans on unhealthy food? I would have thought that that would be a very simple question to answer. It has now been quite a long time since that report was written.

On social care, I was intrigued by something that the noble Lord, Lord Patel, said, which I had not expected him to say: he spoke warmly about long-term care insurance. I thought I would take my cue from that and talk a little about it. In the past few years, we have seen many interesting proposals for better funding of personal care. We have seen the cap, led by Andrew Dilnot, which is due to come into force in 2025 but on which I note that there is spectacularly little activity. I think that there is an opportunity now, post-Covid, with a public who are much more aware of the value of social care than they were before Covid. This has become a politically salient issue in a way that it was not before, because so many people have seen what care workers really do and how many of them stepped up to the plate. We saw people moving into the homes of older and disabled people, leaving their own families and putting themselves at risk. That made a big impact in a way that it had not before. The truth is that you do

not understand what social care is unless you or a relative are in receipt of it. The vast majority of people in this country still do not really know what it is, but the polls show that people are increasingly aware that it is complex, patchy and deeply unfair. People are increasingly prepared to say that, yes, we need more money but we also need a new look at the system.

As others have said, the single-payer system for the NHS is the right and only answer. I do not think that that should be reopened, as the noble Lord, Lord Patel, said. However, there is an opportunity to look for a different model for social care. On the long-term care insurance point that the noble Lord made, Germany and Japan, two countries that I have studied in depth, spent several years having a deep conversation with their voters about a long-term care insurance system—it is slightly different in each place—in which everybody pays something in and everybody is able, if they need it, to take something out. That is a simple, transparent and sustainable approach that we do not have at the moment. What we see at the moment are battles over continuing healthcare, where the primary health need is not defined, and 40% of care home residents paying all their own fees and cross-subsidising other people with less money. I could go on, but we are all aware of the depth of unfairness in the current system. I simply ask whether the Government have any plans to look at other possibilities beyond the simple cap on care.

One of the problems—and I think one of the reasons why Andrew Dilnot, a great man, is so frustrated, and why successive Governments have not implemented the policy—is that it is very hard politically to describe to people a cap that is not a cap; it does not cap the bed and board costs. Imagine being a politician on the doorsteps trying to sell people what is ostensibly a cap on what they need to spend but it is not. It is very hard to deliver that. The other issue is that while it would obviously help people facing truly catastrophic costs, it would help only quite a relatively small number of people. Therefore, there is an opportunity to have a much bigger and wider conversation. However, I am afraid that that would mean going to the heart of an issue that is dear to many voters in this country, which is the question of their primary asset: would they be prepared, and should they be made, to sell their home to pay for care?

I note that Boris Johnson changed his language on this over time. He discovered—as everybody who looks at the issue does—that you cannot get a sustainable funding system while making no claim whatever on the homes of people who, yes, have saved to buy that home but, yes, may have also been lucky that their home value has increased. Will the Government consider, or do they have any plans to consider, looking at that alternative to the Dilnot cap?

1.51 pm

**Lord Parekh (Lab):** My Lords, the NHS is neither a leader nor a laggard, as shown in a comparative study of several countries. I think that broadly captures what many of us feel about the NHS. It embodies some fine values, such as equality of treatment, being free at the point of delivery of service, a strong incentive to regulate expenditure, and maintaining the self-respect and confidence of individuals that when they are in

[LORD PAREKH]

trouble they will be looked after and not have to worry about payment. All these are great virtues that the NHS embodies.

Sadly, it is also the product of its time. If you cast your mind back to 1948 and what followed afterwards, one begins to see an authoritarian culture where the experts know what is best. This is the ethos that is embodied in the culture of the NHS. For example, you can have a long waiting time and people do not see anything wrong with it, or no choice of the consultants or doctors you will see—it is decided for you—or your path to the consultant is already heavily guarded and not something that you can choose. There is poor investment in staff and diagnostic technology, so that you have machines for MRIs, CT scans and other things lying idle because they are supposed to be used only during working days. For all these reasons, we have reached a situation where the NHS does a lot of good and embodies a lot of good values but does a lot of work that many of us regret.

The NHS needs to be improved—radically, in some respects—and the question is not simply how we can maintain its sustainability; the question is whether we want to sustain it in its current form, what other changes we want to see made and whether those changes can be sustained over a period of time. I shall share my thoughts on this briefly.

The British people by and large cherish the NHS but not uncritically, which is why when they begin to discover its defects they increasingly become critical of it. Some 24% of people are heavily alienated from the NHS, and that number is increasing. That should be a source of concern to those of us who value the institution.

So how do we maintain the NHS? How should it be funded? We have relied on taxation as the source of revenue, and it is right that we should do that. I do not have time now, but I argue that compared to, for example, social health insurance or personal health insurance, taxation is a much better way. It gives the individual a sense of ownership of the organisation—he feels that this is his organisation because he has paid for it, and so on. Naturally, though, taxation is subject to party conflicts and divisions, and is never going to produce enough.

The revenue that taxation brings therefore has to be supplemented by other sources of revenue, but what other sources are available to us? There are two: reducing costs and increasing income in the NHS. When it comes to reducing the cost, one can think of a variety of ways in which expenditure could be cut. Lots of work is being done, for example, on why medicines for patients are lying unused—they are used for a day or two while the ailment lasts and then they are completely forgotten, and eventually wasted and thrown away. There are ways in which you can use electronic technology to alert the patient that it is time for him to take his medicine, and various ways in which you can control that.

On raising revenue, I was told by several people who have worked in this area in the United States and elsewhere, “Why don’t you have research, so that you have people who work with the NHS providing abundant data, with the state having access to these people and these diseases? Why don’t you have research done on

this, resulting in innovations of medicines and instruments that can then be marketed?” It is not impossible for the NHS to think in terms of research scholarship.

I should have thought there were ways in which the NHS’s revenue could be increased and its expenditure decreased. That is the goal towards which the British public themselves seem to be moving. The NHS should be based on the principle of social solidarity but also have introduced into it the principle of personal responsibility.

1.57 pm

**Baroness Hollins (CB):** My Lords, I qualified as a doctor 55 years ago next month, across the river at St Thomas’. Much has changed since then—some good, some bad. I applaud my noble friend Lord Patel, and I agreed with his powerful opening speech.

As well as personal suffering, there is huge economic cost when the nation becomes less healthy. As we have heard, there are more than 2.6 million working-age people out of the labour market due to long-term sickness, at huge cost to the Treasury, with additional welfare and healthcare support and lost tax revenue. Yes, the NHS needs more investment, but it is not just about that; it is about changing the health and social care offer, improving access and equality of access, and changing the balance between hospital care and care in the community.

Italy closed its public psychiatric hospitals successfully, investing in 24/7 community provision. The Royal College of Psychiatrists asked that the next Government commit to a new health infrastructure plan for mental health, with one aim of improving the therapeutic environment of mental health and learning disability and autism in-patient settings, but it also hopes for real investment and the expansion of psychological therapies in early intervention and in public mental health.

The impact of negative press about the NHS and about social care has an impact on the morale and mental health of staff and the confidence of patients. This affects staff retention. A recent survey of 3,154 doctors by the General Medical Council found that 13% of respondents said they were very likely to move abroad to practise medicine in the next 12 months. A further one in three said it is very likely that they will move abroad at some time. This points to four key areas for improving retention: workplace conditions, pay, career structures and the perceived ability of our healthcare system to meet patient care needs.

Healthcare is a different and more complex service than when the NHS was founded in 1948. Individualised medicine is here to stay. More treatments are available, some very sophisticated and expensive. There is more bureaucracy, and we live in a more litigious world. The demands and expectations of the public have increased.

I read with joy an NHS pamphlet from 1948 which outlined to the public what they could expect from the NHS and, importantly, what the NHS could expect from them. I will quote a few gems from it. In my first quote, do notice mention of mental health:

“You will ... be entitled to all forms of treatment in general and special hospitals, whether as an in-patient or as an out-patient. These include, for instance, maternity care, sanatorium treatment, care of mental health, and all surgical operations”.

About dental care, it says:

“You need no application form. Just call, by appointment, on the dentist of your choice when you need him ... All necessary fillings and dentures will be supplied without fee, but if you want anything specially expensive ... you will pay the ... cost yourself”.

On maternity services, it says:

“It will be the doctor’s responsibility, with a midwife, to give all proper care and (if he considers it necessary or is called in by the midwife) to be present at the confinement”.

How wonderful it sounds. Perhaps we need an NHS pamphlet for 2024, to relaunch a new contract between the public and the NHS about what can be expected on both sides. I suggest that, as well as maternity care, we should have palliative care added to the 2024 pamphlet.

Central to solving the problems facing the NHS will be transforming social care from a safety net for people in vulnerable circumstances to a relational system that enables people to flourish. The endless gatekeeping, signposting and managing demand within the NHS all contribute to the increased demand for and greater complexity of social care. The bureaucracy affects unpaid family carers too, as I know only too well. Kate Garraway recently said about her experience of being a carer:

“If I have any regrets, it’s every single minute that I didn’t spend holding his hand because I had to go and write an email, make a phone call, fight the system that should be there to catch you when you fall but feels when you’re going through it like it’s there to catch you out”.

We need long-term thinking, long-term funding and more consistency, so that everyone—staff and patients—knows what to expect.

Care needs to move away from glamorous, expensive, interventionist hospital care and spend more in the community. If this does not happen, more expensive hospitals will need to be built to manage people’s acute needs that could have been better prevented or better managed.

2.02 pm

**Lord Londesborough (CB):** My Lords, I should first congratulate my noble friend Lord Patel on securing this critical debate and raising such challenging questions. Unlike many of today’s speakers, I am not a healthcare expert, but as an entrepreneur, employer and adviser to SMEs over the past 30 years, I have developed a particular interest in the health and productivity of our workforce, so I will start with the dismal subject of economics, as the long-term sustainability of the NHS hangs on the state of our public finances.

I sit on the Economic Affairs Committee, as does the next speaker, the noble Lord, Lord Davies of Brixton. Our current inquiry is also on the subject of sustainability, not of the NHS but of our national debt, which, at £2.7 trillion, has grown eightfold in just over 20 years. On current trajectories, neither the financing of our national debt nor our National Health Service can be considered sustainable.

Ever since the financial crisis 15 years ago, the UK has suffered from a low-growth, deficit economy. We consume more than we produce. That is an economic and health issue, the growing obesity burden being just one sign and inactivity another. Our tax revenues

cannot keep up with our expenditure on public services, so we routinely resort to borrowing—an additional £100 billion or so added to the debt pile each year, to the point where last year’s interest payments on debt, at £120 billion, were only 30% less than our entire NHS budget.

Demographically, we have double trouble—an ageing population and falling birth rates. Our workforce has ceased to grow, in spite of immigration. The proportion of dependants is escalating. Without gains in productivity there is no real economic growth and no increase in our tax base, on which NHS funding entirely depends. This week’s data from the ONS makes for grim reading. The number of long-term sick off work has hit a record high of 2.8 million—an increase of 700,000 in just three years.

With an ageing and growing population, the demand on NHS services continues to outstrip our economic growth. Unless health tech or AI comes to our rescue, the next Administration faces the prospect of raising taxes further and borrowing more. What can be done to break this cycle? We must prioritise healthcare for both the long and short-term sick who have the potential to join or rejoin the workforce.

Following Covid, we now have a mental health pandemic. It is the biggest single factor behind the escalation in economic inactivity, yet the NHS is just not resourced to cope with this surge. There are many other conditions and disabilities that come high up on the list of causes of economic inactivity where waiting lists are growing or treatment is inadequate. These include musculoskeletal conditions, which have risen by 30% over the last three years—a reflection, perhaps, of an increasingly sedentary lifestyle.

Neurological disorders, which affect 11 million of us in this country, including me, are very high on the list and deserve far greater focus and resourcing. Shamefully, the UK has the lowest proportion of neurologists across Europe and the second-highest mortality rates. Indeed, the *Economist* estimates that in this field the consequential wastage of healthcare resource by non-specialist care, plus the social and economic burdens, are costing the UK £96 billion per annum. Against this figure, can the Minister say how much of the current NHS budget is devoted to treating neuro? I cannot find any reliable estimate of this figure.

Thanks to the Migraine Trust, I can share the data for just one of the most common treatable neurological disorders. The NHS devotes some £200 million to the treatment of migraine—a condition that alone costs £5 billion in lost working days. That is one example of a serious mismatch. We must make a much greater effort to align the NHS with the economy, for sustainability is a two-way street.

2.08 pm

**Lord Davies of Brixton (Lab):** My Lords, it is a pleasure and an honour to have been able to listen to this debate. I am happy to come in at this late stage with some additional thoughts. I thank the noble Lord, Lord Patel, for initiating the debate, and all the other speakers. In particular, I congratulate my noble friend Lady Ramsey of Wall Heath.



[LORD DAVIES OF BRIXTON]

Putting your name down to speak in this sort of debate means getting a large number of briefing notes. I cannot claim to have read them all. Perhaps the Minister should commit himself to reading all the briefing notes and acknowledge the contribution they have made to our debate. A consolidated version of the notes would be a useful document.

Given the volume of material, there was obviously bound to be much that was missed from our discussions. I will focus my remarks on good mental health. I urge noble Lords to read the briefing notes from both the Royal College of Psychiatrists and the Mental Health Foundation. In the time available, I can touch on only some of the points arising from their submissions, but I think they are important and should be read.

I want to make three points. First, there is a considerable cost of poor mental health. I emphasise that measures are available that can tackle those problems. Providing healthcare is not just about the financial return, but when we can spend relatively limited amounts and get huge benefit, we clearly need to take that into account. Secondly, the focus in this area has to be on prevention. The value of measures aimed at prevention is considerable and will be effective across the whole health service. Thirdly, I mention the importance of undertaking more research in the area of mental health.

I take the opportunity to stress again the importance of getting a mental health Act through the House. Presumably, we will now wait for the next Session. An incoming Labour Government, if we have one, are committed to doing that. The problem is that the problems assessed by Sir Simon Wessely six years ago are still there. The Act is a symbol of the intention to deal with the problems he identified.

What measures could we adopt? What measures do we need to think through? They are all set out in the submissions and there is not enough time to go through them all. Poor mental health among the workforce has been touched on already. According to the research we have been provided with, that is where £1 of expenditure provides £13.62 in improvements. This bears directly on the overall health of our economy. Individual health is very much the health of the economy as a whole. The £118 billion that poor mental health is costing us—that is 5% of GDP—is an obvious and clear target for work across the important area of poor mental health.

2.12 pm

**Lord Mawson (CB):** My Lords, I thank the noble Lord, Lord Patel, for this timely debate. My colleagues and I at the Bromley by Bow Centre have been at the cutting edge of innovation in primary healthcare for 35 years. We entered this space by accident following the tragic death of a local resident, Jean Vialls, in an East End housing estate in May 1991. Jean's death led to a senior-level inquiry at a London hospital, which picked apart the lives of an East End family in very challenging circumstances who had been badly let down by the NHS and its siloed culture. The inquiry also challenged the NHS on its lack of attention to detail, its management systems and its culture, which had forgotten who the customer was. Sound familiar.

We were told at the time that lessons would be learned but, 35 years on, I can assure noble Lords that few lessons have actually been learned by the NHS. Indeed, my GP colleagues tell me that getting up stream and creating more integrated responses to health needs gets harder to do, not easier. In the course of this well-documented and tragic encounter, we began to realise that in poor communities at least 70% of the determinants of health are social and not biomedical; they have nothing to do with doctors. The NHS business model was absolutely the wrong way around and there was a desperate need to get up stream into the prevention agenda.

Our practical response, as an increasingly entrepreneurial culture took root in Bromley, was to build the first working model of an integrated primary healthcare centre that moved beyond just health and social care and embraced housing, employment, business, the arts and education, and so on. We have created 97 businesses with local people over the years. We started to join the dots. Even with the support of the then Prince of Wales, now the King, this work was done against a prevailing culture in the NHS that talked about innovation but rarely grasped the nettle. Today, the Bromley by Bow Centre is responsible for 55,000 patients on four sites, and has been taken national through the Well North programme, which I lead—here I declare my interest. The centre today hosts 2,000 visitors each year, from across the world. There has been all this work and learning, but so little in practice has actually changed. One hospital medical director we work with described the NHS as a blancmange when it comes to innovation: it wobbles when innovative ideas and practice are first introduced but always returns to shape and form. This is not a sustainable culture.

What needs to be done? Here are seven brief steers, based on many years of practice. First, we must stop treating the NHS like a religion and be honest about its condition: it is ill and broken. Business as usual is not an option. It needs radical surgery over a 10 to 20-year period.

Secondly, we need cross-party agreement to stop the constant meddling of countless politicians and endless restructuring. I was involved in the 2012 Olympics programme for 19 years, from day one. Our focus was on creating a real legacy in east London from this once-in-a-lifetime opportunity. Early on we focused on gaining cross-party support for a 25-year programme—go and have a look at the results.

Thirdly, we must take seriously Dr David Haslam's concern that if we carry on with the present NHS business model, it will absorb 100% of GDP by 2070. It is not sustainable; we are creating a dependency culture.

Fourthly, we must create a learning-by-doing culture, and move away from so many expensive, outdated reports that few read.

Fifthly, the modern world is about people and relationships, not processes, and so we must nurture them at all levels of the NHS.

Sixthly, technology is not the answer to everything but it is a fantastically useful tool. We must start small, interfacing the technology with people and their practice, and use it to grow organic cultures that work. Stop trying to land big solutions from above.

Seventhly, we have always found, right across the country, individuals and localised groupings that were able to deliver this more joined-up, entrepreneurial approach. At the moment, this is true, for example, in Bradford, York, Rotherham and east London, among others. However, they are not in general supported and encouraged, and thus the approach does not become established more broadly. As has recently been observed, the NHS has more pilots than British Airways—why not get behind these good people, long-term, and build a culture based on innovation, integration and entrepreneurship.

My question to the Minister, and to the Opposition if they were to come into government, is this: given the present spending trajectory and business model, what percentage of the UK's GDP does the Government estimate that the NHS will soak up by 2070, and what are they doing about this challenge? Who in the department is thinking about this problem?

2.18 pm

**Lord Hacking (Lab):** My Lords, I normally do not put my name down for specialist debates such as this one, because I do not possess the necessary expertise. That is certainly true for this debate, although during the past two hours I have learned a lot. However, there are two reasons why I wish to address your Lordships.

The first is to recall the foundation in 1948 of the National Health Service, one of the two great social reforms of the Labour Government of 1945 to 1951—the other being legal aid, which, alas, has now almost withered away altogether. I was only 10 years old in 1948 when the National Health Service was introduced. I remember it very well.

The second reason why I wish to speak is that I believe we should understand the current challenges of the National Health Service and praise it for its successes. That has certainly, to some extent, come out in this debate. It is touching to remember that the National Health Service was designed in its origin to save money for the economy, almost to the point of being financially self-sufficient.

Where are we now in the debate? I will summarise, if I may, as a speaker at the very tail-end of the speeches, where I think we are. Since 1948, we have had the benefit of the provision of more and more wonderful techniques that have helped us remain in health. The problem has been that, for this, we have needed more and more expertise and more and more persons to operate those techniques. The result is that there are more and more specialists among doctors and among all those who give their support to doctors. For example, there are nurses who are highly skilled and highly trained in oncology, supporting the doctor oncologist. Similarly, there are radiographers supporting the doctor radiologists in the great range of MRI scanning and so forth that is now available. The result is that lots of things are being done, and have been done, much to our benefit.

I will speak of my personal experience of heart treatment. Fifty years ago there was no open heart surgery and no use of stents. My father died when he was 60. I have the same heart condition, and I had a large bypass operation 30 years ago and am standing now before your Lordships.

We should recognise that lots of people in the National Health Service are working very hard and doing well. I cite one example of that, on the Guy's and St Thomas' NHS Foundation Trust website. I happen to be a patient of that trust, and the website includes what it calls MyChart, which is easily accessible and provides an awful lot of very important information that you need as a patient, such as when your next appointment date is.

I end my short address to your Lordships in this way. I believe that we should give praise to the National Health Service, and I invite the Minister to do just that when he stands up to speak. An all-party alliance must be planned to decide the future of the National Health Service, a point that has been very well made in this debate.

2.23 pm

**Lord St John of Bletso (CB):** My Lords, I join others in thanking and congratulating my noble friend Lord Patel on introducing this topical debate, and in congratulating the noble Baroness, Lady Ramsey, on her very moving maiden speech.

As the last to come to the crease before the closing speeches, I shall be very brief, and just make a few observations. I come to this debate not as a medical expert, though like my noble friend I suffer from peripheral neuropathy, but for the past 20 years I have been a company doctor, fixing companies large and small, though not on all occasions helping them to become more efficient and profitable. My first observation on the NHS is the apparent failure of effective leadership. I know many GPs, specialists and junior doctors, and one junior doctor I spoke to yesterday commented that he had been on strike not just because of the money but because he and others felt disfranchised.

We live in an exciting time of digital transformation and artificial intelligence, and we are seeing huge advances in quantum computing. By analysing vast amounts of medical data, including electronic health records and genetic information, we can uncover patterns, predict outcomes and improve diagnosis and treatment. Ultimately, however, the focus must be on effective, adaptable and accountable leadership. There is a danger that many in the medical fraternity are too focused on following protocols rather than guidelines and get bogged down in red tape.

I recently read the book, *2030: The Future of Medicine* by Professor Richard Barker, a specialist in longevity research. I mention as an aside that it is my noble friend Lady D'Souza's 80th birthday today—happy birthday. At 80 in your Lordships' House, she is but a youngster. The observations that Professor Barker made when he wrote this book in February 2011 pertain as much today as they did then. In essence, he called attention to the need to re-architect the NHS and provide more effective time management to NHS GPs. Many GPs complain that they spend far too much time on administration and far too little time using their medical skills to diagnose and treat acute conditions. In this regard, a lot of elderly patients are not getting the treatments that they need and deserve. One of his observations was the need to focus on preventative medicine. We have seen huge advances in oncology and cardiology, but a lot more can and

[LORD ST JOHN OF BLETSO]

should be done on preventive medicine, including more focus on tackling obesity, on gut health and on lowering cholesterol.

The noble Baroness, Lady Blackwood, spoke very eloquently on the profound impact of genomics on personalised medicine. With the ability to sequence entire genomes rapidly and affordably, we are entering an era where treatments can be tailored to an individual's genetic make-up, leading to far more effective, targeted therapies.

Time precludes me from debating the need for more effective procurement within the NHS. A huge amount could and should be done to save costs through shared services. I agree with my noble friend Lord Kakkar that the long-term sustainability of the NHS is a joint effort and requires commitment from all stakeholders—the Government, healthcare professionals, patients and the public sector. Will the Minister, in winding up, advise us as to what measures have been taken to conduct a global best-practice study on the long-term sustainability of public healthcare? I agree with the excellent suggestion of my noble friend Lord Warner of assimilating the Singapore healthcare system.

In conclusion, there are a lot of positive developments in the NHS and people should be congratulated and appreciated for their hard work, but my call is a simple one: we need to focus on effective and adaptable leadership, on effective procurement and on patient care; and to continue to focus on prevention. More funding in the NHS does not necessarily solve the problem. We need to get smarter.

2.28 pm

**Lord Allan of Hallam (LD):** My Lords, I am very grateful to the noble Lord, Lord Patel, for this opportunity and for the reminder of the time of the coalition Government, which I think we might accurately describe as the last sustained period of strong and stable government that we had in this country. It is a moment to remember the work done by my friend Norman Lamb, who I think was recognised as an excellent Minister for mental health and care. Essentially, the good bits were ours and the bad bits were theirs, including the pointless NHS reforms, and that is all we really need to reflect on with regard to the coalition Government.

I have enjoyed hearing a wide range of interesting contributions, including those from my noble friends Lord Scriven and Lady Tyler. I was also very moved by the excellent maiden speech of the noble Baroness, Lady Ramsey of Wall Heath. I share with her having two children born in St Thomas's Hospital, although, unlike her, I did not have to do the hard work: I was a mere spectator.

I will not cover the issues to which others have applied their much greater expertise but focus on the role of information technology, on which I have some expertise and which has become universally recognised, including in this debate, as a key enabler of the productivity increases that we need in order to make the NHS sustainable. The noble Lord, Lord Kakkar, called for areas where we could have cross-party work; I think this area is particularly conducive to that. I and most

geeks do not really care who is in government. We have the phrase, "Code wins arguments". Unfortunately, elections do not work that way but, in the world of code, if you design a better product that runs more quickly, that is the one you should implement. There is a large community of people who believe in the NHS and can apply those technical skills but do not care who is in government. I ask the Minister whether we could make immediate progress in that area with a non-partisan approach.

I want to talk not about whizzy, cutting-edge technology, which we often go into, but the foundational elements where some of the biggest gains could quickly be realised, because there is a large amount of low-hanging fruit. I will raise five areas with the Minister—essentially, layers that together would form a platform for improved services.

First, we need a comprehensive catalogue of the collection, storage and use of data across our social care and healthcare systems. That does not exist today. The noble Lord, Lord Carter of Coles, referred to this; we do not have a comprehensive catalogue so there are enormous inefficiencies built into the system. There is a natural tendency when building technology to look at the shiny front end and at apps, but that is useful only when you have the back end set up properly. For the NHS and care, that is frequently not the case. It is the boring bit, but it is essential that we walk through and audit all the many systems that we use and document our data. Openness here can really build trust. If people out there can see who has what data and what they are using it for, that will generate trust. When people see it as a black box, trust dissolves and they start to withdraw their consent. An open database is essential.

Along with that, we need openness around the processes and tools used to work with that data. These days, a lot of the code can be open. You can make it reusable. We could reasonably aspire to a position where a new entrant into the market could say to a service such as ChatGPT, "Here's the data model, some example code and the processes—build me a system". That is where we will get increased competition in areas such as GP systems, which have come to the fore these days. There are two major suppliers and people ask why there are not more. We could make it a lot easier for people to come in and compete not only on cost but, importantly, with innovative features. We do that by making sure that the data model, the processes and the code base are open.

Once you have that foundation sorted out, the third area is thinking about the content and messaging. There is a very current debate about the fact that online platforms such as TikTok are really good at getting people to engage with them. We see that as devious and dangerous behaviour, but that is what we need in the NHS. When running a screening programme, you want the kind of skills that get people to click on it and sign up for the appointment. We saw some of that with the encouragement for Covid vaccinations, but we get a hell of a lot of other communication from the NHS that is not of that quality. If you are going to set up a screening programme, it is a real waste not to have the kind of skills you need. Software engineers—my profession—are not the people to write this stuff, but a



lot of the stuff we get looks like it was written by them. There are really good people who know how to get people to engage, which is what the health service needs. As a general maxim, the systems we use to engage with our healthcare should be at least as good as the ones we use to share cat videos—and I think healthcare ranks a little higher in importance. We can all see that the gap is enormous at the moment.

The fourth area is around ownership. Committees do not own things; named people own things. In the tech sector, when you want something delivered, you say to somebody “Here’s your target—you need to deliver this product”. Often, working in a massively matrixed organisation, you need to get lots of other people who do not work for you to deliver the product, but you need to know who the person delivering the product is and not allow it just to be put into a committee where everyone can pass the parcel.

It requires persuasion, support and, crucially, a service culture. It was interesting that the noble Lord, Lord Hunt, said that “people hate NHS England”. That is a real problem if NHS England is signing up and buying services, such as the federated data platform, and it has to roll them out to a massive variety of organisations—some of them are brilliant; in some, there are two IT support people who are busy trying to help people change their passwords—and you come along and say, “Can you implement this system?” Well, they can, if someone helps them to do it. We need somebody, somewhere, to have that kind of service culture—somebody who owns it and has the tools to say, “I need to get that trust to implement the system, and the way I am going to do it is not just by sending out a directive. I am going to go and hold hands, and help them, and find out what the barriers are. I don’t care what they are—I am going to address them”.

The fifth element has come up in discussion today: integration with other systems. I sometimes feel there is a nervousness about talking about stuff that is outside the NHS. Increasingly, that is where people are; it has been said in the debate today that people might be consulting an online GP service. We have negative phrases such as “worried well”. I think it is quite nice to be a bit more worried about your blood sugar level or diet, or about lumps and bumps where we should not have them. There is a range of things we should be worrying about, and we have opportunities to get tests done, but there is very little integration between all that and the core NHS. That is something we could fix; again, it is one way to make it sustainable. In many cases, we—or our workplaces—are paying for health check-ups. If the system is right, once we have collected the data, let us get it integrated. We have systems such as Patients Know Best, which are trying to do this. These have been paid for, but they are not universally rolled out and in use.

To pull all that together into an example, let us think of something really boring and old fashioned, like blood pressure checks, which the noble Lord, Lord Patel, rightly raised as a key way of stroke prevention. If you have a standard data model for how to deal with blood pressure checks, or if you had standard code for how it is collected—on a phone or in a private clinic—and put into your record, and if you had an owner of a blood pressure screening

programme whose job is to get 80% of the target group screened once a year, we could say, “We do not care how you do it, just be creative and figure out what is the right way. Is it text messages? We don’t care, as long as you get that 80% data”. If it was integrated, that person’s job would be to hustle, hassle and help people, and to work with all providers of mobile phones and workplace networks to get it done. That is the kind of thing that could make a difference.

I hope it is helpful to the Minister to describe a model that could be applied more generically across a lot of the challenge areas that the NHS faces. At the moment, a lot of people know what “good” looks like and what they want, but the structure militates against it because responsibility is too widely distributed, and there are too many people doing individual things in silos. At the moment, the only model we have to overcome that is a directive from NHS England. That is not what you need; you need detailed grunt work on the ground to get us from where we are today to where we want to be, which, as a patient or an NHS staff member, is using systems at least as good as those we use to share cat videos.

2.38 pm

**Baroness Merron (Lab):** My Lords, I congratulate the noble Lord, Lord Patel, on securing this debate and for introducing it with his characteristic authority, insight and care, with which we are so familiar in your Lordships’ House.

I am delighted that my noble friend Baroness Ramsey of Wall Heath chose this debate in which to make her excellent maiden speech. How proud her mother and father would have been today, and what a difference she made to the life of her late sister, and, indeed, to the National Health Service; and what a difference I know she will make to your Lordships’ House.

To give some context to the need for long-term sustainability, over the last 14 years, as we have heard, the health service has acquired the undesirable distinction of having the longest waiting lists, the lowest patient satisfaction and the worst strikes in its history. The noble Lords, Lord Patel and Lord Kakkar, not only described the harsh realities and inequalities of the current systems but asked what all parties would do about correcting it. I am flattered to be invited to give some flavour of how an incoming Labour Government—if there is to be such a thing—would approach the challenges ahead.

On that point, I am glad that my noble friends Lord Hunt and Lord Reid and the noble Lord, Lord Crisp, recognised the positive impact on the health of the nation of the last Labour Government, in which I had the honour of serving as a Public Health Minister. That allows me to say to noble Lords, including the noble Lords, Lord Bethell and Lord St John, and the noble Baronesses, Lady Boycott and Lady Finlay, that, when it comes to prevention and a focus on the broader improvement of health, I am totally signed up.

My noble friends Lord Hacking and Lord Parekh have brought a welcome analysis to today’s debate. I agree with my noble friends Lord Hunt and Lord Turnberg and the noble Baroness, Lady Hollins, that bullying, burnout and pressure on the workforce

[BARONESS MERRON]

is no way to retain or get the best out of people—we need only talk to people in other sectors to remind us of that.

This change will require a change in culture on so many levels. The noble Lord, Lord Crisp, spoke of the fundamental need for shared vision, hope and energy. It struck me that they are exactly what is missing at present in health and social care. As we have heard today and so many times before, social care is inextricably linked to the health service. I remind any incoming Government, including a Labour one, that there are a number of first-rate and considered Lords reports, including on social care, primary and community care, and long-term sustainability. Therefore, any Government would be extremely well advised to delve into them. Wes Streeting, shadow Secretary of State, has been very clear about the measures that need to be taken on social care, emphasising the need for long-term planning, thinking and funding.

The right reverend Prelate, the noble Baroness, Lady Cavendish, and my noble friends Lord Turnberg, Lady Pitkeathley and Lady Warwick were absolutely right to speak about the invisibility of unpaid carers and the poor treatment of employed care staff. That is not sustainable—and neither are the record levels of sickness and long-term conditions that affect the workforce, which my noble friend Lord Davies and the noble Lord, Lord Londesborough, spoke about so clearly.

I do not consider myself a technological expert, but rather a technological convert, which I am sure the noble Lord, Lord Allan, will be very pleased to hear. So I have looked to countries such as Israel, which I believe to be at the cutting edge, which is where the UK needs to be. At the emergency department of the Sourasky Medical Center, people register digitally, identify themselves through facial recognition and measure their own blood pressure, temperature and heart rate in self-triage booths. Patients are given a barcode and a number is sent to their phone, which they can track on a screen. The most serious cases are seen within minutes, and virtually no one waits more than an hour. Last month, this Tel Aviv hospital became the first in the world to integrate an AI chatbot into its triage process.

What is the driving force behind that? This Israeli hospital is designing healthcare around the needs of the patient, which my noble friend Lord Carter and many other noble Lords called for. Sadly, that is very much in contrast with Britain, where our NHS reels from crisis to crisis, while the political debate circles around funding, staffing and pay. The way that we bank, shop, travel and work has been digitised in the past decade, yet the NHS remains largely outdated. There are multiple IT systems in the NHS and no requirement for them to be interoperable.

That means that systems cannot talk to each other, sometimes even within the same hospital, let alone between institutions or between primary and secondary care. There are at least 21 different types of electronic patient records in hospitals and 34 apps to book an appointment. No company would be able to survive with productivity like this, as the noble Baroness, Lady Tyler, said. Let me ask the Minister: how has the Government allowed the NHS to develop like this?

NHS England's digital lead, Joe Harrison, estimates that every pound spent on technology generates between £3.50 and £4 in savings. Such an approach makes sound financial sense, as well as good health sense. While the case for reform is overwhelming, too often the innovators are thwarted by a fragmented system or vested interests. What is being done to overcome this?

We know that an estimated 13.5 million hours of doctors' time is wasted every year due to inefficient IT. Fixing that would be the equivalent of 8,000 new doctors joining the NHS. That is the difference between the huge staff shortages that we see and filling almost every vacancy for a doctor. With our country's population ageing, the health of the public worsening and chronic disease rising, the sustainability of the NHS is crying out for change.

I recently went to the National Theatre's production of "Nye", as I know many other noble Lords have done. When he created the NHS in the 1940s, Nye Bevan had absolutely no idea of the scientific revolution ahead. Regrettably, if we dropped Nye Bevan into the NHS today, he would see the modern-day pressures of an NHS that is overly hospital-based and gets to patients too late, at greater cost and with worse outcomes.

If Labour does get into government, we will arm the NHS with the modern technology it needs, doubling the number of scanners, and putting AI into every NHS hospital, so that patients are diagnosed earlier. We will get rid of the unnecessary bureaucracy whereby innovators have to tout their technology to each individual NHS trust; we would stop the need to sign separate agreements with each of them. We will streamline the route in for innovators and put the entire NHS in partnership with the technology and life sciences sector.

Following the pandemic, more than 32 million of us carry the NHS app in our pockets. That provides the potential to transform how the NHS interacts with patients, promotes good health and increases people's control over their own healthcare. We would make the NHS app not just something to assist the NHS in healthcare but a key component in delivering care—both preventive and curative—and empowering patients.

Finally, what do the health and care leaders want? They know that investing in primary and community care results in a lower demand in hospital emergency care. For every pound invested in the NHS, £4 comes back to the economy. The greatest economic returns come from investing in primary and community care, where we see a £14 economic return for every pound invested. If Labour is to be in government, this is the step change that we will make.

2.48 pm

**The Parliamentary Under-Secretary of State, Department of Health and Social Care (Lord Markham) (Con):**

I also thank the noble Lord, Lord Patel, for initiating this debate today. I am very happy to start off by answering the question of the noble Lord, Lord Hacking, by praising the NHS. The very ethos of the debate that the noble Lord, Lord Patel, brought up today is that, as critical friends, we know that we need to look at the challenges that the NHS is facing if it is going to be sustainable for the next 75 years.

I welcome the noble Baroness, Lady Ramsey. I enjoyed her journey and I shared some of her difficulties in finding her way around this building. I think I sum up the views of the whole House by saying that we are delighted that she has found her way to be with us here today and, generally, in the House of Lords.

I also thank all noble Lords for the constructive way in which this debate has taken place. Again, I praise the noble Lord, Lord Patel, for the way he framed this whole debate to bring that about. There were a lot of very thoughtful contributions, and in many ways we built on the debate that the noble Lord, Lord Scriven, called about six or nine months ago—this debate was very much in keeping with that. I particularly enjoyed the passion that the noble Baroness, Lady Boycott, brought to it all. I thought that at this stage I probably should not declare an interest in Costa Coffee—which I do not have, by the way. There were very many thoughtful contributions which I hope I will be able to build on, but I single out those by the noble Baroness, Lady Murphy, and the noble Lord, Lord Warner.

I want to avoid this being a political debate. Maybe contrary to some of the points of the noble Lord, Lord Hunt, we are seeing similar challenges across all four NHSs—across all four nations. I am afraid to say that maybe the worst-performing of those, from the records that many noble Lords will remember, whether we are looking at waiting lists or a number of other records, was Wales. These are challenges that we are all facing at this point. However, I want to be united in this debate in looking at the positive way forward.

I recognise that many noble Lords, including the noble Lords, Lord Hunt and Lord Warner, and the noble Baroness, Lady Murphy, brought up the overcentralised nature of the NHS. However, I disagree with the noble Lord, Lord Hunt, that this is due to direction from Ministers. The whole point of trying to set up the ICBs, as referenced by the noble Lord, Lord Carter, is to reverse that and put more power at a local level. These are early days in the life of ICBs but we definitely see them as the way forward.

I hope to answer the points made by the noble Lord, Lord Kakkar, and the noble Baroness, Lady Cavendish, on trying to make this into a long-term conversation. I freely accept that probably at this part of the political cycle we can have only so much of a conversation. However, on my part, whichever role I may or may not be in post election, I undertake to take part with whoever is in power in what I hope will be a constructive conversation. It needs to be the sort of environment where, as the noble Lord, Lord Allan, says, code wins the argument, and people are coming from all around and can have those sorts of constructive conversations. I think that will include a new contract between the NHS and the people, as the noble Baroness, Lady Hollins, says.

I will start by echoing some of the financial realities that the noble Lords, Lord Bethell, Lord Mawson and Lord St John, brought up. The reality of the situation is that we spend about 10% of our GDP on the NHS right now. It is going up as a proportion year after year, and it will go only one way. At the same time, no one is proposing major injections of cash. I think we all recognise the financial situation; the proposals that

Labour made, for instance, amount to less than 1% of the NHS budget. Therefore, I think that what we can all unite on right now is that this is an argument not about pumping in lots more money but about finding other ways to try to make the NHS more sustainable, in many ways using, as the noble Lord, Lord Warner, says, a “tough love” approach where that is appropriate.

I want to talk about the things we are doing in terms of the infrastructure and capacity, as the noble Baroness, Lady Murphy, mentioned. When I talk about infrastructure and capacity I am talking about the labour supply, the productivity plan and the capital estate, and I then want to combine that with the new way we need to engage, whether it is around technology, prevention or primary community care, which to my mind are the ways in which we will create a sustainable NHS going forward.

Starting with the labour supply, I completely agree with the point made by the noble Lord, Lord Hacking, that staff are at the heart of every successful organisation. That begins with making sure that we have the right number of staff, which is what the long-term workforce plan is all about—trying to make sure that we have the proper recruitment, training and long-term resources.

However, more important than any of that are the points about retention and the right culture, made by the noble Baronesses, Lady Hollins and Lady Finlay, respectively, so that people feel that they are valued and are in a caring and supportive environment rather than the bullying environment we have seen all too often. In answer to the questions from the noble Lord, Lord Carter, and the noble Baroness, Lady Cavendish, I say that the Messenger report is vital.

The role of management is fundamental. In answer to the question from the noble Lord, Lord St John, I can say that when I first came into this, I did a lot of work trying to look at hospital performance. I did all sorts of analysis, looking at demographics in a local area and the relative funding. No matter what I did, there was always at least 50% unanswered in the multiple regression analysis and so on. The conclusion I came to, which is probably not earth-shattering, was that that 50% performance is all about the management, leadership and culture that drives it.

As the noble Lord, Lord Kakkar, said, a lot of that is allowing people to work at the top of their profession. If you allow them to do that, that is when they can make the new developments and innovations. That means using technology and AI to help reduce administration, which I will come to later when I talk about the productivity plan. It will also mean some uncomfortable conversations, using other staff to do some more of the administrative parts. Again, I totally support, welcome and appreciate the moves that the noble Lords, Lord Hunt and Lord Scriven, are making in the use of things such as physician associates, which is about trying to take away a lot of that burden so that doctors really can practise at the top of their profession.

In response to the point made by the noble Baroness, Lady Tyler, about productivity, that needs to be and is being put into a detailed plan that we can all review. We will have the opportunity to do so around July. As the noble Baroness, Lady Merron, said, we absolutely



[LORD MARKHAM]

identify that we need to replace the inefficient IT estate, among other things. It is doing a lot of the basics in PCs, wifi and all the things mentioned by Joe Harrison, whom I know well; I work with him every week. It is about systems, EPR and arming the staff and clinicians with the basic equipment. You can start small, as the noble Lord, Lord Mawson, said. As well as electronic patient records and the FDP, those are the things from which we will get productivity improvements. When I talk about figures such as the £35 billion, I am talking about increased output, not savings. I am talking about how we can get increased treatments and output—and definitely by using the things mentioned by the noble Lords, Lord Reid and Lord Carter: payment by results and the right incentive systems; and, as the noble Lord, Lord Crisp, said, the use of the independent sector to supply, where relevant.

Of course, vital to all this is the capital estate. That is why the new hospital plan is a vital part of this. The work shows that if you put the right digital instruments in place and the infrastructure into hospitals, you get 10% more productivity. In answer to some of the questions from the noble Lord, Lord Warner, I say that if you put the right real estate in as well, the combination gives you 20% more productivity. That is not just time output but reductions in the length of stays. We all know that the sooner you can get people home, they are more likely to go on and live successfully in their environment.

Regarding the points around adult social care and the training and qualifications of the staff, which were made by the right reverend Prelate the Bishop of Newcastle, the noble Baroness, Lady Warwick, and the noble Lord, Lord Turnberg, I totally agree. That is what we are trying to do. We have for the first time introduced a qualification for adult social care staff and training. We have put 18,000 different adult social care providers into a system where they can put up training and get easy management of payments for it all. More needs to be done long term for a fundamental funding model; that goes to the points raised by the noble Baronesses, Lady Warwick and Lady Cavendish. That will involve a covenant of care but, honestly, we need to do more work on long-term funding solutions.

I cannot say enough about prevention. My noble friend Lord Bethell said to me, “Very simple, your speech today: prevention, prevention, prevention”. There are a few more things but I will definitely add a few “preventions”. The long-term workforce plan and productivity plan are designed towards that. The screening programme that we are doing is because Chris Whitty’s biggest concern is that simple things such as blood pressure which were missed during Covid will now lead to excess deaths in heart disease. As the noble Lord, Lord Patel, mentions, those simple blood pressure measures and mid-life MoTs are fundamental to what we are trying to do. I will take a leaf from the book of the noble Lord, Lord Allan, because it is right: we need the champions in that space.

I agree with the points made by the noble Baroness, Lady Boycott, on the importance of dentistry and early check-ups being needed for the prevention agenda. Our new plan regarding school checks and water fluoridation is all to help with that. I see a future

world, of which I will talk more later on, where you have a much more targeted screening programme. In addition to our mid-life MoTs, which are blanket programmes, AI needs to be used to help target screenings so that we can really help people in prevention.

I agree on the ever-increasing use and funding of acute hospitals, which none of us has solved, as raised by many noble Lords. There is a need to rebalance this towards primary and community care. I look forward to the report of the committee of the noble Baroness, Lady Pitkeathley, on the integration of it all and what we can learn from its points. Things such as Pharmacy First are good ways ahead. We have seen 98% of pharmacies sign up and already there have been 125,000 consultations. With the dental plan, we have had 500 new surgeries and a 50% increase in the numbers taking adult NHS patients. However, we need the new model of care mentioned by the noble Lords, Lord Scriven and Lord Crisp, care that is away from the acute hospital and in the community. I cannot speak more highly of the Bromley by Bow Centre, which I visited. The noble Lord, Lord Mawson, should be very proud of everything that I saw there. Of all the visits that I have done in almost two years in this job, it was one of the ones that I enjoyed the most and was most impressed by. That is the model we should take going forward.

That centre is doing exactly what the noble Baroness, Lady Chisholm, mentioned, in looking at the whole health of the person and seeing how it can really care for them in the community. Of course, that requires community nursing. My mother was a community nurse, so I realise that. It needs to be backed by technology. I am proud to say that I have been responsible for the app for the last 18 months and we have gone from 10% of people having their medical records to over 90%. As the noble Baroness, Lady Merron, said, we now have 33 million people using the app for digital prescriptions, medical records and appointments, which the noble Baroness, Lady Pitkeathley, had an example of just the other day.

We do need to broaden things out, so more people realise all the features that are on the app, but we really do see the app as the front door of access to the NHS. It will deal with future therapies, whether musculoskeletal, as many noble Lords have mentioned, or mental health. That gives opportunity for it all. On the point made by the noble Lord, Lord Parekh, the app does allow people to take control and to take power away, sometimes, from the experts, giving them control and putting the power in their own fingertips.

Data and AI are fundamental to this, to enable the sort of precision medicines my noble friend Lady Blackwood mentioned. I thank her, and Genomics England for all the work it is doing to lead on this. It is an institution we should rightly be proud of. That is the future of medicine, but it is all underpinned by the data. Funnily enough, I have kicked off cataloguing of that, because it is fundamental.

On adult care, we have increased digitisation from 20% to 60% quite quickly. Having the data at the heart of this will allow competition and innovation to take place. But we need to make sure that that conversation happens in the right way, so that we bring the public with us on that journey.

I hope that gives a vision of the things we are trying to do to put the infrastructure in place—the supply, workforce, technology, IT and capital—accompanying that with new ways of working, whether it is a focus on prevention, more input into primary and community care, or using AI, technology and genomics to lead the way forward. I think we all agree that that is the only way we will get a sustainable health service going forward.

I thank the noble Lord, Lord Patel, and all noble Lords who have contributed for the spirit of the debate and its thoughtfulness. I give special thanks again to the noble Baroness, Lady Ramsey, for choosing this debate for her maiden speech, and I thank the noble Baroness, Lady D’Souza, for joining us on her 80th birthday. As ever, I apologise to those whose contributions I have not managed to cover completely, and I promise to write giving a thorough wrap-up.

3.07 pm

**Lord Patel (CB):** My Lords, the new rules do not allow me to speak at length, so I am constrained. I truly am constrained, because I would have loved to dissect some of the speeches made by some of my friends. I wish that the hospital, wherever it was, had treated the noble Baroness, Lady Murphy, better, because her speech might have been different. When I put in a bid for this debate, I did not imagine that I would get the talent pool we got today, or the brilliant speeches that have been made. Top of the list, of course, is the maiden speech by the noble Baroness, Lady Ramsey of Wall Heath; we look forward to hearing her over and over again.

I had intended that this would not dissolve into a political debate, and I am glad that it did not. I am glad that my challenge to all three Benches paid off. By the way, I say to the noble Lord, Lord Allan, that it was this House that won the vote to put mental health at equal esteem; it was not the other House, although the Minister, Norman Lamb, did help. It was an amendment by the noble Baroness, Lady Hollins, that won, although I had to call it because the noble Baroness was not here at the time.

I thank all noble Lords again; I am grateful that they all joined in this debate. It contained lots of ideas, but the key thing that came out was the need to make community and primary care stronger. The second thing was the solution to social care: it is funding, whichever way we go. The other thing was data. By the way, as the noble Lord, Lord Allan, was speaking, I asked ChatGPT: “How can data help healthcare?” It produced immediately a 700-word, six-point response; I might send it to the noble Lord.

*Motion agreed.*

## **Children and Young People: Local Authority Care**

*Motion to Take Note*

3.11 pm

*Moved by Lord Laming*

That this House takes note of the continuing increase in the number of children and young people being committed into the care of the local authorities.

**Lord Laming (CB):** My Lords, I am very pleased that we have the opportunity for this timely debate on such an important subject, and I am most grateful to colleagues around the House who will contribute to it. Furthermore, we all know that the Minister has a keen interest in this subject. I hope it will help if, at the outset, I set out some points on which I feel sure we can all agree.

First, it is clearly a matter of great importance whenever the state decides to take over the parenting of someone else’s child or children. To remove a child from the care of its parents is not an action to be undertaken lightly. In each case, the decision must be soundly based on a careful assessment and with clear evidence as to why this most serious action is justified.

Secondly, it therefore follows that children must never be taken into care for what might be called trivial reasons; this action must be taken only after other possibilities have been carefully considered.

Thirdly, for these reasons, in the vast majority of cases the problems of the family and the threat to the safety and well-being of the child have been identified at a much earlier stage by one or other of the key front-line services. It is very likely that the child will have been thought at an earlier stage to be at risk and in need of special attention. Sadly, this information is not always shared. As a result, the opportunity for early intervention is often lost, resulting in a crisis and, inevitably, the child having to be taken into care.

Fourthly, once the child has been taken into care, the local authority has a legal and moral duty to be a good parent. That means that every subsequent decision and action taken should be seen to be in the best interests of the child. The law is clear that the well-being, safety and proper development of each child is of paramount importance.

It is sad to say, but the record of the state as a substitute parent all too often falls well short of an acceptable standard. This is partly because, over the last decade, many local authorities thought it a good idea to outsource their services. In a nutshell, this meant that they placed the provision of these much-needed local services in the hands of private companies and, in some cases, hedge funds. The 2022 report by the Competition and Markets Authority makes for sorry reading. The *House* magazine summed it up well when it stated that the report

“highlighted a highly fragmented, complex market, that means individual councils find it hard to plan for and therefore provide their own residential and foster care, leaving them at the mercy of private providers”.

One consequence of that is that, in some cases, the financial charges for the care of an individual child can be nothing short of breathtaking. In addition, because of these changes, in many cases children are being placed huge distances away from their home area, their wider family, their school, their friends and even their siblings. Even worse, many are being placed in unregistered accommodation.

The increase in the number of children being admitted into the care of local authorities must be a matter of great concern to us all. In brief, in 2010 there were 64,460 children in care in England; by 2015, that number had increased to 69,460; by 2023, it had grown

[LORD LAMING]

to 83,840, and it is still growing today. I am sure we can all agree that we should question why that is so. What is happening in our society that is resulting in so many more children being placed in local authority care? There will be many contributing factors to be considered and I am sure the Minister will refer to some of them, but surely the first and most obvious reason is that over the past decade there has been, year on year in real terms, a marked reduction in the funding of local government services. That has resulted in the cutback of many preventive family and child support services.

Despite the recent allocation of additional funding to local authorities, for which I pay tribute to the Minister, the reality is that, while these recent increases in finance are welcome, the funding of essential services by local authorities has not yet got back in real terms to where it was in 2010. Yet, during that same period, there have been huge increases in demand for family support and child protection services. Indeed, there is a real danger, as we sit here today, that the situation could become much worse. According to the Local Government Information Unit,

“Over half of councils face bankruptcy within next parliament”

unless local government funding is reformed. To add emphasis to that point, the chair of the Local Government Association states that more than eight in 10 local authorities are expecting financial hardship to increase locally in the next 12 months. That is why in many local authorities the non-statutory services that are essential in the support of families and young people have been dramatically reduced, along with financial support to some outstanding charities operating in this field.

So the essential steps of early referrals, joint assessments and agreed action plans across the key services that enabled many families to overcome whatever difficulties they encountered are, in many parts of the country, no longer available. As a result, all too often, helpful early intervention in the family is delayed until the crisis has happened, and as a result there is no alternative to the child being taken into care.

The MacAlister review, commissioned by the Government, made clear that the social services care system is

“increasingly skewed to crisis intervention, with outcomes for children that continue to be unacceptably poor and costs that continue to rise”.

Thank goodness that in this country we have some remarkable foster carers who generously invite into their families a hitherto unknown child with special needs, as well as some outstanding staff in residential units.

I pay tribute to the Minister for all she is doing to address matters such as kinship care and the development of local hubs. The guidance issued by her department states:

“Local organisations and agencies should have in place effective ways to identify emerging problems and potential unmet needs of individual children and families. Local authorities should work with organisations and agencies to develop joined-up early help services ... through a Family Hub model”.

I agree with that, but we must not delude ourselves. Services for children and families are far from where we would wish them to be.

Let me put this in a wider context, because it needs to be emphasised. It is not as if this country has been faced with a huge increase in the number of children being born. On the contrary, since 2010 the fertility rate in Britain has been falling below the replacement rate of 2.1 children per woman. It now stands as low as 1.4 children per woman. The stark reality is that, while the birth rate has been going down, in contrast, the number of children taken into care has been going up markedly. It is surely time for us all to pause and undertake a careful, honest and well-informed assessment of the stark reality of the position of services for children and families and to decide on whatever way ahead can be achieved.

I end with a sobering thought. While there are almost 84,000 children in care in England, I am advised that, today, there are only 73,000 soldiers in the whole of the British Army. The reality is that it would be hard to squeeze all the children in care into Wembley Stadium. We are now on track to record 100,000 children in care in England. Surely this is unacceptable, and it must cause great concern to the whole country. Should not these figures give us all reason to think again? Children are our future. Each child is precious. Surely we can do better; surely we must do better for each of these children. We can do better for them, and I hope we will. I beg to move.

3.23 pm

**Lord Lexden (Con):** My Lords, I am very glad to contribute to a debate opened so powerfully and movingly by the noble Lord, Lord Laming, one of our country's leading experts on social care—from whom, incidentally, I have received much personal kind encouragement about aspects of my work throughout my time in your Lordships' House.

I have just one purpose in contributing to this important debate. It is to commend in the strongest terms the work being done to enable more children in care to find places in our nation's boarding schools—schools which provide for so wide a range of achievements, including in sport, music and other arts subjects. I declare my interest as president of the Independent Schools Association, one of a number of organisations in the independent sector whose members include schools with boarders.

It is important to remember that there are number of fine boarding schools in the state sector of education. As I have often pointed out in your Lordships' House, this is a time of ever-increasing collaboration between schools in the two sectors. Huge encouragement is to be drawn from the enthusiasm with which, to a greater extent than ever before, they are working together to their mutual benefit, and our country's gain.

Experience shows that some children in care thrive in boarding schools, loving the wide range of opportunities that they provide. It is equally clear that other children would not profit from a boarding education. Local authorities need to identify those children who would benefit, and to make suitable provision for them. In carrying out this aspect of their work, in recent years,



they have had growing encouragement and support from this Government, offered not in any spirit of dictation, but out of a desire to ensure that advice and guidance are available for local authorities to draw on when they wish.

A highly regarded charity, backed by the Government, stands ready to assist local authorities in the discharge of their duty. It is called the Royal National Children's SpringBoard Foundation. In its own words, the foundation works,

“with Local Authorities across England and Wales to identify children who are looked-after or identified as being ‘in-need’ who might benefit from the opportunities of a boarding school education, to broker placements in schools best placed to meet their academic, social and pastoral needs, and prepare and support them to thrive throughout their bursary placements”.

Is this not a service that everyone, whatever their political views, should welcome and encourage?

In the last four years, the foundation's work has enabled more than 200 children in care to secure fully funded places in independent and state boarding schools. This has been achieved as a result of the foundation's involvement with more than 50 local authorities and more than 200 boarding schools which have committed themselves to giving priority to children in care when filling up bursary places. These are important developments which should be noted by all those concerned to ensure that the varying needs of children in care are properly addressed.

Last year, the foundation got Nottingham University's education department to provide an independent assessment of how children for whom boarding places had been provided were doing. The university's exercise showed that such children were four times more likely to achieve good GCSE grades in English and Maths than other vulnerable children. They were five times more likely to study successfully for A-levels and to go on to university. Interviews conducted with the young people themselves showed that,

“in their view, such opportunities can be life changing”.

As for the cost, the Nottingham researchers estimated that:

“savings to the public purse from sending 210 children in the study to boarding school were in the region of £4.47m”.

Can there possibly be any argument against expanding these cost-effective, life-changing opportunities for children in care?

3.28 pm

**Lord Wood of Anfield (Lab):** My Lords, I also thank the noble Lord, Lord Laming, for this timely debate—to use the cliché, The sad truth about our children's care system is that it is always timely because the crisis just keeps going and getting worse.

The basic statistics, some of which the noble Lord, Lord Laming, referred to earlier, make very grim reading. Some 84,000 children are now in care—up 20% in a decade. Also, in the last decade there has been a tripling of the percentage of over-16-year-olds in care and a tripling of unaccompanied asylum-seeking children. The system is under increased pressure, particularly since the financial crisis, and these pressures are worsening month by month. The LGA has estimated a shortfall of £4 billion in our local government care

system. As the noble Lord, Lord Laming, pointed out, there has been a shift in spend away from early intervention, which has reduced by nearly 50% since 2010, towards late intervention, which has increased by nearly 50% in the same period. The result is a big shortage in local authority-funded placements. Sixteen secure homes have shut since 2002.

The real crisis, though, comes from how local authorities—purely through constraint and pressure—have been forced to respond in different ways. First, there has been a huge increase in private sector residential care, which is now 85% of all homes. Why is this important? It is important because this is when local authorities lose control of the type, location and cost of provision. It is when private equity involvement increases, often with up to 20% margins for the largest companies. This sometimes leads to dangerously high levels of debt, the risk of which is borne ultimately by the local authorities and the very children whom they are supposed to be protecting.

Secondly, hundreds of vulnerable children are now being sent to unregulated homes because of a chronic shortage of places. There has been a 277% rise in the number of children placed in unregulated children's homes since the pandemic. Just think of that; the most vulnerable children of all are in illegal placements.

Thirdly, there has been a tripling of children living in supported accommodation without any care at all. NGOs such as the Family Rights Group worry that the Government's new regulatory approach will unintentionally confirm this as the new status quo. There is also the greater use of placements that involve distance and separation from family. Over one-third of children in the system are separated from their siblings. The average distance from family is now 18 miles, and over 20% of children live over 20 miles from their families.

We also have the inadequate use of kinship care, although I applaud the Government and officials for taking steps towards rectifying this in recent months and years. Groups such as Become and Kinship, as many noble Lords will know, have championed this issue ferociously. At the moment, however, only 15% of all children in care are in kinship care. The care system has not traditionally explored these options early enough, nor offered enough help to those family and friends who might provide that kind of care.

On top of this, there are labour shortage issues, with a 20% vacancy rate in social worker posts, a very high turnover in children's homes and a declining number of fostering households.

It is a bleak picture, but we should acknowledge, as the noble Lord, Lord Laming has said, that the Government have taken some steps forward. Commissioning the MacAlister review was one, along with the development of local family hubs and the provision of more funding. Michael Gove and the Chancellor recently made some announcements on the children's care estate. Of the percentage of funding that MacAlister envisages, something like 10% to 12% has been put in place so far.

Some of the things Government should do are not really about extra funding, although they will involve some extra funding. Take kinship care as an example.

[LORD WOOD OF ANFIELD]

The organisation Kinship estimates that, for every 1,000 children looked after in well-supported kinship care rather than local authority care, the state saves £40 million and increases their lifetime earnings by £20 million. We also need stronger enforcement of the existing obligation for local authorities to have a kinship care policy. More than one-third do not have one, even though they are required to. We need more proactive strategic planning involving families—a shift to state support rather than simply increasing child protection inquiries, over 70% of which do not result in further action. We also need much better regulation of children's homes to stop the debt problem and the leakage into the unregulated sector.

We need considerably more money, and I have a small suggestion of a down payment. Some £600 million per year comes from the carried interest loophole in the private equity sector. Many of the companies within that run these children's homes. That would be a very small down payment to an increase in funding for this much-neglected sector.

This House and the other House have to make sure that we keep this as a priority. It is a sector that does not have the strong voices, sharp elbows or the champions that other children's and health issues have. It gives us more responsibility to keep that voice strong.

3.33 pm

**Baroness Tyler of Enfield (LD):** My Lords, I congratulate the noble Lord, Lord Laming, on securing this critically important debate and introducing it so expertly.

Pressure on children's social care is at an all-time high. As we have already heard, there are almost 84,000 children in the care system. In my view we are facing a perfect storm, with escalating numbers of young people coming into a system that has become increasingly focused on delivering late intervention services, in particular high-cost residential care placements. Councils are unable to invest in early intervention services that can prevent families reaching crisis point and children having to enter care in the first place.

The figures are stark. On average, the cost of a residential placement is four times that of a foster placement. In the last 10 years, spending on early intervention has almost halved, while spending on late intervention has risen by almost one-half.

We know that more children are entering care with complex or multiple needs. There has been an increase in the number of older teenagers entering care. School age children in care are more likely to have special educational needs and mental health problems. Children in the most deprived 10% of neighbourhoods are over 10 times more likely to be in care or on a protection plan than those in the least deprived 10%.

I think we can all agree that children in care need stability to heal and thrive, yet for too many their experience of care is characterised by instability: being moved from home to home or school to school, being separated from siblings, being moved far away from their support networks, or facing a revolving door of social workers and other professionals.

Over the past decade, as we have heard, there has been a significant change in the way that care placements, particularly residential care placements, are provided. As of last year, private providers operated over 85% of all children's homes. The Competition and Markets Authority has reported how this changing market has led to what it calls a power imbalance between private sector providers and local authority commissioners, reducing local authorities' control over the type of provision that is developed, where it is located, and the cost. Little wonder that there are increasing concerns about the role of private equity companies in providing residential care, excessive profit levels among the largest providers and the rising sums that councils are having to spend on residential care.

A recent report by the investigative journalist Justine Smith in *The House* magazine, already referred to by the noble Lord, Lord Laming, provided truly alarming figures, including a 25% hike in prices in just two years, at the same time as 23% profit margins were taken by the biggest operators. The Competition and Markets Authority report also highlighted that the level of debt carried by some of the largest private providers presents a real risk to local authorities and the wider care system. A real concern is that studies have shown that for-profit children's homes are too often rated of lower quality than other provision types.

We need to introduce a more effective children's social care commissioning system as a matter of urgency to help reduce the reliance on private sector firms that are carrying large amounts of debt. I can put it no better than the words of Josh MacAlister, chair of the independent review of children's social care, who said:

“When sovereign wealth funds are investing in your country's children's homes, you know there is something very wrong”.

Like the noble Lords, Lord Laming and Lord Wood, I am concerned about the use of unregulated care homes, which is the subject of another recent *Observer* investigation. It seems to me that something is going very wrong. I would be grateful if the Minister told me what the Government are doing about this.

Sadly, I do not have enough time to talk, as I would have liked, about the Government's strategy for reforming children's social care. As I have said before, it is a very much a step in the right direction but does not go far or fast enough to address the scale of the challenge. I would therefore like to finish by asking the Minister a couple of questions. First, the Government's Spring Budget provided some welcome additional money for extra children's home placements. It said that the Government were going to develop proposals to combat profiteering in the sector and look at new ways of unlocking investment in children's homes. Could the Minister please spell out what these proposals are and how quickly they are likely to come into effect? Finally, could she also give a timetable for when the Government plan to publish a children's social care Bill, which would provide a vehicle to bring forward many of the reforms of children's social care that this Government committed to in their *Stable Homes, Built on Love* strategy?

3.38 pm

**Lord Meston (CB):** My Lords, like others, I am grateful to the noble Lord, Lord Laming, for his introduction to this debate, which we all found as powerful as it was accurate.

My contribution is as a family lawyer who has been involved in public law care proceedings for much of my professional life, latterly as a judge in the family court, and as someone who has had to make care orders. In some cases, the outcome is sadly obvious and the process relatively easy, but in many cases the decisions required of the person making them are agonising, particularly when they may involve irrevocable changes for parents and children.

The increase in the number of children subject to care orders is not the result of any changes in the law. Most decisions are governed by the fundamental needs of each child for safety, security, stability and permanence. The courts have to consider all viable options and, particularly since the Human Rights Act, rigorous analysis is expected. Fortunately, this is one of the few areas where parents have automatic entitlement to legal aid, and vitally, the child is independently represented.

The system of children's social care should, of course, offer support to families well before any crisis is reached and before the courts become involved. The reductions in financial and human resources, not least the curtailment of Sure Start, have meant that it is now often only a crisis that activates the system. Earlier and effective engagement with parents, overcoming their mistrust and gaining the involvement of the wider family in family group conferences are crucial in setting out the expectations of parents and avoiding the need for care proceedings. They must, in the same way, enable exploration of the prospects for kinship care. A recent initiative by the Family Rights Group called "Reimagining pre-proceedings" emphasises the structure and value of preventive work, which can and should be done to head off care proceedings and stabilise the family. That sort of work should be the norm, not the exception, serving to reduce high levels of late intervention.

The system depends on the retention of trained social workers who, as Josh MacAlister wrote in his 2021 report, have to make complex and challenging decisions every day. They require the skills and confidence to provide informed and robust assessments. Parents and children, as well as the courts, need continuity in the allocation of social workers. When, as too often happens, a stressed social worker leaves or moves on, progress can be halted; a familiar face vanishes, making a difficult case more difficult. If that happens after proceedings have started, there will be added pressure on the Cafcass children's guardian to try to steer the proceedings forward in the right direction.

Not all cases are susceptible to pre-proceedings work. The other demanding category of cases concerns applications for care orders in respect of newborn babies whose mothers have avoided any antenatal care. They slip under the radar, yet 47% of newborns subject to care proceedings are born to mothers who have themselves been subject to such orders. The local authority becomes aware of those mothers only when they arrive in hospital to give birth, when it may have

to make urgent applications for an emergency protection or interim care order. Very often that involves mothers who have used drugs during pregnancy; there is nothing more distressing than seeing and hearing a newborn baby who is withdrawing from drugs. If there is no reliable support in the wider family, the local authority has to struggle to find suitable foster care or specialist placements at short notice, then struggles to avoid changes of placement. The costly resort to private providers has been mentioned.

As the President of the Family Division has said, judges are being forced to perform functions that are properly the role of the state. I have stressed the importance of pre-proceedings work, and I wish briefly to point to other work that could and should be done, building on initiatives that deserve more than patchy support. First, more is required to ensure and underpin wide operation of family drugs and alcohol courts. They can divert parents away from conflict with social workers, towards the help and support they need to have a realistic chance of recovering and retaining their children.

Finally, much more is needed to support parents, particularly mothers, after a child has been removed. The saddest statistic is that at least one in four women will return to court having had a previous child removed. Too often they have reacted to the removal with an ill-considered decision to have another baby, with all too often the same consequences. They are truly wretched cases to deal with. Therefore, I certainly hope that the Government can endorse the intensive and expert work being done by the charity Pause to prevent this cycle of removals.

3.44 pm

**The Lord Bishop of Newcastle:** My Lords, I thank the noble Lord, Lord Laming, for securing this timely debate, and particularly the noble Lord, Lord Meston, for his remarks just now, with which I strongly agree. Yesterday afternoon I attended the launch of the Child of the North APPG's report, *Children in Care in the North of England*, and heard the compelling testimony of two young women, Rebekah and Kirsty, whose lives have been impacted by experiences in the care system.

The number of children entering local authority care is increasing nationally, but the north of England persistently records the highest rates of children in care. Local authorities bear the financial burden, with their budgets increasingly directed towards often unregulated private residential care providers, as other noble Lords have referred to, rather than long-term investment supporting families before they reach crisis point; a child in trouble can also be a family in trouble. We have a cycle in which cuts lead to reduced preventive services, resulting in more children entering care and budgets further spent on crisis intervention. As the Child of the North APPG heard yesterday from Amy Van Zyl, CEO of the Newcastle-based charity REFORM, there is a critical need for liberated methods of tackling systemic issues rather than overregulation, which can result in silo working, and a full recognition that deep-rooted issues of poverty are a major factor in the alarming statistics behind which are the lives of real people.



[THE LORD BISHOP OF NEWCASTLE]

I want to highlight the use of family group conferences, which are mediated meetings involving parents and wider family members to help determine how best to support their children. This model originated in New Zealand, a country with which I am familiar, in response to the disproportionate number of Māori and Pasifika children being removed into state care. They empower families to make their own decisions for their children, placing children's voices at the centre. A study published by Foundations last year confirmed that family group conferences reduce entry into care. However, unlike in New Zealand, UK local authorities are not obliged to offer them. Will the Government extend their preventive services so that every family, where there are concerns about the care of their child, is offered a family group conference?

The north-east also has the highest proportion of kinship care households in England, with one in 50 children living in the care of a relative or family friend. I welcome the Government's publication of the national kinship care strategy, which marks a leap forward in recognising the invaluable contributions of kinship carers. However, the strategy does not go far enough to provide them with the financial, practical and emotional support they need. Some 12% of kinship carers are concerned that they cannot continue caring for their children in the next year if their circumstances do not improve, with most citing financial pressures as the reason.

The Government's strategy announced a pilot scheme through which certain kinship carers will receive a financial allowance. With kinship care having clear benefits over other care arrangements, when will the sacrifices of kinship carers be recognised through the rollout of funding, equal to that of foster families, in all local authorities?

I finish by quoting the words of a care leaver featured in the Child of the North APPG's report:

"The point of being in care is to be cared for".

I question whether our current system can truly deliver this and urge the Government to consider a vision for long-term, sustainable solutions to this chronic situation.

3.48 pm

**Lord Young of Cookham (Con):** My Lords, no one is better qualified to lead a debate on children in care than the noble Lord, Lord Laming, whom I first met 40 years ago when I was a junior Minister and he was already a colossus in the world of local authority social services. Since then, he has been instrumental in developing national policy on childcare and holding Governments to account.

I begin with a word of tribute to the statutory workforce and the voluntary workforce looking after children. As we have heard, they operate in very challenging circumstances and quite often they enable a child who has had a very difficult start in life to have a happy outcome. I want to focus my remarks on the role that adoption, fostering and kinship care can play in meeting the challenges we have been talking about. I declare a minor interest in that some time ago my wife and I did some respite fostering. I am grateful to Carol Homden of Coram for bringing me up to date.

I welcome some of the initiatives that this Government have introduced, such as the extra pupil premium, the adoption support fund and, recently, the kinship care strategy. In passing, I note that it shows what a Minister, Edward Timpson, can achieve if left in the same place for five years, ably supported by my noble friend on the Front Bench. But the country faces a demographic challenge. As we have heard, the numbers of children coming into care continue to grow and, within that population, as we heard from the noble Baroness, Lady Tyler, there are more complex problems because the children who come into care are older.

On the supply side, the people who traditionally fostered and adopted are ageing, and they are not being replaced. The number of children in care who have been adopted has fallen from 3,590 in 2019 to 2,960 last year, and between 2015 and 2022 more fostering households deregistered than were replaced. The traditional families who adopted and fostered are increasingly having to look after elderly parents, and quite a few have grown-up children still living in their home because they have been unable to move on. This trend is reflected in the latest Ofsted figures, which reveal that in the year ending March last year there were 125,000 initial inquiries from potential foster carers, a drop of 9% on the previous year. This was confirmed by Ofsted, which said:

"As the number of children in care continues to grow, matching them with the right carers becomes increasingly difficult. This makes it more likely that very vulnerable children will face placement breakdowns and further disruption to their lives".

A recent fall of 11% in local authority foster care households has meant, as we have heard, that councils are increasingly turning to expensive agencies, putting further pressure on their budgets. At the same time, they are losing the experience of the foster parents leaving the market. Part 1 of the Children and Families Act was meant to

"speed up the adoption process and enable more children to be placed in stable, loving homes with less delay and disruption".

This was a worthy ambition, not least since adoption is the most stable form of placement, but adoption has fallen. We see the consequences of not getting this right. Some 25% of the prison population are former care leavers and 25% of those sleeping rough have been in care. As we heard from the noble Lord, Lord Wood, and others, children in care are moved too often, further away from home and away from their siblings.

I agree with the noble Lord, Lord Laming, that as a country we can do better. For example, we saw the response to the Homes for Ukraine campaign when a further crisis confronted this country. We need to encourage more people to adopt, to foster and to enter kinship care. That means looking at the low conversion rate of inquiries to acceptance; only 6% of the initial 125,000 foster care inquiries resulted in successful applications to become a carer. The journey needs to be better advertised, more user friendly and quicker.

We also need to look at the financial offer to the groups I have mentioned, as we heard from the right reverend Prelate, financed by savings on expensive residential care. Should there be such a black and white distinction between adoption and fostering, which discourages many from moving from fostering to

adoption? Can we make better use of existing foster parents to recruit new ones? Can we broaden and diversify the fostering population? Crucially, as we heard from the noble Lord, Lord Meston, can we resource children's services so that they can recruit and retain qualified staff to supervise the whole process? I hope this debate can build on what has been done and lead to better outcomes for children.

3.54 pm

**Baroness Benjamin (LD):** My Lords, I congratulate the noble Lord on securing this important debate. He and I are kindred spirits in feeling compelled to highlight the urgent social care crisis facing children and young people in this country, and to set out overdue solutions that the Government must take to ensure that children grow up feeling safe, happy, healthy, loved and hopeful about their futures. That is what the charity Barnardo's strives to achieve; I declare an interest as its vice-president.

The pressures on children's social care are at an all-time high. There are now more children than ever in the care system—as we have heard, over 80,000. The growing number of children entering care is concerning, not least because children who grow up in care continue to experience a range of poor outcomes compared with their peers. They are more likely to end up homeless, in prison, or have mental health issues. The impact of having more children placed into the care of local authorities has long-term consequences for society, which will come back to haunt us if nothing is done urgently.

Over recent months and years, we have seen the resources of councils that have to care for children increasingly stretched, with many local authorities at financial breaking point, affecting their ability to meet the needs of children and families. Recent evidence from the Local Government Association found that nearly one in five councils is concerned about bankruptcy in the next two years. This means that the system has become increasingly focused on delivering acute and late intervention services, rather than early intervention services that help prevent families reaching crisis point.

Barnardo's and other leading charities recently commissioned research on this very subject. In their report *The Well-Worn Path*, they found that early intervention services had been reduced by 45% in the last 12 years. The report also found that increased spending on children's residential care, particularly private sector provision, is putting considerable strain on local authorities. Although spending on children's social care increased by £800 million last year, £4 in every £5 of that increase is going on late intervention services rather than early help. Evidence has shown that if the Government increase spending on early intervention services, it would not only improve outcomes for families but be more cost effective long term. It is a false economy to cut early intervention services.

There is also the moral case: the Government should provide early help to families in need so that more children can remain living safely with their birth families. In turn, local authorities can focus on providing the highest possible level of care for those who enter the care system. Sadly, I know from my work with Barnardo's on its *Double Discrimination* report that black children are more likely to be in care compared with their peers.

They need our help and consideration more than ever, before they end up on a conveyor belt of crime and mental health issues.

We have seen some changes, including the extension of the children's homes estate announced in the Spring Budget, but a children's social care Bill was noticeably missing from the King's Speech in November. I know the Government commissioned the independent review of children's social care, which the children's charity sector largely endorsed, especially its legislative changes. But although the Government are going to run "families first" pathfinders, looking at improved early help in 12 areas, most of the country will see no change until 2026. Children and families cannot wait that long; the crisis is on their doorstep right now.

We must keep children and families together to reduce the number of children placed into the care of local authorities. I ask the Minister, who has shown real commitment to this issue: will the Government commit to investing in early intervention and transform children's social care by adopting all the recommendations set out in the independent review of children's social care, and to having a children's Cabinet-level Minister to bring cross-governmental policies together to benefit our children's well-being?

All children, especially those in care, need to be nurtured and loved unconditionally if they are to grow up to be well-adjusted adults contributing to society, and positive role models to their children. As I always say, childhood lasts a lifetime.

3.59 pm

**The Lord Bishop of Southwell and Nottingham:** My Lords, I too am grateful to the noble Lord, Lord Laming, for bringing this important debate forward and for the very compelling case that he set out in his introduction. I am also grateful for the immensely valuable contributions made by other Members.

It is surely one of the primary tests of a civil society that, where it is necessary for a child or young person to be brought into care, the very best outcomes are made possible through the quality and consistency of that care, whatever financial constraints arise in the economic cycle. So many outcomes later in life are directly related to childhood experience. That is why it should be an all-party commitment that money for children's services should be ring-fenced, including those that enable vital early help and intervention, as the noble Lord, Lord Laming, the noble Baroness, Lady Benjamin, and other noble Lords expressed so well.

We cannot risk children's social care becoming merely a blue-light emergency service only able to respond in a crisis. The current financial context is only getting worse, with the costs of placements for children in care now seen as one of the biggest financial risks across many upper-tier local authorities. Nottinghamshire County Council, a well-run and fiscally prudent local authority, expects to look after no more and no fewer children in the next year. Its looked-after numbers have been relatively stable for the past four or five years. However, the cost of looking after its 950 children will rise by around £7 million this year, with the average cost of a placement for each child now at £132,000 per annum compared to £119,000 a year ago.

[THE LORD BISHOP OF SOUTHWELL AND NOTTINGHAM] Local authorities need to know what plans the Government have to ensure that children continue to receive the right support at the right time.

There are two areas that I will bring to your Lordships' attention: early intervention and support for foster carers. At this point, I also declare an interest as having been a foster carer for over 12 years. First, reduced local authority funding is already having a disproportionate impact on services that provide vital early intervention. The *Stable Homes, Built on Love* review and strategy recognised the huge value of offering help earlier, especially the value of support based in local communities, which often work with key agencies. One such community partner that has been working successfully in this area is Safe Families, a Christian faith-based charity that works with more than 35 local authorities across the country, including Nottingham. It is focused on providing community-based support networks that help to prevent needs from escalating and children needing to go into local authority care. However, in eight of the 35 authorities, Safe Families has had funding reduced or cut, because the local authorities simply do not have the finance to continue funding the service, even though they recognise the immense value of that work. Compelled to cut funding to all but statutory services, not only are we failing families but we will see an increase in costs as the numbers of children going into care continue to rise now and in the years to come.

Secondly, funding constraints lead to less support for foster carers at a time when there is an ever-growing crisis in recruiting and retaining them. I thank the noble Lord, Lord Young, for highlighting just how serious that issue has become. Over the last five years, there has been an 8% decrease in the number of approved foster carers in England. Yet the independent review in 2022 recommends that over 9,000 new foster carers be recruited within three years. More concerning still is the number of carers leaving the service each year. According to figures published by Ofsted in November, during the last financial year there was a net loss of 1,050 fostering households, which we simply cannot afford. A bold national focus and campaign on recruiting new foster carers needs to be placed alongside a far more robust retention strategy.

In my work as a foster carer, I have met many dedicated carers whose contribution to the well-being of some of the most vulnerable children is inspirational. The difference they make needs to be celebrated and properly rewarded. In summary, I ask the Government to review what further steps can be taken without delay to ensure that there is a sustainable, equitable funding settlement for all local authorities, and to dedicate investment in early help services and multiagency support that is ring-fenced in order to reduce the number of children who need to be brought into care.

4.05 pm

**Baroness Cavendish of Little Venice (CB):** My Lords, the noble Lord, Lord Laming, said that the state had a poor record as a substitute parent and often fell short. Every contribution that we have heard today has agreed with that. They agreed with the principle that, if possible, families should be kept together, and that

is the statutory responsibility on local authorities. Too often, however, as we have heard, intervention comes too late and other things mitigate against that.

The independent review by Josh MacAlister, who was CE at Frontline when I was the chair of Frontline—I am currently the patron of Frontline—is really visionary. I congratulate the Government on putting some of that review on its pathfinder areas, but I feel that the radical reset that that report asks for is the fundamental answer to this question. It would enable social workers to work alongside a series of other professionals. It would enable us to get family help together much earlier. It also recognises the vital role that many kinship carers and guardians play. I ask the Government to accelerate their rollout of that programme because, as the noble Lord, Lord Wood, and others have said, to do otherwise really is a false economy. This is money you get back when you invest it early.

My other point is about the family drug and alcohol courts. These are a really impressive experiment that act as an alternative to conventional care proceedings. Where they have been tried, they have had quite extraordinary results. There was a recent evaluation that found, for example, that half the children in FDAC proceedings have been reunited with their primary carer, compared with only 12.5% in standard proceedings. Some 33% of parents have ceased to misuse drugs and alcohol versus only 8% in standard care proceedings, and only 7% of the FDAC cases have used external expert witnesses—some noble Lords will know that I have had a long-standing beef about that—compared with 90% in conventional proceedings. It is really a very impressive record.

What that project needs now is some commitment from the Government to provide a fairly small amount of ring-fenced funding. I have just heard that one project in Cardiff that was enthusiastically supported has had to be withdrawn because of lack of funding. I would appreciate a response from the Minister on that point because, as others have said—the noble Baroness, Lady Benjamin, made the point very well—what we do today influences the outcomes for these children for the rest of their lives.

4.08 pm

**Baroness Twycross (Lab):** My Lords, I thank the noble Lord, Lord Laming, for securing such an important debate and for his insight based on a huge amount of experience and expertise in this subject. As the noble Lord, Lord Young, said, there is no person better placed to lead this debate. As my noble friend Lord Wood said, this debate is timely because, regrettably, it is always timely.

I recently had the privilege and pleasure of hosting an event with the charity Become, which has been mentioned by a number of noble Lords. They brought with them a group of young people who spoke clearly of their experience in the care system and the need for change. As has come through strongly in all the speeches, there is no greater responsibility of any government at whatever level than to ensure that looked-after children get what they need to be happy, feel loved and thrive; and that these most vulnerable young people—now numbering, shockingly, around 84,000—are actually looked after and cared for.



As the noble Lord, Lord Laming, said, it is the responsibility of a local authority to be a good parent. As the noble Baroness, Lady Benjamin, and the noble Lord, Lord Young, said, clearly children who are care-experienced can end up with a life-long adverse impact. They are disproportionately more likely to have special educational needs; they are disproportionately more likely to be represented in prison populations and disproportionately more likely to suffer from poor mental health and low employment rates. There is an intergenerational legacy of poor outcomes.

I want to make it clear that I recognise that Ministers have repeatedly made heartfelt commitments to dealing with the issues facing children in social care. I genuinely do not doubt the Minister's concern to ensure that children and young people get the care and support that they need and have a right to. However, the fact remains that they are not currently getting this. As the noble Baroness, Lady Tyler, said, we are facing a perfect storm. That is despite the Conservative Party's clear manifesto commitment, the findings of the excellent independent review led by Josh MacAlister, which the Government commissioned, and the government strategy that is being rolled out.

There is still too little funding in the system to support the aspirations of the strategy. There are too few people—too few social workers, foster carers, and adoptive parents. That is not to say that we do not have phenomenal people working in this field or that every privately run care home is careless with those children in its care. However, the system is flawed. Children and young people are paying the price, with too many moved too far, in some cases up to 500 miles away; as my noble friend Lord Wood said, they are moved an average of 18 miles away from home. Too few children and young people are supported by foster parents or kinship carers, and too few are getting the consistency of care they need from social services or social workers. The model of provision is simply broken, and unless the Government provide the radical reset which the independent review they commissioned called for, the problems the review identified, both current and future, will not be addressed.

One of the key points made by the noble Lord, Lord Laming, and others, including the noble Lord, Lord Meston, was that leaving intervention to a crisis point is too late. As the right reverend Prelate the Bishop of Southwell and Nottingham, said, we should not allow children's social care to become solely a blue-light emergency service.

Countless noble Lords raised the fact that rising costs of children's social care placements and the pressures on local government funding mean that funding has been diverted away from early intervention and into services for children already in care.

A number of noble Lords gave some tragic examples of how a failure to intervene and support families can play out. With local government funding already at breaking point, how do the Government expect local authorities to deal with the crisis in children's social care and invest in early interventions, and how soon will the DfE roll out the pilots intended to support early interventions, including family hubs?

The noble Lord, Lord Young, highlighted the continued significance of adoption in the context of falling adoption levels, and the government strategy has some welcome commitments on foster care, recruitment and retention, and support for kinship carers. The right reverend Prelate spoke passionately about foster care from his own experience, and the noble Lord, Lord Young, highlighted the fact that more foster carers are deregistering than registering, describing some of the reasons for this and the loss of experienced foster families that this causes.

My noble friend Lord Wood highlighted the benefits of kinship carers, in particular the cost savings to the state and the earnings benefit to children and young people later on in life. What is the Government's assessment of efforts to provide greater support to kinship carers, and has their number increased in practice?

The Local Government Association highlighted in its briefing for this debate that the current vacancy rates of children and family social workers leaving during the year, and sickness absences, are the highest in the DfE's data series. There are thousands of vacancies, and social care is reliant on agency workers. What impact has the Government's strategy had so far on recruitment and retention of social workers? Does the DfE indeed have a children's social care workforce strategy?

Children and young people who are care-experienced come disproportionately from the most disadvantaged and deprived backgrounds. As the noble Baroness, Lady Benjamin, said, black children are also disproportionately represented in the care system. Once in care, around three-quarters of all girls are fostered compared to just over half of boys. What is the Government's assessment of the long-term impact of this inequality?

I commend the comments from a number of noble Lords who highlighted the broken nature of the market model. The Competition and Markets Authority social care market survey was raised by several speakers, including the fact that resources are therefore diverted away from prevention to cope with rising costs. As my noble friend Lord Wood said, 85% of children's homes are currently in the private sector. The Competition and Markets Authority also raised concerns about the level of debt carried by some private providers—that point was raised by the noble Baroness, Lady Tyler. What is the Government's assessment of the viability of the sector, do they have contingency plans for market failure, and what conversations have the Minister or the department had with Ofsted about the failure to prosecute illegal and unregulated care homes in England, as highlighted by the recent *Observer* newspaper article?

This subject is worthy of a much longer debate. As I have been going through my speech, I have been crossing bits out because I do not have time to say everything I would like to. What is needed is not another debate but action. Good intentions and heartfelt words on a Thursday afternoon are not enough. Too many children and young people are being failed, and unless the radical reset called for in the *Independent Review of Children's Social Care* and referred to by the

[BARONESS TWYXCROSS]

noble Baroness, Lady Cavendish, becomes a reality, the situation will not be resolved. I look forward to the Minister's response.

4.15 pm

**The Parliamentary Under-Secretary of State, Department for Education (Baroness Barran) (Con):** My Lords, I join other noble Lords in thanking the noble Lord, Lord Laming, for securing this important debate. As your Lordships know, when one comes into this place, people tell you about the extraordinary experts who sit in the House of Lords, and I do not think anyone epitomises that expertise in relation to children more than the noble Lord, Lord Laming, which he manages to combine with greater humility than anyone.

In preparing for this debate, I was lucky yesterday afternoon to be able to talk to our Children and Young People's Advisory Board, made up of children and young people with care experience, and our Care Experience Forum, made up of colleagues within the department who have experience of the care system, to hear first hand about what matters to them. I hope the House will bear with me while I reflect their thoughts. Of course, they do not talk in the language of system change, which all of us can agree is needed; they talked about what mattered to them personally, about the human elements.

They were such simple but powerful things, including the value of great communication. All too often they talked about the fact that they did not know what was happening to them or their siblings, they did not feel that the approach looked at the family in the round—whether that was through a family group conference or the work that FDAC does in a more rounded way—and they did not feel that they were listened to. That was from those who were in the care system but, possibly most troubling, I also heard about a remarkable young woman who had not been taken into care and was desperately unsafe in her family. Then, there is a feeling that it all stops when you get to 16. Similarly, they talked about stability, which the noble Baroness, Lady Tyler, picked up; the numerous social workers and the need—why is it so much to ask?—for a reliable adult whom they can trust. The noble Lord, Lord Meston, also reflected on that turnover of staff.

They talked about the need for greater wraparound support for kinship arrangements. One young woman talked about her and her two siblings going into kinship care with her aunt, who was a single parent with three children of her own. Perhaps unsurprisingly, that was not sustainable, but she felt that with more support it might have been. I hope very much that our work through the *Children's Social Care: Stable Homes, Built on Love* strategy shows our commitment to laying the foundations to address those very human issues as well as all the structural change that needs to happen to make that a reality.

Our strategy recognises that the number of looked-after children has increased by 23% over the last 10 years and, as a number of your Lordships noted, now totals 83,840. This rise is due to two key factors—the number of asylum-seeking children entering the system and children spending more time in care. Since 2019, if one takes unaccompanied asylum-seeking children out of

the picture, the figure has gone down for non-unaccompanied asylum-seeking children, from 27,950 children going into the care system in 2019 to 25,910. None of us knows what a right number would be, but I am trying to put some of this in perspective. This is reflected in the number of children coming into the system aged 16 or over having risen sharply by 40% since 2019 to almost 9,000.

Similarly, the noble Lord, Lord Laming, and the noble Baroness, Lady Twycross, talked about the issues of children living over 20 miles from home. I thought that figure might have gone up but surprisingly, it has remained relatively stable. It was 20% for children in 2019 and 21% in 2023. However, I am not questioning for a second that we want children as close to home and to their connections as possible.

Almost all your Lordships spoke about the importance of early intervention. We know that families need support before crisis point. We know that early intervention can change the lives of families and help them to overcome challenges before they reach crisis point. We have already invested in this area. We are testing how the multidisciplinary family help teams can provide targeted support through the “families first for children” pathfinders. Overall, we have announced over £1 billion for programmes to improve early help services from birth to adulthood, including through the family hubs.

The tension that we face is whether we can go faster, as was mentioned by the noble Lord, Lord Wood, and the noble Baroness, Lady Cavendish. The noble Baroness, Lady Benjamin, also challenged in that regard. We are genuinely trying to strike a balance, checking that we get the implementation right before we scale up more rapidly. I accept that other noble Lords may have different views on that, but there are too many examples of individual pilots that have been very successful in this area and then, when they get scaled, the impact is diluted. Therefore, we need to be sure that we are building on solid foundations and understand how to deliver at scale. The noble Baroness, Lady Benjamin, asked whether I would commit to all the recommendations in the independent review. She will have seen the Government's response setting out what we accept wholly or in part.

A number of your Lordships rightly focused on kinship care. We believe that where children cannot live with their birth parents full-time, it is best for them to live with people whom they already know, trust and love. That is why we are championing kinship care arrangements through our first kinship care strategy and the launch of a financial allowance pilot in up to eight local authorities. The right reverend Prelate the Bishop of Newcastle asked about financial support for kinship carers. Of course kinship carers are incredibly important. We talked about just over 83,000 children in the care system, and the data is not as up to date; we have estimates for 2021 of 121,000 children living in kinship care. That figure alone is greater than all other forms of care put together.

The noble Baroness, Lady Cavendish, asked about family group conferencing. We are implementing a family network pilot to trial family group decision-making in kinship care settings.

My noble friend Lord Young of Cookham picked up the issue of adoption. Adoption remains the best stable, permanent option for some children, particularly younger children, and can provide them with a loving and stable family for life. Adoption orders have increased slightly this year, for the second year running, but there has been a decline in recent years of children under five coming into care, and we know that most children who are adopted are under five. However, the main focus of our adoption strategy is to improve the speed with which children are matched with families. The number of children waiting to be matched with a new family has fallen from 2,800 in June 2019 to 2,210 in June 2023.

I turn to fostering, which was raised by the right reverend Prelate the Bishop of Southwell and Nottingham, my noble friend Lord Young and many of your Lordships. Over two-thirds of children who are in formal care are in foster care. The numbers of children in foster care again are roughly stable—55,760 in 2019 and 57,020 in 2023. We are investing £36 million to deliver a foster care recruitment and retention programme, and we are working with more than 60% of local authorities to do this. My noble friend Lord Young questioned the effectiveness of this. Our first regional recruitment support hub—Foster with North East—went live in September last year, and the second in the east Midlands in March. We have eight more regions going live this month, so it is a little early to report back on progress.

My noble friend Lord Lexden talked about the important work of the Royal National Children's SpringBoard Foundation. We fully support its work and value it greatly.

Many of your Lordships, led by the noble Lord, Lord Laming, spoke about the importance of children's home reform. We are committed to resolving the issues which your Lordships raised. The Government are allocating over £400 million to local authorities for children's homes, increasing both open and secure facilities. The noble Lord, Lord Wood of Anfield, raised the issue of unregulated children's homes; of course, it is not acceptable that unregistered provision is being used. Running an unregistered children's home is obviously an offence and Ofsted has the powers to prosecute those involved.

We heard from your Lordships about the huge financial pressures on local authorities as a result of the use of private children's homes. Your Lordships also referred to the review of the Competition and Markets Authority, which we have accepted; we are implementing all the recommendations to reshape the system.

Obviously, one of the impacts of shortages in that area is the placement of children far from home, so we are introducing a new regional model of regional care co-operatives. We are designing two pathfinders this year with health and justice partners, which will be supported by £5 million of funding. We will announce the successful areas later this year.

The noble Baroness, Lady Twycross, asked about funding for the workforce and whether we have a workforce strategy. We do, of course, and we have committed £50 million annually to that. The noble Baronesses, Lady Tyler and Lady Benjamin, asked when we would introduce legislation. In our reform of social care, our focus in these first two years is very much on addressing the most urgent issues.

I close by again thanking the noble Lord, Lord Laming, for initiating this debate, all your Lordships for contributing, and all those who support locally, nationally, within charities, within local authorities and in the department for their support, so that we can help deliver the change that children and young people who are or have been in care deserve and so that they can thrive.

4.31 pm

**Lord Laming (CB):** My Lords, I hope all noble Lords agree that this has been a terrific debate. I am most grateful to every contributor because of what I have learned: every contribution shared new information and expertise with me. It means that there is a whole new agenda developing, which needs to be addressed, along with a continuing range of issues. I am grateful to the Minister, and I very much hope that, together, we can take this debate forward for the interests of children in our society.

*Motion agreed.*

*House adjourned at 4.32 pm.*





# Grand Committee

*Thursday 18 April 2024*

*1 pm*

## **Criminal Justice Act 1988 (Offensive Weapons) (Amendment, Surrender and Compensation) Order 2024**

*Considered in Grand Committee*

*1 pm*

*Moved by Lord Sharpe of Epsom*

That the Grand Committee do consider the Criminal Justice Act 1988 (Offensive Weapons) (Amendment, Surrender and Compensation) Order 2024.

*Relevant document: 12th Report from the Secondary Legislation Scrutiny Committee (special attention drawn to the instrument)*

**The Parliamentary Under-Secretary of State, Home Office (Lord Sharpe of Epsom) (Con):** My Lords, the order before us adds zombie-style knives and zombie-style machetes to the list of prohibited offensive weapons, by amending the Criminal Justice Act 1988 (Offensive Weapons) Order 1988 to include them. The purpose of this draft order is to maintain public safety by restricting the supply of weapons which can be used in violent crime or to create fear in our communities. The Government keep legislation in relation to prohibited offensive weapons under review and we will act when the police raise concerns about specific weapons. For example, zombie knives were banned in England and Wales in 2016, followed by cyclone knives in 2019.

We are now concerned about the availability of certain types of machetes and large outdoors knives, which do not seem to have a practical use and instead appear designed to look menacing. The police tell us that these bladed articles, which can be purchased for as little as £10, are favoured by those who want to use them as weapons to perpetrate violent crime. While sales of these weapons are relatively low, they have a disproportionate effect because their appearance creates a fear of and glamorises violence.

We are aware that machetes and other large, bladed tools such as scythes, billhooks and large outdoor knives have traditionally been used as tools in farming, gardening, clearing land and waterways, as well as in outdoor activities such as bushcraft, hunting and camping. However, unlike more conventional knives and machetes, zombie-style knives and machetes have no legitimate purpose. In our conversations with manufacturers and retailers, they have been clear that, in their view, these articles are not designed as tools but as weapons. If these dangerous weapons remain available, there is a risk that they could be used to intimidate or cause fear. Worse, they could be used to perpetrate serious acts of violence. The Government will not tolerate such a risk.

This brings me to the details of the order before us. Under Section 141 of the Criminal Justice Act 1988, it is an offence to possess, import, manufacture, sell, hire, offer for sale or hire, expose or possess for the purposes of sale or hire, a weapon specified in an order made under that section. An offence under Section 141 of the Criminal Justice Act 1988 currently carries a maximum penalty of six months' imprisonment, but we have introduced provisions in the Criminal Justice Bill to increase the maximum penalty to two years.

A number of descriptions of weapons have been specified under Section 141 and therefore prohibited, including butterfly knives, knuckledusters, telescopic truncheons and certain types of swords with curved blades, commonly known as samurai swords. Using the order-making powers in Section 141(2) of the Criminal Justice Act 1988, the Government wish to add zombie-style knives and zombie-style machetes to the list of offensive weapons to which Section 141 applies. These weapons are defined as a bladed article with a plain cutting edge, a sharp pointed edge, and a blade over eight inches in length. This length was chosen to exclude knives designed for legitimate purposes, such as many kitchen and outdoors knives. To be within the scope of the ban, the article should also have one or more of the features specified in Article 1(1)(a), namely, a serrated cutting edge, more than one hole in the blade, spikes, or more than two sharp points in the blade.

It is right that we take the firmest possible action to prevent violence and to stop dangerous weapons getting into the wrong hands, and we are not seeking to criminalise law-abiding citizens. There will therefore be defences to cover a range of circumstances, including where the article in question is one of historical importance, is made by hand, is possessed, sold or imported for religious purposes, or was given as a gift by a Sikh to another person at a religious ceremony or ceremonial event. Antiques are already exempted from Section 141 of the Criminal Justice Act 1988. Furthermore, we are providing a defence for blunt items to protect the fantasy knives market. We have also taken the opportunity to extend this defence to curved swords.

There are a couple of further points to mention before I finish. First, Parts 3 and 4 of this instrument are concerned with the surrender and compensation scheme, through which owners with weapons in scope of the ban will be able to surrender them and claim compensation if they so wish. Secondly, in terms of territorial scope, the statutory instrument will only apply to England and Wales. We very much hope that the devolved Administrations in Northern Ireland and Scotland will take similar action to ensure that these dangerous knives are prohibited across the United Kingdom. To this effect, officials have engaged with the Governments in both Northern Ireland and Scotland.

In summary, nothing matters more than public safety. That is why we are bringing forward this order, to prevent dangerous weapons being used in violent crime or to create fear in our communities. I beg to move.

**Lord Lucas (Con):** My Lords, I say thank you to the Minister and his Home Office team, which drafted this order, for including a clear and comprehensive exemption for objects of historical importance. Carving

[LORD LUCAS]

out a space for history is not the easiest thing to do when you are dealing with people being killed and seriously hurt but it is really important, and to have done it in a way that the ordinary citizen—rather than just museums—can take advantage of is particularly appreciated.

History is real. Iconoclasm is not a virtue. We have a long history of our ancestors carrying blades into armed conflicts, not just as weapons but as tools of utility and survival. Preserving these items is important. Museums have a limited capacity, so the role of preservation falls mostly on the amateur collector and the descendants of our brave veterans. I am delighted that the Government recognise that.

Historical knives do not play a significant role in crime—they are far too expensive for that—so excluding them from the order does not in any way decrease the protection that it offers. By way of illustration, it was not so long ago that a curved sword was sold for £400,000, possibly because it belonged to Lord Nelson. Generally, these articles fetch a decent price—far more than it costs to purchase a replica on the net or elsewhere.

Ministers have not always been so perspicacious. The historical importance exemption is not available for items prohibited by Section 141 of the Criminal Justice Act 1988, so there are items from World War II—obviously, they are not 100 hundred years old yet—issued to, for instance, the commandos and their SOE, as well as to their equivalents in other nations, that are not protected. I very much hope that the Minister and his team will make a note on the file that this is something they might set right when next an opportunity occurs. We ought to preserve these objects for just the reasons that have motivated the exemption in this order.

I also believe that there is scope for clarifying the law on truncheons. As it is at the moment, I am not at all clear that the police practice of presenting long-serving officers with engraved, old-style truncheons is legal; it would be nice to know that it is. There is also some scope for looking through the guidance that the police use when applying these rather convoluted regulations on prohibited items, so that they really understand how the various descriptions and exemptions work and so that things are made clear and easy for them.

I look forward to further conversations on these matters, both directly and as a result of the Home Office's most helpful interactions with both Bill Harriman of the British Association for Shooting and Conservation and John Pidgeon of the Coleshill Auxiliary Research Team.

**Baroness Doocey (LD):** My Lords, in 2021-22, 282 people lost their lives to knife crime—the highest number of people killed with a knife in over 70 years. The biggest increase was among boys aged between 16 and 17, going from 10 in the previous year to 24. Approximately four in 10 of all homicides were committed using a knife or a sharp instrument—the highest annual total since the homicide index began in 1946. There were 69 homicides where the victim was a teenager; in around three-quarters of those, the method of killing was a knife or sharp instrument, compared with 41% of all homicides.

Campaigners have been calling for a ban on zombie knives for several years, but progress on achieving one has been slow and several high-profile incidents have occurred since it was promised. These include the tragic killing of 15 year-old Elianne Andam, who was stabbed on her way to school in Croydon in September with what was believed to be a large zombie knife.

Meanwhile, this is the Government's third attempt at banning zombie weapons since 2016. Bizarrely, the Offensive Weapons Act 2019 banned zombie knives only if they had threatening words on the blade. This proved a major loophole. Can the Minister explain why this loophole was not addressed sooner? Where was the sense of urgency then and where is it now? This ban will not come into effect until September, by which time, tragically, more lives may have been lost.

The Policing Minister, Chris Philp, told BBC Radio 4's "Today" programme that although some swords will come under the new rules, some will not qualify owing to the difficulty of differentiating between those that could be used for violence and those kept for historical or religious reasons. He said that

"a regular sword, like the sort a historic soldier might carry, would probably not qualify. It would depend on the design".

Is this still the case? If so, why could these swords not be included, given the availability of the historical importance defence? In any case, is not a sword, historical or not, capable of being used in violence?

Reducing the circulation of these weapons is not just about bans and sentences, important though both are. It is about cracking down hard on the sale of knives and swords of all kinds. Campaigners rightly want tech companies to introduce safety measures to stop knives being advertised online, so can the Minister update us on the progress of the relevant measures included in the Online Safety Act? How many prosecutions have there been in this area so far and how has this been policed?

I also want to speak about youth services, which have been cut by 77% over the last decade, despite the fact there is overwhelming evidence to show that youth centre closures are closely linked to youth crime. In 2020, the APPG on knife crime focused on the impact of youth centre closures across the country and found that each reduction in the number of youth centres corresponded to an increase in knife crime. This trend is confirmed by recent work from the University of Warwick, which reviewed London youth centre provision and found that crime participation among 10 to 15 year-olds increased by 10% in those London boroughs affected most by youth centre closures between 2010 and 2019.

Increasing jail time and banning zombie knives are welcome to increase deterrence and give police more tools, but they do not address the reasons why children and young people are carrying knives in the first place. As the representative of a Bristol school that had lost two of its teenage pupils due to knife crime said:

"Halving knife crime will not be achieved by banning machetes or ... zombie knives. You can kill someone with a knitting needle or a screwdriver. You've got to deal with the anger, the fire, the rage, the angst, the trauma inside the person".

That goes to the heart of this, and I hope that the Minister, as well as answering my specific questions, will also address himself to that challenge, because



this is about tackling not just knife crime but the causes of knife crime. The British public and so many grieving families are looking to the Government to do both.

**Lord Hogan-Howe (CB):** My Lords, I have only a few things to mention. I support the legislation. It is necessary for all the reasons that the noble Baroness, Lady Doocey, went through in the statistics about violent crime, and because these weapons are terrifying. I am not sure that they are always the most effective weapon at times because they are the hardest to hide. There probably are more effective weapons, but for anybody who sees them, particularly in a public place or if it is repeated in social media, they are just terrifying. Any attempt to restrict their availability and possession is a good thing.

The Secondary Legislation Scrutiny Committee raised a few questions about the process, but I did not think it was fair to make the point that only nine prosecutions may be expected next year. That does not mean that this type of knife would be used nine times if it remained on the non-prohibited list; it is clear that they are being used far more often and not only when the police are involved. There is a far bigger case than the nine prosecutions anticipated in the response of the Secondary Legislation Scrutiny Committee. My question is, in part, about the compensation scheme and, in part, about the effectiveness of this part of the Bill.

*1.15 pm*

First, the wholesalers and retailers of the knives are to be banned. I believe they could reasonably be expected to be given compensation, as could anybody who possesses one of these knives. My question is whether they will be compensated at wholesale or retail prices. Some may say that that is not relevant, but it could be, certainly to the impact of the cost of the scheme.

More importantly, wholesalers and retailers—at least, those based in the UK—must have a list of their recent sales. Have the police asked for a list of those people who have been sold to or could it be provided by the manufacturers, which I believe will ask for compensation? The impact statement suggests around 472 knives—or something of that order—might be received, which means that it is not an impossible task for the 43 police forces of England and Wales to get around, have a look and see whether the people who bought them in the last five years still have them. If they do not, who did they sell or give them to? The police could commit to that. As to the Minister's point, they asked for this power, so it is not unreasonable to ask whether they could chase down a few of these things, which might be out there; otherwise, we are just waiting for them to be discovered after being used or by other forms of police intelligence.

My final point addresses the last point from the noble Baroness, Lady Doocey, which is that it is not only the weapon that causes these problems. Collectively, we have never really had a proper campaign to ask the public to tell us who has these knives. Somebody always knows. It may be a mother, a brother or a member of a gang; they are all terrified. But we have not collectively reached out to the public and asked for

that information. The police then need to commit to follow up and find the people who hold these knives. Could this be an opportunity?

The Secondary Legislation Scrutiny Committee raised the point that this scheme would have to be marketed, not least because of the compensation. Could that opportunity be taken, perhaps in conjunction with a body such as Crimestoppers, to suggest that the information is brought forward and that the police will act on it—ideally when the person is carrying the knife, as opposed to when it is at home? That is the point at which action needs to be taken—it is an offensive weapon when it is being carried. This affects weapons that are made to be offensive, but it also includes the other two groups, which are intended or have been adapted to be offensive. It is vital to build the public into this campaign to make sure that they provide information and, as importantly, that the police follow up on it at a time when the person might be carrying these knives.

My final question is on the blunt defence, on which the material that I received does not have an awful lot of detail. Of course, something blunt could be made sharp, so I suppose the open question is: what prevents someone who has a blunt weapon sharpening it? A material that cannot be sharpened is one obvious answer; it could be fractured so that it is hard to sharpen. I would like to understand how something blunt could be prevented from being sharpened.

There is a similar challenge around firearms. Some imitation firearms can be converted, and a lot of work has gone into ensuring that that does not happen. My open question is what similar considerations have been taken on these weapons, which may be blunt but could be adapted later.

**Lord Ponsonby of Shulbrede (Lab):** My Lords, we too welcome this SI. I will start with some questions for the Minister, then comment on other noble Lords' contributions to the short debate.

First, what are the Government doing to increase prosecution rates for knife crime? Currently, fewer than half of those who come to police attention are actually prosecuted. Do the Government have any plans to introduce a new serious violence strategy, given that the existing strategy is five years old? What assessment have the Government made of the threat of so-called “ninja swords” and why are they not covered by this legislation? The Government, as we heard, have tried to ban zombie knives before but the retailers have adapted their designs to get past the laws. Are the Government confident that they have done enough to stop the same thing happening again this time?

Further, online knife sales represent a serious issue in terms of lack of supervision by the websites and the lack of regulation over online marketplaces hosting illegal knife sales, particularly when these websites are hosted overseas. Can the Minister say something about buying these types of knives from overseas websites, how they may be intercepted and the obligations put on the people running those websites?

I also want to acknowledge that I understand this is a difficult problem and do not want to score political points on this issue, but there is a wider strategy to be

[LORD PONSONBY OF SHULBREDE]  
developed and adopted to try to cut down this scourge in our society. The noble Baroness, Lady Doocey, made an extremely good point when she drew the comparison between the cuts in youth services and the corresponding increase in knife crime. That really points to one of the sources of the problem that we have seen in recent years.

As an aside, I say to the noble Lord, Lord Lucas, that I am glad he made the points that he did. I agreed with those points and many families, including mine, have historical pieces which would certainly be illegal if they were sold nowadays in shops—so I thank him for that.

The noble Lord, Lord Hogan-Howe, raised some detailed questions, which I thought were very interesting, about the practical steps that police forces can take to track down sales and do some proactive policing to see what has happened to the knives that have been sold legitimately over the last few years. Of course, a huge number have been sold illegitimately, but we understand that point.

In conclusion, I want to talk slightly more generally. As noble Lords may know, I sit as a youth magistrate and regularly see knife crime-related charges in both youth and adult courts. One of the things I always do in the youth court is make sure that the parent, responsible adult or elder sibling sees the knife, because very often the person who accompanies the young person in court does not really know the extent of the danger which may have been posed through carrying that knife. Whether it is the physical knife itself, which we sometimes see in court, or a picture of it, I always make sure that the responsible adult sitting next to the young person sees that object, so that they know what we are talking about.

The other thing I always do with the young person, however serious the knife-related offence is, is say to them that their own lives are in danger. What we regularly see in court is young people being attacked with their own knives when fights break out. Twice in the last five years, I have had young people not turning up to court for a knife offence because they themselves have been killed. This is why I say that to the young people in front of me; one can only hope that it drives the message home.

We need to say that it is gang-related or drug-related, of course, but a lot of these people will say that they carry these knives for their own defence. They are more frightened of the harm posed to them by other people carrying knives than they are by what the court can do to them by way of sanction. This is not to argue for higher sanctions, but it is to argue for education and better youth services, and for a wider intervention through schools and other youth programmes to try to bear down on this scourge.

The final point I want to make is that people often ask questions about racial disproportionality, with young black men attacking each other. In this House and elsewhere, you hear of people saying that the police are disproportionate in their response to this and in stopping and search young black people. I have certainly been in more than one meeting with black mothers who have said to me and to the people with me, “You’re not doing enough to protect our sons”.

So we need to do more to protect their sons and we need a holistic approach to do that, but, as far as this SI goes, I support it.

**Lord Sharpe of Epsom (Con):** My Lords, I thank all noble Lords for their contributions to this relatively short debate. I thank in particular the noble Lord, Lord Ponsonby, for his personal insights from his courtroom; they made a great deal of sense and, in some cases, were very disturbing. I have had similar conversations with some of those mothers; they are particularly relevant in the context of some of the debates on stop and search that we have had in this House. Perhaps we need to do more to publicise the results of some of these conversations.

I will do my utmost to address the questions asked of me. I will start by talking about the serious violence duty, which the noble Lord, Lord Ponsonby, asked me about, because that obviously informs the entire debate. In 2023-24, the Government allocated £13.1 million to continue the implementation and delivery of the serious violence duty; that followed a commitment made in January 2023. The noble Lord will remember that, through the Police, Crime, Sentencing and Courts Act 2022, the serious violence duty requires a range of specified authorities—such as the police, local government, youth offending teams and health and probation services—to work collaboratively and put in place plans to prevent and reduce serious violence in their local communities, enabled by new powers to share both data and information. Of course, that Act also contains measures such as serious violence reduction orders as well as other things; it is probably a little too soon to tell precisely how effective those are but, obviously, they are in train.

Local areas have the flexibility to determine the geographical extent of their partnerships. We are encouraging local areas to use multiagency partnerships where possible. The point was made by both the noble Baroness, Lady Doocey, and the noble Lord, Lord Ponsonby, that educational institutions, prisons and youth custodial institutions—known as “the relevant authorities”—are under separate duties. We expect them to co-operate with the core duty holders when asked as well. We also require partnerships to consult such institutions in their areas.

The fact is that this is a societal issue. We are not going to solve it this afternoon, but I have heard the points made and, of course, I will make sure that they are shared round the relevant parts of government—that is, most of government and most of society.

Both the noble Baroness, Lady Doocey, and the noble Lord, Lord Ponsonby, asked me about ninja swords and other types of bladed articles that are used in crime. Concerns have been raised during the passage of the Criminal Justice Bill through Parliament in relation to swords, in particular so-called ninja swords. Those that have the features set out in this legislation will be banned; however, those that do not have those features will not be, because we have focused our efforts on the types of weapons that the National Police Chiefs’ Council has raised as being of particular concern.

As my noble friend Lord Lucas mentioned, many members of the public legitimately own antique swords and swords of historical interest. People also own modern

swords as collectible items, and there are those who own swords for activities such as martial arts, fencing and re-enactment. Many British military swords have straight blades and are treasured by service personnel when they serve, as well as by their family members when they are passed on. These articles are generally owned and used responsibly, obviously.

The noble Lord, Lord Hogan-Howe, is quite right about blunt blades. Something that is blunt can be sharpened. However, we have provided the defence of blunt items, which would enable collectors of fantasy knives to purchase for display items that would otherwise be prohibited. We are taking the opportunity to extend this defence to curved swords, as I have mentioned, but it is important to note that, if an item were sharpened, it would become illegal. If this comes to the attention of the police, they will be able to make a charge for unlawful possession of a bladed article if the blade is sharpened.

I also point out to the noble Baroness, Lady Doocey, that the unfortunate and awful crime in Croydon that she mentioned was actually committed with a kitchen knife.

The statistics are not quite as bleak as the noble Baroness, Lady Doocey, suggested. I am always a bit nervous talking about statistics in relation to what are individually horrific circumstances, so please bear that in mind when I mention them. The latest provisional admissions data for NHS hospitals in England and Wales showed a decrease in the number of admissions for assault with a sharp object in the year ending September 2023. The figure was 4% lower than in the year ending September 2022. We should also bear in mind that many of the comparisons that we make are with the years of Covid, when many people were locked up—metaphorically speaking—so they are not direct comparisons. If we compare like for like, the numbers are improving. That is not to say that they are not still awful, as I said, and obviously we have to do much more about that.

*1.30 pm*

I thank my noble friend Lord Lucas for his very generous remarks, particularly for his remarks about my officials who, I may say, are excellent. I completely agree with my noble friend, and we do not praise our officials often enough. I also take note of his concerns and in fact I share one of them. As an ex-policeman, I have a truncheon, and I am slightly concerned that I may have just criminalised myself, so I need to work on that.

The noble Baroness, Lady Doocey, reflected on the Online Safety Act. Ofcom is currently consulting on the codes of practice that will provide clarity to tech companies on how it intends to monitor compliance with provisions in the Act, so it is too soon to tell on that.

The noble Lord, Lord Hogan-Howe, asked about compensation because the SI, as he noted, contains provisions for the surrender of, and compensation for, offensive weapons. I apologise for the fact that that was not mentioned in the original Explanatory Memorandum; that was an oversight, and it has been corrected. The current design of the scheme is that we have adopted the same approach as for the Offensive Weapons Act 2019 surrender and compensation scheme.

The standard level of compensation for that scheme was set out following consultation with weapons experts from the Royal Armouries. Looking at the current prices for zombie-style knives, as I mentioned in my opening remarks, we believe that £10 remains about right.

The noble Lord, Lord Hogan-Howe, talked about the number of prosecutions. Obviously, I do not yet know how many we can expect as it is impossible to forecast. What I would say is that the supply of these knives will also be constrained because Border Force officers are experts in intercepting these sorts of banned items, as they have proved with others. The supply will become constrained but, of course, as we have noted already, other types of knives are available that are difficult or impossible to ban. The guidance will be published in June and much more detail on how the police will enforce the new regs will obviously become available then.

I think I have answered the questions. We keep offensive weapons legislation under review. We always seek to strike the correct balance between targeting criminals and respecting the activities of law-abiding citizens, but our abiding concern has to be the protection of the public, so by restricting the supply of zombie-style weapons, we are acting in service of that critical aim. The order before us is a proportionate, sensible measure that will further strengthen the Government's efforts to prevent bloodshed and keep people safe.

**Lord Hogan-Howe (CB):** Would it be possible before the Minister sits down to ask two questions? My question about the value of a weapon was about whether manufacturers, retailers and wholesalers will be paid the wholesale trade value or the retail value of the weapon, if that is known. More importantly, they will have lists of people who had weapons sold to them, so will they be asked, encouraged or told that they must share their customer list with the police, who in my view should be expected to follow up on that?

**Lord Sharpe of Epsom (Con):** On the first part of the question, I do not know the answer. I will have to come back to the noble Lord. I think I tried to answer that when I was talking about the guidance. Obviously, the guidance has yet to be published. The noble Lord is 100% right, of course, that they should have those lists and they should consult them, but, as he knows, operational policing remains independent. The guidance will be published in June, and I think the noble Lord makes a very good point.

*Motion agreed.*

## **Official Controls (Fees and Charges) (Amendment) Regulations 2024**

*Considered in Grand Committee*

*1.35 pm*

*Moved by Lord Douglas-Miller*

That the Grand Committee do consider the Official Controls (Fees and Charges) (Amendment) Regulations 2024.

*Relevant document: 18th Report from the Secondary Legislation Scrutiny Committee (special attention drawn to the instrument)*



My Lords, I hope that it will be helpful to your Lordships if I speak to both the Official Controls (Fees and Charges) (Amendment) Regulations 2024 and the Plant Health (Fees) (England) and Official Controls (Frequency of Checks) (Amendment) Regulations 2024 given that they deliver legislation addressing fees for import controls on UK sanitary and phytosanitary goods under the border target operating model.

Turning first to the Official Controls (Fees and Charges) (Amendment) Regulations 2024, these regulations facilitate flexibility in the application of fees and charging requirements for official controls on sanitary and phytosanitary imports arriving in Great Britain. We have designed a global risk-based import model, BTOM, for sanitary and phytosanitary goods, which will deliver a streamlined approach which protects the public and plant and animal health, boosts our economic growth and minimises friction at the border. This instrument enables the necessary fees and charges for official controls, reflecting the new sanitary and phytosanitary border official controls regimes, as published in the border target operating model.

This instrument introduces flexibility on the composition of fees and charges for official controls while maintaining the requirement of cost recovery. This allows for more comprehensive cost recovery and enables the application of risk factors set out in the BTOM to the fees. This instrument changes the duty to charge to a power to charge by extending the circumstances in which charges may be reduced or waived. The implementation of the BTOM model is reliant on the flexible application of risk, the ongoing financial viability of competent authorities and the proportionate financial liability across stakeholders and operators. Changing the duty facilitates this desired flexibility.

This instrument enables a consistent charging model across any government-run border control post in Great Britain. This will be vital once border control post checks on EU imports are introduced to Wales and Scotland to support trade continuity in all our Administrations. Finally, this instrument enables fees and charges to be levied digitally and away from border control posts. Without this legislation, all sanitary and phytosanitary consignments entering Great Britain would be required to visit a border control post to make payments physically. This would be administratively and operationally unworkable, as it would require all consignments to attend a border control post, not just those selected for an inspection, adding time and burdens for hauliers.

Every effort has been made to ensure these fees and charges distribute costs fairly and proportionately for businesses of all sizes and across all sectors while enabling the Government to fulfil their cost recovery obligations. I am pleased to state that the devolved Administrations have given their consent for these regulations to extend across Great Britain. To summarise, this instrument facilitates the implementation of the border target operating model and is necessary to enable fees and charges to fund the new sanitary and phytosanitary border official controls regime.

Moving on to the second instrument, the Plant Health (Fees) (England) and Official Controls (Frequency of Checks) (Amendment) Regulations 2024, these regulations apply a requirement for risk-based import checks on medium-risk goods from the EU, Switzerland and Liechtenstein from 30 April 2024 as published in the border target operating model. This instrument ensures that certain imported goods are not within scope of this charge, including fruit and vegetables that are currently being treated as low-risk goods while risk assessments are being conducted. It also excludes goods entering Great Britain via a listed west coast port.

Changes are also being made to the fees legislation to reflect the risk-based level of identity, as well as physical and documentary checks on medium-risk goods, to ensure that the cost of plant health services are recovered. Fees are also updated for certain goods from non-EU countries to account for changes in the frequency of checks. Finally, two minor typographical errors regarding import checks are being corrected in the fees legislation.

Checks are currently carried out on high-risk consignments of plants, plant products and other objects imported into Great Britain from the EU, Switzerland and Liechtenstein. Checks are also being conducted on regulated goods imported from all other third countries, on a risk basis. GB plant health services carry out these checks and charge for these services accordingly to prevent the introduction and spread of organisms harmful to plants and plant products. This instrument therefore removes the temporary easement that applied after EU exit from import checks of medium-risk plants and plant products imported from the EU, Switzerland and Liechtenstein. These goods will become subject to risk-based checks and the associated fees.

I am pleased to state that the devolved Administrations have given their consent for these regulations to extend across Great Britain—except for Regulations 2 and 3, which relate to fees and apply to England only. Welsh and Scottish Government Ministers laid their equivalent fees legislation earlier this year.

In closing, these regulations ensure that checks are in place from 30 April 2024 to mitigate against any biosecurity risks from certain goods from the EU, Switzerland and Liechtenstein. I emphasise that protecting our biosecurity is of paramount importance. By facilitating the implementation of the border target operating model and enabling fees and charges for the relevant import controls, these instruments enhance the operation of the biosecurity regime of Great Britain.

I hope that noble Lords will support these measures and their objectives. I beg to move.

**Baroness Bennett of Manor Castle (GP):** My Lords, I feel I should begin by declaring my fellowship, through the Industry and Parliament Trust, of the Horticultural Trades Association, which is the trade association for environmental horticulture. I am sure the Minister knows this but that is what used to be called ornamental horticulture. The Government have not always shown that they know what this refers to, so I make that clarification.

We are talking about a Brexit cost here. That is what is being inflicted. We have spent several years with people looking around and trying to find Brexit benefits but they have been extremely hard to find on the ground. This is a cost and is particularly likely to impact on small and medium-sized enterprises across Britain.

I would like to make a comment about the timing of this debate, on 18 April. These fees are coming in on 30 April and were announced two weeks ago. That is not a great deal of time for businesses to prepare for and understand what is happening, so I must express my concern.

This is even more crucial in the context of environmental horticulture. Now is the worst possible time for this massive change in the industry to happen. There are a few peak weeks for horticulture when people are planting their gardens in spring and looking forward to summer. This measure will hit the sector extremely hard at this moment. The seasonal peak may last for only a few weeks and this is happening in the middle of it. It would seem that it is too late to make any change to that but I hope the Government acknowledge—this is a question for the Minister—that the industry will be taking on a significant cost at this moment. They should be thinking about what kind of compensation and extra support it needs.

It greatly concerns garden centres, nurseries and other suppliers that there could be delays on 30 April and in the week or so afterwards. We have heard many reports of people importing woody plants, shrubs and perennials en masse beforehand. However, it is not possible to do that with bedding plants and many other smaller plants. What arrangements do the Government have in place to provide compensation should there be significant delays at border posts?

1.45 pm

I also have to ask the Minister about what is happening at these border posts. Will the staff be adequately equipped and trained to understand what are often complex loads of lots of different plants? I take as a case study for this Joseph Rochford Gardens in Hertfordshire. Some 15% of its imports come from Italy as loads of plants of many different species and sizes. It is a very skilled job to unpack and repack a load of those plants, making sure that they are not damaged. Will staff be adequately equipped? Are the staff on these inspection posts direct employees or contractors? If they are contractors, how are those contracts going to be overseen?

Another area is of great concern to people in thinking about what is on our supermarket shelves, given the many pressures on food security at the moment. Most soft fruit plants—strawberries, raspberries, tomatoes and fruit trees—are imported by UK growers to produce much of the food that we produce here. It is estimated that this change will add £200 million in costs to the fresh produce sector overall. To put this in concrete terms—this is really quite compelling—100 million EU strawberry plants are imported each year, primarily from Holland, Belgium and Poland. Each load of strawberry plants is worth up to £100,000. The plants are grown to order. One truck being delayed, with one

hold-up in the system, would not only mean a loss of £100,000-worth of plants; the grower would not be able to replace them. The grower could potentially end up with fields left vacant because there is no source for those plants.

I come back to the question of what compensation the Government are prepared to make if that situation should unfortunately arise. I stress that concerns about this have been expressed by British Apples and Pears, the British Tomato Growers' Association and British Berry Growers. What consultation has the Minister had with those groups to make sure that they are at least as well informed as they can be? Will that be ongoing in the first days and weeks when this measure is implemented?

I conclude by acknowledging that there is huge concern about biosecurity. In the age of the climate emergency and globalisation, the risks of bacterial, fungal and vector-borne diseases are growing exponentially. This means that, ultimately, we have to think about reducing the flow and having many more nurseries. There is a huge commercial opportunity here to have this growing happening in the UK so that we do not have to move plants around. I hope that the Government are looking at that; anything the Minister can say on that will be helpful.

On the biosecurity point, I know that there is great concern. I have spoken to nursery owners. The British Tomato Growers' Association said about the inspection points that we are introducing a significant point of infection. We have lorries being unloaded side by side. We hope that the plants are not being mixed but we all know that perfect things do not happen in warehouses—I worked in a warehouse many years ago—and there is a risk that the new inspection points could be a place where biosecurity is breached and diseases are spread. Again, there is a question around compensation.

Finally, my understanding—I stand to be corrected if I am wrong about this—is that the rates in the SIs we are debating now cover only the points of entry at Eurotunnel and the Port of Dover. Other commercial entry points—about 30 of them—are setting their own rates. Can the Minister tell me anything about what those rates will be? Are they paralleling these rates, in essence, or are they higher? Of course, it is very difficult for companies to move from one supply chain to another so what is the situation there, particularly for small and medium enterprises? I stress that supermarkets and big commercial companies will be able to pass on these costs but that is often not the case for small and medium-sized enterprises. This is of great concern to many sectors in that small and medium-sized business area.

**Baroness Bakewell of Hardington Mandeville (LD):** My Lords, I thank the Minister for his introduction to these two statutory instruments. On the face of it, they seem fairly straightforward and relate to the border target operating model. The Secondary Legislation Scrutiny Committee has flagged that this is a matter of interest to the House.

The first instrument relates to sanitary and phytosanitary border controls—SPS. The second relates to SPS controls applying to imports of live animals,

[BARONESS BAKEWELL OF HARDINGTON MANDEVILLE] animal products, high-risk food and feed of non-animal origin, plants and plant products at the border. This second SI contains a large and potentially complex list of products; however, the instrument appears to deal only with plants and plant products. Also, the risk-based import checks on medium-risk goods applies to goods from some countries that are EU member states, as well as Liechtenstein and Switzerland. These countries' goods that are not within scope include fruit and vegetables, which are currently treated as low risk.

I have some questions about these two instruments and wish to ask for some clarification. Paragraph 7.3 of the Explanatory Memorandum for the first instrument, on fees and charges, states:

“This instrument changes the duty to charge to a power to charge by extending the circumstances in which the CA”—

competent authority—

“may reduce charges or waive them altogether”.

The Minister has mentioned this already. I am concerned that, if the charge is waived, it could mean that the imported product would be cheaper than a homegrown or home-produced one, which would disadvantage our farmers and horticulturalists. Can the Minister provide reassurance on this issue?

The ability to waive charges also seems at odds with the second instrument, on official charges and frequency of checks. Paragraph 7.2 of its EM states:

“Changes are being made to the fees legislation to reflect the level of identity and physical checks determined in accordance with the 2022 Regulations ... ensuring the full cost of services to conduct import checks are recovered from businesses using these services”.

Further on, the last sentence of paragraph 7.4 says:

“The existing fees legislation ensures that the cost of plant health services, including import inspections, is recovered via fees”.

Either the fees are to be charged on a cost-recovery basis or they can be reduced—or waived altogether. Perhaps one SI legislates for full cost recovery while the other allows for the waiving of fees and charges. Can the Minister give clarity on this issue?

Paragraph 7.4 of the first instrument's EM states that

“not all consignments will ... attend a BCP”—

a border control post. It also says that fees and charges can be levied digitally and away from the BCP. Some have raised concerns that this may not be safe and that consignments should be capable of being inspected at the BCP. The noble Baroness, Lady Bennett, also raised concerns about the security of plants. Can the Minister comment?

Consultation through targeted stakeholders ran for 10 weeks. The second instrument's EM indicates:

“The respondents were generally supportive”.

I have read the letter from Defra, dated 24 February, on the consultation responses; I have also looked at the responses online. There were three. Two were from Scottish businesses that raised no concerns. The third was from the NFU; it highlighted its concern about the flat rate fee for plants for planting, which should be extended to include bulbs for planting, and the

definition of the final user. Defra's response to the NFU was that its concerns are outside the scope of the consultation as the instrument is for medium-risk goods while bulbs are high-risk goods. On this basis, we are told that the consultation response was “generally supportive”, which just goes to show that, with a bit of ingenuity, you can make a consultation give whatever response you want it to.

The Secondary Legislation Scrutiny Committee raised concerns about the common user charge, which is to be introduced later this year and does not require legislation. This means that there will be no parliamentary oversight of the charge, its impact and whether it will be draconian or not likely to actually cover the costs of implementation. Would the Minister care to comment on the introduction of this common user charge?

I am not opposed to these two SIs, but I am somewhat dismayed by the way in which they are being introduced and the lack of clarity over the implementation of the charges and fees. I look forward to the Minister's clarification.

**Baroness Hayman of Ullock (Lab):** My Lords, looking first at the Official Controls (Fees and Charges) (Amendment) Regulations in front of us, previous speakers have clearly raised concerns about BTOM. I have also done so in the past; the Minister and I have discussed this in the Chamber previously. However, with this SI, we are particularly concerned about the potential impact on small businesses and the fact that the charges also need to be considered in the broader context of the increased charges, particularly for small businesses, since we left the EU. I am aware that the Government believe that there is not going to be any serious impact on small businesses but our concerns come from within that broader context, because we know that British importers have been paying further costs over the last few years since we moved to the new system of trade with the EU.

Around 30% of the food that we consume in the UK comes from the EU, so it is incredibly important that, when we bring in new systems, we avoid any confusion, chaos or delays. It would be useful to hear reassurances from the Minister on these issues because small businesses are particularly worried about this, as well as the increased costs. Once you start getting delays, as I am sure the Minister knows, they have a huge impact on perishable fresh produce. How confident is the Minister that this can go through smoothly?

The British Chambers of Commerce has complained to the Government about the lack of communication and information provided. How has the Minister's department been working with businesses, particularly small businesses, on improving the communications and information that chambers of commerce have raised concerns about? What clarifications have been provided following the concerns raised?

The noble Baroness, Lady Bakewell, talked about the fact that this provides competent authorities with greater flexibility to determine fees and charges, and that this is now on a recovery basis. She asked some questions around that, but I just wondered if there are any precedents for recovery like this, with fees and charges being done on a cost-recovery basis. What are the precedents around that?



The other thing I was going to raise also applies, to a certain extent, to the plant health SI and is around the lack of consultation. I am aware that there is no statutory duty to consult on this issue but, considering the number of concerns that have been raised around BTOM and its rollout, including the very late announcement of the common user charge, I wonder whether the department might have followed a different process, with the benefit of hindsight. It could have done a bit more consultation with industry to avoid those concerns and late rollouts. In future, when looking at the different trade mechanisms that will need to come in, will it perhaps look more broadly at working with business at an earlier stage to avoid some of the, shall we say, glitches that have happened?

I agree with very much with what both noble Baronesses have said already on the draft plant health fees statutory instrument, so I will not go into great detail. The concerns of the Horticultural Trades Association have been clearly laid out: the impact of the volume of checks that will be required and whether that will lead to further delays. The importance of the horticultural sector to our economy needs greater recognition. It would be good if the Minister could give some indication to the Horticultural Trades Association on ornamental horticulture, plus vine horticulture, tomatoes, and others. We have seen gaps on our supermarkets shelves in recent years. It would be very good if our horticultural sector was better supported and encouraged.

2 pm

One last thing: I have previously talked about the concerns about Dover not being listed as a relevant port and the checks being moved inland. When this SI was debated in the other place, Natalie Elphicke MP, who represents Dover as part of her constituency, said that she was extremely concerned that the regulations failed to list Dover as a relevant port. The Minister and others have explained what they think will happen and how it all will work, but she felt—and I agree—that there is still an unanswered question as to exactly why this decision was made, and the implications for the Port of Dover itself.

**Lord Douglas-Miller (Con):** My Lords, again, I thank all noble Lords and—almost exclusively—Baronesses for their valuable contributions to this debate. I laid out the need for this SI in my opening remarks. I will try to address some of the questions and concerns that have been raised.

I will turn first to the issue of Dover, which the noble Baroness, Lady Hayman, raised. It is a really important point that has been conflated in multiple different ways, and is being used rather unhelpfully to demonstrate what is not happening. Before the introduction of the BTOM, the Government provided a level of financial and other support to Dover Port Health Authority to assist with checks at the Port of Dover for the narrow straits. That was a significant sum of money: £3.5 million a year, and quite a lot of additional bits and pieces.

At the time of developing the BTOM model, we looked very carefully at how it might work at the Port of Dover. We explored the Bastion Point option, which is also quite close to the Port of Dover but not actually there. We also looked very closely at Sevington, which, as we all know, is some 21 or 22 miles further up the road. The analysis and outcome of that very detailed process showed extremely clearly that it is impossible to have a border control post at Dover.

We could have gone with a combined Bastion Point and Sevington option, but if anybody has been to Bastion Point, they will know that it is in an industrial park just outside Dover and that the access is terrible. The confusion would be appalling and the cost to have a split facility would be much greater, so the decision was taken to take the whole border control post to Sevington.

I get questioned a lot that this does not make any sense, because Sevington is 22 miles away. How on earth can that be safe? This is where the conflation of different thoughts and ideas comes together, and it needs to be disentangled. Anybody importing several pigs in the back of a white van that have been slaughtered in Poland is not going to comply with our import controls. They are not going to sign up with an IPAFFS, get a veterinary certificate, register on the system and come into the Port of Dover, saying, “Here I am; do I go to Sevington or do I carry on?” as part of our risk-based model for all other products. These are illegal imports, which are dealt with by Border Force, not border control posts. We have been funding Border Force in the Dover Port Health Authority to deal with that issue, which is largely around African swine fever and pigs—the pork industry.

Border Force also deals with drugs, guns and a range of other things, so the Dover Port Health Authority has been supported financially to assist Border Force. We are now taking the new function of the risk-based border target operating model and moving it away from the Port of Dover, because it cannot be done there, given the logistics of large lorries having to be checked at the port. The whole thing would be clogged from end to end: it would simply not be possible. I accept that, if we were starting this entire process with a clean piece of paper and no infrastructure on the south coast of England, we would probably not do it this way. But, in the absence of being able to flatten Dover and build a border control post there, we really do not have many options.

I am very sympathetic to Natalie Elphicke’s issues at Dover. In all honesty, it has been a real challenge dealing with the port health authority and the council down there—they have been extraordinarily uncooperative and, in my opinion, have deliberately provided misinformation about the fact that we are reducing the £3.5 million to £1.5 million because we are taking that whole function away from them and asking them, with the residual £1.5 million, to provide a different level of support to the Border Force arrangements at Dover. These are very separate issues. I know it takes a while to get your head round them, and it does not sound very intuitive, but it is important to try to get those two bits and pieces disentangled.

[LORD DOUGLAS-MILLER]

I am very happy to take any other questions on Dover, Sevington and what we are doing down there as a separate issue; I will not clog up today's debate any further on that.

I will start by addressing the general concerns expressed about consultation, particularly with the Horticultural Trades Association and others. There has been, as I think everybody will recognise, extensive consultation on this. It predates my time in office very considerably and, since I took up office at the end of last year, I forget how many conversations and meetings I have had with the HTA. The chairman of the HTA, James Barnes, is a friend of mine who rings me up pretty much daily on this issue. I am acutely aware that this issue is of concern to the association, but we have signalled that we would do this for a very long time. In fact, we have had several false starts, so this should not be any surprise to anybody.

Furthermore, I have been explicit in all of those consultations with the HTA and others that this is not nought to 60 in one go: we are not going from nothing to everything in one go. We are looking to phase in a way of improving biosecurity on goods coming into this country. We will take a pragmatic approach to that process and we are in control of the number of people we pull in for inspections. We will not pull in everybody for inspection on day 1, because this will obviously take a little time to bed in.

I have been down to Sevington, looked at the facilities there and spoken to the staff. I have looked at the training being given to them, which is a concern of the noble Baroness, Lady Bennett, who asked, "Who does this? Is it just a random person?" No, we have done a lot of training and a lot of work has gone into this. So we are ready for business at Sevington, which is the main short straits point. It really has been an extensive exercise in communications training. We have done a lot of recruitment and built a purpose-built facility at Sevington for this. I have been down there, and noble Lords are welcome to come down and have a look at it. It really is incredibly impressive. If they visited, I hope it would allay many of the concerns raised about possible cross-contamination or delays or issues that will go on in that space, because it will take a bit of bedding in. I am not saying it will be entirely smooth on day 1, but we have put an awful lot of effort into this.

Just to go back to conversations with the HTA, one of the things we put in place is a hotline with the team in Defra directly to the HTA and the NFU, for the week preceding 30 April and any amount of time thereafter until those concerns are allayed, to say, "Look, we know we're going to get some teething problems here, so let's get them fed in directly", so that we have the process in place to unravel those difficulties and smooth them through. Absolutely the last thing the Government want to do is to create a delay to trade, which would cause all the sorts of issues that the noble Baroness, Lady Bennett, raised, which would then cause issues around compensation and all the rest of it. We do not want to go there. We want to manage the process and build it up slowly. We will definitely go through a bedding-in process here. We will not go from one end of the spectrum to the other in one go.

I hope that that general background allays some of those concerns. Again, I would be delighted to take any further questions. If anybody would like to, I suggest a visit to any of those facilities so that noble Lords can look for themselves.

I put my hands up on the common user charge: I totally accept that it is late in the day for letting these guys know. I have been in business—I ran a retail business for 15 years—and I cannot comprehend how the Government thought it would be a good idea to let these guys know just six weeks beforehand. It has happened; we cannot go backwards; it is there. In mitigation, it is within the consultation parameters that were set, and what was coming was pretty well signalled to everybody. We have put a cap on those charges to allay some of the fears that were rightly expressed by a lot of those organisations.

There were a number of comments from the noble Baroness, Lady Bakewell, on the charges, full cost recovery and the waiving of charges. What I have in my notes on the question of whether the SI removes the commitment of competent authorities to do cost recovery is that the answer is no. There is still a commitment to cost recovery. The existing provisions in the official control regulations also still specify that charges should not exceed costs. This remains untouched, so it is not a profit-making exercise.

To reference that back to the other questions on what happens at non-governmental border control posts, commercial operators elsewhere are free to set their charges where they want. They have obviously all been waiting to see what our common user charge is; they will want to align with that because, if they do not, people will simply choose not to go there. If they simply price themselves out of the market, that will not work. Our analysis of our own cost recovery process should be comparable to their own. I think that the charges are in the right place. They will also remain under review on a very regular basis, following the first tranche of information that we get.

I hope that that also answers the questions from the noble Baroness, Lady Bakewell, on the impact on smaller businesses. This is a flat charge across all businesses; it does not differentiate between large or small, but we hope that it is within the right range.

The noble Baroness, Lady Bennett, asked a number of questions around readiness for 30 April. I hope I addressed them in my earlier comments. Again, if there are any questions that she would like to ask on that or the staffing arrangements, I would be very happy to take them.

That covers all the questions that I have written down here, I think. If I have missed anybody's questions, I will of course be delighted to write to them in future. I hope everybody shares my view that these instruments are absolutely necessary. As I have outlined, they facilitate the implementation of the border target operating model, which I think we have all agreed is a necessary biosecurity process, and are necessary to enable the relevant import controls and associated fees on imported sanitary and phytosanitary goods.

With that, I commend these instruments to the Committee.

*Motion agreed.*

## Plant Health (Fees) (England) and Official Controls (Frequency of Checks) (Amendment) Regulations 2024

*Considered in Grand Committee*

2.15 pm

*Moved by Lord Douglas-Miller*

That the Grand Committee do consider the Plant Health (Fees) (England) and Official Controls (Frequency of Checks) (Amendment) Regulations 2024

*Relevant document: 18th Report from the Secondary Legislation Scrutiny Committee (special attention drawn to the instrument)*

*Motion agreed.*

## Veterinary Medicines (Amendment etc.) Regulations 2024

*Considered in Grand Committee*

2.16 pm

*Moved by Lord Douglas-Miller*

That the Grand Committee do consider the Veterinary Medicines (Amendment etc.) Regulations 2024.

*Relevant document: 18th Report from the Secondary Legislation Scrutiny Committee*

**The Parliamentary Under-Secretary of State, Department for Environment, Food and Rural Affairs (Lord Douglas-Miller) (Con):** My Lords, these regulations were laid in draft before the House on 4 March. They seek to amend the legislative regime for veterinary medicines set out in the Veterinary Medicines Regulations 2013 in respect of Great Britain. The amendments will ensure that the law is fit for purpose to protect animal health, public health and the environment.

We are a nation of animal lovers. Veterinary medicines play a vital role in helping vets and those looking after our animals to maintain their health and welfare. As well as benefiting our much-loved companion animals, medicines also play an important role in supporting the farming industry to maintain the health and welfare of their livestock. This is pivotal to the UK's food supply. Veterinary medicines are, by necessity, highly regulated goods. Their quality, safety and effectiveness are assured by controls on their manufacture, marketing, supply and use, which are set out in the Veterinary Medicines Regulations 2013.

However, these regulations require updating to reflect changes and technical advances in industry, to future-proof the regulatory regime and to reduce regulatory burden where possible. I believe that the length of this instrument, at 89 pages, gives an indication of the necessity of such an update. I hope noble Lords will forgive me if I do not go into the full details of all the changes, many of which are very technical; instead, I will summarise the rationale behind some of the most significant amendments.

To market a medicine in the UK, a pharmaceutical company needs authorisation for that medicine from the regulator. A large number of the amendments relate to changes in the requirements for companies that hold such authorisations. These regulations apply in Great Britain but will also facilitate the UK-wide marketing of products. The changes will bring Great Britain's regulatory regime closer to the EU's, but it is not simply the case that we are just accepting EU rules. My department actively proposed and participated in the discussions on changes to the EU law when we were a member state and it was always the expectation that these changes would apply in the UK too. Leaving the EU, however, has allowed a more flexible approach to updating our legislation.

The changes to marketing authorisation requirements have been requested and are supported by the pharmaceutical companies themselves. They will allow those companies to submit a similar dossier supporting their application for marketing authorisation to my department, to the European Medicines Agency and to EU member states in order to obtain authorisations in both the UK and the EU. This provides for a consistency in technical and data requirements and is vital in ensuring that the UK remains a competitive and attractive global market for veterinary medicines.

The amendments will also make it possible for companies to use common packaging across the UK. This will reduce unnecessary administrative and regulatory burden on industry and will help ensure that these companies continue to market medicines across the UK.

The instrument also amends the requirements related to where such companies must be based to reflect the current practice of global companies having a European base to market medicines across the European region. This provides a regulatory pathway in the regulations that will allow companies based in the EU to continue to market medicines in the UK to ensure the continued availability of medicines here.

For manufacturers, wholesalers and distributors of veterinary medicines, amendments include, for example, the introduction of a registration scheme for manufacturers, distributors and importers of active pharmaceutical ingredients. This will ensure that we have greater oversight in the use of these important, but potentially hazardous, chemicals, which in turn will maximise our ability to take appropriate action in the case of a safety concern or supply shortage.

We encourage appropriate and responsible prescription and supply of veterinary medicines with the amendments, for example, by enhancing the information that must be recorded by prescribers when prescribing medicines. A number of these changes form part of the Government's plan to tackle antimicrobial resistance to protect human and animal health. Our changes are intended to secure the UK's significant reductions in antibiotic use in food-producing animals. The legislation will make it very clear that antibiotics are not to be used routinely or to compensate for poor farming practices. The changes will prevent the general use of antibiotics in healthy animals, with exceptions made for where the risk of disease is very high and the consequences likely to be severe. The *Third UK One Health Report* showed that in 2019 about two-thirds of antibiotics in the UK



[LORD DOUGLAS-MILLER]

were for use in humans, compared to one-third in animals. Our antibiotic usage in animals is already lower than in all other European countries with comparably large agriculture sectors. We are keen to maintain a collaborative approach with vets and farmers to ensure a continued and sustainable reduction in antibiotic use. This approach has already led to a 59% reduction in use since 2014.

Other changes include updates to the fees that the regulator charges to industry to undertake its functions. The regulator, the Veterinary Medicines Directorate, is a cost-recovery agency, and it is right and proper that the fees are amended to reflect the true cost of providing its regulatory services. These fees have not been updated in more than 10 years.

In conclusion, veterinary medicines are essential to the health and welfare of our animals and to supporting the farming sector in rearing food-producing animals. I hope noble Lords will agree that this instrument is vital to ensuring the continued supply of safe and beneficial medicines while ensuring that my department continues to have effective oversight of how these medicines are manufactured, supplied and used. This includes changes to support our efforts to reduce the development and spread of antimicrobial resistance by further reducing unnecessary use of antibiotics in animals. I hope noble Lords will support these changes. I beg to move.

**Lord Trees (CB):** My Lords, first, I say a warm welcome to these new regulations, which are in general welcomed by the veterinary pharmaceutical industry and, I should also say, by the veterinary profession in general, because they are the first major revision of veterinary medicine regulations since 2013. Given the pace of change, technological innovation, pharmacological developments, environmental awareness and, particularly, our increasing awareness of the importance of antimicrobial resistance, these regulations are very timely and welcome.

According to the National Office of Animal Health, the umbrella organisation covering 97% of the UK veterinary pharmaceutical market, the annual sales of veterinary drugs in the UK amount to about £745 million. That is a substantial market and of critical importance, of course, to the health and welfare of animals, food safety and public health. But it is important to recognise as well that, in global terms, this is a relatively small market; thus our alignment, as far as possible, with international standards and requirements is very important to ensure that a full range of products—not only drugs but, critically, vaccines as well—is able to be marketed economically in the UK for the benefit of animals.

In this respect, a general feature of these new regulations is that they rationalise and improve alignment with many aspects of international practice. They attempt to reduce the burdens and obstacles to the global pharmaceutical industry in making veterinary products more readily available on the UK market, which is a very good thing. More specifically, they improve alignment with EU regulations. I hope that this will have a positive effect on the imminent negotiations with the EU to ensure the continuing supply of veterinary medicines to Northern Ireland, for which there is no

agreement yet under the Windsor Framework, and which are subject to a temporary grace period. That expires at the end of 2025, which potentially will have quite serious repercussions and lead to quite serious reductions in the availability of veterinary pharmaceutical products for both livestock and companion animals, unless a new agreement is reached.

The regulations involve a number of changes with regard to market authorisation application. Those changes should increase the alignment to facilitate the submission of one dossier to more than one territory, while simplifying labelling and packaging requirements. This should help to optimise the availability of products across the devolved nations of the UK and, indeed, across Europe. A major feature of the regulations is to update controls with regard to antimicrobial marketing, prescribing and classification to help reduce the risk of the development of antimicrobial resistance. There will be further restrictions on the prescription of antibiotic veterinary medicines, so that they are not used routinely as compensation for poor hygiene and low standards in animal husbandry and management practices. That is all an extremely positive development.

It is worth repeating, though, that antibiotics have been banned for use as growth promoters in the UK since 2006. Critically, and of specific importance, is the prohibition of antibiotic usage for any prophylactic purpose except in exceptional circumstances. There is a requirement in these regulations to justify the prescribing of antibiotics in such exceptional circumstances by recording them and making it necessary to conduct a veterinary review of management practices to ensure that there is no recurring need for antibiotic use, where possible.

With regard to antibiotic usage in medicated feed, there is a limit prescribed in the regulations on the time between antibiotics being prescribed and treatment being started, which has been set at no more than five working days. It has been pointed out to me by the aquaculture industry in Scotland, for example, that, given the distances between medicated feed manufacturers and, say, the needs of a salmon farm in the northern Shetland Isles, that five-day period is rather restrictive and may be challenging. I ask the Minister: could such practical issues be taken into account when interpreting that requirement?

2.30 pm

I strongly welcome the requirement that:

“No person must supply or offer to supply”

veterinary medicinal products,

“by means of the internet to persons in Great Britain, unless”,

the supplier is “established”

and,

“has an address within Great Britain”.

This will enable our authorities to have some control over the quality and nature of veterinary products offered online within the UK.

However, I note that it places no restriction on an animal keeper in the UK buying and giving to animals any product obtained online from any supplier anywhere in the world. I am not a lawyer, but does this not constitute a serious loophole that could threaten animal health and welfare?

I suggest that there are some other missed opportunities with the new regulations, which one hopes may be addressed in time and indeed remedied. First, with respect to antibiotic resistance, the regulations, unlike those in the EU, do not require mandatory recording of antibiotic usage. While there is recording of usage in the UK, it is voluntary and patchy, and data on sales is required to be collected and provided by the pharmaceutical companies. This does not provide accurate data on usage, and what we can measure, we can control better. However, the prescribing of antibiotics, which must be by a veterinary surgeon, is always recorded for the purpose of billing clients. What consideration have His Majesty's Government given to collecting antibiotic usage data through the clinical recording systems that every practice has and uses for the purposes of charging its clients?

With regard to drug resistance more generally, we have widespread problems and problems of environmental contamination with regard to anthelmintic worming products, ectoparasiticides and systemic products for the control of fleas and ticks and so on. What consideration have the Government given to restricting further in these regulations the classifications of these valuable pharmaceuticals in a way similar to the regulations for antimicrobial medicines?

In that context, I note the Government's concern about the environmental contamination of aquatic environments with companion animal ectoparasiticides and the formation of a cross-governmental group called pharmaceuticals in the environment. However, I look forward to future measures to reduce the pollution of aquatic environments with ectoparasiticides such as fipronil and imidacloprid.

In general, and in conclusion, these regulations are to be welcomed, and I am pleased to support them.

**Baroness McIntosh of Pickering (Con):** My Lords, I thank my noble friend for presenting the regulations before us this afternoon, which are very welcome. I have one issue to raise with him. I declare my interest as an honorary associate of the British Veterinary Association.

The British Veterinary Association's response to the original consultation touches a little on the demands being made on veterinary practices in the context of the regulations, which the noble Lord, Lord Trees, referred to. It responded on the requirement to provide information that, essentially, the Government should be mindful of the pressures on smaller practices that have limited administrative resources and that while vets are willing and happy to provide information, the cost and administrative burdens need to be taken into account. I hope that is something that my noble friend will give me some reassurance on in the Committee this afternoon. We learn from paragraphs 12.1 of the Explanatory Memorandum that the annual net direct cost to business of the regulations is expected to be £2.5 million. Paragraph 12.3 states that as the level of impact is less than £5 million, it was agreed to carry out a *de minimis* assessment not a full impact assessment. What assessment has the department made of the pressure on small practices, in particular, in applying the new provisions in the regulations? Who will end up paying the ultimate price for this?

I am grateful to the Secondary Legislation Scrutiny Committee for its analysis of the regulations. It also refers to the fact that the direct cost to business will be £2.5 million per year and asks whether this will lead to higher prices for veterinary medicines. What impact do my noble friend and the department think this will have on the end user, in particular, either the small pet owner or, more specifically, the farmer, bearing in mind that farmers, particularly since 2001, have faced an increase in other on-costs? They are under great pressure, and many of them, particularly smaller and mixed farmers and those who specialise in livestock production, are going to find it very difficult to fund this.

We are speaking at a very happy time of year when we see lots of lambs and calves being born, but there are veterinary costs associated with that. I am mindful of this, having recently sat next to a local farmer who called out the vet for a stillborn calf and obviously had to pay all the veterinary costs. The mother survived, but they lost the calf. I would be grateful if my noble friend could respond on those two specific points: whether small practices have been considered when it comes to bearing the costs and whether farmers are expected to carry the additional cost of £2.5 million per year going forward.

**Baroness Bennett of Manor Castle (GP):** My Lords, in rising fairly briefly, I should declare the support I receive from the British Society for Antimicrobial Chemotherapy, as set out in the register. I join the noble Lord, Lord Trees, in welcoming further restrictions on antibiotic use in that context. I do a great deal of work with BSAC on antimicrobial resistance. I remain concerned about any exception for prophylactic use. We are talking in a context where factory farming organisations have said that they need to keep using antibiotics because their operations cannot operate without them. I have a direct question for the Minister. We are coming up to the refresh of the national action plan on antimicrobial resistance after its five years in operation since 2019. Are the Government prepared and thinking about how, working with that plan, there may need to be further restrictions, particularly on the use of antibiotics in veterinary medicine in the light of the threat that antimicrobial resistance presents? This is reflected in the fact that the General Assembly is having a high-level meeting in September on antimicrobial resistance. It is a huge global issue. I acknowledge that the UK has been leading on this. None the less, it is still very clear that we are not anywhere near where we need to be to save the antibiotics that we desperately need for human health. We have to approach all this from a One Health perspective thinking of human, animal and environmental health all going together.

In the light of that, there are a couple of things that I particularly want to raise. One is anthelmintics and their impact on environmental health, particularly insect life in streams and rivers and indeed in the soil, dung beetles being the obvious example here. I do not know whether the Minister will be able to comment on any steps that the Government are planning to take to address that One Health issue.

The other issue that is fast rising up the agenda is spot on flea and tick treatments, which are a significant source of pesticide pollution in rivers. I can cite a

[BARONESS BENNETT OF MANOR CASTLE]

recent study from the University of Sussex and Imperial College published in *Science of The Total Environment*, looking in particular at fipronil and imidacloprid—forgive my pronunciation—both of which have been banned from outdoor agriculture but are still used in spot on flea and tick treatments. This study and others found significant wastewater that had passed through sewage treatment works and was extremely harmful to wildlife; these are potent neurotoxic insecticides. One study found fipronil in 98% and the other chemical in 66% of fresh water. I am aware that the British Veterinary Association has brought out some new guidelines and is seeking at least to reduce somewhat the usage of these treatments but, given that we have about 22 million dogs and cats in the UK, are the Government really looking into this?

Finally, I also reflect the concern expressed by the noble Lord, Lord Trees. We all know now that we are in a global market for everything through the internet. Are the Government looking at and monitoring the extent to which veterinary medicines that should not come into the UK, or should not be used without proper supervision in the UK, are coming in through that potential internet back door?

**Lord de Clifford (CB):** I draw your Lordships' attention to my entry in the register, as I work for a large independent vet group with both companion animal and production animal vets. The vets I work with generally welcome this timely update of the Veterinary Medicines Regulations. They acknowledge that they have been listened too during the consultation process and that changes have been made to update the regulations. Some are disappointed that the regulations have moved further away from the EU regulations. Others have commented that, although the EU regulations appear to be more restrictive, they will be interpreted in very different ways over the 27 countries, and we would have interpreted them in some ways, too.

Some have also commented that we have possibly missed an opportunity to update the regulations with regard to the impact of drugs on the environment, to echo the noble Baroness, Lady Bennett. That refers not only to the relationships between the individual vets prescribing the drugs but to the end-user of the drug and how this impacts on the environment. I reiterate the comments regarding spot on treatments and the result in watercourses. I will not try to pronounce the names of the drugs.

Concern remains regarding the amendment to paragraph 19 on the prescribing of medical products contained within feeds, which the noble Lord, Lord Trees, mentioned. The regulation states that

“the time between a prescription being issued and the course of treatment starting must be no more than five working days”.

This has been changed from the original regulation, which is appreciated, but there is still concern that manufacturers have no control over when the treatment starts, and the logistical challenges that the noble Lord, Lord Trees, mentioned of manufacturing feedstuffs, transporting them to the farms and feeding them to the animals. It is in farmers' interests to feed this medicated feed to their animals as quickly as possible to treat the respective infection, but it seems unreasonable to create a situation where a manufacturer of feeds

could be in breach of the regulations simply because a feed has not been fed to the animal within five working days. A feed manufacturer should certainly be held to account if a feed has not been distributed to the farmer within five working days. Therefore, could the Minister relook at amending the wording to say, for example, “distributed to final location” or “left the manufacturing premises within five working days”?

The second area of concern is new paragraph 7A, which relates to

“Duties in relation to prescribing of antibiotic veterinary medicinal products”

for prophylactic purpose. For some, the wording of this new paragraph does not go far enough; they would have liked a total ban of the prescribing of antibiotics. I know from discussions that other veterinary surgeons in the production animal sector accept that the wording is reasonable in this new paragraph to protect animal health and welfare, but concerns have been raised about how it will be interpreted and set out in the guidelines that will follow the implementation of this statutory instrument, with special reference to the words “exceptional circumstances” and what will be allowed. There are many interpretations of what “exceptional” means, both by individuals and by organisations. This could lead to veterinary surgeons breaking regulations when all they are trying to do is protect animal health and welfare and comply with their professional code of conduct.

2.45 pm

Certain infectious diseases, such as strep meningitis in pigs, are very complex and can take many months to be eradicated from herds. Vets acknowledge that the prescription of antibiotics is not the only solution to eradicate infectious diseases in herds of animals. Other changes that can improve the conditions of animals, reduce the spread of infection and reduce the likelihood of infections recurring include husbandry changes, improved building ventilation and the possible building of new housing. All of these actions take time to take effect. In the meantime, vets need to address the animal health of the herd in question, possibly by prescribing antibiotics in a prophylactic way on a regular basis for a few months, as they know that the disease is present and needs to be controlled—sometimes before clinical signs are shown in individual animals or within a herd.

As has been mentioned previously, farmers and vets have moved a long way with regard to the use of antibiotics. Both parties do not want to use antibiotics unnecessarily, but there is a concern that, if a programme of regular use of antibiotics via medicated feed is required for welfare reasons, this may be interpreted as a breach of the regulations by the VMD. Although vets have been given reassurance in the current discussions with the VMD that these situations will not be seen as a breach of the regulations, there is concern that, as time moves on, personnel change and the interpretation of the policy changes. This may result in vets being accused of breaching the regulations, possibly to the detriment of animal health and welfare. Will the Minister raise these concerns with the VMD and his department to ensure that we continue to focus on the reduction of antibiotic use, while still maintaining animal welfare,



and ensure that veterinary surgeons can continue to uphold their oath and comply with these regulations without the fear of breaching them?

**Baroness Bakewell of Hardington Mandeville (LD):**

My Lords, I thank the Minister for his introduction to this important statutory instrument. I am grateful to the Secondary Legislation Scrutiny Committee for drawing it to the attention of the Committee.

This important statutory instrument ensures the quality, safety and efficacy of veterinary medicines as regulated by the Veterinary Medicines Directorate, the VMD. The Veterinary Medicines Regulations have not been updated since 2013, when the fee base was also set, so there is quite a lot of inflation to consider in terms of fees and costs, alongside scientific innovation. The main thrust of the SI is an attempt to reduce the risk of the development and spread of antibiotic resistance, which I welcome. The noble Lord, Lord Trees, has raised this issue many times in the Chamber, as well as this afternoon.

Unlike the noble Baroness, Lady Bennett of Manor Castle, I do not have extensive knowledge of the issues we are debating. Not being a vet or having anything to do with animals, whether domestic or destined for the food chain, my only contact with the veterinary profession is taking my dog to be stitched up after an overenthusiastic race through the woods or going to renew his regular preventive medication. I was, however, privileged to visit a veterinary hospital run by Anderson Moores last October. It was an extraordinary experience. The hospital is extremely modern and does very complex surgery on a range of animals. This particular hospital lent ventilators to the overstretched local NHS hospital during the Covid outbreak.

Although I fully support this SI, I have a number of questions for clarification. Most of them relate to paragraph 7 of the Explanatory Memorandum. Paragraph 7.1 refers to making more than 200 amendments to the VMR, including fee changes. The Secondary Legislation Scrutiny Committee asked whether these changes would lead to higher prices for veterinary practices. The answer from Defra referred to the private nature of veterinary practices. I interpreted that as a “don’t know” in terms of whether Defra actually knew whether the changes would increase prices. I will return to this issue later.

Paragraph 7.2 makes it clear that vets are required “to provide owners of food-producing animals with records as soon as reasonably practical after administering a medicine” with a record of that medicine, when it should be taken and the lapse of time after taking the medicine before the animals can enter the food chain. This is clear and reassuring. However, I ask the Minister whether this is what currently happens or less stringent measures are currently in place. Will this change be an additional burden?

Many of the requirements under section 7 place added burdens on marketing, manufacturers, wholesalers and keepers of food-producing animals. These relate mostly to limiting the spread of antibiotic resistance. Paragraph 7.4 of the EM refers to an inspector seizing items that may breach regulations. Can the Minister give an example of where and at what point in the chain this might happen?

Paragraph 7.6 gives a lot of detail. Sub-paragraph (e) removes the need

“to renew a marketing authorisation after five years”.

That is excellent but sub-paragraph (h) requires marketing authorisation holders to submit an annual report. Is this a contradiction or have I misunderstood it?

Paragraph 7.7 deals with Schedule 2 to the VMR. Sub-paragraph (f) extends

“the authorisation and inspection requirements for equine stem cell centres to bring all stem cell centres for non-food-producing animal species under regulatory oversight”.

What happens in those stem cell centres now?

Paragraph 7.8 has a whole list of requirements and changes to reduce the risk of antimicrobial resistance. I fully support these but there is obviously going to be a cost element to this. Sub-paragraph (f) refers to a suitably qualified person being present when medicines are handed over. This appears to indicate that the veterinary profession is suffering from a lack of pharmacy specialists, similar to the experience of high street chemists.

Sub-paragraph (g) refers to

“restricting the prescription of antibiotic veterinary medicines”.

This has been referred to. Does it apply only to animals entering the food chain or to domestic pets as well? Is this restriction likely to lead to unnecessary suffering by some animals?

I fully support sub-paragraph (h), which prohibits

“the prescription of antibiotics for prophylactic purposes ... except in exceptional circumstances”.

We have heard two cases of where there may not need to be exceptional circumstances.

Lastly, paragraph 7.12 refers to the VDM as a “cost-recovery agency”. Since it has been 11 years since the fees were set, there is quite a lot of inflation to consider when setting new fees and charges.

That brings me on to section 12, which has already been referred to. It indicates that, as the annual net cost to business is likely to be £2.5 million per year, no impact assessment has been produced. The limit for the production of an IA is £5 million per annum. With such a wholesale overhaul of the treatment of veterinary medicines and the new administrative burdens to be introduced, coupled with the increased cost of the medicines themselves, I would have thought that the cost could be much higher than £2.5 million. The effect on small businesses and large chains of veterinary practices is likely to be considerable. The noble Baroness, Lady McIntosh of Pickering, raised this issue. I admit that I have not read the sections of the de minimis assessment that cover small and micro businesses and the impact on medium businesses—nor do I have somebody working for me who would do this—but I seek the Minister’s assurance that the true effect on businesses involved in veterinary medicines has been carefully and accurately calculated.

I turn now to section 10 on the public consultation, which ran for eight weeks up to 31 March last year and received 188 responses from a wide representation of stakeholders. Although I feel that 74 questions was a considerable number for consultees to complete, it indicates that the consultation was thorough. However, I fear that the areas where the VDM was proposing to

[BARONESS BAKEWELL OF HARDINGTON MANDEVILLE] be influenced by the consultation or otherwise were confusing. There is this phrase at 10.3:

“The main areas where we have decided to amend or not implement the proposed changes relate to”.

It is followed by a list, including in the first bullet point the phrase,

“we have decided to not implement”.

That is not quite the way I would have put it, but I get the general drift.

Lastly, I note that the guidance will be amended on the changes to the VMR and will be available to stakeholders shortly. I am sure that, given the considerable changes being made, this will be welcomed by those having regard to the implementation of this instrument.

I apologise to the Minister for the number of questions I have asked and points I have made but it would be helpful to have answers to these questions. I believe that this is a very important instrument; I support it, as it will make a real difference to the way in which animal medicines and feeds are administered for the benefit of food-producing and other animals.

**Baroness Hayman of Ullock (Lab):** My Lords, I start by welcoming this statutory instrument. It makes more than 200 changes to the Veterinary Medicines Regulations 2013; there is a very long list of changes under quite a number of headings. I start by congratulating the Minister on his introduction, which was both clear and succinct. We all appreciated that, I think.

This week, I received an email from NOAH asking for our support in passing these new regulations because it considers them absolutely crucial. We have also heard that from noble Lords today. The reasons why it thinks they are crucial are, first, because the current regulatory framework is not fit for purpose; the noble Baroness, Lady Bakewell, mentioned that it had not been changed since 2013 so this is well overdue. Secondly, animal health businesses and the UK regulatory authority, the Veterinary Medicines Directorate—we heard about it from other Members—really need this legislation to progress in order to support confidence and investment in the sector. The third reason why it is very supportive is because, as it rightly says, the animal health industry is high-value, high-growth and a highly skilled sector that contributes significantly to the UK as a whole. However, until we get these new regulations, its full potential cannot be achieved. We will support this SI.

A number of issues were raised during our debate. The first that I would like to reference is the fight against antimicrobial resistance. This is clearly welcome; anything we can do to support that is really important. The noble Baroness, Lady Bennett, and the noble Lord, Lord Trees, talked about the issues here; indeed, the noble Lord made an important point about practicalities, which the noble Lord, Lord de Clifford, also mentioned. There is no point in having legislation and regulations if, practically speaking, they are not going to work effectively and efficiently. I am interested to hear what the Minister has to say in his response on those matters.

I was pleased to see that there was extensive consultation on this; it is clearly outlined in section 10 of the EM. When we have not had any updates for more than 10 years, it is important that there is serious

consultation with the industry. As the noble Baroness, Lady Bakewell, and the noble Lord, Lord de Clifford, said, paragraph 10.3 of the EM details the areas where things have been amended and implemented.

I sometimes complain about the Government and consultation but it is important to give credit where it is due. Doing an extensive consultation then clearly laying out where changes have been made is best practice. I was very pleased to see in paragraph 10.3 that this has been done. That does not necessarily mean that everyone agrees with the decisions but it is important that consultation is done properly and that industry, when it is asked for its opinions, is listened to. That is very important.

Having said that, I am sure the Minister will have picked up that a few noble Lords who took part in the debate had a few suggestions about how things could still be improved. One that I am interested in was initially mentioned by the noble Baroness, Lady McIntosh of Pickering. It concerns small practices and making sure that these extra burdens can be managed by them—as well as making sure that the Government are aware of the burdens and the extra costs—because it is important that they are supported. Vets have had a lot of pressures on them in recent years, so this is really important. I know that, during the cost of living crisis, it has often been difficult for vets to balance fees, for example, with providing care to animals; that is clearly more difficult for small practices.

*3 pm*

The noble Lords, Lord Trees and Lord de Clifford, and the noble Baroness, Lady Bennett, talked about drugs. The noble Baroness raised in particular the issue of flea and tick treatment and the damage it does to the environment. You do not have to use spot on; we use a different treatment for our dog, for example. Again, this is something that needs to be picked up and looked at.

We welcome and support these proposals. I finish by sending huge thanks to our local vet—Galemire in Cleator Moor—because, only last week, our elderly Labrador had a major operation. Thanks to our wonderful vet, he is doing extremely well. He is having his stitches out next week so, fingers crossed, he will soon be back to normal.

**Lord Douglas-Miller (Con):** My Lords, I thank all noble Lords and noble Baronesses for their contributions to this debate. I appreciate that it is large and complicated, and that it is challenging to wade your way through it. I thank in particular the noble Lord, Lord Trees, who has been incredibly supportive of a lot of these changes—indeed, he has been driving a lot of them for quite some time. He is also involved with the veterinary medicine issues in Northern Ireland and the working group there, which met just yesterday; that is another complicated aspect of this issue, so I am hugely grateful for his involvement and all his support.

I will try to take the questions by topic rather than individually because some distinct topics ran through all of them. If I miss anybody, either noble Lords can shout at me at the end or I will write in the normal way.

Antibiotics were mentioned by everybody; everybody wants to know about them. The backdrop to this issue is that the use and prescription of antibiotics must not,

and should not, be an excuse for poor animal husbandry. I think we all accept that. They are not for that purpose. However, there are certain circumstances where they might be necessary for the greater good. The provision in this instrument remains to permit that but it is about a judgment call from a professional who has been trained, who knows a lot about the subject and who is connected into local knowledge so that, if they have to apply antibiotics in this way, they then have to follow that up with a report to explain why they have done so. So a lot of thought will go into that.

This ties in directly with the wider One Health approach, which has been raised by a number of noble Lords and noble Baronesses. In particular, the noble Baroness, Lady Bennett, talked about the need for joined-up thinking. I have watched a number of presentations on the One Health approach; I have been extremely impressed by the level of detail, the knowledge and the way that is being driven.

I am also incredibly encouraged by the drop in the use of antibiotics over the past 10 years. It is a really good news story. The detail that sits behind that in certain areas shows that, in the vast majority of areas, there is a real, long-lasting improvement. It is not perfect, I get the need to drive it forward, and, as was rightly pointed out, another review is coming up; we will look at that very carefully. However, it is important to acknowledge that it is something on which we have led. It has been really successful. It is driving change not just in the UK but elsewhere, and its long-term benefits will be very profound for all the reasons that have been articulated here this afternoon.

There were some specific questions about the five days from prescription to use. There was quite a range of views in the consultation. Some were that it is far too long and others that it is potentially challenging in certain circumstances, such as those the noble Lord, Lord Trees, illustrated, where there might be a fish farm in a remote area, but they tend to hold stores of antibiotics quite close to these areas. I will take that back to the department and look at it again. It is difficult, because one person says this and another says that. We have tried to hit the sweet spot in the middle. I do not know how it will play out in practice, but I cannot imagine for a moment that, if there was a specific issue about getting antibiotics to a remote location and it took six days, somebody will take issue with that.

Moving on from antibiotics, we talked a bit about flea and tick treatments getting into the wider countryside and our waterways. Restricting the way products are prescribed without supporting evidence may end up compromising animal health and welfare because of a change in usage patterns and the additional costs of visiting a vet. In authorising these veterinary medicines, the Veterinary Medicines Directorate takes into account parasite control users' safety and the environmental risks. In this instance, the medicines play a vital role in treating fleas and ticks, which can lead to harmful diseases in not just family pets but farm animals, and present a risk to humans. I am particularly talking about ticks, which are a growing problem across the UK. The Government are very aware of this issue and, in seeking to try to balance the pros and cons, we are looking at it very carefully.

There were quite a lot of comments from the noble Baronesses, Lady McIntosh and Lady Bakewell, and others on the cost to farmers and smaller veterinary practices, and how that will play out. Where modernisation of farm management practices or infrastructure is needed to reduce the risk of disease and prevent the routine or prophylactic use of antibiotics there may be costs to farmers in implementing these changes or upgrading the farming infrastructure to support them. As part of the Government's commitment to sustainable farming futures, sheep, pigs, poultry and cattle farmers in England can now apply for capital grants to improve health and welfare on their farms. In the longer term, improved biosecurity management and preventive disease control reduces clinical and subclinical disease rates and has economic benefits for the farmer, including lower treatment costs, improved growth rates and reduced mortality. In England, the animal health and welfare pathway is providing funding for an annual vet visit alongside grants for equipment, technology and infrastructure to support the modernisation of farm management practices and infrastructure.

I appreciate that that does not address the actual issue of the cost increases, but, as was alluded to by a number of noble Lords, it has been a long time since we increased these charges. That is not entirely because we have not been looking at it or paying attention to it, but everybody is very conscious that when these costs and charges are increased it has a knock-on impact on the end-user, usually.

I am also aware from the comments made of the stretched nature, which we have discussed before, of the veterinary workforce across the UK at the moment. I have been in discussion with the noble Lord, Lord Trees, and the Chief Veterinary Officer, as well as quite a few others in other organisations, about that and how we can address this particular shortfall.

The noble Baroness, Lady Bakewell, was inquiring on quite a few issues, some of which I will not attempt to answer this afternoon, otherwise I would be here for a very long time. Perhaps I could refer them to the department and get a letter out with some written answers to her.

With that, I hope that I have answered all the general questions. If anybody has anything specific that they would like to refer to me now, I would be happy to take it, otherwise I will wind up and commend this instrument to the Committee.

*Motion agreed.*

**Goods Vehicles (International Road  
Transport Permits and Haulage Within the  
EU) Regulations 2024**  
*Considered in Grand Committee*

3.12 pm

*Moved by Lord Davies of Gower*

That the Grand Committee do consider the Goods Vehicles (International Road Transport Permits and Haulage Within the EU) Regulations 2024.



**The Parliamentary Under-Secretary of State, Department for Transport (Lord Davies of Gower) (Con):** My Lords, I beg to move that these regulations be considered. They have two main purposes. First, they implement fully some specialised provisions contained in the EU-UK Trade and Cooperation Agreement, which I will refer to, if I may, as the TCA, in relation to UK-based operators and drivers. These provisions are connected to declarations for most lorry drivers working for UK-based operators when they make journeys between two points in the European Union.

The TCA provisions had a go-live date in 2022. They have been implemented administratively in the UK already, through the glossing provision in the European Union (Future Relationship) Act 2020. These regulations add enforcement powers and increase legal certainty. The full implementation of these provisions is needed to ensure continued, reciprocal access for the movement of goods vehicles between the UK and EU.

Secondly, this instrument amends legislation governing the allocation of permits for the purposes of the transport of goods outside the United Kingdom. The UK has made several new or amended bilateral road transport agreements with countries outside the EU since the previous legislation in 2018. The 2018 regulations—specifically, the International Road Transport Permits (EU Exit) Regulations—also catered for a no-deal Brexit. This instrument revokes and replaces the 2018 regulations.

The background to this is that, at the beginning of February 2022, new requirements provided in the TCA between the UK and the EU came into force. These changes apply to the operators of goods vehicles and their drivers involved in the commercial transport of goods within the territory of the EU and within the UK. Direct journeys between the UK and EU, and vice versa, are outside these requirements. For example, a journey by a UK operator from London to Paris is exempt from these requirements, but a journey made by a UK operator between Paris and Nice is not exempt. Similarly, an EU operator travelling from Berlin to Newcastle is exempt, but an EU operator travelling between Newcastle and Manchester is not and a posting declaration would have to be made.

3.15 pm

Operators and drivers who are involved in making journeys affected by the TCA requirements are required to post information about this into a database, which will provide a declaration document that can be scrutinised by enforcement authorities across the European Union and within the UK when required. There is also a process to seek and check further information as part of enforcement procedures.

The instrument being debated today relates to the implementation of enforcement requirements associated with the posting of road transport workers, for UK operators undertaking journeys, including cabotage, in the EU using drivers that they employ directly. Reciprocal provisions applicable to EU operators working in Great Britain were implemented by the Goods Vehicles (Licensing of Operators) (Exemptions and Modifications) (Amendment) Regulations 2023, which

came into force on 1 October 2023. Those regulations were laid before Parliament on 18 July 2023 under the negative procedure.

There are two principal areas of change. First, this instrument enables enforcement in the United Kingdom against in-scope UK operators who do not fulfil the requirements associated with the posting of transport workers. It is already possible for reported failings of licensed UK operators related to posting declarations to be considered by traffic commissioners in Great Britain and the authorities in Northern Ireland. This is further to provisions amended in 2022 about the repute of licensed operators. This assisted compliance with the relevant TCA provisions in the short term.

However, it is important to have a longer-term and more sustainable approach to demonstrate compliance with the TCA, which is vital to the UK's international road haulage and the UK's wider supply chains. Therefore, this instrument provides for specific enforcement related to posting declarations in some circumstances at the roadside. It also assists follow-up inquiries related to operators who have not co-operated with EU-based enforcement agencies. The agencies can contact the UK authorities to request follow-up action, and the TCA prescribes timelines for these to be dealt with in the UK. This instrument also covers goods vehicle operators not requiring an operator licence.

This instrument treats compliance with the posting requirements as a condition of making a specified journey and makes it an offence not to comply with the condition. The approach of making compliance with specified conditions a requirement is already taken for road haulage permits. That approach is part of the Haulage Permits and Trailer Registration Act 2018. The position in relation to enforcement and fines largely mirrors the 2018 regulations, although a change has been made to enable the power to stop.

Secondly, this instrument revokes and replaces with updated provisions the International Road Haulage Permits (EU Exit) Regulations 2018. This is being done to reflect bilateral road transport agreements that the UK has implemented and ratified since 2018 with countries outside the EU, including Azerbaijan, parts of the former Yugoslavia, Switzerland and Ukraine.

The instrument makes other revisions to the 2018 provisions to improve clarity. Although many aspects provided for under this instrument, including the fee levels for permits, are the same as for the 2018 regulations, revoking and replacing the 2018 regulations as opposed to amending them provides for a clearer and more consolidated approach.

Returning to posting declarations, I highlight that the provisions apply to workers who are under a relevant contract, specifically those who are employees or workers. It is important to note that agency workers and self-employed workers, for example owner drivers, are not subject to postings requirements. This mirrors the scope in the EU regulations, which also carve agency drivers and self-employed drivers out of scope.

If a goods vehicle has two drivers—so-called double manning—a posting declaration can be required for both drivers, one driver or neither, depending on their employment status. The regulations apply only when they are undertaking journeys between two points in

the European Union. Control officers in the EU can check the credentials of other drivers of UK-based vehicles during journeys within the EU. This would apply to self-employed drivers, for example. The inclusion of the posting procedures in the TCA limits the extent of EU controls on most drivers for UK-based goods vehicle operators on journeys within the EU. It prevents EU member states imposing other control measures. Before the EU legislation was put in place, there had been examples of EU member states putting more burdensome national requirements in place.

The regulations also facilitate the enforcement in the UK of the maximum number of internal journeys that UK operators can undertake within the EU under the TCA. This is limited to a maximum of two laden journeys following the laden arrival of a goods vehicle. Further restrictions apply to cabotage in the EU, which is journeys from one point to another in the same EU country.

These regulations are necessary to ensure that the UK upholds a key part of the EU-UK Trade and Cooperation Agreement, thereby ensuring that movements of goods for trade can continue to take place between the UK and the EU. They also ensure that the UK's bilateral agreements are reflected in legislation. I commend them to the Committee.

**Baroness Randerson (LD):** My Lords, I thank the Minister for his explanation. I am sure he will forgive me a bit of a weary sigh, because I remember all this from the first time round. As it gradually dawned on us that the assurances that a post-Brexit trade deal would be the easiest trade deal in history were completely wrong, we realised that we were facing a much more complex set of rules and restrictions for the logistics industry, especially those smaller businesses that wanted to continue to trade with the EU.

Other sectors that have particularly suffered in recent years have been not just those trading from the UK to an EU country but, as the Minister explained, those wanting to operate cabotage services. A badly affected sector is performers—musicians and artists of various sorts—who have found it impossible to take their goods, vehicles, scenery, costumes and so on from one country to another. All this has contributed to a decline in the numbers trading and a deterioration in the balance of trade, which specifically has hit small businesses very hard.

Optimistically, I had hoped that we were over the worst and that we would gradually rebuild our trade, as people got used to the new restrictions. Apparently, that is not so, because this instrument appears to be tightening up the rules. The Minister's introduction, which was very complex and detailed—and extremely helpful—underlined that this is going to carry on being complicated.

Paragraph 6.3 of the Explanatory Memorandum refers to

“the required outcome of the effective enforcement of posting requirements”,

so my first question to the Minister is: can he explain precisely how and to what extent the system was failing before? In a way, I am interested in the mood music behind this change. Have EU countries complained

that UK operators are not doing it properly? Have we had international complaints, or are we complaining about EU operators coming here without the required permissions? What is the scenario that has led to these changes?

I realise that there are references in this SI to agreements that go well beyond the EU, but so much of our trade depends to this day on the EU, and even more did in the past. That was the easy way to do business. It was no more complex to go to the EU than it was to go from Yorkshire to Surrey, for example. Therefore, any step that makes things more complicated is a matter of concern.

To reiterate, my first question is: are the Government tightening up as a result of an international request that we do so? My second question concerns Schedule 3, which lists a series of fees. Are they being increased, compared with the previous situation? If so, by how much? All of this is very complicated, especially if you happen to be a small business, so my third question is: what are the Government doing to ensure the new arrangements are adequately publicised and that that publicity is available well in advance of the implementation?

Finally—I hope that the Minister will indulge me—trade is, of course, a two-way thing. As he will know, from 30 April we will be imposing new import checks on meat and plants, leading to the payment of a common user charge of up to £145 per consignment. Can the Minister explain why the Government have given only 27 days' notice of the size and scale of these charges? How far is that being advertised? In what way are those new charges linked to this trading set-up that we are discussing, or are they not linked in any way at all? I realise that it is not part of the same piece of legislation, but is it part of a reciprocal deal and agreement? The final words the Minister uttered related to the TCA being part of the agreement. This is, of course, part of a whole package—a whole deal—so I am asking about the relationship between those payments and what we are discussing here.

**Lord Tunnicliffe (Lab):** My Lords, I also thank the Minister for his presentation of this SI. He added a certain overview, which is useful. I found myself in a difficult situation with this SI, both because it is complicated and because the normal excellent support I get from the staff in our office was overwhelmed by the fact that the member of staff was doing Rwanda, so I had to try to do it myself.

I set about by trying to understand the thing. I do not know whether it is my age, and that I am just slowing down, but I found it very complex. It was not helped by the fact that the format of the Explanatory Memorandum has been changed—much to my surprise, because I learned the old one and knew where to go. That took me a little while to recover from, but eventually I found that Morag Rethans was my contact. We made contact and she helped me, over quite a long phone conversation, to work through the various bits of the agreement. Yesterday morning, I understood all parts of the SI. I do not think I understood them all at the same time, and my understanding of them has certainly faded a bit in the past 24 hours. I always like

[LORD TUNNICLIFFE]

the contributions of the noble Baroness, Lady Randerson, because she is so much more diligent than me and finds little corners in what has been happening.

In a sense, I was content to clarify my mind—the Minister may have to correct me on this—that this was a piece of domestic legislation which took the agreements that we have, particularly the TCA and agreements with other peripheral states, as a given. As far as I can see, there is nothing in this instrument that changes our formal relationship with the EU and those peripheral states. What it does is mend holes in our own regulations that make the interface with other states incomplete and messy. The solution is designed to ensure that UK domestic law fits with our international obligations. In particular, it gives an enforcement mechanism to ensure that its impact is uniform, both in the UK and reciprocally with visitors to the UK.

By the time I had made my limited progress in understanding, I could not actually see any particular flaws in the SI, per se. Thinking in macro terms, it would have been great if we had done it sooner, because the closer it had been to the completion of the TCA and so on, the more likely that it would have fitted together. However, that has passed—let us not worry about it.

The problem with this agreement is that we left the club, and the club did not like us leaving. The negotiations that took place with respect to this area—the noble Baroness, Lady Randerson, and I go back at least five or six years on this issue—left the problems relating to road transport at a disadvantage compared with where we would like to be. Unfortunately, the only way of getting to where we would like to be would have been to maintain membership of the European Union. Since we on these Benches accept that we are no longer a member, it is our responsibility to conclude agreements that smooth the relationship as far as possible. As far as I can see, that is what this instrument does.

I object in many ways to the £5 million in relation to the assessment—saying that you do not need a proper impact assessment. The beauty of a full impact assessment is that the person doing it has to look at other solutions and, by looking at them, we are at least in part reassured that what is proposed is the best solution, having been exposed to other possibilities. I do not see anywhere where there could have been a better solution but it would have been better to have had a full impact assessment, with the team working on it considering all the solutions before coming to this one. With those few comments, I am content.

Moving outside the brief, in a sense, and joining the noble Baroness, Lady Randerson, it seems to me that, compared with some of the fears we had way back before this was firmed up, a pretty practical situation has been developed—as I say, this is the UK end of it—and that the biggest damage is in what one might call the musicians and artists area. I would like an assurance from the Minister—this parallels the noble Baroness's concern—on what, if anything, the Government are doing about that. Is this still a live issue? Can we have some assurance that it is being pursued because it seems to me that, for most tasks, the regulations that exist now are practical?

It seems that, in this area, however, it is a heavy burden. As I understand it, for larger operations, the problem is overcome by dual registration of specialist transporters and so on, but that area, which is so important to the UK economy, starts off with two or three blokes and their instruments in a Transit van. Previously, they could wander around the continent and so on. I know that that is what the Common Market is about and that we are not in it anymore; nevertheless, it is a considerable blow to emerging musicians and artists, so I hope that the Government might make some progress in that area.

**Lord Davies of Gower (Con):** I thank noble Lords for their consideration of these draft regulations and their contributions. I will now attempt to respond to some—or all—of the specific points that were made.

These regulations are required to ensure that the UK continues to meet certain obligations of the EU-UK Trade and Cooperation Agreement, which enables ongoing market access to the EU for the UK haulage industry. Failure to legislate to fully implement posting requirements would risk challenge from the EU around a potential breach of the TCA, the key treaty for our ongoing trading relationships with the EU. The regulations assist the UK's competent authorities to deal with operators who have refused to co-operate with foreign authorities. The UK's competent authorities are the traffic commissioners, for Great Britain, and the Transport Regulation Unit, for Northern Ireland. The regulations increase the tools available to them and their ability to prevent attempts to evade the rule of law.

In 2023, the UK laid regulations that provided competent authorities with powers to enforce posting requirements related to EU operators working in the UK. It is important that the UK is seen as fair and implements the reciprocal provisions for UK operators, who are subject to the same requirements in the EU. Additionally, domestic legislation must be updated to reflect the progress of partnerships with countries outside the EU—including several new and amended bilateral road transport agreements, to which I alluded earlier, that have been signed since 2018. Although UK operators working abroad outside the agreements take a chance of facing enforcement abroad, by matching UK law to these agreements, the regulations demonstrate the UK's commitment to honouring them fully.

I turn to the point made by the noble Baroness, Lady Randerson, and the noble Lord, Lord Tunnicliffe, about UK haulage access rights abroad. During the TCA negotiations, the UK proposed specific market access rights for specialist hauliers servicing tours for cultural events, arguing that the nature of their work was specialist and different from general haulage activities. UK negotiators attempted to differentiate cabotage arrangements from touring. They sought to permit the carriage of goods entering the EU from the UK being unloaded and reloaded at various points in the EU and returning to the UK unaltered. The EU did not accept this proposal, seeing these different arrangements as a way of getting additional cabotage rights which are unprecedented for non-EEA/EFTA countries. To support the cultural touring sector, the Department for Transport implemented the dual registration measure in the summer of 2022. This measure relates to HGV operators.



The noble Baroness, Lady Randerson, raised engagement with stakeholders. Throughout the development and implementation of these measures associated with the posting of transport workers, we have been engaging with industry stakeholders to promote the changes and helping businesses to know what they need to do. An 8-week public call for evidence was held from 29 June 2021 to 24 August 2021 which received 113 responses which were published on GOV.UK; 64 of these responses were from representatives of organisations. Following this, we also held a closed consultation on the proposed legislative measures with six key stakeholders, including industry associations. Consultees were broadly supportive of the proposals, and the majority thought that the additional burden imposed on businesses would be low. The devolved Administrations have been consulted on the details and proposed effects of the regulations throughout the process, including a specific consultation from August to October 2023 about the postings and international permits provisions of these regulations.

On the impact assessment, which was raised by the noble Lord, Lord Tunnicliffe, the Department for Transport undertook a post-implementation review of the 2018 regulations. Permit numbers have not been oversubscribed. There have been no reports of impact by the industry.

On communications to the industry, which was raised by the noble Baroness, Lady Randerson, the changes made by these regulations will be communicated with the industry via trade associations, updates to GOV.UK and other relevant channels. Information is already available where there have been changes to permit requirements in international road transport agreements. Communications with trade associations were done when international road transport agreements were implemented.

Posting requirements already apply to road transport operators and drivers for journeys between two places in the EU. Guidance has already been published.

The provisions of this instrument do not affect what road transport operators or drivers need to do to comply with the posting requirements. On the point raised by the noble Baroness, Lady Randerson, on fees, they are not being increased.

On the point raised by the noble Lord, Lord Tunnicliffe, as a result of the trade and co-operation agreement, the UK is required to implement some changes related to road transport from 2022 onwards. This is because the related EU acquis was, when the TCA was negotiated, known to be being changed from 2022. Therefore, provisions were included in the TCA for changes to come into effect later. These later changes include changes to the road transport operator licensing regime, which the UK made in 2022. They also include changes in relation to the posting of transport workers affecting in-scope drivers of goods vehicles, which is the subject of these regulations. These changes were written into the 2020 TCA, albeit with later commencement dates.

To conclude, these regulations are an important step in the UK's future relationship with the European Union and an important part of the EU-UK Trade and Cooperation Agreement that we agreed when leaving the EU. Implementing these regulations will ensure that UK operators found to be breaking the rules included in the TCA—an important treaty for our ongoing trading relationship with the EU—can be dealt with appropriately. The regulations also update requirements related to road haulage permits, including in the light of new and better bilateral road transport agreements between the UK and certain non-EU states.

*Motion agreed.*

*Committee adjourned at 3.45 pm.*