

**Friday**  
**3 November 2017**

**Volume 630**  
**No. 46**



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

**PARLIAMENTARY**  
**DEBATES**

**(HANSARD)**

**Friday 3 November 2017**

---



# House of Commons

Friday 3 November 2017

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

## PRAYERS

[MR SPEAKER *in the Chair*]

**Gareth Snell** (Stoke-on-Trent Central) (Lab/Co-op):  
I beg to move, That the House sit in private.

*Question put forthwith (Standing Order No. 163).*

*The House proceeded to a Division.*

**Mr Speaker:** I ask the Serjeant at Arms to investigate the delay in the No lobby.

*The House having divided: Ayes 0, Noes 120.*

**Division No. 32]**

**[9.34 am**

## AYES

**Tellers for the Ayes:**

Philip Davies and  
Eddie Hughes

## NOES

Abbott, rh Ms Diane  
Amesbury, Mike  
Antoniazzi, Tonia  
Argar, Edward  
Atkins, Victoria  
Barclay, Stephen  
Benn, rh Hilary  
Blackman, Kirsty  
Blomfield, Paul  
Bottomley, Sir Peter  
Brabin, Tracy  
Brennan, Kevin  
Cadbury, Ruth  
Carden, Dan  
Carmichael, rh Mr Alistair  
Cartlidge, James  
Chalk, Alex  
Cleverly, James

Coffey, Dr Thérèse  
Cooper, Julie  
Creagh, Mary  
Cryer, John  
Cunningham, Mr Jim  
De Cordova, Marsha  
Debbonaire, Thangam  
Dowd, Peter  
Dowden, Oliver  
Doyle-Price, Jackie  
Drew, Dr David  
Dromey, Jack  
Elmore, Chris  
Esterson, Bill  
Evans, Mr Nigel  
Field, rh Mark  
Foster, Kevin  
Frith, James

Gaffney, Hugh  
Gardiner, Barry  
George, Ruth  
Goodwill, Mr Robert  
Graham, Luke  
Gwynne, Andrew  
Haigh, Louise  
Hamilton, Fabian  
Hanson, rh David  
Harrington, Richard  
Harris, Carolyn  
Harris, Rebecca  
Hayman, Sue  
Heapey, James  
Heaton-Harris, Chris  
Hobhouse, Wera  
Hollobone, Mr Philip  
Huq, Dr Rupa  
Hurd, Mr Nick  
Jarvis, Dan  
Jenkin, Mr Bernard  
Jones, Andrew  
Jones, Darren  
Jones, Gerald  
Jones, Susan Elan  
Khan, Afzal  
Killen, Gerard  
Kinnock, Stephen  
Kwarteng, Kwasi  
Lake, Ben  
Lee, Ms Karen  
Lefroy, Jeremy  
Lewis, Clive  
Lloyd, Tony  
Lucas, Caroline  
Madders, Justin  
Malthouse, Kit  
Martin, Sandy  
Matheson, Christian  
McDonald, Andy  
McMahon, Jim  
Morris, Grahame  
Morton, Wendy  
Murray, Ian

Murray, Mrs Sheryll  
Norris, Alex  
Onwurah, Chi  
Opperman, Guy  
Owen, Albert  
Peacock, Stephanie  
Pennycook, Matthew  
Phillips, Jess  
Pidcock, Laura  
Pincher, Christopher  
Pollard, Luke  
Prentis, Victoria  
Pursglove, Tom  
Quince, Will  
Reed, Mr Steve  
Reeves, Ellie  
Reynolds, Jonathan  
Rimmer, Ms Marie  
Rutley, David  
Skidmore, Chris  
Smith, Cat  
Smith, Jeff  
Stephenson, Andrew  
Stevens, Jo  
Stewart, Rory  
Sunak, Rishi  
Thewliss, Alison  
Thomas-Symonds, Nick  
Timms, rh Stephen  
Tolhurst, Kelly  
Tomlinson, Michael  
Trevelyan, Mrs Anne-Marie  
Twist, Liz  
Walker, Thelma  
Western, Matt  
Whately, Helen  
Wheeler, Mrs Heather  
Whitfield, Martin  
Wood, Mike  
Zeichner, Daniel

**Tellers for the Noes:**

Mr Alan Campbell and  
Vicky Foxcroft

*Question accordingly negated.*

## Mental Health Units (Use of Force) Bill

### *Second Reading*

9.52 pm

**Mr Steve Reed** (Croydon North) (Lab/Co-op): I beg to move, That the Bill be now read a Second time.

Seni Lewis was a young graduate embarking on his life, aged 23, and living with his parents in Thornton Heath, when he suffered his first ever mental health episode. His parents recognised what was happening and took him to their local hospital. Seni ended up in the Bethlem Royal mental health hospital in Croydon. His parents stayed with him all day, but had to leave at 8 o'clock in the evening. Seni became very agitated when he realised they had gone, and he tried to leave, too. According to the coroner, the staff lacked the training to deal with him, and although there are no allegations that he attacked anyone, they called the police. Eleven police officers took Seni into a seclusion room and, using pain compliance techniques—the kind used against violent criminals—they took it in turns to hold him face down on the floor for 30 minutes in total. His hands were cuffed behind his back, and his legs were in restraints. They held him like that until he could no longer breathe, and he suffered a heart attack. He went into a coma, and four days later Seni was dead.

The coroner criticised Seni's treatment as "disproportionate and unreasonable". No patient entering a hospital for care should suffer and die in the way that Seni did. But the family's agony did not end there. It took seven years of struggle by Seni's grieving parents until an inquest was finally opened only this year. The coroner found severe failings by the police and the mental health services, and she gave the stark warning that

"there is a risk that future deaths will occur unless action is taken."

That action is this Bill. What happened to Seni Lewis is not an isolated incident. According to the Independent Advisory Panel on Deaths in Custody, 46 mental health patients died following restraint between 2000 and 2014.

**Nick Thomas-Symonds** (Torfaen) (Lab): I am grateful to my hon. Friend for bringing forward this very important Bill. Many families in my constituency have contacted me, including some affected by autism, and they are very concerned about the kind of face-down restraint that he has described so movingly in talking about this case. Does he agree that it is very important to have boundaries on the use of this restraint, and that families have some certainty about what can and cannot happen in such facilities?

**Mr Reed:** I completely agree, and I am delighted that the National Autism Society fully supports the Bill and its provisions.

I was talking about the number of patients who have died following the use of restraint, and the many more who have been seriously injured. Government guidelines say that face-down restraint is so dangerous it should not be used at all, but it was used over 9,000 times in the last year alone, including 2,500 times against children as young as seven. People who have been restrained talk about the experience with horror. They say that it is frightening, painful and humiliating, and they feel stripped of their dignity. In the words of one woman:

"It made me feel like a criminal, like I had done something wrong, not that I was ill and needed to get better."

Statistics from the campaign group Agenda show that women are more likely to be restrained face down on the floor than men. Up to half of all women in mental health hospitals have been physically or sexually abused by men. Subjecting these women to face-down restraint by groups of men adds to the trauma that in many cases led to their mental illness in the first place.

It is difficult to understand clearly from the existing data what exactly is going on. There is no standardised way of recording why, when or how restraint is used. However, from their own data, there appear to be wide discrepancies between mental health providers. Some restrain as few as 5% of patients, while others restrain over 50%. There is no good reason for that variation.

**Wera Hobhouse** (Bath) (LD): Does the hon. Gentleman agree that it is now time for each provider to publish, correctly and robustly, the data available, and should not the Minister make a commitment to the publication of the data?

**Mr Reed:** I agree, and I very much hope that the Minister will make such a commitment today.

There are fears about unconscious bias in the mental health services. The Angiolini review, a very important review published earlier this week, notes how a disproportionate number of people from black, Asian and minority ethnic communities have died after the use of force in custody more generally. Black people are four times more likely to be sectioned than white people. If we look at the faces of the people who have died after severe restraint in a mental health hospital, we see many more young black faces than in the population as a whole. We need to understand the extent to which assumptions based on stereotypes are causing that, but to do so we need standardised data recording.

What the Bill proposes is simple, but it will make a big difference. It will standardise the way in which the data on every instance of the use of force are recorded, so that we can better understand where force is being used unnecessarily, and the extent of any bias and disproportionality in the system. It will improve arrangements between the police and mental health services, and require the police to wear body cameras when carrying out restraint, unless there are good operational reasons not to do so.

**David Hanson** (Delyn) (Lab): I support my hon. Friend's Bill, particularly clause 13 on police body cameras. Is he aware that that provision applies to England only? Police body cameras are a slight anomaly in that they cannot be used by units in Wales because that matter is devolved to the Welsh Assembly. Once the Bill has been given a Second Reading, will he look at that and discuss it with the Welsh Assembly?

**Mr Reed:** My right hon. Friend is absolutely right. The idea of engaging with the Welsh Assembly as the Bill proceeds through this Parliament is an excellent one, and I hope to have his support in doing so.

**Dr David Drew** (Stroud) (Lab/Co-op): I congratulate my hon. Friend on the Bill. I declare a non-pecuniary interest in that my son is a community psychiatric nurse,

although not a practising one. Does my hon. Friend agree that we need to look at the wider process of how people are taken into care? The sectioning process under the Mental Health Act 1983 does not allow any accountability to the victim. Does he agree that while the Bill is important, it needs to be seen in the wider context of how we deal with someone—at their most vulnerable—when they have been sectioned?

**Mr Reed:** I very much agree with my hon. Friend. The Government are commissioning a much wider review of mental health services. I hope it will encompass the points he raises, but that would be for the Minister to clarify.

The Bill will make sure that every mental health provider has a policy in place governing the use of force, including a clear deliverable plan for reducing its use, and ensuring that staff are properly trained in equalities and the de-escalation techniques needed to avoid the use of force. It will speed up justice and allow learning to take place by making sure that any non-natural death in a mental health unit automatically triggers an independent investigation, and making sure that recommendations from investigations and inquests are taken into account when improving mental health services in ways that currently do not happen.

The Bill is a significant step forward for our mental health services, moving them from the containment of patients to the care of patients. It will make sure that people with mental ill health are treated with compassion, not cruelty. There is overwhelming support for the Bill across the mental health sector. I am grateful for the practical support I have received from INQUEST, in particular its director Deborah Coles, and from Raju Bhatt, the widely respected solicitor who has represented so many bereaved families following deaths in custody. I am grateful to YoungMinds UK, Mind, Rethink Mental Illness, Agenda, the Labour Campaign for Mental Health, my hardworking staff and the Croydon North Ethnic Communities Forum. Also, 38 Degrees hosted an online petition that has been signed by over 60,000 people to demand this change.

**Mr Jim Cunningham** (Coventry South) (Lab): More broadly, having watched documentaries on this issue, does my hon. Friend agree that there is an argument for providing the police with better training, so that they understand the difficulties facing people with mental health issues?

**Mr Reed:** I absolutely agree with my hon. Friend. Unfortunately, that is outside the scope of the Bill, but I very much hope it will be in the scope of the wider review the Government are commissioning.

**Philip Davies** (Shipley) (Con): I am grateful to the hon. Gentleman for the time he gave me to discuss the Bill a few weeks ago. He talks about mental health professionals supporting the Bill. I have spoken to my local care trust in Bradford, which, while it supports much of what is in the Bill, has concerns about some aspects. I therefore wonder how receptive the hon. Gentleman would be to amendments, either in Committee or on Report, that try to address those concerns, or is he determined that the Bill must end up in its current form?

**Mr Reed:** I thank the hon. Gentleman for his very helpful intervention. The only way to go forward with the Bill is through consensus. I have made it absolutely clear to both Ministers sitting on the Government Front Bench that I want to work with them constructively in Committee, as they have worked with me so far, so that we can secure an outcome that is supported by both sides of the House and right across the profession.

This week, the chief executives of 29 mental health organisations published a letter urging Parliament to back the Bill. It is supported by the Royal College of Nursing, the Royal College of Psychiatrists, the Care Quality Commission, NHS England and trade unions representing staff who do such an incredible job working in the mental health services. I must add my thanks to the Minister, the Under-Secretary of State for Health, the hon. Member for Thurrock (Jackie Doyle-Price), for working with me so constructively; as well as my right hon. Friend the Member for Islington North (Jeremy Corbyn), who supported the campaign long before he became the Leader of the Opposition.

**Ruth George** (High Peak) (Lab): I congratulate my hon. Friend on bringing forward the Bill. Seni Lewis was a young man who grew up in my constituency of High Peak. His cousin was telling me yesterday what a lovely young man he was, that he was never in trouble with the law, and what a loss to society he is. Does my hon. Friend agree that his family should not have had to fight for six years to get an inquest? Will he pay tribute to them for all they have done to make sure that this never happens to another family?

**Mr Reed:** I absolutely agree. There is an old line that justice delayed is justice denied. No family who have lost their child in these circumstances should then have to fight the state to find out what went wrong, or to secure a modicum of justice for what happened.

Before I continue, I want to put on record my thanks also to the Prime Minister, who has met the Lewis family on more than one occasion and who I know supports the objectives of the Bill.

I have come to know Seni Lewis's parents, Aji and Conrad, very well over the past few years. They are two of the most dignified and inspirational people I have ever met, but they have suffered pain and anguish that no parent should ever have to face. When I asked Aji and Conrad what they hoped for after all they have been through, they told me that they do not want Seni's death to be in vain. They do not want any other family to suffer as they have suffered. I say to this House now, and to his parents, that Seni Lewis did not die in vain. We can honour his memory by making sure that no one else suffers the way he did, and by making our mental health services equal and safe for everyone. I dedicate this Bill to Seni Lewis. This is Seni's Law. I commend it to the House.

**Several hon. Members** *rose*—

**Mr Speaker:** I was going to call Mr Malthouse, but although he is on the list he is not standing up. He is showing an unaccustomed reluctance to favour the House with his views.

**Kit Malthouse** (North West Hampshire) (Con) I think there has been an error, Mr Speaker. I am here for the second debate, not the first.

**Mr Speaker:** I thought the hon. Gentleman wanted to speak on this Bill, but if I am mistaken and he wishes to preserve his thunder then so be it. We will hear from him at a later stage.

**Several hon. Members** *rose*—

**Mr Speaker:** Gosh, what a delightful choice awaits me. I call Victoria Prentis.

10.6 am

**Victoria Prentis** (Banbury) (Con): I am most grateful to have been called first, Mr Speaker, out of the smorgasbord of choice available to you.

It gives me genuine pleasure to rise to support the Bill and to be the first to congratulate the hon. Member for Croydon North (Mr Reed) on his hard work. The Bill stems from great tragedy, but it is always good to see a piece of constituency casework come to fruition and get as far as the Floor of the House. I have enormous respect for the hon. Gentleman, and the all the work he has done with people across the House and outside to get this far. I wish him all the best.

**Wera Hobhouse:** Is it not also time to pay tribute to my right hon. Friend the Member for North Norfolk (Norman Lamb), who as Health Minister introduced the “Positive and Safe” guidelines, a two-year programme with funding to end the deliberate use of face-down restraint in all health and care settings? Unfortunately, those guidelines have not always been followed.

**Victoria Prentis:** I thank the hon. Lady for her intervention. It is very important in these cases to congratulate Members from across the House and to work together on cross-party lines to achieve the consensus needed, so we support those in our communities who need laws like this to keep them safe.

**Michael Tomlinson** (Mid Dorset and North Poole) (Con): May I add my voice to my hon. Friend’s in congratulating the promoter of the Bill on not just bringing it to the House but gathering a consensus? Does she, like me, welcome the fact that he is willing to look at constructive suggestions in Committee to ensure the Bill is in a proper and fit state?

**Victoria Prentis:** I thank my hon. Friend for his intervention. We have begun to understand and talk about mental health only very recently. As we do so, we learn both from those patients who have suffered tragedies and those who have had better experiences with law enforcement agencies. It is important that we learn and listen as the debate progresses. Issues may well come up in Committee that nobody has given a moment’s thought to. A constituent will have a story to tell and we can learn from it as we go forward.

From my own constituency casework, I know that for those at the point of crisis the use of restraint can be both humiliating and traumatising. I discussed this issue with the Causeway Carers, a great organisation

comprised largely of parents and other family members of victims with very severe mental health problems. They meet in Bicester once a month. Many have first-hand experience of sectioning and restraint, which they shared with me. That was a great privilege and I do not feel able to share any of those stories with the House today. From what we have heard about Seni, we can all imagine the sort of stories that are taking place even on the high street in Bicester from time to time, often at night. They are also taking place in all our communities. They are not isolated stories, and none of us can feel that we are untouched by them.

These families are suffering enormously because they are dealing with a very ill family member, often a child, and restraint is added to that dreadful suffering that they already have to cope with. I recognise that the use of police cells in England as places of safety under the Mental Health Act 1983 is declining, and that more cases than ever are now referred to health-based places of safety, which is real progress. We should also welcome the significant reduction in the number of deaths in, or following, police custody since 20 years ago. I imagine that this reflects improved training, guidance and practices in a number of areas, most significantly in suicide prevention. My background is as a lawyer for the Prison Service, and it strikes me that this is in sharp contrast to the dramatic and worrying rise in suicide rates recorded in the last 20 years in prisons.

**Clive Lewis** (Norwich South) (Lab): We are being consensual across the House, and I would like to retain that spirit, but would also make the point that one of the linking factors in terms of both prisons and mental health is funding for the institutions. Staff and service users at the Norfolk and Suffolk mental health trust, which is in special measures, are concerned that a reduction in the number of staff—nurses and doctors—over the past five years means they have less ability to watch and monitor patients, so it is more likely that those patients are using medication, and that means restraint is more likely to be used, so we end up with the situation that the Lewis family were in. Will the hon. Lady comment on that?

**Victoria Prentis:** Rather than get too party political, I think it is appropriate to talk about other difficulties that have led to reductions in staffing in real terms in the Prison Service, because we on this side of the House can give lots of facts and figures about how much more is being spent. The difficulty that I know about personally now in my Banbury constituency is in recruiting and retraining staff—not with the money to pay for them, but with finding the right people. I pay tribute to all who choose to work in the very difficult mental health sphere, with patients who suffer from dreadful illnesses; the House should pay tribute to the work they do day in, day out with people who are often very difficult to deal with while they are ill.

One matter on which I am sure we can agree is the importance of reducing further the number of black, Asian and minority ethnic people detained for mental health reasons in police cells. The figures are disproportionately high. It simply cannot be right that black people are four times more likely to be detained under the 1983 Act than white people. The hon. Member for Croydon North mentioned the Angiolini review and

the importance of standardised data recording. I apologise for again referring to my Prison Service experience, as the mental health system is completely different from the criminal justice system, but there are themes that run through the way BAME people are treated in both systems which we increasingly find utterly unacceptable.

**Victoria Atkins** (Louth and Horncastle) (Con): I pay tribute to the hon. Member for Croydon North (Mr Reed) for bringing the Bill to the House. Does my hon. Friend join me in welcoming clauses 8 and 9 requiring mental health units to record the relevant characteristics of the patient on every occasion in which force is used, and to submit an annual report to the Secretary of State, so that health units and also the Secretary of State can review and understand where there are patterns of behaviour?

**Victoria Prentis**: I could not agree more. The provision of statistics and retention of figures and then the crunching of them is vital. It might not sound exciting, but it is the only way to deal with the big problem of racial imbalance in both the mental health and the criminal justice system. It sounds absurd to say that figures are what will push through action on racial imbalances, but I truly believe that facts and figures—such as those provided recently in the report on the Prison Service, where we learned that 277 black women are in prison for every 100 white women—will help achieve that. Such figures are unacceptable on any level. The more we can talk about such figures, backed up by good evidence, the better. A civilised society cannot put up with such things.

I have strayed far from my brief. I am proud that the Government have committed to addressing the disproportionately high rates of BAME people detained for mental health reasons, and I am proud of the work the Government have done generally on mental health.

We all know that the 1983 Act is outdated, and it will be reformed to make it fit for the modern era. In October 2017, the Prime Minister announced a comprehensive review of the Act, with a planned end date for the report of autumn 2018. I am pleased that the review is being led by Professor Simon Wessely, former president of the Royal College of Psychiatrists. I worked closely with him in my previous role. We were working on a case concerning the pardoning of first world war prisoners who had been shot for cowardice, and he was able to recreate their mental health states from the limited records we had available and give invaluable evidence to the court. He is a great man and I am sure he is the right person to lead this review. He has said that he expects some of the solutions to the difficulties in the mental health system to lie in practice, leadership and culture, as well as in potential legislative change.

I have been encouraged by the work on mental health in my constituency, including in the veterans support group. It meets at Behind the Wire in Heyford Park, next to my constituency office, about once a month. It is a former military establishment and the veterans who access it feel very comfortable in that environment. It is well known that veterans as a group are more prone to experience mental health issues. This particular group offers drop-ins for veterans living in the local area so they can meet organisations including the Support, Empower, Advocate, Promote service, Help for Heroes,

the Royal British Legion, Veterans UK and Rethink Mental Illness, which the hon. Member for Croydon North mentioned, and which does a great deal of good work across the country.

I have other local organisations who are doing great things in supporting my constituents, including Restore in Banbury, which I was also lucky enough to meet recently. I visited the local branch of Mind in September, which has contacted me in recent days urging me to support the Bill. Its letter said that

“the proposals in this Bill are crucial to protecting people experiencing a mental health crisis...With your support this Bill would lead to better training for staff, better data, improving transparency and highlighting problem areas”.

It therefore gives me great pleasure not only to support the hon. Member for Croydon North, but to stand up for those of my constituents who have asked me to attend this debate and to speak in it.

As a former civil servant, I cannot emphasise enough how important it is that we have a joined-up approach across Departments. It is very much not just a matter for the Department of Health; the Ministry of Justice is also involved. I speak to it frequently about mental health and prisoners and the use of restraint in the criminal justice system, and I hope that the Minister will reaffirm the importance of cross-governmental co-operation, including work with NHS England, on the delivery of reforms to detention.

10.19 am

**Oliver Dowden** (Hertsmere) (Con): Thank you very much for calling me to speak so early in the debate, Mr Speaker. I should like to begin by paying tribute to the hon. Member for Croydon North (Mr Reed) for bringing forward this legislation, which I very much support. In common with most Members, I am sure, I find that mental health is a rising issue in my constituency. Many of my constituents frequently contact me about it and many have particularly asked me to speak in this debate. I want to talk about two provisions in the Bill that I think are important. First, it is important to have transparency. As someone once said, sunlight is the best form of disinfectant. If people can see what is going on, they are much less likely to behave in an inappropriate fashion. The use of body cameras in many other areas of police work has done a great deal of good, so their introduction in this area, through the Bill, is to be welcomed.

Secondly, I welcome the provisions in the Bill on effective recording. One of the frustrations of my constituents who have mental health problems or whose family members have mental health problems is that the information on their interactions with public bodies—whether the police, local authorities or schools—is not properly collated or shared. Patients and their families therefore feel that they are constantly going round in circles repeating information. The more we can do to retain that information effectively, the better treatment those affected will receive. The root of all this lies in the need for a change in attitudes towards mental health; my constituency is emblematic of the changes that have taken place over the past 30 or 40 years.

**Ms Karen Lee** (Lincoln) (Lab): Does the hon. Gentleman agree that, no matter what equipment we have, the root of the problem is not having enough staff to deal with

[Ms Karen Lee]

these situations? I am a nurse, and I know that we do not have enough nurses. It is as easy as that, and we need to address the problem.

**Oliver Dowden:** I quite agree that we need to have the right levels of staff, and that is why I am so pleased that the Government have protected police funding. I was going to come on to this point, but I will raise it now. In the health service, we are moving towards achieving parity between mental and physical health. Some of the stats on this are very welcome. We are now spending £11.6 billion a year on mental health, for example. I believe that that is more than we have ever spent before. Also, the Health and Social Care Act 2012 is giving parity of esteem.

**Victoria Atkins:** Does my hon. Friend agree that this is not just about the numbers of staff but about how well they are trained to work in the particularly difficult circumstances of a mental health unit? The pressure on members of staff is particularly acute in such an environment. Clause 5 requires training in the appropriate use of force, which will provide positive benefits for members of staff.

**Oliver Dowden:** My hon. Friend is absolutely right. I do not think anyone is suggesting that police officers are actively seeking to treat mental health patients in an incorrect fashion, but there is a need for training so that they understand the correct way to behave.

**Clive Lewis:** We on the Opposition Benches do not think that this is only about the money that is going in now. If we look at the figures, we can see that there has been an increase in recent years, but the fact is that the years of cuts that went before have had an impact on staffing levels. In my trust, the Norfolk and Suffolk mental health trust, we have seen a 20% drop in the number of doctors and nurses on the payroll in the past five years. We can train up a lower number of doctors and nurses in restraint techniques, but the fewer there are, the more risk there will be of a need to restrain. We cannot get away from that fact.

**Oliver Dowden:** I am not sure that I entirely agree with the hon. Gentleman. Of course there have been historical problems with the funding of mental health. I hope that Opposition Members will recognise, as we do on the Government Benches, that over the decades there has not been enough funding going into that area. On the question of the NHS, however, despite this Government inheriting the largest budget deficit in our peacetime history and an appalling fiscal situation in which we were spending £4 for every £3 we earned, we made a decision to prioritise health. Health spending has risen every year under this Government and we are committed to implementing Simon Stevens' recommendations. He, after all, was a Labour special adviser who advised this Government, and he recommended £8 billion of additional funding. I am very pleased that we have been able to do that.

**Ms Marie Rimmer** (St Helens South and Whiston) (Lab) *rose*—

**Oliver Dowden:** I would be delighted to give way to my hon. Friend on the other side of the House, if I may call her that.

**Ms Rimmer:** When public services are stretched and under-resourced, and with rising demands, it is more important than ever that we have the correct processes in place. Our public services do an exemplary job, and the Bill is not about criticising them. It is about having a regulated, transparent process so that we can minimise harm to staff and the people they care for. I have been contacted by many of my constituents on this matter. Indeed, there is widespread public concern about it. Does the hon. Gentleman agree that we should not turn this into a debate on another issue? Please let us stick to what we are here to talk about today.

**Oliver Dowden:** I was responding—

**Mr Speaker:** Order. I am immensely grateful to the hon. Member for St Helens South and Whiston (Ms Rimmer), but may I gently point out that interventions must be brief? I recognise the sincerity and seriousness of what she said, but there is huge pressure on time in respect of this Bill and of what might follow, so a certain self-denying ordinance is needed.

**Oliver Dowden:** I thank the hon. Lady for her intervention. I know that she, like me, greatly values the work of our public sector workers. With respect, I was seeking to respond to interventions from other Opposition Members, and if they will refrain from making political interventions, I will happily refrain from rebutting them.

The root of this can be traced back to my constituency of Hertsmere, which I proudly represent and in which I was born and grew up. I remember the way in which mental health was treated during my childhood. We are on the edge of London, and London was historically surrounded by very large mental health institutions. In my own constituency, we had facilities such as the very large hospitals at Harperbury and Shenley. In many ways, those institutions had a positive ethos. I am fortunate to represent many mental health nurses who worked in those institutions and who still live in the constituency, and there was certainly a positive ethos of rehabilitation and providing a safe, calm space for people. However, the flipside of that was a tendency to put people in those institutions, shut them away and never think about the problem again. It is absolutely right that, under successive Governments, we have sought to change that approach. We now mainstream mental health problems, certainly in my own constituency and I am sure in many others.

**Helen Hayes** (Dulwich and West Norwood) (Lab): I believe it is important for the hon. Gentleman to acknowledge that there are still far too many young people with autism and learning disability living for the long term in hospitals. Does he acknowledge that that problem is related to the resources available for their care and how those resources are spent? I believe that we need a shift towards properly resourced community settings for people with autism and learning disability, who really should not be in hospital for the long term.

**Oliver Dowden:** The hon. Lady makes an important point. The closer to the community the treatment can be given, the better the treatment will be. I see this with



my own constituents. If they are having to travel long distances, particularly with younger children, to access mental health care facilities, that can only add to the disruption in their lives. However, I believe that a journey is taking place in all of this, and I am glad that the Government are addressing the need for that journey.

The experience of many of us is that mental health is now delivered at the primary care level. From speaking to GPs in my constituency, I know that they are now on the frontline of the process. What is the answer? The first thing is to ensure that we have parity of treatment between mental and physical health. A broken limb is a serious injury and the patient is patched up and treated properly—no one doubts that they have had an injury. However, it has been the case for too long that if people have a mental health condition, it is not immediately treated with the same seriousness, and there is a sense that the person concerned has to prove that they have a problem in the first place.

**Wendy Morton** (Aldridge-Brownhills) (Con): My hon. Friend is making an important point. In addition to parity of esteem, we need greater understanding of what it really means to live with a mental health illness, and Bills such as this are important for raising awareness of what can be a sensitive issue.

**Oliver Dowden:** My hon. Friend is absolutely right. This is about not just understanding the experience of the person who is suffering from mental health, but the knock-on effect on the entire family. One thing that my constituents frequently raise is the impact on other siblings when one child in the family has mental health issues and ensuring that the others do not feel neglected or disadvantaged when one sibling necessarily gets more attention.

Not only do we need to change cultural attitudes towards mental health, we need to look at the legislative framework. Most of us would agree that 1983 was the last time we had a serious, large-scale piece of legislation and, in 1983, the old model that I was discussing earlier was the prevalent model. There is a pressing need for a larger piece of legislation that can build upon on the measures in this Bill and ensure that we take a more comprehensive look at things.

**Kevin Foster** (Torbay) (Con): I am enjoying listening to my hon. Friend's speech. Does he agree that the use of police cells is a big area for review? While we have seen a welcome decline in the use of police cells as places of safety, it is unacceptable that someone can end up in a cell not because they are suspected of a crime, but because they have been unwell.

**Oliver Dowden:** My hon. Friend makes an important point and that is something that we are waking up to. As Home Secretary, my right hon. Friend the Prime Minister made great strides to seek to change the approach taken by the police so that people are not automatically put in a cell. If somebody is already suffering from a mental health condition, the worst possible thing for them is a night in the cells, the conditions of which we have all seen as constituency MPs.

**Kevin Foster:** Will my hon. Friend briefly give way again?

**Oliver Dowden:** I will, but I am conscious of the time.

**Kevin Foster:** My hon. Friend is being extremely generous. The situation is ironic, because we have strict time limits for detention without a magistrate's warrant due to the mental health impact on criminal suspects, yet we do not have the same for mental health. That could be looked at in future legislation.

**Oliver Dowden:** Again, my hon. Friend makes an important and interesting intervention, which comes back to the wider question of how we achieve parity. Parity is about not just funding or treatment by GPs, but all these other forms of, for want of a better phrase, micro-discrimination.

**Gareth Snell** (Stoke-on-Trent Central) (Lab/Co-op): I agree with the hon. Gentleman that parity is not necessarily achieved just through funding, but what does he think about the data collected by my hon. Friend the Member for Liverpool, Wavertree (Luciana Berger)? Through FOI requests, she was able to demonstrate that half of all clinical commissioning groups are looking to reduce the amount of money they spend on mental health provision in their communities, so that they can put more money into acute pressures, with which they are struggling due to other funding arrangements.

**Oliver Dowden:** I thank the hon. Gentleman. That goes back to my earlier point that the funding is there. We are increasing funding for the NHS, and CCGs should not be seeking to cut mental health services in order to cross-subsidise acute services. That is certainly not the case with my local CCG.

Hon. Members on both sides of the House have made important points, and I hope that the mental health review that the Government announced in the Queen's Speech will take all considerations into account. Mental health really encompasses every area of Government activity, and a holistic approach is important.

I am conscious that I have taken up a little too much time, so my final point is about co-ordination. When sufferers of mental health find themselves in contact with the police, it is often due to more severe mental health episodes, and there is sometimes a frustration about which agency will take responsibility. If the police recognise a mental health problem, they will often get in contact with mental health services in the NHS, which may then get in contact with mental health services at the local council, and the patient and their family can feel that they are being pushed from pillar to post with no individual seeking to take responsibility. Returning to the provisions in the Bill about the collection of data, it needs not only to be collected but shared effectively among institutions. I hope that the review, which will hopefully lead to fresh legislation, will look at how to provide some co-ordination, so that there is somebody who can be a champion for people with mental health conditions and bring together the experiences of all the different institutions. At a time when families and individuals feel under so much pressure, if they can see that there is one person to whom they can relate, instead of having to negotiate with different bodies, that could provide much better outcomes.

In conclusion, I again pay tribute to the hon. Member for Croydon North for bringing this important issue to the House. I hope that this private Member's Bill will complete its stages and make its way on to the statute

[*Oliver Dowden*]

book, but I also hope that it will mark the beginning of a wider process that will feed into fresh legislation covering all the different areas where we need to ensure genuine parity between mental and physical health. I hope that all hon. Members agree that that is the ultimate goal.

10.38 am

**Mrs Anne-Marie Trevelyan** (Berwick-upon-Tweed) (Con): It is a pleasure to follow my hon. Friend the Member for Hertsmere (*Oliver Dowden*), and I congratulate the hon. Member for Croydon North (*Mr Reed*) on all his work in bringing this Bill to the Floor of the House which, as my hon. Friend the Member for Banbury (*Victoria Prentis*) highlighted, is an extraordinary feat. I have only been in the House for two years, but it is evident that to beat the systems of the parliamentary process and bring together so many voices to ensure that an important gap in our legislation can be addressed is really impressive, so I am delighted to speak in support of his Bill.

How we view, diagnose and treat mental health has changed dramatically over the past few years. I am delighted that our Conservative Government have taken a lead on this matter now, but we still have a long way to go. Excellent work by health professionals, the royal colleges, many excellent charities, many parliamentarians and citizens from right across society is starting to ensure that mental health is, at last, right up at the top of the Government's and society's priorities. Bearing in mind just how much the picture has changed in recent years, it seems somehow incomprehensible that the Mental Health Act has remained unchanged since it was enacted in 1983, which was when I started secondary school—and I am definitely not one of the younger Members in the House.

To think how policy has changed, even over the past decade, reminds us of just how an Act passed three decades ago can no longer be anywhere near fit for purpose. In some ways, it is a good thing that we have moved so far in understanding what mental health means—and, in fact, what mental ill health means. I often find it a strange use of language to talk about mental health when we mean that somebody is unwell, because it is a moment in an otherwise healthy person's life when they are unwell. As my hon. Friend the Member for Hertsmere said, it is an invisible part of our health and ill health through, for most of us, our now fortunately very long lives.

It is great news that the Mental Health Act review is ongoing, and I look forward to continuing to work with the Government and Ministers to ensure that we get effective reform across the board. This Bill will allow us to address the use of force in mental health units, about which I have had a substantial amount of correspondence from concerned constituents and, interestingly, more widely from family and friends who often say, "I don't want to bother you, Anne-Marie, because you are very busy in Parliament," because this is something that really bothers people, and they have dropped me a line to highlight the fact that they want me to speak out.

**Sarah Jones** (Croydon Central) (Lab): I congratulate my hon. Friend the Member for Croydon North (*Mr Reed*) on introducing the Bill, which is important for the

country and for Croydon. *Seni* died in Bethlem Royal Hospital, which is on the border of my constituency, and my love and support go to his family and friends for what he suffered.

A constituent came to me this week who had had a bipolar episode, ended up in a prison cell, and been assaulted. He said that "a police cell is often the first port of call for people with mental health issues, especially those unfortunate folk who, for one reason or another, end up on the streets like I had to go through." He went to a solicitor to ask whether he should take action, and he was advised not to do so. Does the hon. Member for Berwick-upon-Tweed (*Mrs Trevelyan*) agree that the Bill will change practice within mental health units and will also hopefully encourage people, when things go wrong, to speak out, to take action and to feel that they will be supported in doing so?

**Mrs Trevelyan:** I thank the hon. Lady for her intervention, with which I absolutely agree. I am pleased that the number of people being held in police cells has fallen dramatically in the past few years, but, as we have seen this week, if people feel that they are suffering injustice, they should always take it to the police or, if that is where the problem or inappropriateness lies, find another outlet to be heard and to get redress. Every citizen of our country should always feel able to stand up and say, "This was wrong, and I am seeking redress for what was done to me." I encourage the hon. Lady to support her constituent in seeking redress.

Many constituents have written to me with deep concerns about the effect that the undue use of force might have had on their child—and, in three harrowing cases, the effect that it has indeed had. One constituent detailed how the use of unreasonable restraint had a lasting effect on the health not only of the particular family member but on the whole family, which created years of trauma and ongoing illness. The use of excessive force can lead to long-term damage, and, as in the tragic case highlighted by the hon. Member for Croydon North, a death is an absolute travesty. We can never allow such abuses to take place in our civilised society.

It is good that cases of such terrible treatment are rare and that the numbers are coming down, but if we ever treat with force and brutality people who desperately need our help and support when in a state of mental ill health and distress, it is time for those voices to be heard and for action to be taken. These abuses cannot go unanswered or be tolerated any longer. The movement towards understanding mental ill health is progressing, and the Bill will help to change practice.

With that in mind, I will address two specific issues that are extremely close to my heart: autism and young people. There has previously been a lack of cross-Government co-operation on mental health issues. If we are to make a real impact on this issue and to change cultural norms, we need to ensure that the Department of Health, the Home Office, the Ministry of Justice and NHS England have closer working practices to deliver the necessary detention reforms. I hope the Minister will confirm that to the House later today.

The Bill could make a real difference in tackling the inappropriate force that is too often used against patients, many of whom are on the autism spectrum. A recent freedom of information request discovered that there were 66,681 recorded instances of restraint in England

in 2015-16, an increase on the previous year. The use of physical, mechanical or face-down restraint can undermine an individual's recovery and increase their risk of injury and long-term harm. As a society, we should be charged with protecting and helping those people to get well again.

I would hope that many in this House have read the National Autistic Society's recent report "Transforming Care: our stories". The report follows 13 families with a family member who is on the autistic spectrum or who has a learning disability and who is at risk of being admitted to an in-patient mental health hospital, of which there are still 2,500 across the country. One story spoke of a boy who was, according to a serious case review, "completely failed":

"A very vulnerable young man suffered a sequence of traumatic experiences which may adversely affect him for...years."

I am the mother of an autistic young adult—he has just turned 18—and I have other family members who are now diagnosed, and I am constantly concerned that the invisibility of autism in so many sufferers means that their mental health, or mental ill health when it hits them, has completely failed to be understood or, indeed, identified in crisis situations.

I used to have to ask teachers at my son's school who did not understand how his Asperger's affected him, "If he had a broken leg, would you ask him to run up the stairs or to join in a football match?" They would look a little bemused, and I would say, "He is in a state of deep stress and trauma at this point. You are expecting him to sit quietly in a classroom and pay attention, as when he is in a state of wellness. This is not possible."

Teachers committed a huge amount of time to helping him to be in the mainstream system, and it took two or three years to understand that the invisibility not only of autism but often also of mental ill health until a crisis hits means that society cannot see it. Unless we are particularly attuned to the individual sufferer, or indeed to a wider understanding and identification of what that means, we cannot help them. It is important that people charged with looking after those who may be in need have rigorous frameworks and training. Just as we would not ask a boy with a broken leg to play in a football match, we must not have similar expectations of those in mental health crisis.

What can we say when we hear such harrowing stories, which are much more tragic than we should ever have to hear, and have to imagine the tragedy that those families have had to go through? How do we react? The instinct can no longer be to allow things to continue. We need things to improve, but we cannot just make tweaks here and there. The House cannot ignore issues that need urgent attention and reform. I am glad the Government recognise that and are supporting the Bill.

These isolated cases are sadly too common, and NHS Digital figures show that autistic young people still have an increased risk of being unnecessarily and frequently restrained because they cannot express their anxieties and crises in the way that neurotypical people more often can. We cannot continue with outdated practices and restraints that severely endanger the most vulnerable, who need considerate, appropriate and constructive treatment programmes that meet the autistic individual's needs.

The Bill includes provisions to turn that into reality and to reform practices in mental healthcare, and it highlights a number of concepts that our constituents

expect of us, of the Government and of our public services right through the system. I will cover a couple of those concepts.

First, on transparency, every time restraining force is used in a mental health unit it will be recorded and fully detailed. This would allow people to know that if this happened when they were in a state of mental ill health, it would be recorded; often people are not able to think clearly in these situations. Where someone has a broken leg or a broken arm, their mental capacities are still functioning fine and they will remember if the cast was put on the wrong arm—they would notice that. However, people in a state of deep mental ill health are not always able to see the world clearly at that point, so to have that fully detailed record will make a big difference to empowering those sufferers to know that they are being properly looked after.

In all our major institutions, such as the police or the NHS, we need accountability in everything that is done for our constituents. That is no mean feat in practice. This Bill will mean that every institution will have to have a named individual responsible for policy on the use of force and implementation. Given the discussions this week in the House, it is perhaps prescient to have a named person to whom those in distress can go, safe in the knowledge that they will be supported, understood and given a fair hearing. That is so important.

**Dr Drew:** Does the hon. Lady accept that the named individual must be able to prove that they have been trained in handling these incidents responsibly and, particularly, that they have been retrained on a regular basis? One weakness of the units is that there is not only a lack of training, but certainly a lack of updating of people's training.

**Mrs Trevelyan:** I thank the hon. Gentleman for his intervention, and I agree absolutely that we need to get the training right in the first place; understand unconscious bias, which we all invariably suffer from, not only in general life, but within the complex environment of mental ill health; and ensure that de-escalation techniques are learned and constantly reiterated. Such an approach would allow the extraordinary people who work in this sector to be supported, constantly reminded of things and given the right tools to ensure that they can look after our family members and our constituents when they are in these crises.

**Helen Whately (Faversham and Mid Kent) (Con):** One notable thing in the evidence about this is a huge variation in the use of restraint: in similar settings with similar groups of patients far more restraint is being used in some areas than others. Getting to the bottom of that when trying to improve the standards in all settings is surely part of the key to solving this problem.

**Mrs Trevelyan:** I thank my hon. Friend for that intervention. She is right: so often the circumstances of patients in the units has meant that people have been able to develop more sophisticated techniques and de-escalation programmes, and this best practice needs to be shared. That is the great challenge, as it so often is in education and in other parts of our public services. We need to find an effective way to share these best practices, so that we can help people who are doing

[Mrs Trevelyan]

their best in units across our constituencies but who are not necessarily using the most effective tools to help patients recover and restore their stability.

These two key policy areas, transparency and accountability, will protect patients, and promote dignity and respect. Everyone who passes through our mental health system should receive dignity in their care and respect for them as an individual in our society. I had a lovely chat with a gentleman on the street last night, not far from here. He was asking for money because he needed £35 for his bed and breakfast last night—this was going to be his night of luxury—and he had with him a sign saying, “This can happen to anyone.” That always makes me stop to chat. His life story was just unfortunate, with a series of unfortunate events, and there he was on the streets. Mental ill health can strike everyone, so to suggest that not everyone is entitled to that dignity would be wrong.

**Oliver Dowden:** My hon. Friend raises an important point. Does she agree that we must be careful not to judge people in that situation? There is always a temptation to think that there could be other reasons for it, but often they come from terrible circumstances, for example, having been the victims of child abuse and so on. There still needs to be a change in society’s attitudes, as we see when we look at some of these appalling cases of these people being abused by other members of the public.

**Mrs Trevelyan:** My hon. Friend is exactly right. It is incumbent on us as we go forward with this Bill to set these new markers to ensure that we get a cultural change; we need that understanding that mental ill health is part of our life experience and most of us may well suffer from it in one form or another. For those who are the most vulnerable we absolutely need to ensure that the practices are the best they can be, so that dignity and respect is afforded to every person who needs that support.

Transparency and accountability will also allow health professionals and emergency staff to manage the risks, protecting not only the patient, but our public servants. This can protect them from false allegations and allow us to have that evidence should things go wrong. Body-worn cameras are so important in this regard. The prison in my constituency, HMP Northumberland, was one of the prisons where body-worn cameras were trialled. This has been running for nearly two years now and there has been a dramatic drop not only in the reported cases of argy-bargy between prison officers and inmates, but in poor behaviour, because inmates who might have decided to have a go cannot be bothered anymore because they know it is going to be filmed; the relationship has improved so much as a result. This has created the same thing as we see where a teacher has good discipline in the classroom, understanding that if we provide a framework everyone within it works in a more conciliatory and more constructive fashion.

**Victoria Atkins:** I am a huge supporter of body-worn cameras on police officers and on prison officers, because I believe it protects not only them, but members of the public. Does my hon. Friend agree that just as—I hope—body-worn cameras will help victims of domestic violence

who perhaps do not have the confidence to give evidence against their assailants, or cannot face the consequences of doing so, the same thing may apply in respect of prisons?

**Mrs Trevelyan:** My hon. Friend is absolutely right. Interestingly, even in the social media world we all live in, a storm of anonymity allows a level of poor behaviour. If the body-worn camera empowers people to remember that anything from good manners and good behaviour to constructive dialogue rather than more violent interventions is the way forward, this must be a tool we should be encouraging across the board. One hopes that behaviour can improve once people remember how these things can be done more constructively and with less violent interventions.

**Kevin Foster:** Does my hon. Friend also agree that one bonus of footage from body-worn cameras is that people have to go through a less lengthy investigation? Such investigations take the police officer off duty and put them on gardening leave. Having the certainty these cameras provide means that for both sides a quick resolution can be reached, and the organisation can then move on.

**Mrs Trevelyan:** My hon. Friend is exactly right. These common-sense measures could have a dramatic impact on the way our mental health units work, and for the well-being of both staff and those who are there receiving treatment.

Another important aspect of the Bill is the proposal that justice for a potential victim would now become possible. Our country and our values are based on the rule of law, but for justice to be done we need a new and open approach which would allow our public services to learn from past mistakes and ensure that no family or individual has to suffer the tragedy of loss or injustice that has too often been experienced by patients and their families. I have a constituency case in which a young girl had been put in restraint, not within a mental health unit, but within a special school environment, and, as a result of the fits from which she suffered, she hit her head and lost her sight. That is truly tragic, and the family has fought and fought to find a way to get redress and a better educational framework for this child to learn, having developed this entirely avoidable blindness. There is a great challenge in ensuring that we have a system that is open and transparent, and that families can be heard and do not have to fight for years.

**Helen Whately:** My hon. Friend just mentioned a case in a special school. I know we are talking about mental health units, but I wish to raise in the House the concern that exists about restraint in special schools. A case in my constituency involves some autistic boys having gone through some really concerning restraint when they were quite young, which gave them serious bruising. They have now been taken out of that setting, but we have never really got to the bottom of what happened there. This feels like something that needs to be looked into.

**Mrs Trevelyan:** I would be happy to work with my hon. Friend on that. Perhaps it is something we need to look at more widely. The extraordinary staff at special schools look after children with a breadth of needs that

are never the same for two days running or for any two children. We must ensure that they are empowered with the right skills and techniques to support these children, who can lead fulfilling and full lives if we can get them through the education system. As I used to say to my son—I shall namecheck him again; he hates it when I do this, but tough, it is too late—it is really difficult for a child who sits outside the norms to be in the mainstream education system, but if they can make it to adulthood, they are free to be whoever it is that God created them to be and can really flourish. The challenge for our public services, whether for those who suffer from ill health or for children in special needs schools, is not only to ensure that we have a framework that supports them and wraps them with the skills and techniques needed to help them to develop and get well, but to ensure that they are treated with the dignity that everyone would expect for a family member who was in hospital for any other physical ailment.

The proposals in the Bill are really important to me personally and profoundly important to so many of our constituents who have experienced restraint and whose families have lacked a voice on the protection of children or relatives in these situations. Indeed, many have been unable to get any form of justice or restitution for damage to their family members. Legislation can change our practices and, in turn, our attitude towards how we care for those who need it the most. I am delighted that the Bill has been introduced and give it my wholehearted support.

11 am

**Justin Madders** (Ellesmere Port and Neston) (Lab): I thank my hon. Friend the Member for Croydon North (Mr Reed) for introducing the Bill; he certainly made a powerful case for it. Everything we have heard has made it clear why the Bill is necessary. I congratulate Opposition and Government Members for the constructive way in which they have contributed to the debate so far. There is broad support for the measures in the Bill and I hope that if there are disagreements, they can be ironed out in Committee.

My hon. Friend the Member for Croydon North spoke movingly about the case of Seni Lewis, who, as we heard, tragically died after being restrained face-down in a mental health hospital. We have heard other examples of the issues that the Bill is designed to address. Sadly, Seni's case was not an isolated incident. Restraint is still used far too regularly, despite Department of Health guidelines that state it should be used only as a last resort. Guidelines state that the dangerous practice of face-down restraint should be phased out, but unfortunately the technique is still used widely. There is significant variation in the use of restraint on mental health patients.

**Eddie Hughes** (Walsall North) (Con) *rose*—

**Justin Madders:** I am not going to give way. Many other Members wish to speak and there are other items of business that we want to get to.

As Members have highlighted, there is an issue with unconscious bias. Young black men are statistically more likely to be seen as having psychosis or schizophrenia, and are at risk of being subject to inappropriate use of force, as are women.

**James Cleverly** (Braintree) (Con): Will the hon. Gentleman give way?

**Justin Madders:** No, I have already made the point that many Members wish to speak so I shall not be giving way.

Metropolitan police figures show that in London, 36% of the 12,605 uses of force between April and June involved black people, despite the group accounting for just 12% of London's population. Research has shown that women, who make up 46% of patients, are subject to more than half of all incidents of face-down restraint. Women and girls' mental health conditions are often related to experiences of violence or abuse. The use of physical restraint on a survivor of sexual or physical abuse risks re-traumatising the patient.

It is essential that we take steps to reduce the use of force and address the unconscious bias currently reported in the system. My hon. Friend's Bill seeks to do that in four key ways: through transparency, evidence, accountability and justice. The Bill will increase transparency. Currently, data are not collected uniformly so accurate data on how often restraint is used, and on how restraint is used disproportionately against certain demographics, are hard to collate. The Bill requires a registered provider to keep a record of any physical restraint of a person at any of its mental health units. That will include the place, time and duration of the restraint, the gender, age and ethnicity of the person who has been restrained and, critically, justifications for the use of restraint. Recording in a uniform way when, how and why restraint is used, who it is used on and what steps were taken to avoid its use, will increase transparency. It will allow us to take steps to improve the system where issues of unconscious bias or the overuse of restraint occur.

The Bill introduces steps to build and improve the evidence available when force or restraint are used. Currently, many forces require officers to wear operational body cameras, but not all. The Bill will require all police officers to wear such a camera when they are called to a mental health unit for any reason, unless there are clear operational reasons for not doing so. Research carried out at the University of Cambridge found that the use of police body-worn cameras made the use of force 50% less likely. Furthermore, the research found that the number of complaints filed against officers reduced tenfold. The evidence shows us that body-worn cameras work. They increase public trust in the police and protect our police officers from spurious complaints. The Bill would therefore improve overall accountability.

The Bill creates two further duties: it requires the responsible person to make and maintain a written policy for the use of physical restraint and take steps to ensure that physical restraint is used only in compliance with that policy, and it requires training to be provided to all frontline staff.

The Bill also seeks to improve access to justice. We want to ensure that tragedies such as those we have heard about today do not happen again. The bulk of the Bill works towards that goal. When tragedies such as what happened to Seni occur, we need to make sure that they are properly investigated and that the families of the victims receive justice. The Bill makes it compulsory for an independent investigation to be carried out whenever a death occurs in a mental health unit and the person has been physically restrained. This will end the scandal of families not knowing the circumstances of their loved one's death.

[Justin Madders]

The Bill is a step towards a model of care, rather than one of containment. Its measures will support mental health patients, their families, and emergency service workers. It will increase public trust in the emergency services and promote dignity and respect in mental health services. Restraint is used too often and disproportionately in certain sections of society. This cannot be allowed to continue. When she responds, I hope the Minister will support the Bill and allow it to be sent to Committee.

11.6 am

**Rishi Sunak** (Richmond (Yorks)) (Con): It is a privilege to be called to contribute on this important topic. Many constituents wrote to ask me to participate in this debate, so they will be delighted that I have the opportunity to highlight some of the issues they raised. I commend the hon. Member for Croydon North (Mr Reed), not only for securing this debate and championing the Bill but for the constructive and consensual way he has gone about it.

So much has changed about our understanding of mental health. There was a time when we thought of mental health problems as something that happened to other people, away from ordinary life. Now, how many of us have a friend, a colleague or a family member who we know has suffered from mental ill health? That is because more people rightly no longer feel any shame about a mental health problem. Because society is on a journey of understanding, attitudes are changing and stigmas are breaking down.

We all recognise that good mental health is no less important than good physical health, but there is still so much more for us to do. The Bill is the next step in our national journey towards ending the injustices that those who experience mental health problems still face. It is for that reason that I congratulate the hon. Member for Croydon North, who has spent many years working with the family of the late Seni Lewis as they fought for the truth about what happened to their son. It is crucial that we learn the right lessons from what happened to Seni, which is why I am pleased to be able to discuss the important changes that the Bill will make to transparency in mental health units.

I wish to highlight three issues: first, I shall discuss how young people in particular are affected by mental ill health; secondly, I shall discuss some of the measures that the Government have already put in place to improve diagnosis and treatment; and lastly, I shall touch on just a few of the vital changes that the Bill will introduce.

I shall start with the topic of mental health and young people. I am passionate about helping young people to get the best possible start in life. Children and young adults should face no barrier to making the most of their unique talents and enjoying their lives to the full. Often in this Chamber, we think of the obstacles that young people may face in terms of social mobility, access to a good job or apprenticeship, or getting the right education. We are right, however, to highlight today that mental health merits no less of our attention. If we are to ensure that young people can make the most of the opportunities they have and deserve, mental health provision for them must be as accessible and high quality as possible.

The sad truth is that mental health issues disproportionately affect young people. Many of us in the Chamber are all too familiar with the negativity and hurtful comments that some people choose to spread via social media. I ask hon. Members to put themselves in the shoes of a young impressionable teenager or primary school student. One in 10 young people say they have been a victim of cyber-bullying. It is hard to imagine how difficult it might be for a young person when their smartphone or social media become ways for bullies to reach them.

I commend Google, with which I recently participated in a workshop in my constituency talking to primary school children about internet safety and how young people can protect themselves online from unwanted and hurtful attention. Google, I believe, is rolling out this project across the country, and I would urge hon. Members on both sides of the House to work with it when it comes to their constituencies, visits their schools and talks to young people about the importance of protecting themselves online.

**Bob Stewart** (Beckenham) (Con): That is fascinating. Will parents be able to put some sort of inhibitor on Facebook, or just the child?

**Rishi Sunak**: My hon. Friend makes an excellent point. The workshops provide packs for teachers to give to children to take to their parents so that parents become much more engaged with their children's online presence, which is something that I, as a parent of young children, am becoming more aware of, as I am sure many others in the House are. We all must be aware of what our children do online, just as we are careful when they cross the street or go to the park.

**Alex Chalk** (Cheltenham) (Con): My hon. Friend is right to draw attention to the sensible measures being put in place to help potential victims, but we have to go beyond that: perpetrators of vile abuse have to understand that there will be consequences for them. The onus should not always be put on the victim: the perpetrator must expect to be punished too.

**Rishi Sunak**: My hon. Friend makes an excellent point—and one he has spoken about before. My hon. Friend the Member for North West Hampshire (Kit Malthouse) has also spoken passionately in the House about what more we need to do to protect children online and ensure they have a safe space to play and learn about the world around them.

**Oliver Dowden**: My hon. Friend rightly pays tribute to the work of our hon. Friend the Member for North West Hampshire and makes an important point, which pertains to mental health, about children needing a safe architecture in which to grow up. Just as we, as parents, give them safety and security in the physical world, so they must have safety and security in the online world, where they spend increasingly more of their time.

**Rishi Sunak**: My hon. Friend is absolutely right and puts it better than I could myself, so I will move back to the physical world, if I may.

Sadly, the evidence is that self-harm among young people is on the rise. It is right, therefore, that the Government have responded by improving mental health training in schools. Many colleagues have already mentioned

the importance of appropriate training for those dealing with children—or adults—with mental health issues. This vital training will help teachers and staff at schools not just to identify but to assist at-risk children.

**Helen Whately:** My hon. Friend is talking about mental health treatment for children and young people, where we know a huge amount of work is needed to improve services and meet rising demand, but does he welcome, as I do, the fact that last year an extra 21,000 children were treated by children and young people's mental health services? We are making progress in this area.

**Rishi Sunak:** I thank my hon. Friend for her comment, and I know that she is a tireless advocate for healthcare services, especially mental health services, in this place. I did not know that particular statistic, but it is indeed very welcome and will be welcomed, I am sure, by hon. Members on both sides of the House.

Furthermore, it should be our aim that children are not sent out of area to be treated for general mental health conditions. Representing a large and sparsely populated rural constituency, I am particularly focused on this issue of accessibility. Right now, the local mental health trust is looking to shift in-patient services away from our excellent local hospital, the Friarage, in Northallerton, to places as far afield as Darlington, Middlesbrough and Bishop Auckland, which will mean more than an hour and a half's drive for some patients. This is of considerable concern to me and no doubt an issue that other colleagues will have experienced themselves. Against that background, we owe it to young people to ensure that mental health services are safe and transparent, so that when young people seek help, as Seni and his family did, they will receive it, secure in the knowledge that they will receive the high standard of care we all expect.

Secondly, I turn to the action that the Government are already taking on this important topic. Legislating for parity of esteem was a landmark step in the journey to tackling the injustices faced by people suffering from mental health problems. As we all know, however, making this parity of esteem a reality in everyday life will require not just effort but determination. We cannot, however, be in any doubt about the Government's efforts, led by a Prime Minister passionate about this issue and determined to do more than ever before to bring about real change and to tackle what has aptly been described as a burning injustice.

The Prime Minister has overseen a £1 billion increase in the funding available for mental health and, as my hon. Friend the Member for Torbay (Kevin Foster) mentioned, championed a reduction in the number of people suffering a mental health crisis who end up in a police cell rather than a place of safety in the healthcare system. The whole House eagerly anticipates the conclusion of the review led by Professor Sir Simon Wessely, who is looking at why detention rates under the Mental Health Act are increasing.

**Afzal Khan** (Manchester, Gorton) (Lab): I congratulate my hon. Friend the Member for Croydon North (Mr Reed) on bringing the Bill, which I support, to the House. I

wish to make two points. First, constituents of mine, including professionals working in this field, have pointed out to me that racism causes people from black and minority ethnic backgrounds to experience mental health issues. We have heard statistics today showing that BME groups—especially black Caribbean people, who are also over-represented in hospitals and as detained patients—are more likely to be admitted to hospital. Secondly, unconscious bias among clinical professionals affects how mental health services respond to and meet the needs of people from different racial and religious backgrounds. Does the hon. Gentleman agree that it is right that the Bill will increase data and transparency on this issue?

**Rishi Sunak:** The hon. Gentleman's intervention was timely, for I was just about to say that we should examine the important, complex and sensitive issue of whether minorities are disproportionately suffering poor mental health treatment or outcomes. We should be careful, however, about reaching for the knee-jerk—and potentially mistaken—conclusion and labelling the problem as one of institutional racism.

In that regard, I hope that Sir Simon Wessely takes note of the arguments made forcefully by Munira Mirza, the former Deputy Mayor of London, who has cited Professor Swaran Singh, a social and community psychiatrist with, I think, 30 years of clinical experience in this area, who has argued that institutional racism in his profession is not the primary cause of BME communities' being disproportionately affected by these issues. He cites academic studies showing that BME communities and migrant groups are more exposed to mental health risk factors. We should tackle those underlying risk factors as a matter of priority. They include things such as family breakdown, substance abuse, poverty, living in areas with low social cohesion and, of course, the personal experience of migration and prior instances of racial prejudice. It is a sensitive area. The headline numbers obviously pose difficult questions for our public services, but we should get to grips with the underlying data before reaching for conclusions that may well be incorrect and that may not pay tribute to the work that people are doing with the best of intentions.

We must be more ambitious and use every opportunity available to further our efforts. Programmes such as mental awareness courses in the National Citizen Service or the £150 million that the Government are investing to support teenagers with eating disorders are practical, and will ensure that discussing mental health is not something that we do only in isolation or that happens only in a clinical setting.

**Helen Whately:** Does my hon. Friend agree that the recent announcement that 1 million people will be trained in mental health first aid is a huge step forward in raising the skills and awareness of those who help people with mental health issues?

**Rishi Sunak:** As ever, my hon. Friend makes an excellent point and displays her knowledge of this area. It is absolutely right that we bring help to people wherever they need it and in as many settings as possible. I very much welcome the extraordinary increase in the number of people being trained.

[*Rishi Sunak*]

Indeed mental health provision needs to be part of an ongoing conversation about the development of young people and the issues that they face. I am confident that we as a society are now heading in the right direction. However, as I have noted, despite that substantial progress, we can in no way believe that the job is done. That is why I will now turn briefly to a few provisions in the Bill and say why they will make a real difference to the transparency in treatment of young people across the country.

The Bill will establish the requirement that mental health units must publish how and when they use force. That appears to be an eminently sensible change. All of us will be familiar with the detailed reports from Ofsted and the Care Quality Commission. The information that they publish gives us a window into how our public services are being run. Making information available about the strengths and weaknesses of organisations gives us the transparency that is needed to know what improvements need to be made. I see no reason why this should be any different with data on the use of force. This transparency is needed not just by the general public, but by the families of patients against whom force has been used. Of course, sometimes, health professionals will make the difficult judgment to use proportionate force in certain circumstances, but it took seven years for the Lewis family to get the full truth about the event that led to their son's death. No family should be put in that position ever again.

The Bill also establishes a duty on the service provider of a mental health unit to record any instance of the use of force on a patient, in addition to recording several demographic characteristics. Added together with the requirement for police officers attending units to wear a body camera, the Bill will help us to be much clearer about how force has been used, against whom and why.

I wish to highlight the provision which says that, in the event of the death of a patient who was subject to the use of force, the Government will appoint an independent investigator who will produce a report on the incident in a timely fashion. Families who undergo such a tragic loss will have the official help that they need to get to the truth about what happened to their loved one. Those are essential changes that I hope will ensure that, in future, no family will have to fight as hard as the Lewis family did to get the truth that they deserve.

In conclusion, as many as one in four of us will experience mental ill health at some point in our lives. This is an issue that is simply too profound for us not to ask ourselves as legislators in this place, "What more can we do to prevent injustice occurring? What barriers must the House help to break down?" That is why, once again, I commend the hon. Member for Croydon North for his long-standing efforts on behalf of both the Lewis family and, more broadly, the many people across the country who suffer from mental health problems. The provisions in this Bill will give families and the public the transparency that is needed to ensure that force is used only when necessary. It is part of the journey that we are on as a nation to ensure that people with mental ill health are viewed no differently to those with physical ill health. I commend the Government for backing this vital piece of legislation, and I have been delighted to speak in favour of it today.

11.24 am

**James Heappey** (Wells) (Con): May I add my congratulations to the hon. Member for Croydon North (Mr Reed) on bringing forward this Bill? I warmly support it and applaud his willingness to work with people across the House to ensure that the Bill fully meets the concerns of Seni's parents and family and others who have been in such circumstances—I will share another story with Members on behalf of one of my constituents shortly—and works properly for those who are involved in mental healthcare in our country and who, like our police, will occasionally have cause to restrain those who are mentally ill. Those people work in very challenging circumstances and it is important that the Bill fully reflects that and is workable and fair to them as much as it is fair and transparent for those who are on the receiving end of its provisions.

I wish to discuss three areas, the first of which is the story of my constituent, James Herbert, who died in police custody in 2010. He was mentally ill and had been restrained shortly before his death. Secondly, I wish to look at how this Bill might have helped in that situation and how, in so many ways, it will certainly help to ensure that those sorts of events do not happen again. Thirdly, I will consider what additional training we might offer not only to our police, but to those who work in mental health. We need to make sure that, yes of course, there are safer techniques for restraint, but that there is also a much greater understanding of how we de-escalate those circumstances so that restraint might not be necessary.

James Herbert was known to the Avon and Somerset police, particularly those serving locally in and around Wells, as being mentally ill. Over the course of the day on which he died, there were a number of occasions when the police had had cause to observe his behaviour. On the evening after a hot June day, he was detained by the police. In the process of that detention, he was restrained. He was then put into a police van and driven for 45 minutes to a custody suite where he was stripped naked and put into a police cell. He died later that night of a cardiac arrest. The Independent Police Complaints Commission has looked in full into his death in the seven years since, and its report "Six missed chances" is rightly very critical of what happened that night. It is important to note that the police officers involved—one of whom is still a constituent of mine; the other, very sadly, took his own life a year or two ago—have not been held personally responsible for what happened. The failings that were identified were systemic, institutionalised failings—that sort of misunderstanding of mental health and the way that the processes were handled.

The Bill brings forward a very important aspect of how we deal with those with mental ill health. Sometimes, restraint is unavoidably necessary, but how that is done can have a profound impact on people such as the constituent of the hon. Member for Croydon North and my constituent, James Herbert.

Undoubtedly, the Bill will help. Staff not deliberately restraining people in a way that constrains an airway is clearly a very important and necessary provision, so, too, is restricting the intervention of a restraining technique that causes pain. Similarly, people should always seek to use the least restrictive method of restraint possible. Those are necessary de-escalatory measures, which in themselves could help, not quite to calm the person but



at least not aggravate them further, which happens so often. The more that I have spoken to police officers about James Herbert's case, the more they tell me that their concern to get their job done and retain the person means that they find themselves naturally going up through their levels of force and the application of their physical power. As both sides seemed to rub off of one another, they both got more and more aggravated, and the use of force became all the greater. The police reflected afterwards that they might have approached the situation differently in the first place.

**James Cleverly:** I do not know the ethnicity of the constituent who died in custody, but does my hon. Friend agree that it can be intimidating for police and medical professionals when the person they are dealing with is physically big and robust? As well as the measures in the Bill, they need our support to ensure safety for them and for the people for whom they are caring.

**James Heapey:** My hon. Friend, as ever, makes an excellent point. These are highly challenging, confrontational situations. James Herbert was white, but he was a big guy. As his anger and emotions built, so did the efforts of the police officers who were trying to restrain him for his own safety. My hon. Friend is right to observe that there some people who require restraint are physically very intimidating. The police officers or mental health workers involved in the restraint often fear for their own physical safety, which may lead them to use overly aggressive techniques. They may really be focusing on self-preservation, instead of on de-escalation. A great confidence is required in the techniques that have been taught for restraint, and in understanding how to deal with those who have acute mental health challenges. That confidence is absolutely necessary so that people are able to apply the right skills in the right way to bring about the right outcome, instead of fearing the physical situation in which they find themselves.

I agree very much with some of the other provisions in the Bill. Seclusion should be an absolute last resort. It is an alienating and escalatory measure. Then there is the immediate, confident and sympathetic engagement of other people involved in the care of the mental health patient. When the police were detaining James Herbert, they phoned his mother to talk to her about something very different, rather than to ask her about James's condition and what she might be able to share with them in order to manage him much more appropriately in the situation.

I agree passionately with the use of body cameras. I have seen the profound impact of James Herbert's case not only on his own family and friends, but on the careers, lives and mental health of those involved in his detention and, sadly, his death. Body cameras would have made an enormous difference in this case.

**Mrs Sheryll Murray** (South East Cornwall) (Con): I welcome body-worn cameras. However, when someone is subjected to immediate harm in an emergency case, the absence of a body-worn camera should not prevent someone from coming in to address the situation. Does my hon. Friend agree?

**James Heapey:** I accept that there are situations that require immediate intervention. As a former soldier who was used to working on immediate notice to move at times, I suggest that the solution is that there must

always be somebody in a custody suite or a mental health ward who is wearing the right kit and is on immediate notice to move. It should be a requirement, and it should be a simple drill for those managing the facilities. That is not to say that everybody needs to be sat around at all times, wearing their stab vest and their camera. But one person in a custody suite should be required to be wearing the appropriate kit at all times. Perhaps that is something to include in the Bill. The cameras are a great addition to what police officers wear. In fact, they are a de-escalatory measure in themselves. Away from cases of people suffering with mental health issues, I have been told by the local police commander for my part of Somerset that the simple act of turning them on has such an effect. People on the high street who have had a few too many drinks see themselves on the screen and know that their behaviour is being recorded; things immediately start to calm down and responsibility returns.

**Mr Reed:** I am grateful to the hon. Gentleman for raising this important point and I agree with the point made by the hon. Member for South East Cornwall (Mrs Murray). The hon. Gentleman will be interested to know that there is a weight of published academic evidence showing that the mere presence of police wearing body cameras reduces the likelihood of force being used in these circumstances by nearly 50%. That alone is reason enough to require police to wear body cameras.

**James Heapey:** The hon. Gentleman is absolutely right. It is great on days like today when the House is in such violent agreement. The cameras really are a great addition for our police forces. They give transparency for those who want to complain about perceived unfair treatment. But they also give a protection as important as the stab vest, by reassuring police officers that they will have a video record of what they did.

**Will Quince** (Colchester) (Con): I accept points from both sides of the House on body-worn cameras. The Bill makes it clear that the officer has to turn the device on as soon as practically possible from the point at which they are called. Does my hon. Friend think that it would be more practical to say that that should be at the point they attend the mental health unit, not the point at which they take the call? Is not that a little too onerous for the officers? I am just posing the question.

**James Heapey:** From discussions with local police constables and with the police commander, it seems that police officers have an instinct for when they are going into certain types of situation. One would imagine that if an officer were on the custody desk and heard that something required their intervention, they would obviously flick on their camera as a matter of drill while they were going down to the cell or wherever something was happening. That is assuming what we were just discussing—that it should be standard practice that somebody in those circumstances is always fully kitted out.

**Kevin Foster:** The requirement in the Bill is for officers to wear body-worn cameras when attending a mental health unit. My understanding is that that means that the unit has an issue and has called the police to attend. In many instances, custody suites have cameras, even

[Kevin Foster]

though they may not be body-worn. The real solution is that response officers—those who are deployed ready to attend 999 calls—should have body-worn cameras. That would help not just in these instances, but in many other circumstances.

**James Heapey:** My hon. Friend is right, but whenever attending a call-out to a mental health unit—just as in attending any other event in the community—the police officer would have deployed in their patrol car wearing their full kit. They would already have been wearing the camera and would have switched on it on as they were entering the situation, if they thought that were necessary. The much more likely scenario, as perhaps would have been the case with James Herbert, is of people being called into a situation when they are not out on the street, but are just nearby and lending a hand. The fixed cameras in the building may be obscured by those doing the detention, so I also see real merit in body-worn cameras being used in those situations.

This is not just about how to ensure that acute, immediate interventions are handled properly. It is also about the additional training that might be offered to police and mental health workers to make sure that these situations do not arise in the first place. Training is key. That goes without saying for mental health workers, who, by vocation, understand this stuff very well indeed, but the police are much less confident in dealing with people with mental health issues than they should be.

Training for the police so that they can spot those signs and intervene appropriately with concern and care would be helpful and would prevent a large number of the instances that we are debating. There are techniques for reassuring people, for de-escalating, and for managing the anxiety that often manifests itself in people with mental illness. Equipping police with those skills would be very welcome indeed.

**James Cleverly:** A number of years ago, when I served on the London Assembly, I visited Feltham young offenders institution. I cannot help but think that there are a number of young men in Feltham who had mental health problems but whose interactions with the police and authority during mental health episodes reached a stage at which they became violent and ultimately found themselves incarcerated, perhaps at least in part because of that lack of understanding and training on the part of the police. It is not a moral criticism but an observation that training could help the police officers and some of those young men, who were ultimately incarcerated in what was not necessarily the most appropriate institution.

**James Heapey:** I very much agree. It is interesting to reflect on conversations I have had with police and community support officers in my constituency. The nature of their job means that they understand or know more intimately the community they serve. Very often they have an insight into the mental health of people they routinely see around town who are on the edges of antisocial behaviour or even breaking the law. They can often deal with them very differently because they understand who they are dealing with. The PCSO job description is such that PCSOs naturally seek to de-escalate

and deter, rather than enforce the law. My hon. Friend makes an interesting observation, and I certainly agree that it is possible to avoid these circumstances arising as often as they do.

**Wera Hobhouse:** The hon. Gentleman has pointed out the importance of PCSOs, but many police authorities are having to cut those services. Does he not agree that it is regrettable that police services have been cut and that important PCSO services have been taken away from the community?

**James Heapey:** My near neighbour, with whom I share probably the most beautiful diocese in the country, makes an interesting point, which she and I might jointly take up with the police and crime commissioner for Avon and Somerset. The decisions on how PCSOs are allocated are hers. It is not my experience in my constituency that PCSO numbers have been cut. In fact, I have been impressed by the service that we have received from PCSOs in Somerset during my time as MP for Wells. The Bill is not exclusively about the police—it is about the way in which we deal with people with mental health challenges.

**Kelly Tolhurst (Rochester and Strood) (Con):** It is really good that my hon. Friend has highlighted the role of PCSOs. In January, we will increase the number of PCSOs who police our communities in Kent, because we recognise that they play a key role in the transition from meeting people with mental health issues on the streets to being able to direct them to the right care at local level, rather than getting police officers directly involved at the first point. Does my hon. Friend agree that that is a good thing, and we must recognise that we are increasing numbers in some places?

**James Heapey:** I very much agree. I have no first-hand experience of policing in Kent, my hon. Friend will be pleased to know, but I certainly agree that PCSOs are important. I do not see them in any way as a poor substitute for police officers. The way in which PCSOs carry out their job is excellent. I am fortunate to have some excellent PCSOs serving towns and villages in my constituency, and they make a big difference by intervening and making sure that crime levels stay low.

We have spoken a lot about the police—inevitably so in my case, because my experience has come about as the result of a death in custody, and I wanted to share that with the House. This is really about a wider way in which we care for people with mental health conditions. Mental health is something I am passionate about, and I learned a great deal about it while serving in both Iraq and Afghanistan. Before doing so, I was very much a member of the club that said that people should just pull themselves together. The reality is that when you see people who are absolute heroes—strong, strong people—who have served in the Army for 20 years, and you see their head break, you stop making the distinction between someone having their leg blown off and someone having their head break because they have witnessed a trauma that was so profound that it did something to them and over which they had no more control than someone who has lost a limb. That led me to look keenly at what mental health provision looks like in my community.

I had quite an epiphany when I realised how important mental healthcare is. Today we are discussing how to deal with people in the moment of most acute crisis. That is a necessary discussion, but it must not distract us from the urgent need to discuss how to stop people getting to crisis point in the first place. Somerset's mental health provision is quite hollow. We have more than adequate provision of acute mental health beds, and we have reasonable provision of community nursing, but we do not have the stuff in between: the crisis houses—the step-up, step-down facilities—that can help people to find a bit of space to avoid or see off the imminent danger of a critical episode. That could prevent their having to go to an acute facility where things might escalate even further and might stop the horrible situations we have been discussing arising.

We must also look at how we do much more upstream prevention involving mental health charities in particular. Their role is enormously important. In Wells, Heads Up, of which I am a patron, and Charley's Memory in Burnham-on-Sea—again founded as a result of a real tragedy to do with mental health—do amazing work in our communities. They work voluntarily and charitably, but they do something that should be a really important part of a broad, deep network of mental health provision that helps to manage people through mental illness at the appropriate level and prevent their slipping into crisis as much as possible.

We must push even harder to break the taboo on mental health in our communities. If there were greater acceptance of mental health conditions and people were more willing to be open and to talk about the issue and support people with mental illnesses, fewer people would find themselves in crisis because they had become isolated and their vulnerability had become such a problem that they made a big cry for help or their illness escalated to crisis point. Parity of esteem is not just about money, although in Parliament the debate often focuses on that. It is about attitudes and acceptance too. We need a mental health system that has real depth so that we can make sure that people who are living with mental health conditions can do so with dignity, not being unnecessarily aggravated because they have unreasonable waiting times for mental healthcare, but supported by an understanding and supportive community.

Mental health workers do amazing things, and so do the police who have to work with those who are suffering from mental illness. Nothing that we are discussing today should be seen a criticism of what they do. They should understand that we understand, fully, the extraordinarily challenging circumstances in which they work day in, day out. I thank them for the extraordinary hard work that they do.

11.49 am

**Edward Argar** (Charnwood) (Con): Like other hon. Members, I pay tribute to the work of the hon. Member for Croydon North (Mr Reed) in bringing forward this Bill. As someone who was lucky enough to get drawn in the private Members' Bill ballot last year, I know that luck plays a part but, more importantly, so does passion. He has shown that in talking very movingly today about his constituent and what has motivated him to take forward this important Bill. I think his constituents will rightly be very proud of the work he is doing on it.

I very much welcome and support the Bill. I know from my casework and more generally that it will be welcomed in my constituency and more broadly across the country. The tone in which this debate has been conducted reflects very well on our proceedings in the House today, as does the fact that on such an important issue, hon. Members who wish to speak are having the opportunity to do so. Our constituents would expect no less. They would expect all of us who wish to speak to have the opportunity to put our views on the record about this important issue.

As the shadow Minister made clear, this Bill is about transparency and accountability. It is also about changing attitudes, and about risk. Most importantly, it is focused on making the processes involved in our treatment of those who are detained in mental health units more people-centric. As my hon. Friend the Member for Richmond (Yorks) (Rishi Sunak) said, the circumstances that can lead to someone being detained in a mental health unit could happen to anyone. Mental ill health can happen to anyone, and it is important that we remember that. We are talking about people at their most vulnerable in these situations. As my hon. Friend the Member for Hertsmere (Oliver Dowden) pointed out, we are very good as a society at understanding physical ill health because we can see it, but less good at understanding mental ill health because it is more intangible and much harder to see. The hon. Member for Croydon North said that this is about compassion, not cruelty. At times, given the nature of the circumstances, restraint may be needed at a moment of crisis, but it must be applied in the right way and it must be minimal. We must always focus on dealing with such incidents in the right way and doing what we can to assist people in their recovery.

It is important that we highlight—as hon. Members have done, most recently my hon. Friend the Member for Wells (James Heappey)—the debt of gratitude that we owe to all those working in the emergency services, including in the mental health setting, for the incredibly difficult job they do with an amazing degree of professionalism, compassion and care. In that context, I very much welcome clause 5, with its emphasis on the provision of training. This is about protecting and supporting not just those who are detained in mental health units, but those who may have to intervene in applying restraint. The hon. Member for Stroud (Dr Drew) referred to the need for those workers not only to be trained at the induction stage but to have the training refreshed throughout their careers. That is an important point.

This Bill is about reducing the use of restraint where possible, but, as I said, it is also about risk. Too often in our society, be it in the private sector or in the public sector, there is an understandable desire to eliminate risk. The reality is that that simply cannot be done. Instead, we must seek to understand and mitigate risk, and ensure that that understanding drives the right behaviours. The data that the Bill will provide, the transparency it brings, and the understanding of how restraint operates in these settings will all feed into a better understanding of risk that will hopefully improve the way in which we treat those detained in mental health units. Of course, as the hon. Member for Croydon North made clear, this is about justice. In the tragic cases—I hope they are few in number, but they do

[Edward Argar]

occur—in which someone dies, it is important that the evidence exists to facilitate justice for that person and to ensure that we learn the lessons of the incident.

Finally—conscious of the importance of giving all who wish to speak the opportunity to do so, because that is what our constituents would expect—I turn to the point about changing attitudes. Attitudes to mental health in this country are changing, but there is still a long way to go. Every time we talk about mental health in this Chamber, we help to change attitudes and reduce any stigma attached to mental ill health. It is right that we continue to do so. We are on a journey, on which this welcome Bill is a hugely important step. A similar step will be the review that is under way of the Mental Health Act. The legislation may be of its time, but it is certainly not fit for our time. In that context, in addition to what we are discussing today, we must seek to create a mental healthcare system of which we can be proud, and which is fit for the 21st century. It is a pleasure to support the Bill.

11.55 am

**Will Quince** (Colchester) (Con): I add my congratulations to the hon. Member for Croydon North (Mr Reed), who is not in his place, on introducing the Bill and on the emotive and heartbreaking story that he shared with the House.

The Bill is an important part of a wider issue. We need to improve our approach to mental health. Without question, mental ill health carries a stigma and a taboo, and Members from both sides have played a huge role in tackling that. One of my passions is campaigning on baby loss, which has a similar stigma and taboo attached to it. We do not talk enough about it, and that has led many people to stay silent. If we are to tackle the stigma and taboo, we have to raise these issues as much as possible and ensure that people feel able to talk about them openly. There is no greater place to do so than on the Floor of the House of Commons Chamber.

The Mental Health Act has remained unchanged since it was first published in 1983, and many consider it to be no longer fit for purpose. As a comparison, when the legislation was introduced, the Diagnostic and Statistical Manual of Mental Disorders, which is known as the DSM, existed in its third edition. Since then, it has undergone multiple revisions, and it is now in its fifth edition. The research into mental health conditions and our understanding of them have developed, particularly over the last three and a half decades, but our legislation has not changed. That is not good enough.

The Bill is one important step among many towards ensuring that people with mental health conditions are treated appropriately. I want to make it clear that there will be circumstances in which restraint is required in mental health units. That is, sadly, inevitable. Staff in such units have an incredibly challenging job. We would all agree, however, that restraint should be the last resort, not the first. I pay tribute to Mind, which launched its campaign in 2011 to reduce the use of restraint in healthcare settings. It has made fantastic progress so far.

In 2014, the coalition Government published guidance in this area following investigations into abuses at Winterbourne View hospital and a report published by

Mind, which found that restrictive interventions were not being used as a last resort. The guidance made it clear that staff must use such actions only if they represent the least restrictive option for meeting the immediate need. The guidance also made it clear that staff must not deliberately restrict people in such a way as to impact on their airway, breathing or circulation. That includes face-down restraint on any surface, not just on the floor.

I continue in the spirit of the coalition Government by paying tribute, as my friend the hon. Member for Bath (Wera Hobhouse) has done—she is currently looking at her phone on the other side of the Chamber, and I cannot attract her attention—to the right hon. Member for North Norfolk (Norman Lamb) for the work that he did as a Minister. I know that this is an issue that he cares deeply about. I know that the right hon. Gentleman is not in the Chamber at the moment, but I certainly want to put that on the record—the hon. Lady still has not realised that I am complimenting her colleague—because he did a huge amount of work in this area.

Later in 2015, the Mental Health Act 1983 code of practice was revised, and NICE updated its guidance on violence and aggression, both of which put the emphasis on prevention and advised against the use of prone restraints. What all this recognised is that the solution is not to blame the staff, but to give them the skills and confidence to deal with some incredibly challenging situations.

In September, I visited the Lakes mental health unit in Colchester to see at first hand what a mental health unit is like. I initially had a brief meeting with senior managers, including Sally Morris, the chief executive of the Essex Partnership University NHS Foundation Trust—the names of NHS trusts always seem to be a bit of a mouthful—which manages the Lakes unit in my constituency. I was then given a tour of Ardleigh ward and Gosfield ward, and we discussed many issues. Restraint was not one of the issues we discussed, but following the debate on this extremely important Bill—the hon. Member for Croydon North, who introduced it, is now in his place—I will definitely be asking questions about the use of restraint in that unit.

I support what the Bill is seeking to achieve on training, especially as set out in clause 5(1). In many ways, it strikes me as remarkable that frontline staff would not already be given such programmes, but this is a good way of ensuring that staff, particularly new staff, are aware of best practice and guidance on the use of force. I suggest, however, that the Committee looks at whether the provision should be wider than just induction, so that existing members of staff are also given this training. In any workplace environment, it is incredibly important for people to be given refreshers to ensure that training remains fresh and at the front of their mind.

Another area I want to touch on is the mandating of body cameras for any police officer who attends a mental health unit. A number of colleagues have already raised this issue, but I want to focus on one particular area. It is important to mention from the outset that the use of body-worn cameras is ultimately a decision for local police and crime commissioners. Police forces are at different stages in this process: some are just investing now; and others are looking at new equipment, because they have used body-worn cameras for some time and are now in the second phase of procurement.

I suggest—I mentioned this in an intervention on my hon. Friend the Member for Wells (James Heappey)—that clause 13(2)(a) is perhaps a little too eager in expecting officers to turn on their cameras. It states:

“The police officer must ensure that his or her body camera is recording...from as soon as reasonably practicable after the officer receives the request to attend the mental health unit”.

That might be looked at in Committee, because the focus should perhaps be on ensuring that there is a recording of their attending the mental health unit, rather than from the point at which they get such a request.

**Kevin Foster:** My hon. Friend is making some very interesting points. Does he agree that the presumption is that an officer who is on duty and using a body-worn camera should have it switched on? Only when an officer has a specific reason to turn it off—for example, when dealing with a vulnerable witness who is uncomfortable talking while the camera is on—should it be switched off.

**Will Quince:** My hon. Friend raises a very good point. I come back to what I said earlier about body-worn cameras, which is that police forces are at different stages in the evolution of these pieces of kit. Their cameras have different battery lives and different download capabilities—some recordings take several hours to download, but more modern functionality means that that can be done quite quickly—so it depends where police forces are with their procurement and how long they have had the equipment. I totally agree with him, however, that the presumption is that this piece of equipment should be on, and that is and should certainly be standard practice for newer cameras.

**Mrs Murray:** My hon. Friend mentions a point I was about to raise. A battery could expire or there could be a software glitch, so maybe the clause needs to be tweaked in Committee. I wonder whether the hon. Member for Croydon North will consider that carefully if the Bill reaches the Committee stage.

**Will Quince:** My hon. Friend raises a very good point. I think we are all largely in agreement about the use of body-worn cameras, and I think we all think they are an excellent evolution in policing that protects both the public and police officers. I hope the hon. Member for Croydon North does consider that carefully in Committee, working with senior police officers who use the equipment on the ground to work out how the proposed legislation should be worded to ensure it is exactly right on this point.

Essex police works in partnership with the NHS in a county-wide street triage programme that helps to provide the best possible care to people with mental health issues. This trailblazing idea works brilliantly and I will come on to mention some of the statistics relating to it. Four street triage cars, staffed by trained officers and mental health professionals from the South Essex Partnership University NHS Foundation Trust and the North Essex Partnership NHS Foundation Trust, are available to Essex police. They operate seven days a week, from between 10 am and 2 am, and are based in Harlow, Colchester, Basildon and Rochford. Officers and mental health professionals attend incidents across

the county if an individual is thought to be suffering a mental health crisis and is in urgent need of support or an intervention. The person is assessed by the officers and the mental health professional, who then gets them the assistance they need if it is appropriate to do so.

The programme follows the success of a four-month pilot that ran three nights a week. During that time, 269 individuals were assessed, of whom 11 were required to be detained under the Mental Health Act 1983. Others were referred to the appropriate services and given guidance from the mental health professional who was present. This initiative has been funded by the police and crime commissioner. The scheme has proved instrumental in reducing, by nearly a quarter, the number of people across Essex detained unnecessarily by the police under section 136 of the Mental Health Act 1983. It has also ensured that those with acute vulnerability are given the care and support they need.

In summary, I very much welcome the Bill. It will ensure that staff working in mental health units are given the training that will enable them to give patients the best possible level of care; training that I believe, having met staff at The Lakes mental health unit, they want to receive. There are a couple of areas in the Bill that need tweaking—I would be very happy to work with the hon. Member for Croydon North in Committee—but nothing should stop it from being given a Second Reading. I will be supporting the Bill.

12.8 pm

**Helen Whately** (Faversham and Mid Kent) (Con): I congratulate the hon. Member for Croydon North (Mr Reed) on introducing the Bill. I welcome the opportunity to speak on this important subject and I am pleased that the Government are supporting the Bill.

The more we speak about mental health—privately, publicly and especially here in Parliament—the more we wear away the stigma that surrounds it. As chair of the all-party group on mental health, I often speak to service users, professionals and campaigners from organisations such as Rethink Mental Illness, Mind and the Royal College of Psychiatrists. They tell me there has never been a better time to be a mental health campaigner. We have the five year forward view for mental health, a truly comprehensive and widely supported strategy to improve mental health care; a Prime Minister who is committed to fighting the injustice of inadequate treatment; and a Government who are spending record amounts on improving mental health care.

**Luciana Berger** (Liverpool, Wavertree) (Lab/Co-op): The hon. Lady has highlighted the commitment made by the Government, but does she share my concern that commitments of money that have been made are not actually reaching the frontline and there is a wealth of evidence showing that many CCGs are diverting funds intended for mental health to other parts of our NHS?

**Helen Whately:** I have enormous respect for the hon. Lady; she is doing a huge amount of work campaigning on mental health. I have looked into the question she raises about finances getting to the frontline, and 85% of CCGs are spending at the level they should be on mental health, so the majority are meeting their obligation

[Helen Whately]

of increasing their mental health spend. I agree that a minority are not, and they are rightly being looked at and questions are being asked about what is going on there and why they are diverting money away from mental health, but the majority are doing so. The rate of spending on mental health is going up faster than the rate of extra money going to the CCGs—so the rate of spending on mental health is increasing faster than the increase in other parts of health. That is the right thing to do, as we must improve the status of mental health in our healthcare system and achieve parity of esteem, an ambition that I know the hon. Lady shares.

All of us have been moved by the awful story of Seni Lewis, who died after being restrained face down. As we have heard, that was not an isolated case. Those awful cases are happening despite the fact that there are strong guidelines even now on the use of restraint. The Mental Health Act code of practice states that restrictive practices should be used only when there is a possibility of real harm to the patient or other people. There is also National Institute for Health and Care Excellence guidance that states that staff should be trained to avoid or minimise restrictive practices on children and young people. Despite that, instances of restraint have been going up: 17% of girls and 13% of boys admitted to child and adolescent mental health services were restrained in 2014-15. The hon. Member for Croydon North is nodding as I say that. So the use of restraint is going up and is being used when there are better alternatives.

Restraint should be a last resort. It does enormous physical and psychological damage at times to the individual being restrained, and, as others have said, there are similar implications for those applying the restraint. So the Bill is badly needed and I welcome it, in order to put in place the right systems to train staff, create proper oversight of when restraint is used, and make the system more transparent and accountable.

**Luciana Berger:** Does the hon. Lady share my concern about not only the number of times people are being restrained, but the number of times particular individuals can be restrained? In the summer, we heard the example of girl X: Sir James Munby, the most senior family court judge in our country, wrote to the Government to raise the example of this girl, who was restrained 117 times because there was not an adequate place fit for her care. Does the hon. Lady agree that that is totally inadequate—in fact, horrifying?

**Helen Whately:** That is a shocking example, and I agree that both the general issue of the use of restraint and cases when particular individuals are having to be restrained multiple times need to be looked at.

I should provide some balance and say that I recognise that there are times when restraint is necessary. That has been made clear by the people providing mental health care whom I have talked to, but it is vital that the staff who restrain are properly trained, and the provisions of clause 5 of the Bill address that. By being properly trained, they will also be able to help protect patients from trauma and injury as a result of restraint, and it will also protect staff from possible litigation when things go wrong, which would of course be bad for staff who are trying to do a good job in providing mental

health care. As others have said, this is a very tough and challenging, as well as a very rewarding, sector to work in, and I, too, thank that workforce.

I have also been told that at present anyone, no matter what their background and experience is, can offer their services as a restraint trainer. It seems strange that a certain standard is not required of the trainers who train people in restraint methods. Some kind of accreditation is surely required to ensure that the training is of an appropriate standard. I find it astounding that that is not the case, and that definitely needs to be looked into.

We need to get restraint right and ensure that the use of restraint techniques follows medical evidence. I want to put on record that, while the Mental Health Act code of practice says that there should be no planned or intentional use of restraint due to the risk of restricted breathing, the Royal College of Psychiatrists has warned me that the current medical evidence does not support the use of one type of restraint over another. This is clearly an incredibly difficult area to talk about, but we need to ensure that when restraint is used, the least harmful and least dangerous methods are employed.

It is certainly true to say that the level of restraint overall is too high across the system. The level of variation that exists between mental health units indicates that there are times when restraint is not always necessary. The Care Quality Commission has published a report, “The state of care in mental health services 2014 to 2017” in which it picks up on that particular point. The report states that the CQC is

“concerned about the great variation across the country in how often staff physically restrain patients whose behaviour they find challenging. This wide variation is present even between wards that admit the same patient group.”

The fact that similar patients are being admitted but receiving different treatment in different parts of the country indicates that something is going wrong. Those who are carrying out more restraint should surely work out how they can emulate those who manage to carry out less. The CQC also noted that

“those wards where the level of restraint is low or where they have reduced it over time have staff trained in the specialised skills required to anticipate and de-escalate behaviours or situations that might lead to aggression or self-harm.”

That points to the fact that training is part of the key to reducing that worrying variation.

The Bill will introduce extra monitoring. There is often a resistance to extra monitoring because of concerns about box-ticking and form-filling, but the professionals are actually supporting it in this case. The Royal College of Psychiatrists is backing the Bill, and it recognises the need for the right regulations and for proper oversight to reduce the use of restraint in mental health units. In fact, it has gone further and signed a memorandum of understanding with the College of Policing and the Royal College of Nursing on the use of restraint in mental health and learning disability settings. So the agenda is already moving on, and the Bill is helping to focus minds on what can be done straightaway, before it even becomes law, to improve the use of restraint.

I reiterate that we need to look at the use of restraint in special schools. There was a case involving some autistic children in my constituency who were restrained in a really shocking way. No one has ever got to the bottom of what happened in that situation. I will work

with my hon. Friend the Member for Berwick-upon-Tweed (Mrs Trevelyan), who has suggested that we should work together to take action on these problems as well.

As those of us who are active in campaigning on mental health will know, a major reform of the Mental Health Act 1983 is coming our way. That is very welcome and much needed. The reform will, for example, tackle the rise in sectioning and bring mental health legislation up to date. It might also have looked into the question of restraint, but it is a large piece of work. It is therefore absolutely right that, in the meantime, this Bill will take action quickly to improve the use of restraint in these difficult circumstances. Once again, I congratulate the hon. Member for Croydon North on bringing in the Bill, and I look forward to supporting it.

12.19 pm

**James Cleverly (Braintree) (Con):** I am conscious that it can sometimes be a blight on a Member's political career to have someone from the other side of the Chamber lavish praise upon them, so I apologise in advance to the hon. Member for Croydon North (Mr Reed) because the opening comments of my speech could hang like a political albatross around his neck for some time. I hope he recognises, however, that even if that is the case—I suspect it will not be—the work he has done in bringing forward this private Member's Bill will more than offset any detriment.

I suspect that when the Bill makes its way through the House and is enacted, people will look back at this as a tipping point. That is exemplified by the first few names on the list of sponsors. It is of great credit to the hon. Gentleman, both as an individual and a parliamentarian, that he is able to get support from all the parties in England and from both sides of the House. The Bill is drafted in a way that makes gaining cross-party support as easy as possible and gives it the best chance of being enacted. At a time of ultra-partisan politics around the globe and when things are proposed specifically to create division and to play games, it is refreshing to see a Bill that is clearly designed to improve and, in many instances, save lives, so I thank him for that.

The Linden Centre in Chelmsford serves my constituency, and I regularly have meetings with its management and with the Essex Partnership University NHS Foundation Trust. It is clear that the management of that mental health centre are passionate about protecting service users and improving the mental health of the people under their responsibility. I also have a close working relationship with Essex Police, whose officers are also passionate about protecting people. Before I go on, I want to echo the words of my right hon. Friend the Member for Wells (James Heapey)—[*Interruption.*] He is not yet a right hon. Member.

**Philip Davies:** It is only a matter of time.

**James Cleverly:** It is inevitable. I echo the thanks that my hon. Friend the Member for Wells put on the record to the medical professionals, police and others who work so hard to try to protect people who have either acute or chronic mental health episodes. I would not want any of the conversation about deaths and restraint in mental health units and by police officers and others to be in any way seen as an implicit criticism of them. They do incredibly important work, often in the most difficult and challenging of circumstances.

**Bob Stewart:** My hon. Friend has close links with the police and with medical professionals. Do they use the same approach to restraining people? I would have thought that the police might be harder than nurses; do they use the same techniques and just apply different sections of the techniques?

**James Cleverly:** I only really have detailed experience of medical and policing practices from my time on the Metropolitan Police Authority in London and now, as the representative of Braintree, from the Essex Police and my local mental health trust, so I cannot talk about the universality of the situation. However, without a shadow of a doubt, the message that I am picking up is that there is huge variation across and within constabularies and trusts.

The group of clauses relating to accountability is one of the most significant parts of the Bill, and my hon. Friend the Member for Faversham and Mid Kent (Helen Whately) touched on this. I am one of those gruff and grumpy old Tories—[*Interruption.*] At this point, Members are supposed to join in a chorus of “You're not that old.”—[HON. MEMBERS: “You're not that old!”] I thank hon. Members, although no one cried, “You're not that grumpy.” Clause 7 is incredibly important. I am a gruff and grumpy old Tory, and my instinct is to take away as much red tape and administrative burden as possible but, as my hon. Friend the Member for Faversham and Mid Kent highlighted, this modest additional administrative burden is welcomed by the profession.

There is an old saying in management consultancy, “If you want to change something, measure it”—[*Interruption.*] I can see my hon. Friend the Member for Faversham and Mid Kent nodding. It is important to register the use of force whenever it is applied, because that will do two things. It will prompt a small pause for reflection if someone knows that they will have to justify the use of force, and it is inevitably a good thing if they recognise in that moment of pause that the use of force is not appropriate. Perhaps more importantly, if the decision is made that force is the appropriate action, clause 7 will mean that there is a record of all the times that force has been used, including the times when that force does not lead to injury or, in the most tragic cases, death. That will enable us to get an accurate understanding of how many times the use of force unfortunately leads to injury or fatality, which is important because it will remind us of the difficulty faced by many professionals.

**Mr Reed:** I am grateful for the hon. Gentleman's generous comments earlier. I should make it clear that it is not my intention that the Bill should impose any additional administrative burden. Institutions already collect data on the use of force, but they do not collect it in the same way, so it cannot be compared. The Bill will simply standardise what currently happens to allow greater scrutiny, rather than imposing a new burden.

**James Cleverly:** That is a fair and balanced intervention. In my next sentence—honestly, this is true—I was going to list some things that, if they are not already collected, really should be collected. It is not a bad thing if the Bill creates a standardisation so that we can see the differentials between forces and trusts.

[James Cleverly]

One of the most difficult and contentious points—this goes to the heart of my opening remarks about the impact the Bill could have on British society—is that, without a shadow of a doubt, we know that examples of huge community friction, of civil disorder and of further injury and loss of life have been caused when families, friends of families and wider communities feel that the use of force has led to an unnecessary death. I will be as cautious as I can with my words because of the sensitivities, but it is particularly acute in Britain's black communities.

There is huge disproportionality between the black community in Britain and the rest of the communities in Britain—and it cannot possibly just be chance—in the rate of death and injury in custody of people suffering mental health episodes. That has to be addressed. No single Bill can solve the situation, as it has been long in the making and will take a very long time to resolve, but this Bill could be a big step in the right direction.

If, as I suspect it will, the Bill reduces the incidence of serious injury or fatality among people suffering mental health episodes, that will in itself have a knock-on effect in reducing some of the community friction and disorder that we have seen in the past. Unfortunately, I suspect there will be further cases where a black man is detained and dies after contact with the police, but if it can be evidenced that in all instances force is applied modestly, minimally and only when absolutely necessary, that might help to defuse some of the tensions that have in the past led to further difficulties.

In conclusion, I thank the hon. Member for Croydon North, and the other hon. Members who have supported this Bill, for introducing to this place a Bill that makes it easy for those of us who want to see genuine improvement both in mental health and community cohesion to support it. I commend it to the House.

12.30 pm

**Mike Wood** (Dudley South) (Con): Like other hon. Members, I wish to start by congratulating the hon. Member for Croydon North (Mr Reed) on introducing such an important Bill. I know from my own experience two years ago of being drawn high up in the private Members' Bill ballot that it can feel a bit of a mixed blessing. There are a few days in the lead-up to publishing the Bill when they are probably among the most popular Members of Parliament; telephone lines and email inboxes are rarely idle. Of course once the simple step of presenting the Bill is done, the really hard work begins, not only in producing the Bill and the explanatory notes, but in starting to build the consensus that allows the Bill to have a reasonable chance of progressing into legislation. The hon. Gentleman has done that exceptionally well to this point, and I know he will be proceeding as he has begun.

I also wish to thank my constituents who have contacted me, some with their own experiences and others with their own views of the current use of force in mental health units. I also thank West Midlands police and the range of organisations with an interest in mental health policy which have briefed us all, shedding new light on both the scale and nature of the problems in the system.

In recent years, mental health has come to the fore in public policy, and much of that is due to the outstanding work done by a number of right hon. and hon. Members

who have a real passion for improving the way mental health is treated and ensuring that parity of esteem is not just a catchphrase but rather that it reflects the way mental health is treated, not only in the NHS, but across public policy and society more widely. In particular, I am thinking of the excellent work done by my hon. Friend the Member for Halesowen and Rowley Regis (James Morris), when he chaired the all-party group on mental health; by the Secretary of State for Health; and by my right hon. Friend the Member for North East Bedfordshire (Alistair Burt) and, of course, the right hon. Member for North Norfolk (Norman Lamb), when they were Ministers responsible for mental health.

We have seen the changes in the guidelines and the way sections 135 and 136 of the Mental Health Act 1983 are handled, and the new provisions that will be brought in through the Policing and Crime Act 2017, which gained Royal Assent earlier this year. The political consensus that there is a need to do more is being matched with real progress in both policy and legislation. All of us have welcomed the prominent place mental health reform has had, not just in the Conservative manifesto ahead of the general election, but in its being reflected in the Queen's Speech and in the Prime Minister's announcement that the Government would begin a comprehensive review of the Mental Health Act. Public servants who work in the police, the NHS and the justice system are often on the frontline of dealing with people with mental ill health, particularly those affected by acute episodes of mental ill health. My hon. Friend the Member for Berwick-upon-Tweed (Mrs Trevelyan) was, though, right to question why we always talk about mental health in terms of mental illness, because it is also important to talk about mental wellness and consider how we support, develop and improve people's positive mental health.

A lot of the changes in the public policy framework in recent years have been driven by innovation in public services. I think in particular of the excellent work done by Inspector Michael Brown, who blogs as Mental Health Cop. He previously worked for West Midlands police, and I think he now works for the chief constable of Dyfed-Powys police. It is largely because of his work that the need to address sections 135 and 136 came to the fore of the public policy agenda. In recent decades, section 136 has set the framework within which people suffering from mental ill health are treated in the police and criminal justice system. Although it is part of legislation that is nearly 35 years old, it is barely different from equivalent measures in the Mental Health Act 1959. That was 60 years ago, when there were still asylums in Britain and the whole approach to mental health was completely different. Thankfully, we no longer have asylums and we make huge efforts to treat people in the appropriate settings and in the community. We need to ensure that we adapt not only public policy but a legislative framework that was designed for a completely different society with a completely different outlook on and approach to mental healthcare. The Bill has an important part to play in changing the legislative framework.

In my area, West Midlands police have made substantial progress in how they deal with people suffering from mental illness. In July, the office of the West Midlands police and crime commissioner and the West Midlands combined authority provided an update on and summary of some of their innovations, particularly the model of



mental health triage that has been operating for the past few years. A successful model for mental health triage is being rolled out across the force, throughout the Black country, Birmingham and Solihull. The model relies on an ambulance vehicle, a mental health nurse and a paramedic being available between 10 o'clock in the morning and 2 o'clock the following morning, so that when there is a call-out and it is thought there might be mental health issues to consider, there can be an appropriate health response and health assessment, alongside and as part of the police response. Shortly before I was elected to Parliament, I had the privilege of joining a triage team on a call-out in Birmingham. I saw how it worked and the difference it made compared with the old model of police officers being deployed and, more often than not, somebody suffering from a serious episode of mental ill health ending up in a police cell or another custodial setting.

Let me give an example of how the system has worked. When the police and ambulance services received a report of a 19-year-old female self-harming in the street and threatening to kill herself, a check on the mental health systems was able to establish quickly that she had an extensive history with mental health services. The paramedic had wanted to take the female to an acute hospital immediately, but the deployment of the street triage team meant not only that her wounds could be dressed by the paramedic in the car at the scene, but that the mental health nurse could carry out a face-to-face assessment and make an urgent referral to the home treatment team. As a result, she got crisis access to services overnight and then home treatment the next day, which was a much more appropriate response for somebody going through a crisis. Ultimately, she was safeguarded with a friend for the evening, who took her home and stayed with her through the night, and the whole incident lasted 45 minutes, compared with the many hours it would have taken had she gone to A&E and then other more conventional settings.

The triage teams in the west midlands have treated about 9,000 people in the last year, and as a result—despite the worrying figures we have heard from around the country—the use of section 136 powers in the west midlands has been reduced by about a third over the last five years, from typically 1,200 to 1,300 a year to 852 last year. Remarkably, in the first half of the year, nobody at all in the west midlands was detained in police custody under section 136 of the Mental Health Act—the first time this has ever happened in the west midlands. Instead, more than 8,000 people have received alternative outcomes, including referrals to a GP or other partners, to ensure they get mental health care rather than have their case treated as a purely criminal justice matter.

Although significant progress has been made, and continues to be made, the Bill will help to make further progress, especially through the way it addresses the use of force and restraint against people suffering from mental ill health. Currently, the code of practice clearly states that restrictive practices should only be used where there is a real possibility of harm, either to the patient or to someone else, and should not be used either to punish or inflict pain or suffering, and should be used with minimum interference to autonomy, privacy and dignity. In the case of children and young people, it should not be used at all. Staff should always ensure

that restraint is used only after taking into account an individual's age, size, physical vulnerability and emotional and psychological maturity.

Although the guidelines exist, further openness around the use of force and restraint is not only welcome and progressive but absolutely necessary for the individuals involved and if our public service workers are to have confidence that their actions are reasonable and defensible. That is why clause 5, which requires that registered managers have a training programme for frontline staff, is particularly important. "Frontline staff" would include all registered managers who might reasonably expect to use force or authorise its use on patients. The proposal to guarantee that staff use the latest and safest procedures should be an opportunity to build on previous learning, not only on mental health care and proportionate use, but on wider issues of equality and necessity.

Clause 6 deals with the requirement on all mental health providers systematically to record information on their use of force. As has been said, if we can measure it, we can track progress and drive changes in behaviour. Including records on the gender, age and ethnicity of patients will help to improve our understanding and, more importantly, the understanding of public services about the use of restraint, particularly on the basis of gender and race.

Let me turn now to body-worn video. Clause 13 provides that on-duty police officers who are called to a mental health unit for any reason must wear body cameras that start recording from as soon as is reasonably practicable. The west midlands, which is within my own force area, is now rolling out body cameras to all its response officers. The kind of body cameras it is using can be automatically triggered by a siren or a blue light, or if airbags are deployed and firearms are drawn. We should consider how these body cameras can be automatically deployed and, without having to think about human error, can automatically stay on until they are manually turned off.

**Kevin Foster:** Does it make sense that, if a police officer is on duty in a response role, the presumption should be that the camera is on? We see that in other walks of life—for example, it is the case with ticket inspectors, so it should not be that difficult to apply this practice to on-duty, on-call police officers.

**Mike Wood:** My hon. Friend makes an excellent point, and he is absolutely right. We have seen body cameras used in other scenarios. They help to protect the police as well as those to whom they are responding.

**Philip Davies:** I agree with everything that my hon. Friend has said, but my understanding is that, in some areas—certainly with some police forces—the issue is that the battery life on some of these cameras is not all that it could be, which means that the cameras might not last long enough in all these circumstances. Does he agree that we need better technology for the battery life before we start insisting on these things being used in all circumstances?

**Mike Wood:** It is extremely important that we have adequate and appropriate technology. Of course the battery life of these cameras on the frontline is a key part of that. Police using the system being rolled out in

[Mike Wood]

the west midlands, which is partly funded through the Home Office, are confident that they can use the cameras from when they are automatically triggered through to when the footage can be uploaded back at the station. As has already been pointed out, research strongly suggests that the use of force is reduced by about half if body cameras are worn. Attacks on police officers are also reduced. In the west midlands, harm to police officers has been reduced by about three quarters since body cameras started being routinely used, and complaints against police officers have fallen by more than 90% when evidence from a body camera is used.

There has been great progress in the area of mental health, but there is still much more that needs to be done. We need a greater focus on mental wellness, prevention, early intervention and ensuring that primary care is in a position to support and treat our patients at an early stage. There will always be occasions when restraint is appropriate and even a small number of circumstances in which the use of force is necessary. That use of force must be properly regulated, registered, controlled and used as a last resort—when no other adequate course of action is available.

**Kelly Tolhurst:** There has been increased police use of body-worn cameras in Kent and it has been going quite well. Will my hon. Friend give me slightly more information about what has been happening in Dudley South?

**Mike Wood:** In the first year of general use, there has been a sharp fall in the number of assaults against police officers. There are also fewer complaints against police officers, and the time it takes to handle responses has fallen. It used to take many of hours of investigating and phone calls; now, in some cases, it takes barely minutes of reviewing clear body camera evidence.

The measures in the Bill are necessary and welcome, so I wholeheartedly support it today and look forward to supporting it in its passage through this place.

12.50 pm

**The Parliamentary Under-Secretary of State for Health (Jackie Doyle-Price):** I join Members across the House in congratulating the hon. Member for Croydon North (Mr Reed) on bringing the Bill before us today. I thank him for the constructive way in which he has engaged with me and my officials. I look forward to taking this Bill further—hopefully completing its journey—so that we can bring Seni’s law to the statute book.

The death of the hon. Gentleman’s constituent, Seni Lewis, was a tragedy. I know that the hon. Gentleman has been deeply touched by the incident—so touched that he has brought forward this Bill, with an impressive coalition of interests behind it. May I send my very best wishes, through the hon. Gentleman, to Seni’s family? It must be an incredibly difficult time for them and I extend my deepest sympathies to them.

As we have heard, the Bill seeks to reduce the inappropriate use of force or restraint against people with mental ill health, to allow greater scrutiny of the use of force in mental health units, and to ensure that police officers use body-worn video cameras in the course of their duties in relation to people in mental

health units. It also seeks to guarantee that the mental health system learns from and applies appropriate lessons in relation to the use of force. For too long, restrictive interventions have been accepted as the norm in health and mental health care settings, and we want to change that culture. That is why the Government support the principles set out in the Bill.

**Eddie Hughes:** It is important to note that there were 67,864 incidents against NHS staff in 2015, 67% of which took place in a mental health setting. We need to appreciate that there is a need for force, because staff working in these situations sometimes need to be protected.

**Jackie Doyle-Price:** My hon. Friend makes a valid point but I think that we are all agreed in this House—certainly in this debate—that we need to balance rights and liberties with the need to achieve safety. I can say, quite categorically, that this Bill goes a long way towards achieving that.

The Government support the principles set out in the Bill, but we accept—as I think the hon. Member for Croydon North would—that there is still some work to do on the detail regarding the right mechanisms and processes. We can explore those matters in Committee and we are fully behind the Bill’s Second Reading.

**Tom Pursglove (Corby) (Con):** Does the Minister agree that the thrust of the Bill is about accountability, and that the measures provide protection for the individual patient and for the professionals working around them?

**Jackie Doyle-Price:** I agree with that point very ably made by my hon. Friend. The Bill brings real accountability and transparency, which will protect everyone in the system.

I welcome the opportunity to debate the Bill, and to highlight some of the progress we have already made on some of the provisions that the Bill seeks to introduce and strengthen. First, we should examine the issue of restrictive restraint. It is not a great picture, to be frank. Information from NHS Digital shows that more than 6,000 people who spent time in hospital in 2013-14 were subject to at least one incident of restraint. Collectively, these people experienced more than 23,000 incidents of restraint, with 960 people having been restrained five or more times in a year. As colleagues across the House have said, that can cause real trauma and should be avoided at all costs. The group who experienced the highest proportion of restraint per 1,000 inpatients was the category labelled “mixed ethnic group”, with 101 incidents of restraint per 1,000 in-patients. We need to get to the bottom of why that is the case. There is a link between the use of restraint and particular points in the patient pathway. For example, in 2015, the survey of restraint commissioned by the Government found that 23.6% of restraint incidents occurred in the first week of admission. We have discussed gender, and I can confirm that 54.7% of people who were restrained were men, compared with 42.5% being women. That clearly does not reflect the gender balance of people in detention.

Members have referred to the fact that on Monday the House welcomed the publication of Dame Elish Angiolini’s independent review of deaths and serious incidents in police custody, and the Government response. The report is thorough and identifies room for improvement

at every stage in procedures and processes surrounding deaths in police custody. It makes 110 recommendations on the use of restraint, on training for officers and on making it easier for families facing an inquest into a death in police custody to access legal aid. The hon. Member for Croydon North is concerned about that issue.

The extent to which restraint techniques contribute to a death in custody and whether current training is fit for purpose is a crucial aspect of Dame Elish's report. Police training and practice emphasise that under certain circumstances any form of restraint can potentially lead to death, so the National Police Chiefs Council and the College of Policing continue to ensure that legal, medical and tactical advice are embedded in the national personal safety manual, especially in relation to the challenges of prone restraint and mental health issues.

Members have expressed views on the use of restraint, particularly prone restraint, with some of them suggesting that that type of restraint should be banned altogether. I was at Broadmoor yesterday, and I was told about a man who had experienced a head injury and needed stitches. Because of the challenges of his behaviour and mental health condition, prone restraint was used. I am not condoning the use of prone restraint in that situation or in any other, but I will say some words of caution. We need to understand restraint and define it clearly before introducing an outright ban. The guidance says that prone restraint should be used only as a last resort, and we must be careful not to put staff at risk by introducing a blanket ban without understanding more about the circumstances in which that type of restraint might be necessary.

In August this year, the CQC published its report, "The state of care in mental health services 2014-2017", which identified variations in the frequency with which staff used restrictive practices to manage people with challenging behaviour. It is looking at the issue more closely, and it has committed to reviewing how it assesses the use of restrictive interventions, including developing and regularly updating tools for inspection teams to ensure consistency of assessment and reporting. We believe that the variations are as much due to the principles behind the making of reports as differences in behaviour.

As part of its annual report, "Monitoring the Mental Health Act", the CQC is developing a publication to highlight areas of good practice in reducing the need for restrictive interventions. Colleagues at the CQC have indicated that they support the principles of better reporting, improved training and accountability, and greater transparency under the Bill, and it is vital that we engage with that as we take this forward.

Turning to the measures in the Bill, there is provision for front-line staff to receive training in equality and non-discrimination, as well as awareness of conduct prohibited under the Equality Act 2010; a trauma-informed approach to care; and, critically, techniques to avoid and reduce the use of force. Individual providers are expected to ensure that all their staff are appropriately trained in the use of force, and there are many training programmes available to health service providers. The Bill will help us to address the variation across the

system in the training received by staff. Healthcare providers are encouraged to focus training on de-escalation and on understanding the causes of challenging behaviour, and to reflect on incidents of restraint to see how they can be reduced or avoided for both the individual concerned and for all service users.

Treating and caring for people in a safe, compassionate environment both for patients and staff is a priority for this Government. We know that restrictive physical interventions are risky for all individuals involved and that they have a negative impact on patients' dignity and their trust in services. We have made progress since the publication of "Positive and proactive care: reducing the need for restrictive interventions" in April 2014. This guidance focuses on the use of preventive approaches and de-escalation for managing behaviour that services may find challenging. It also recommends that all restrictive interventions should be for the shortest time possible and use the least restrictive means to meet the immediate need. The guidance introduced an expectation that services develop restrictive intervention reduction plans. These plans, along with organisations' relative use of restraint in comparison with other organisations, form a key focus of the CQC inspections. We expect the CQC to use its regulatory powers to ensure that services minimise the use of force and other restrictive interventions, including face-down restraint.

Our colleagues in the police are training officers on how to respond to calls that relate to those with mental health conditions and people with learning difficulties. The revised national police guidance on authorised professional practice on mental health was published by the College of Policing in October last year. It aims to give officers the knowledge they need to resolve situations and ensure that the public get the most appropriate service. While the police are not, and are not expected to be, mental health professionals, they are often first on the scene at incidents involving those experiencing a mental health crisis. The aim is therefore to ensure that officers can respond appropriately.

On data collection, the Bill seeks to gain more detailed information in relation to incidents of force used in mental health settings. From January 2016, NHS Digital has collected information about the use of face-down restraint as part of the mental health services dataset. There is still a lot of work to be done on the quality of the data, as the hon. Member for Croydon North said, as they do not currently go into the amount of detail that the Bill would require. However, we are confident that we can make changes to improve the transparency of the information that we collect.

**Mr Alan Campbell** (Tynemouth) (Lab) *claimed to move the closure (Standing Order No. 36).*

*Question put forthwith, That the Question be now put.*

*Question agreed to.*

*Question put accordingly, That the Bill be now read a Second time.*

*Question agreed to.*

*Bill read a Second time; to stand committed to a Public Bill Committee (Standing Order No. 63).*

## Representation of the People (Young People's Enfranchisement and Education) Bill

*Second Reading*

1.2 pm

**Jim McMahon** (Oldham West and Royton) (Lab/Co-op): I beg to move, That the Bill be now read a Second time.

We have just had a very important debate on mental health. I congratulate my hon. Friend the Member for Croydon North (Mr Reed) on bringing forward his Bill on that important issue, and I reflect on the quality of the contributions made. It was, though, apparent that some Members were keen to talk at great length in support of that Bill, no doubt to reduce the amount of time that was available to discuss this Bill.

**Hon. Members:** Shame!

**Madam Deputy Speaker (Mrs Eleanor Laing):** Order. If any Member was speaking in this House in a way that was inappropriate or out of order, then the occupant of the Chair—who was not me at the time—would have stopped them from so doing. I am sure that when any Member is making a speech about something about which they feel passionately, they sometimes do go on for rather longer than they might, but if it is improper, they will be stopped.

**Jim McMahon:** I absolutely take the point about the passionate way that some Members made their speeches. I also reflect that some people found it easier to hide their obvious passion but still went on at great length, and I respect them in the same way.

There is a moment in time when the time comes for reform. If a democracy is to be relevant, it must take into account where it is, listen to the mood of the public and reform. This Parliament is nothing if it is not the voice of the people we represent. After many years of debate and campaigning, it is my strong belief that now is the time to extend the franchise. Now is the time to give 16 and 17-year-olds the right to vote.

**Mrs Sheryll Murray** (South East Cornwall) (Con): On a point of order, Madam Deputy Speaker. I feel as though I have been accused of taking up a lot of time by speaking in the last debate. I made two short interventions, and I have been in the Chamber for a number of hours; the hon. Gentleman has not been. Do you think he should apologise?

**Madam Deputy Speaker:** No. I appreciate the point that the hon. Lady is making, but I have already dealt with the matter that the hon. Gentleman has raised. It is up to each Member of this House to judge when they speak, how they speak, the amount of passion they use and the length of time for which they speak, except when I tell them not to.

**Jim McMahon:** I congratulate the hon. Lady on that point of order, which makes her a shoo-in for an amateur dramatic society. [*Interruption.*] Today is not about the egos of people in this place; it is about people outside this place.

**Several hon. Members** *rose*—

**Hon. Members:** Sit down!

**Madam Deputy Speaker:** Order. The hon. Gentleman is making an important speech on an important matter, and he must be heard.

**Jim McMahon:** Thank you for that helpful assertion, Madam Deputy Speaker.

In my maiden speech, I felt the importance of contributing in the Chamber, but this is the first time I have felt a great weight of responsibility on my shoulders. That is not because of the grandeur and the status of this place, but because the subject of my private Member's Bill—votes at 16—has been selected by Oldham youth council. I am pleased to say that members of the youth council are here in the Gallery today. I am very proud of the town where I live and that I now represent in Parliament, and the Oldham youth council make me extremely proud of the young people who are growing up in our town. If anyone believes that young people do not have political views, that they are not well-informed or that they have not educated themselves about the issues of the day, I urge that person to contact their local youth council and get their own education.

Our democracy and our franchise have always evolved. Two hundred years ago, working men and women marched to Peterloo, demanding the right to vote. Next year, we will reflect on 100 years of women's suffrage—100 years since women were first given the right to vote. Less than 50 years ago, 18, 19 and 20-year-olds were still denied the right to vote. Our franchise has always been in evolution, and we have always had to take into account the mood of the public. Importantly, the evolution of our franchise has always been about expanding democracy to make it as inclusive as possible, so that it is not an exclusive club in which power is held by the few.

There are different approaches to that. I would respect it if the Government said, "We have heard the debate, we have taken into account the points that have been made and we have seen the evidence base, but ultimately we have arrived at a different conclusion." I would respect that. I do not respect the Government working in the shadows, scared of having a parliamentary vote because they know they cannot win it. The Government are not in charge; they are weak and cannot even control their own Members.

I pay tribute to Government Members who have listened to the debate held by our young people who want a voice in our democracy. Shame on the Members who have not pushed for that in their own party. At a time when we have the weakest Prime Minister in generations and when the Cabinet is in shambles, Back Benchers could have stood up and moved this issue on with the Government of the day, but they think it is far better to stay in position and hope that at some point the greasy pole will be theirs to climb. I hope that it is and that they get their just reward for acting in the way they have.

In the Labour party, we are confident in our policies, and in our arguments. We believe that the best way to win an argument is to go and speak to people—to convince, inform and hear back—and, if need be, to change position.

**Several hon. Members** *rose*—

**Hon. Members:** Sit down!

**Madam Deputy Speaker (Mrs Eleanor Laing):** Order. The hon. Gentleman is not giving way. There is no need to shout. Mr McMahon may consider giving way, but he does not have to if he does not want to.

**Jim McMahon:** There are two ways of running a Government and a country. One is to narrow the franchise and squeeze it as much as possible. How could that be achieved? It could be done by excluding people from the electoral register; by forcing people to show an ID at a polling station when there is no obligation even to hold a photographic identity card in this country; by gerrymandering the boundaries; or by filling the second Chamber with mates and donors. There are plenty of ways of manipulating the system.

We believe that the best way to run a democracy is by extending the franchise and including people. This is not about gaming the system; this is about including people, hearing what people are saying, and importantly—taking into account what people told us during the Brexit debate—listening to their demand to take back control. The very fact that today has gone the way it has means that we may not even get to a vote. I think Government Members ought to be very concerned because 16 and 17-year-olds might be denied the right to vote today, but in two years' time they will be 18 and they will remember who blocked their democratic rights only two years earlier.

**Albert Owen (Ynys Môn) (Lab):** Will my hon. Friend give way?

**Jim McMahon:** I will give way to my hon. Friend. *[Interruption.]*

**Madam Deputy Speaker:** Order. This is not a football match. We are having a debate, and we will behave in an honourable and decent manner. Mr Owen is intervening.

**Albert Owen:** My hon. Friend is absolutely right to remind the House how out of touch the Conservative party is becoming. On the serious point of votes for 16-year-olds—I have voted for that in this House on several occasions—Scotland is moving progressively towards it and the Welsh Government are undertaking a consultation on 16 and 17-year-olds voting: it is time this House caught up. I fully support my hon. Friend. I am right behind him, as are the people of Wales.

**Jim McMahon:** My hon. Friend makes a very important point.

**Several hon. Members** *rose*—

**Jim McMahon:** For balance, let me take an intervention from the other side.

**Kelly Tolhurst (Rochester and Strood) (Con):** I thank the hon. Gentleman for giving way. I do not know if he is making a leadership speech, but I would like to ask him for clarification. He said he would not take interventions from Conservative Members because we had had our time. It was not our fault that nobody from the Labour Benches decided to speak in the previous debate. Will he clarify that point for me?

**Madam Deputy Speaker (Mrs Eleanor Laing):** Order. We are not debating the previous Bill, which has just been given its Second Reading. We are debating this Bill and that is what we will talk about.

**Jim McMahon:** Thank you, Madam Deputy Speaker. I think the hon. Lady will find that on the Labour Benches the matter of who is leader and who is not is settled. It is the Conservatives who should be considering which way they want to go with their leadership. I fully expect a delegation to knock on the door of No. 10 in the coming weeks, but let us leave that there.

We have heard how the mood in Scotland has changed. The way that 75% of 16 and 17-year-olds came out to vote in the 2014 Scottish referendum was inspiring.

**Naz Shah (Bradford West) (Lab):** Does my hon. Friend agree that in places such as Bradford, which by 2020 will be the youngest city in the country, this issue is imperative for our young constituents? I congratulate him on bringing the Bill forward.

**Jim McMahon:** I thank my hon. Friend for that comment, a view that is now shared by the Scottish Conservative leader, who says she is a fully paid-up member of the votes at 16 club because she has seen the benefits it can bring. We have heard that the young people of Wales may soon be given the right to vote at 16 and 17.

**Stephen Doughty (Cardiff South and Penarth) (Lab/Co-op):** My hon. Friend mentions Wales. There was a survey of 10,000 15 to 25-year-olds in Wales. Only 29% opposed votes at 16: a clear majority were in favour. Many of them are far more mature and capable of taking part in politics than others, considering some of the nonsense we have heard today.

**Jim McMahon:** I take on board my hon. Friend's point entirely. If we continue as we are, young people in Scotland and Wales will have a right to vote in elections that will be denied to young people in England and Northern Ireland. If we believe in a United Kingdom then we must have democratic equality, united by common rights and responsibilities, and with an equal voice in our democracy.

As much as the Bill seeks to extend the franchise, the lion's share of the Bill is about education in schools. We recognise that there is a disconnect between politicians, politics and the people we say we are here to serve. We see it in voter turnout, we see it in the public mood and we hear it in the Brexit debate. People want to take back control of their country, but do not quite know how to achieve that.

**James Cleverly (Braintree) (Con):** I thank the hon. Gentleman for giving way. He mentions the members of the Oldham youth council in the Public Gallery and he mentions education. Does he not think that it would have been a better education if he had adopted the tone of the hon. Member for Croydon North (Mr Reed), who sought genuine cross-party agreement to achieve progress for his Bill, rather than spending the opening 10 minutes of his speech in the most egregious partisan tirade I have ever heard? Might he reflect on the lesson he is giving to the young people in the Public Gallery?

**Jim McMahon:** Obviously I respect the hon. Gentleman's point of view, but I have to say that I was quite pleased with my performance up until then. [*Laughter.*] I am disappointed that that view is not shared by all Members across the House, but you can't win them all.

**Several hon. Members** *rose*—

**Jim McMahon:** I will make progress, because I know Members have put in to speak and it is only right that we hear them.

This is not a party political issue. The way the debate has gone has been partisan, but the Bill is supported across the parties: it is supported by the Liberal Democrats, Plaid Cymru, the Green party, the Scottish National party and some Conservative Members who believe the time has now come to extend the franchise. If we educate young people in schools and give them the vote at 16, I am absolutely convinced they will carry the voting habit into later life. That will increase turnout and participation, and place a greater value on our democracy.

I hope that there is a proper debate on this Bill. Despite my belief that its time has come, parliamentary time might not allow for that to happen today. But the mood in the country is changing. The mood across the United Kingdom is now very divided, with Scotland and Wales having different powers from England and Northern Ireland. For the future of our United Kingdom, and for the future of our democratic equality across our country, let us take the steps we need to give 16 and 17-year-olds the right to vote.

**Several hon. Members** *rose*—

**Wendy Morton** (Aldridge-Brownhills) (Con): On a point of order, Madam Deputy Speaker. I seek some advice. I tried on a number of occasions to intervene on the hon. Member for Oldham West and Royton (Jim McMahon) and he turned me down—

**Madam Deputy Speaker** (Mrs Eleanor Laing): Order. Whether an intervention is taken by the Member who has the Floor is entirely up to the Member who has the Floor, and is not a matter for the Chair. If the hon. Lady feels aggrieved, I can understand that, but it is not a matter for me.

**Wendy Morton:** Further to that point of order, Madam Deputy Speaker. If the Bill covers a constitutionally important matter, can you explain why no explanatory notes were produced?

**Madam Deputy Speaker:** The production of explanatory notes is a fairly new procedure in the House. That might come as a surprise to Members who have not been here for long, but not so long ago we simply had to sit down and read Bills until we could understand them—a practice that I am used to. Whether to produce notes is a matter of choice for the promoter of the Bill, whether the Government, a private Member or anyone else. If the Member in charge of this Bill has decided not to produce such notes, it is entirely up to him. He might think that the Bill is fairly straightforward, but that is also not a matter for me.

1.22 pm

**Mr Bernard Jenkin** (Harwich and North Essex) (Con): I congratulate the hon. Member for Oldham West and Royton (Jim McMahon) on scoring in the ballot. In recent years the question of whether the voting age should be lowered to 16 has attracted a deal of interest and comment, including in inquiries by the Howarth working party on electoral procedures in 1999, the Electoral Commission in 2003, the Power commission in 2006, the Youth Citizenship Commission in 2009 and most recently the Commons Political and Constitutional Reform Committee in 2015, to name but a few. The latter Committee has now merged with the Public Administration Committee to become the Public Administration and Constitutional Affairs Committee, which I chair, although I speak in this debate in a personal capacity.

The issues considered by those inquiries have been wide-ranging, and include comparisons of the voting age in other established democracies, the level of support for lowering the voting age among the electorate, the political maturity of 16 and 17-year-olds, turnout among younger voters, and the age at which people should become entitled to different rights and duties.

Any voting age is somewhat arbitrary. However, there are strong arguments in favour of retaining the status quo, and the arguments in favour of lowering the voting age are, at best, somewhat muddled and inconsistent. A line must be clearly drawn somewhere and the present age of 18 is widely accepted across society, and, indeed, across the vast majority of countries in the world; only a tiny fraction of countries have a lower voting age than the United Kingdom.

**Alison Thewliss** (Glasgow Central) (SNP): The hon. Gentleman might not realise that this debate has been pursued by the Scottish National party for some years, including in Winnie Ewing's maiden speech in November 1967. There has consistently been an argument for reducing the voting age. Does he not agree that it is now time to act on those demands rather than continuing to kick the issue into the long grass?

**Mr Jenkin:** Without wishing to introduce a partisan or discordant note, it is possible for another party to be consistently wrong for a very long period of time, and I believe that that is the case in the matter that the hon. Lady has raised.

The Electoral Commission's consultation paper on the voting age in the UK was published in 2003, and it examined the voting age in other countries. At that time, all EU member states had a minimum voting age of 18 in national elections. The voting age has subsequently been lowered to 16 in Austria.

**Christine Jardine** (Edinburgh West) (LD): The hon. Gentleman says that it is possible for one party to be consistently wrong, but does he accept that it is unlikely for four parties to be consistently wrong and that the two parts of the United Kingdom that have found the policy to be successful might be right?

**Mr Jenkin:** This is a new concept of democracy that I have never previously considered, in which we do not count the number of people who vote in elections but instead count the number of political parties. I am

afraid that that is not the way we decide issues in this country. We are elected by voters, not by political parties. It is interesting that the only country in the European Union to have lowered the voting age is Austria, which has just elected a rather unexpected head of state.

**Lloyd Russell-Moyle** (Brighton, Kemptown) (Lab/Co-op): Would the hon. Gentleman acknowledge that the latest research shows that most young people in Austria voted for the moderate parties, and that they were a moderating force rather than a radicalising one?

**Mr Jenkin:** What we must avoid getting drawn into—I apologise for this on my behalf as well—is choosing who should have the franchise on the basis of whether we like the way they vote—[*Interruption.*] That is not the basis on which we should choose who votes in general elections or in any other forum.

**Ms Karen Lee** (Lincoln) (Lab): Does the hon. Gentleman not agree that if 16 and 17-year-olds are old and wise enough to be out on the streets campaigning with people like me in the last general election, they are wise enough to vote?

**Mr Jenkin:** We take our children out campaigning with us, but that is not an argument for giving them the vote. Indeed, it is arguable that if we take 16 and 17-year-olds out campaigning with us, we have a duty of care to them because they are not yet adults. I will come to that point in a moment.

**Mrs Cheryl Gillan** (Chesham and Amersham) (Con): Will my hon. Friend give way?

**Mr Jenkin:** I really want to make some progress, but I will give way to my right hon. Friend.

**Mrs Gillan:** I thank my hon. Friend for giving way, and express my pleasure at the fact that he is at least putting an argument out there, which I think is essential. Does he agree that engaging young people in politics is extremely important and that the element of the Bill that is highly significant is the part that covers citizenship and constitutional education? Does he also agree, however, that lowering the voting age to 16 is not necessary in order to bring about what I and many others in this House see as the important engagement with young people about the business of politics?

**Mr Jenkin:** I wholly agree with my right hon. Friend, who is a colleague on my Committee. The Bill definitely conflates two issues, and I suspect that one is trying to be a carrier for the other.

The point is that the voting age is 18, and in some cases higher, in the vast majority of countries around the world, including the greatest democracies such as the USA and in countries similar to our own such as Canada. The UK's voting age is therefore in line with the norm, and that does not suggest any need for change.

**Wera Hobhouse** (Bath) (LD): Will the hon. Gentleman give way?

**Mr Jenkin:** I am going to make some progress now, I am afraid.

It is worth noting from many of the countries with a lower voting age, including Brazil, Cuba and North Korea, that the lower voting age does not guarantee a better democracy. Polling shows that this position is supported by the public, and I think that that is the really significant point. Polling carried out by YouGov in 2013 found that 60% of British adults were against reducing the voting age to 16. Only 20% supported the idea, while 16% neither supported nor opposed it and 4% did not know. That majority holds among young people, with 57% of 18 to 24-year-olds against reducing the voting age.

The findings of opinion polling conducted by ICM for the Electoral Commission's review of the voting age back in 2003 were even starker, so it may be that opinion has shifted a bit. When asked to choose between a minimum legal age of 16 or 18, 78% said that the minimum voting age should remain at 18, while only 22% said that it should be lowered to 16. Of those who said that the voting age should remain at 18, 33% cite insufficient life experience as being the primary reason, and 30% cited immaturity. Now, those are of course only opinions.

**Imran Hussain** (Bradford East) (Lab): Let us put to bed today the myth that 16 and 17-year-olds are uninterested in or uneducated about politics. It is not that young people are uninterested in politics; it is that politics has traditionally been uninterested in young people.

**Mr Jenkin:** I have a son who was interested in politics from about the age of six, but that did not entitle him to a vote. It is perfectly reasonable for 16 and 17-year-olds to be very interested in politics, but it would not necessarily be wise to give them the vote.

Evidence taken by the Political and Constitutional Reform Committee in the 2014-15 Parliament also reinforced the findings I mentioned earlier. The Committee reported that it received

“extremely mixed responses to the idea of extending the franchise to 16 and 17 year olds, with somewhat more respondents opposing the change than supporting it... A strong theme in the comments from those opposed... was that people under the age of 18 lacked the knowledge, maturity and life experience necessary to participate at elections.”

The question of maturity was rightly regarded as a fundamental issue by the Electoral Commission when determining an appropriate minimum voting age. The lack of a single definition of maturity, its multifaceted nature, difficulties identifying indicators that are capable of measurement, and the variation in levels of maturity among young people mean that this is a challenging issue to grapple with. However, a paper by Tak Wing Chan of the University of Oxford and Matthew Clayton of the University of Warwick published in 2006 sought to address that point. Chan and Clayton found that survey data consistently shows that young people are less interested in politics than older individuals. Young people also know less about politics than older people and their views are less consistent. Interest in politics, level of knowledge about politics and consistency of views are all observed to increase with age.

**Layla Moran** (Oxford West and Abingdon) (LD): I have been a teacher throughout the 10 years since that report was published. Does the hon. Gentleman not agree that politics has changed since then?

**Mr Jenkin:** I am not sure that it has, but it is for the hon. Lady to present the evidence that things have changed. Anecdotal evidence is not enough. The evidence we have clearly suggests that young people are less politically mature than older people. Therefore, the voting age should not be lowered to 16.

An argument often put forward in favour of lowering the voting age is that it would increase levels of voter turnout and the participation of young people in politics. Indeed, concerns about declining participation rates in UK elections were a key reason why the Electoral Commission launched its review of the voting age in the first place. The commission also believed that young people's disengagement with politics might be explained in part by their belief that politicians do not listen and engage with young people's concerns.

**Christine Jardine:** Will the hon. Gentleman give way?

**Mr Jenkin:** I have given way to the hon. Lady once already.

Encouraging and supporting young people to engage with politics is clearly of great importance, and I do not for a second seek to undermine any concerns. However, lowering the voting age to 16 will not boost voter turnout, because young people have always turned out to vote in elections in lower levels than older people. Extending the franchise to 16-year-olds will therefore serve only to lower the overall level of voter turnout.

**Sir Peter Bottomley (Worthing West) (Con):** I want to make two brief mathematical points to my hon. Friend. First, the turnout now for 16 and 17-year-olds is zero, but if they got the vote and their turnout was 60%, there would be an increase in turnout, not a reduction.

Secondly, we can be registered to vote at 18 and the average age of voting in a general election is 20, but if we could be registered to vote at 16, the average age of voting in a general election would be 18. Does he agree that that would be a sensible thing to do?

**Mr Jenkin:** I am reminded of Disraeli's dictum that there are statistics and statistics—I put it that way to avoid being unparliamentary. The point I am obviously making is that the overall turnout would be diluted by the lower turnout that would tend to be delivered by younger voters.

**Gareth Snell (Stoke-on-Trent Central) (Lab/Co-op):** The hon. Gentleman seems to be arguing that extending the franchise should be linked to turnout. He will be well aware that turnout in local government elections is sometimes between 25% and 30%. Under his argument we should scrap elections for local government entirely.

**Mr Jenkin:** I am not making that argument at all. I am simply defeating the argument, I think rather successfully, that lowering the voting age will increase voter turnout—it will not.

There are many ways of increasing young people's engagement with politics that do not involve lowering the voting age, which alone will not boost engagement. Of far more importance are the ongoing efforts under our reformed national curriculum to improve citizenship education, which aims to ensure that all pupils understand the UK's political system, understand how citizens participate in our democratic systems of government,

understand the role of the law and of the judicial system, and develop an interest and commitment to participating in volunteering and other forms of responsible activity—incidentally, participating in the activities of political parties is very much open to people below voting age—to ensure that they are equipped with the skills to think critically and to debate political questions.

Our fantastic Youth Parliament, which was founded by the former Conservative MP for Faversham and Mid Kent, Andrew Rowe, aims to give a voice to young people in the UK between the ages of 11 and 18, and such initiatives also have an important role to play in increasing the participation of young people in politics. According to the Youth Parliament's website, more than 1 million young people have voted in its elections over the past two years. This is a success story. The Youth Parliament gives young people in the UK an opportunity to be involved in the democratic process at a national level and empowers them to take positive action in their local communities to tackle issues of concern.

**Wera Hobhouse:** I feel myself strangely transported to a costume drama set about 100 years ago, when those who resisted women's votes came out with exactly those arguments about women's immaturity and lack of interest, and about how women would not know what they were talking about. Does the hon. Gentleman agree that those who resisted the enlargement of the franchise then were wrong and that those who persistently made the case for extending the franchise to women were right? This is a similar argument.

**Mr Jenkin:** I am afraid that I disagree with the hon. Lady. This is a completely different argument. Members of my family, and of everybody's family, were involved in pursuing the franchise for women, and we celebrate the fact that we have more women in Parliament today than ever before. She is having a go at possibly the one Conservative MP who thinks that we will have to take legislative action to get 50:50 equality of men and women in this House. I really believe that will happen one day, and I hope she also agrees that such action will be necessary.

**Wera Hobhouse:** Will the hon. Gentleman give way?

**Mr Jenkin:** I will not be drawn on that point.

The National Citizen Service, established under the coalition Government, is a more recent initiative that aims to promote social cohesion, social mobility and social engagement by running a three to four-week experience for 15 to 17-year-olds.

**Tracy Brabin (Batley and Spen) (Lab/Co-op):** Will the hon. Gentleman give way?

**Mr Jenkin:** Not at the moment.

Another argument put forward in favour of lowering the voting age is that young people aged 16 to 17 can drive, join the armed forces or marry but cannot vote. Those facts are, at best, only half truths. For example, people can drive from 17, not 16. Although young people can join the armed forces and marry at 16, they can do so only with their parents' consent, and in the armed forces they cannot be deployed to frontline combat.



There are a great many other things that young people cannot do before 18. For example, they cannot buy alcohol or cigarettes. Are the other side arguing that they should be allowed to do so? Young people are also not treated as adults by the law, for they are dealt with by youth courts if they commit a crime, they are given different sentences from adults and they are sent to special secure centres for young people, rather than to adult prisons.

**Alex Chalk** (Cheltenham) (Con): Voting sits alongside another great civic duty, jury service, and yet young people I speak to overwhelmingly reject the notion of 16-year-olds sitting in judgment over close friends or family. Does my hon. Friend agree that lowering the voting age would create a bizarre and unconscionable discrepancy in that regard?

**Mr Jenkin:** I do; I think it is a distortion. All these examples make it clear that society—

**Gareth Snell** *rose*—

**Mr Jenkin:** No, I am not giving way. They make it clear that society does not view 16-year-olds as full adults, and denying them the right to vote is therefore not some gross injustice akin to denying the rights of women to vote—such a suggestion is clearly absurd—but a consequence of their level of maturity and the role they play in society.

**Robert Jenrick** (Newark) (Con): The point my hon. Friend is making is that the point at which we reach maturity and come of age is a process. As a society, there are a range of things that we say people need to be 18 to do. Some of these things are quite trivial, such as watching an “18” movie at the cinema. Are we saying in this debate, “You should be able to choose your representative and the Government of the country, but you can’t go and watch ‘Fifty Shades of Grey’ or ‘The Terminator’ down your local cinema”?

**Mr Jenkin:** There is another argument, and I agree with my hon. Friend.

One of the arguments put forward by Votes at 16 is that there should be no taxation without representation. That is an important argument, upon which an entire continent was liberated from British tyranny. However, I must point out that the number of 16 and 17-year-olds paying income tax in the UK is extremely small, and most are students, so those who are working are usually earning only small sums in weekend or holiday jobs, and are not over the income tax threshold. The vast majority of 16 and 17-year-olds are financially dependent on their parents or guardians.

**James Cartledge** (South Suffolk) (Con): My hon. Friend will correct me if I am wrong, but a far higher proportion pay national insurance. I agree with him that the taxation issue is the most important point, which is why I support it and why I was so frustrated that the hon. Member for Oldham West and Royton (Jim McMahon) was so unwilling to take an intervention from a Conservative Member. You are asking someone to support the welfare of the country at that point and take much wider responsibilities once they contribute to the national insurance system.

**Mr Jenkin:** I am grateful to my hon. Friend for that point. I also point out that there is absolutely no reason why there should be a single age at which people become entitled to take up all their rights and duties, across the wide range of areas these cover. There is no inherent relationship between driving, voting and buying alcohol, and none are directly comparable. There is objectively no reason why someone should acquire the right to participate in all these different activities at the same age. Surely the important question is: what is the age at which people should acquire the right or duty concerned?

It would be a great mistake to lower the voting age to 16. Most 16 and 17-year-olds do not have the level of political knowledge or maturity required to vote.

**Tracy Brabin:** The hon. Gentleman was just praising the youth councils that were voting and had their own private vote—so at least they did not affect the adult vote! But in that vote, they voted almost unanimously for votes at 16—this was 1 million young people. It does feel as though the Conservatives are patronising young people. May I also say that during seven years of austerity, young people have had things taken away from them? This is a chance for us to give them something—to give them hope and to empower them.

**Mr Jenkin:** Interestingly, when young people become older—when they become 18 to 24-year-olds or 25 to 35-year-olds—they tend to change their mind on the question of whether young people should be allowed to vote. Older voters are overwhelmingly against giving younger people the vote. I think that puts that matter to bed, and I repeat the point I made earlier: whatever the particular political agenda may be of 16 and 17-year-olds, that does not necessarily entitle them to the privilege of the vote.

What is more, lowering the voting age to 16 would put the UK out of line with the position in almost all other established democracies in the world, in addition to it not being supported by the public. *[Interruption.]* The Opposition seem rattled by that argument.

The arguments put forward in favour of lowering the voting age are weak and confused. Contrary to what some have argued, there is no inherent relationship between the various voting-age-related rights. Voting age is not the key factor in the fostering of young people’s interest and engagement in politics, and efforts should instead revolve around things such as how we can improve citizenship education and expand the Youth Parliament. The evidence shows that when the current generation of 16 and 17-year-olds become adults themselves, a majority of them will support keeping the voting age as it is.

1.45 pm

**Cat Smith** (Lancaster and Fleetwood) (Lab): It is a pleasure to speak from the Front Bench in this debate and set out the Labour party position, particularly given the fact that so many young people are watching our democracy in action from the Public Gallery. I worry what message we might be sending to them through the behaviour of some Members in the Chamber.

The Bill is a historic opportunity to extend the franchise to 16 and 17-year-olds—to the 1.5 million young people who are affected by the decisions taken in this House but who are currently denied a vote in our democracy.

[Cat Smith]

The Opposition will be voting to extend the franchise because we believe that young people should have a say about their future. But the Bill is not just about that. It is also about education, because we believe that an educated electorate can make informed choices—and who could argue with that?

**James Cleverly:** Will the hon. Lady give way on that point?

**Cat Smith:** I have only just started.

If history has taught us anything, it is that our past is littered with bold actions, proud speeches and even lives lost to win and defend the right to vote. As we celebrate 100 years of women's suffrage, we have an opportunity to reflect on how far we have come as a country and to look to extend the franchise to 16 and 17-year-olds. The case has never been stronger. Within the United Kingdom, in Scotland, 16 and 17-year-olds can now vote in local elections, but a 16-year-old who votes in such an election this year would subsequently be denied a vote in a general election next year. That cannot be right.

**Caroline Lucas** (Brighton, Pavilion) (Green): The hon. Lady is making a powerful case. Does she agree that we have a vital opportunity to mend our democratic system, which is currently letting down the very people who will live longest with the consequences of the decisions that are being made in their name now, many of which absolutely undermine their futures?

**Cat Smith:** I do agree with the hon. Lady, who is part of a coalition of five Opposition parties that agree that the time has come for votes for 16 and 17-year-olds.

**James Cleverly:** Does the hon. Lady not see the inherent contradiction in the Bill? Part 1 says that 16 and 17-year-olds are ready to vote, but part 2 implies that because they are in full-time education and need to be taught about citizenship and the constitution, they are not actually ready to vote.

**Cat Smith:** I do not believe that there is any contradiction in our using an opportunity to educate the young people of the next generation about politics. In fact, were we to look for any contradiction, it might be found in the fact that Conservative Members are arguing against votes for 16 and 17-year-olds, yet allowing 16-year-olds to join the Conservative party and potentially vote in the next Tory leadership election, and thereby for the next Prime Minister, when they cannot vote for their local MP.

The experience in Scotland has shown how successful extending the franchise can be. In the Scottish referendum, we saw 75% of 16 and 17-year-olds turn out to vote. With the Welsh Labour Government looking to extend the franchise to young people there, we will soon be in the ridiculous position of having a 16-year-old who lives in Wales or Scotland being trusted to vote in their local elections but not a general election. It is vital that we have equal rights throughout the United Kingdom, not only for referendums but for the devolved Assemblies and local government. As we have heard from the

Oldham Youth Council, votes at 16 is a clear priority for young people. Now is the time for the House to support them.

1.48 pm

**Kit Malthouse** (North West Hampshire) (Con): It is a pleasure to follow soon after the evidence-packed speech by my hon. Friend the Member for Harwich and North Essex (Mr Jenkin). I had come here today to have a serious debate about a complex and difficult issue that we have to examine from time to time, but I was disappointed by the boorish approach of the Bill's promoter, the hon. Member for Oldham West and Royton (Jim McMahon), who sought to create division in the House rather than to be persuasive. Over the past few years, I could possibly have been persuaded on this issue, but I have certainly not been today. I therefore speak in opposition to the Bill, because it kicks off a process about which we should be concerned.

As far as I can see, the Bill confuses the complex issue of capacity—what young people should be able to do, what they are capable of doing and what we should allow them to do. This is a complicated and difficult area that a number of us in public policy have struggled with over the past two decades. The problem with the Bill is that it works against the broad thrust of public policy around young people over the past two decades.

For instance, it is generally accepted that gambling is bad for young people, in recognition of the two stages of brain development in young people: the first prior to six, when 95% of the brain is formed, and the second during adolescence, when enormous changes take place and when we have to take extreme care over how young people develop. The science is with us on this. This is a period when the operation of the brain, people's practice and habits, are formed. It is important that we look at that. It was decided some years ago that forbidding under-18s to gamble was desirable in order to inculcate and educate and to get their brains functioning in a way that meant they were less likely to do it in older age. The Bill would create the ridiculous situation whereby a young person could vote but not then place a wager on the outcome of the election in which they had just voted, which seems extraordinary.

There are all manner of areas where the same would be the case, which is of concern to those of us who have worked closely with charities in this area such as the Children's Society, which identifies 16 and 17-year-olds as a particularly vulnerable group who require protection.

**Mrs Sheryll Murray:** My hon. Friend has used a very good example. Does he agree that another might be the purchase and consumption of alcohol? We have also increased the age at which people can purchase cigarettes. Such important changes have been proved beneficial to people's health.

**Kit Malthouse:** My hon. Friend makes a strong point.

**Mike Amesbury** (Weaver Vale) (Lab): Is the hon. Gentleman seriously suggesting that voting at 16 or 17 is bad for people's health—besides voting for the Tory party?

**Kit Malthouse:** I think the hon. Gentleman knows that that is exactly what I am not saying; the main thrust of my concern is that the Bill kicks off an inevitable process that might expose 16 and 17-year-olds

to harm. I cannot see how we can give someone the vote at 16 and then deny them all the other capabilities and abilities of adulthood.

**Philip Davies** (Shipley) (Con): Did my hon. Friend, like me, see the reported comments by the hon. Member for Oldham West and Royton (Jim McMahon)— he could have told us if they were not true, but he appears to have disappeared from his own debate—in trying to explain away the comments of his then hon. Friend the Member for Sheffield, Hallam (Jared O’Mara)? He said that he was young and silly and too immature to know any better—when he was in his 20s. And this is the man who is now proposing a Bill to reduce the voting age to 16. Does my hon. Friend see some inconsistencies between those approaches?

**Kit Malthouse:** My hon. Friend rightly puts his finger on the broad point I am trying to make, which is that the Bill injects yet more inconsistency into an already confusing area of public policy—one where a number of Governments have struggled and where lacunae have opened up, exposing young people to harm and developmental experiences that might not be in their best interests. This is part of the problem. I would have more respect for the Bill and the hon. Member for Oldham West and Royton had he tried to bring some regularity, logic and evidence to this, rather than just assertion and emotion.

**Bob Stewart** (Beckenham) (Con): I have commanded an infantry battalion going on operations, and I have had soldiers plead with me to allow them to come. They were 17 years and three quarters, and I had to turn them down—because the law said that no one under 18 should go to war. I agree with that. I do not agree with 16-year-olds being able to send over-18s to war but not being able to go themselves.

**Kit Malthouse:** My hon. and gallant Friend makes a strong point. We must think carefully in this House about the consequences of what might seem like relatively small legislative changes. For instance, I cannot see how we can give the vote to a 16-year-old and deny them the ability to buy a knife, drink alcohol, buy cigarettes, buy fireworks, watch an “18” film, access pornography, leave school, get a tattoo, access credit, and get a mortgage, a property or a tenancy. They cannot do jury service, be a magistrate or a councillor. Critically and possibly most importantly, how can we give someone a vote in an election in which they are not themselves able to stand as a Member of Parliament?

**Mrs Anne-Marie Trevelyan** (Berwick-upon-Tweed) (Con): As my hon. Friend knows I am a passionate advocate of no taxation without representation. Does he agree that it is perhaps time to consider stopping the taxation of those under 18 whom we wish to stay in education or training, which is part of the policy that he talks about?

**Kit Malthouse:** I completely agree with my hon. Friend. As I have said repeatedly, this House needs to look at this issue in a much wider context and much more consistently. Members have jumped up and down in this place—I have heard them time and again—talking about greater protections for 16 and 17-year-olds. The problem with extending the franchise to them is how we maintain

the idea that they are still somehow a second-class citizen having made them a first-class citizen through allowing them to vote.

The latest protection we have seen is around the rise of e-cigarettes. This House decided in its wisdom that people under 18 could not buy e-cigarettes—they are not allowed to vape. More than that, adults are not allowed to use an e-cigarette or smoke in a car with somebody who is 16 or 17 because it is bad for their health. I just do not see how, logically, we can maintain that position. We can give someone the vote and they may vote for somebody who will campaign and enact legislation that will bring those harmful things to bear on them. That is the fundamental inconsistency.

A number of Members have talked about gradations of development. It is certainly true that different people develop at different times. We all know that the brain develops strongly during adolescence. It starts at the back and moves to the front. Those who are medically minded will know that the science proves that. Our system of capacity has evolved over the years to recognise that we have different capacity at different ages. This whole idea is illogical and makes no sense to me. I welcome the idea that we should decide on a line, but we should level everything up to it, and for me that age is 18. As my hon. Friend the Member for Harwich and North Essex said, 18 is generally accepted across the world and we should have the same.

**James Cartledge:** My hon. Friend is making a very good speech. His tone of reasonableness and balance is a big contrast to what we heard at the start of this debate. If we level everything, that would include the age of consent with all its implications. Is he also saying that we should remove national insurance payments from the under-18s, and that if we keep them those under-18s must have a say?

**Kit Malthouse:** No. Under-18s should not participate in the taxation system at all. Many are low paid and do not. There is only a very small number who pay tax. In broader social policy terms, because they are among the lower paid, they should not necessarily pay tax as other people do. The current system is very confusing. It indicates that at some stages they are adults, and at others they are not. That might be a reflection of reality: those who have lived with a teenager will know that from time to time they appear mature and then, for no possible explanation, they will be illogical, impulsive or emotional. That is part of the developmental process through they are going through.

**Caroline Lucas:** Is the hon. Gentleman actually listening to some of the arguments he is making? To be honest, his side of the argument is sounding increasingly desperate. It really reached a nadir when the hon. Member for Beckenham (Bob Stewart) said that we should not have 16-year-olds sending people to fight because they cannot fight themselves. On the same principle, presumably people over the age of 65 should not be able to vote either, because they are not going out to fight. Will the hon. Gentleman please be at least a little bit more reasonable?

**Kit Malthouse:** I am not desperate particularly; I am just trying to illustrate to the House that we need to take care with the process we are kicking off. If we allowed 16 and 17-year-olds to have the vote, it would

[Kit Malthouse]

become much harder to place restrictions on what they are able to do, what people can expose them to and what their capacity is.

**Michael Tomlinson** (Mid Dorset and North Poole) (Con): My hon. Friend is making a cool, calm and logical speech. It is a shame that Opposition Members are not affording him the courtesy of a fair hearing. Did he, like me, read the article by our hon. Friend the Member for Colchester (Will Quince), who spotted some inherent contradictions from the Opposition? The Labour party raised the age limit from 16 to 18 for all sorts of things—some sensible, some less sensible and some peculiar, such as the legislation on sunbeds.

**Kit Malthouse:** Absolutely right. It was a remarkably good article, which I recommend that everybody read. It points to this issue of policy confusion. There will be Labour Members shouting at me today about lowering the age of the franchise to 16 who actually voted to stop these very people lying on sunbeds. My hon. Friend is exactly right. The problem at the crux of this is that it is not as simple as extending the franchise. There is a much wider policy framework that we must consider. We cannot extend the franchise and still deny all the baubles of adulthood to people whom we have allowed the vote when they are 16 and 17.

2.1 pm

**Wes Streeting** (Ilford North) (Lab): I rise today as an honorary president of the British Youth Council, a former president of the National Union of Students and—just about—a millennial. I will be brief because people watching this debate should know that there is a desperate attempt to prevent people from moving to a vote on this motion. I want to nail the fallacy that young people aged 16 and 17 do not have the maturity to vote. We have already heard about the things that 16 and 17-year-olds can do, but we have heard voting compared with gambling, drugs and alcohol. Now, I know that it is customary for Government Members to gamble with the country's future when they put their Bills forward. In fact, people sometimes look at various Government policies and wonder whether people have been taking drugs when producing them.

**Kit Malthouse:** On a point of order, Madam Deputy Speaker. I just want your advice on whether it is in order for the hon. Gentleman to misrepresent what I said in my speech. He said that I was comparing granting the vote to 16 and 17-year-olds with gambling, which I absolutely was not. I was merely saying what I was saying, and I am sorry that the hon. Gentleman was obviously not listening to what I was saying. He is my colleague on the Treasury Committee and normally does listen to what I have to say, albeit with a grin, but—[*Interruption.*]

**Madam Deputy Speaker (Mrs Eleanor Laing):** Order. I have the gist of the hon. Gentleman's point, which is not a point of order; it is a point of debate. The hon. Member for Ilford North (Wes Streeting) is interpreting what the hon. Member for North West Hampshire (Kit Malthouse) said, and there is disagreement with the

hon. Gentlemen. That is what I would expect in a debate of this kind. The hon. Member for North West Hampshire might have an opportunity to put the record straight about what he said, but it will be in *Hansard* for everyone to read.

**Wes Streeting:** I was saying that, in general terms, people have compared the risks of voting at 16 and 17 to gambling, drugs and alcohol. The point I was making was that Ministers may well gamble with the country's future when passing votes. When people look at the quality of the judgments, they may wonder whether we were smoking something, and I know for certain that hon. and right hon. Members have occasionally been downstairs in the bar before casting their votes. But however dangerous voting Conservative may be from time to time, I hope that we would all agree that voting, in and of itself, is not a risk to public health in the way that any of those things that have been described are.

I want to quote a notable member of the Press Gallery, who this morning tweeted:

“Hope Parliament passes #votesat16 today. I was against it at 16, on grounds half the people I knew were idiots. But age doesn't change that.”

I think that that is a perfectly reasonable point. Finally, on the turnout fallacy, no one is reasonably suggesting that voting at 16 and 17 in and of itself increases turnout and participation in democracy, but it does improve turnout in one important way. It is not about whether 16 and 17-year-olds turn out and vote for us but whether we as Members of Parliament finally begin to turn out and vote for them, for their interests, for their education, for their rights to access housing, and to close the disgraceful gap in power, wealth and opportunity between the oldest in our society and the very youngest. That is what we are debating. This is a measure that is long overdue and I hope that today is the moment at which introducing votes at 16 finally has the opportunity to pass into law.

2.5 pm

**Victoria Atkins** (Louth and Horncastle) (Con): I am delighted that we are having a robust debate about democracy. May I tell the hon. Member for Oldham West and Royton (Jim McMahon) that he has caused me to change my speech? I was going to talk to the House about Roman democracy, the influence of the Napoleonic code and so on. Instead, I am disappointed that he spent 13 minutes speaking nonsense and on partisan speechifying, rather than dealing with the substance of the argument. It is a great shame that young people watching the debate in the Public Gallery and on television have not seen the House at its best, as it was in the previous debate—I do not believe that the hon. Gentleman took part—in which there was a great feeling of consensus on the need to improve mental health and on the treatment of mentally ill people in mental health units. Yesterday, there was a debate—again, I do not think that the hon. Gentleman took part—with a consensual tone on the issue of child refugees. Today, he chose to hijack the issue of the representation of young people with a partisan speech. That is not good politics.

I have the pleasure today of hosting two constituents who work in a university in my county teaching politics to young people. I am interested to hear their views on how the debate has gone.

**Philip Davies:** It was more than the partisan nature of the speech; I did not hear the hon. Gentleman who introduced the Bill make a substantive argument in favour of changing the law. Is that not what most disappointed my hon. Friend, as it did me?

**Victoria Atkins:** Absolutely. After 13 minutes of the speech by the hon. Member for Oldham West and Royton I gave up hope of hearing any substantive, persuasive argument to support his case.

I shall try to move on to what I hope will be a point of consensus. The hon. Gentleman is welcome to intervene if he wants to have an argument with me about that. He is shaking his head. We all need to encourage young people—I am talking about not just 16 and 17-year-olds but 18, 20 and 35-year-olds—to take an interest in politics. There are many ways in which we can do that. One of the best parts of our privileged role as MPs is to invite schoolchildren and young people into Parliament. When they see the Chamber and the magic of the building in which people have good, frank debates it brings politics alive in a way that I wish we could extend to the whole population.

It is important to visit schools. I made a promise in the 2015 campaign that I would visit every single school in my constituency—all 54 of them—by the time of the next election. Sadly, it was a promise that I could not keep because the election came a little sooner than I had hoped, but I have reiterated that promise. As elected representatives, we should reach out to people in our constituencies and discuss their problems, answer their questions and involve them in that way. A couple of weeks ago, I was delighted to welcome St Michael's Church of England Primary School from Coningsby. Seven, eight and nine-year olds on the school council came to Parliament. In a couple of weeks, children from North Somercotes are coming to visit. I am going to send them copies of *Hansard* so that they can see the important role that they play in this House, as far as I am concerned.

Eighteen is the age at which all the civic rights and responsibilities that we all enjoy fall upon our shoulders. At 16, yes, a person can get married, but only with the permission of their parents. Yes, they can join the armed forces, but only with the permission of their parents. They cannot even leave school—the law requires them to stay in education or training. At 16, they cannot buy a house, a knife, a cigarette, alcohol or fireworks, nor can they place a bet or use a sunbed, and adults cannot smoke in a car in which they are present. That is because we, as a legislative body, have said that people under the age of 18 need extra protections that they do not need over the age of 18.

**Christine Jardine:** I agree with the hon. Lady that we need to seek imaginative ways of involving young people in politics. Does she agree that the contributions we saw from 16 and 17-year-olds in the Scottish referendum were among the most informed, enthusiastic and incisive, and brought a whole new spirit to the debate and many more young people into politics? Is that not what we should be seeking to do?

**Victoria Atkins:** I am delighted that the hon. Lady has raised that point, because it is going to be my final point, and I will deal with it then.

At 18, with civic rights, such as the right to vote, comes civic responsibility. At 18, for the first time, a person can sit on a jury in judgment on their peers. An 18-year-old can be called up to the Old Bailey, just down the river, and sit in judgment on a teenage peer accused of murder. How on earth can we give 16-year-olds the extraordinary privilege of voting in our democracy—and it is a privilege; we could, frankly, be a bit tougher about requiring people to vote—and then say, “You have that right and yet you do not have the responsibility of sitting on a jury”?

**Robert Jenrick:** When the United Nations drew up the UN Convention on the Rights of the Child, which almost every country in the world—other than the United States, I think—has signed up to, there was a debate on the issue of child protection and when a child becomes an adult. Every country in the entire world other than the United States—with very different cultures, as one can imagine—came to the conclusion that 18 was the right age for declaring a child to have become an adult. That was in 1989. It has been debated many times since by the United Nations, which has always concluded—while it is difficult to judge—that 18 is the appropriate age to consider that a child turns into an adult.

**Victoria Atkins:** I completely agree. That goes to the point about protection. I am not saying for a moment that 16-year-olds are not capable of forming judgments, and I hope that no Labour Member tries to misrepresent me, because if they do, I will intervene on them. My hon. Friend is exactly right—it is about a gradation of protections moving away until the person reaches the age of 18.

**Gareth Snell:** I am inclined, in part, to agree with the hon. Lady's model of civic republicanism that allows for responsibilities and rights to be earned. However, at the age of 70 people are no longer allowed to serve on a jury, so is she suggesting that those over 70 be disenfranchised because they no longer have those responsibilities to go with their rights?

**Victoria Atkins:** I am sorry, but I did not hear the hon. Gentleman's point. If he was trying to say that—*[Interruption.]*

**Madam Deputy Speaker (Mrs Eleanor Laing):** Order. This is not acceptable. If the person who has the Floor cannot hear an intervention from someone on the other side of the House, then, de facto, there is something wrong in this Chamber and people must be quiet so that we can debate properly. Would the hon. Gentleman like to remake his intervention?

**Gareth Snell:** I think, Madam Deputy Speaker, that the hon. Lady already understands my point. As somebody aged 70 can no longer serve on a jury, I am suggesting that, according to her argument, she might want to consider reducing the franchise.

**Victoria Atkins:** I am sorry. The hon. Gentleman said “over 70,”; I thought that he said “over 17”. I do not agree with him. First, it would be a brave politician who wanted to take votes away from people aged over 70. Perhaps some of my colleagues will send out press releases about that after the debate. On the hon. Gentleman's

[Victoria Atkins]

point—this is also applicable to service in the armed forces, and so on—by the age of 70, an individual will have been available for civic duty for more than 50 years. [Interruption.] This point also applies to those who have been discharged from the Army. Someone who has had more than 50 years' worth of civic responsibility does not lose any rights. That is the difference between 16 and 17-year-olds and people who are aged over 70.

A point has been made about taxation. My hon. Friend the Member for South Suffolk (James Cartledge) made an interesting and fair point about national insurance; some 16-year-olds pay national insurance. At the risk of worrying the Chancellor in the run-up to the Budget, I can see merit in the suggestion that if people do not have the vote before 18, that element of taxation should be taken away from them. I appreciate that that is an uncosted proposal, and I am not suggesting for a moment that we adopt it, but I can see the merit in it. Indeed, 16 and 17-year-olds are exempted from paying council tax, so there is already a precedent, which could be extended further.

My final point—to answer the intervention by the hon. Member for Edinburgh West (Christine Jardine)—is that I do not see how we can say that someone can vote to elect their representative in this place and yet not have open to them the privilege of standing for Parliament. We would effectively be saying, “You cannot vote for yourself. You may have been born in your constituency and spent your entire life there, but you cannot stand for Parliament to represent that constituency.”

**Peter Kyle** (Hove) (Lab) *rose*—

**Victoria Atkins:** I like the hon. Gentleman, and I will let him intervene.

**Peter Kyle:** That is the first compliment of the day, and I appreciate it. People who have been bankrupt are not allowed to stand for this place. Does the hon. Lady think that they should have the vote stripped from them as well?

**Victoria Atkins:** Crikey! To turn the argument around, are we really comparing 16 and 17-year-olds to bankrupts? No. In the case of bankruptcy, certain civic responsibilities and rights—for example, the right to become a director of a company—are taken away from an individual because of their behaviour. I am not saying that 16 and 17-year-olds do not deserve the right to vote because of their behaviour. I am saying that having the right to vote would not be consistent with their civic responsibilities. That is my argument.

This is a wide-ranging debate—

**James Cartledge:** On this side.

**Victoria Atkins:** On this side—no, that is unfair. I hope that, if nothing else, young people watching the debate have seen the intricacies of the arguments between the two schools of thought. I hope very much that we will continue to debate the matter in the years ahead. I have a word of advice for the hon. Member for Oldham West and Royton. If he wants to persuade Members of the House of the strength of his arguments, he really must do it better next time.

2.18 pm

**Danielle Rowley** (Midlothian) (Lab): I am honoured to speak in this debate, because when I came here after I was elected in June, it was not my first time in this place. I was here in 2009 during the UK Youth Parliament debate, in which we argued for votes at 16. As a 27-year-old, I have not changed my mind on that issue.

I was recently at Lasswade High School in my constituency, and I asked young people there if they agreed with votes at 16, and why. They told me that the question was very important to them, because they are growing into society and this Government—if they last the year—will make decisions that affect those young people's job prospects, their safety net if something goes wrong, how their taxes are spent and how their society works, but they cannot elect the Government who will make those critical decisions about their lives.

I would love to refute some of the horrendous allegations that Conservative Members have made against young people, but there are so many that I simply do not have time.

**James Cleverly:** Will the hon. Lady give way?

**Danielle Rowley:** No, I will not give way. What I want to do is to bring to the House the message from my young constituents. It is not that young people are too unintelligent to vote or do not know enough about politics, as has been insinuated.

**James Cleverly:** Will the hon. Lady give way?

**Danielle Rowley:** No. [Interruption.]

**Madam Deputy Speaker (Mrs Eleanor Laing):** Order. On both sides of the House, there is too much noise. I want to hear the hon. Lady.

**Danielle Rowley:** On the accusation that young people are not ready, are not clever enough or do not have political knowledge, I ask Members whether everyone they know has such political knowledge.

**Kwasi Kwarteng** (Spelthorne) (Con): Will the hon. Lady give way?

**Danielle Rowley:** No.

On behalf of my constituents and of 16 and 17-year-olds watching across the country, I urge Members to vote for this important Bill.

2.20 pm

**James Cleverly** (Braintree) (Con): I made this point in an intervention, but I think it is well worth making again. This is an important issue. It rightly goes to the heart of what it means to live in a democracy. It goes to the heart of what it means to be an active member of a democracy. I would imagine that a debate on votes for 16 and 17-year-olds would, unsurprisingly, be keenly watched by people of that age and perhaps by those who are even younger who have an interest in politics.

**Joanna Cherry** (Edinburgh South West) (SNP): Does the hon. Gentleman agree that the 16 and 17-year-olds watching this debate in the Public Gallery or at home will feel thoroughly patronised by the end of this debate?

**James Cleverly:** Certainly not by me; perhaps by her. *[Interruption.]*

**Joanna Cherry** rose—

**Wes Streeting:** On a point of order, Madam Deputy Speaker. *[Interruption.]*

**Madam Deputy Speaker (Mrs Eleanor Laing):** Order. I call Mr Streeting on a point of order.

**Wes Streeting:** I apologise, Madam Deputy Speaker. I thought I saw something disorderly, but I was wrong.

**Madam Deputy Speaker:** I am very glad because if there was something disorderly, I ought to have seen it. Is Ms Cherry intervening?

**Joanna Cherry:** I invite the hon. Member for Braintree (James Cleverly) to withdraw that remark. I have said nothing patronising. My point is that the tone of the debate from others who have spoken is patronising. I invite him, as a gentleman, to withdraw the remark.

**James Cleverly:** As far as I can make out there is nothing to withdraw. The hon. and learned Lady put forward the idea that young people in the Public Gallery or watching at home might feel patronised by the debate. I simply made the point that I had no intention of patronising them, and I merely asked whether they might feel patronised by her. It was not an assertion.

**Joanna Cherry:** How?

**James Cleverly:** Because—*[Interruption.]*

**Madam Deputy Speaker:** Order. There is far too much noise in the Chamber. An hon. and learned Member is making sedentary interventions, and I cannot hear what she is saying. If she would like to intervene, she should stand up and make an intervention.

**Joanna Cherry:** I asked the hon. Gentleman how I had been patronising, but I think it would be much better to return to the issue at hand. Why should the young people of the United Kingdom aged 16 and 17 not get the vote as they have done in Scotland?

**James Cleverly:** I will address the implicit question in the hon. and learned Lady's intervention, which is about the differential between certain voting rights north of the border and voting rights in England, Wales and other parts of the United Kingdom. Scotland has for many centuries since the Act of Union had a number of differentials in law. The classic one, which we have debated in the Chamber, is about the age at which someone can get married. Gretna Green is famous as the place in Scotland where runaway brides and grooms went to get married without the need for parental consent. I certainly would never want to impose English will in the form of marriage laws on Scotland, and I would ask her not to do such a thing.

**Luke Graham (Ochil and South Perthshire) (Con):** Does my hon. Friend agree that, as we have seen from several interventions and speeches in the House, age and wisdom do not necessarily go hand in hand? For the referendum in Scotland, we extended the franchise to 16 and 17-year-olds. As a pragmatic Conservative, I

saw that as a valuable test, and does he not agree that they passed that test with flying colours? We should be a united kingdom and give rights right across our country.

**James Cleverly:** I have a huge amount of respect for my Caledonian colleagues and Opposition Members from north of the border. I have to say, however, that I just do not agree with my hon. Friend. I will come on to why I do not agree. It has already been mentioned that there are a number of differentials between—

**Wes Streeting:** On a point of order, Madam Deputy Speaker. I beg to move that the question now be put.

**Madam Deputy Speaker (Mrs Eleanor Laing):** I appreciate the hon. Gentleman's point of order and that he begs to put the motion before the House, but at this stage in the debate I will not allow a closure motion. We have been debating this really important constitutional matter for only one hour and 23 minutes and I would normally expect a longer debate for matters of this importance. The House is full of people who still wish to contribute to the debate and we have not as yet had a chance to hear from the Minister or Front-Bench spokesmen from the Opposition parties. I appreciate that the hon. Gentleman will be disappointed that I will not allow him to put the motion to the House at this stage, but I am sure he will understand that it is for the Chair to protect the position of every Back Bencher in the Chamber. *[Interruption.]* There really should not be this much noise when I am speaking from the Chair.

**Albert Owen:** On a point of order, Madam Deputy Speaker.

**Madam Deputy Speaker:** I have not finished this point of order.

It is my duty to protect the position of everybody who wishes to participate in a debate on a matter of some considerable importance. I am ruling that it requires more than one hour and 23 minutes for a debate.

**Albert Owen:** On a point of order, Madam Deputy Speaker. I am not challenging your ruling in any way, but can you give me guidance? Many of my constituents have contacted me to support the two Bills today and to hear the third Bill, promoted by the hon. Member for Wellingborough (Mr Bone), which is coming up. Can you tell me when that is likely to happen? Can we extend time in any way? I genuinely do not know.

**Madam Deputy Speaker:** I am surprised that the hon. Gentleman does not know, but for the sake of clarity let me explain. I do not know when the next Bill will come forward because it depends on how many Members wish to speak, but I do know that we have only two-and-a-half minutes left before this debate is finished. Whatever happens, I will stop the debate at precisely 2.30 pm. I am sure the hon. Gentleman is well aware of that, but I am happy to clarify the situation.

**Philip Davies:** On a point of order, Madam Deputy Speaker. Is it not bizarre that Labour Members were happy for the previous debate to last for about three-

[Philip Davies]

and-a-half hours before they thought the debate should be curtailed, and yet for this one they think it should be curtailed after only one hour and 23 minutes?

**Madam Deputy Speaker:** I thank the hon. Gentleman. He notes that I would normally expect at least three hours of debate on an important Second Reading.

**James Cleverly:** Thank you, Madam Deputy Speaker.

**Mr Peter Bone** (Wellingborough) (Con): On a point of order, Madam Deputy Speaker. I just want to thank the hon. Member for Ynys Môn (Albert Owen) for supporting my Bill. [Interruption.] That is not what I was going to say.

**Madam Deputy Speaker:** Well, you should have said it.

**Jim McMahon:** On a point of order, Madam Deputy Speaker. I respect the ruling of the Chair and I am not challenging it, but what advice can I give to people who are watching this debate and cannot understand why, when more than 150 MPs have come to support the Bill, we cannot move on to a vote?

**Madam Deputy Speaker:** The advice the hon. Gentleman can give is that the Bill will of course come back on another day. The fact that debate is curtailed because it is nearly 2.30 pm does not mean there will not be another opportunity.

**James Cleverly:** Conscious of time, my intention had been to wrap up my comments relatively quickly. However, looking up at the Annunciator I can see that the various interventions and points of order mean that I have hardly been able to make any progress at all. I know that it is never a good idea to try to apply pressure on the Chair, but I would hope that—as I now have very limited time to make my points in what is an important debate—when this Bill returns to the House on a sitting Friday, as it will, you, Madam Deputy Speaker, or Mr Speaker if he is in the Chair, will look favourably upon me and call me early so I can make my points.

2.30 pm

*The debate stood adjourned (Standing Order No. 11(2)).*

*Ordered,* That the debate be resumed on Friday 1 December.

## Business without Debate

### VOTER REGISTRATION (NO. 2) BILL

*Motion made,* That the Bill be now read a Second time.

**Hon. Members:** Object.

*Bill to be read a Second time on Friday 1 December.*

## Music: Contribution to the UK Economy

*Motion made, and Question proposed,* That this House do now adjourn.—(Rebecca Harris.)

2.31 pm

**Conor McGinn** (St Helens North) (Lab): I tweeted yesterday that I was leading a debate in the House on music, and was asked whether I would be doing so in song. I am afraid my singing abilities are restricted to one genre, the warbling and melancholic kind normally reserved for a certain hour of the night—the sort of songs that give rise to the joke about the Irish boomerang, which never comes back but sings about how much it wants to.

First, I want to thank key figures and organisations in the music industry who are true champions of this vibrant sector, and whose work has, in large part, led to this debate.

I am sure Members across the House will join me in thanking UK Music, which is working at the forefront of the industry to ensure its success now and in the future. I pay tribute in particular to UK Music chair Andy Heath, who has done a magnificent job in bringing all the component parts of the industry together since the foundation of UK Music nearly 10 years ago, and to former UK Music chief executives Feargal Sharkey and Jo Dipple, who have made an immense contribution to the profile of the music sector, and who continue to work in the industry ensuring it can speak with one voice to policymakers. I also could not forget, because he would not allow me to do so, the good work of the current UK Music chief executive, the former Member for Barnsley East, Michael Dugher, who is leading the organisation through a very interesting but unpredictable time for the sector—similar to the situation in his previous role before leaving to take up his post. We wish him well in his work.

I also want to offer thanks to all the individual members—the sum of the parts—of UK Music: the Association of Independent Music, the British Academy of Songwriters Composers and Authors, the BPI, the Featured Artists Coalition, the Music Managers Forum, the Music Publishers Association, the Music Producers Guild, the Musicians' Union, Phonographic Performance Limited, PRS for Music and the UK Live Music Group. We benefit greatly from their knowledge and expertise when contributing to debates such as this.

UK Music's "Measuring Music" and "Wish You Were Here" reports make a compelling case for the importance of our music sector. The reports show the UK music industry contributed £4.4 billion to the economy in 2016, up 6% on 2015. There are now more than 140,000 people employed across the industry, with year-on-year growth of 19% since 2015, and more people than ever before are attending festivals and gigs, with an incredible 31 million people attending live music events in 2016. These figures are testament to the remarkable success, and indeed the resilience, of the UK music sector in what are very uncertain economic times.

**Ellie Reeves** (Lewisham West and Penge) (Lab): Is my hon. Friend aware of form 696? It is a risk assessment form for live events in the capital that unfairly targets grime music and other urban acts. Will he join me in calling on the Met police to use the Mayor of London's review to scrap form 696 and to support a more



proportionate system of ensuring safety and security at live events which are so successful and contribute positively to the UK's economy?

**Conor McGinn:** I absolutely agree with my hon. Friend's point. I was going to mention that later, but she gives me the opportunity to say that I know that that matter has been raised with the Mayor of London, and it is certainly being raised across the industry. I had intended to mention it today because it is a hugely important issue, particularly for music in London.

**Mr Jim Cunningham** (Coventry South) (Lab): Anyone who appreciates music will also appreciate the fact that the Ricoh Arena in Coventry is a wonderful venue and that wonderful musical events are held there. Also, in passing, will my hon. Friend join me in paying tribute to the great Fats Domino, who passed away a few days ago?

**Conor McGinn:** I will indeed. Whatever vintage we are, we can all appreciate the genius of Fats Domino. I also think it is fair to say that the music at the Ricoh in Coventry is definitely better than the football there.

I want to highlight the global success of the industry, and its impressive achievements in driving tourism and generating export revenues. The UK music industry generated export revenues of £2.5 billion in 2016. That is a huge contribution to UK exports, and indeed to Exchequer revenues, and this will be increasingly important as the UK leaves the EU. At home, 823,000 overseas music tourists attended gigs and festivals here in 2016. That is an enormous credit to our myriad festivals and live music events, from the world-famous Glastonbury—where my right hon. Friend the Member for Islington North (Jeremy Corbyn) was the star turn—to the Westfield Street music festival in St Helens, where my hon. Friend the Member for St Helens South and Whiston (Ms Rimmer) and I were definitely not such star turns.

**Alison Thewliss** (Glasgow Central) (SNP): The hon. Gentleman mentions international music festivals. Would he like to pay tribute to the organisers of the Celtic Connections festival in Glasgow, which brings international acts to the city? Does he share my concern that visa restrictions following Brexit could put at risk such wonderful events?

**Conor McGinn:** I am happy to commend the organisers of that festival. I am hugely fond of Celtic and traditional Irish music and I have been involved in it all my life. I will come on to the hon. Lady's point about the potential consequences of Brexit a little later, if she will allow me.

There is cause for celebration, but we in this House must remain acutely aware of the many threats to the music industry's success. The entrepreneurial and creative nature of the music industry means that there are many small businesses, as well as individual freelancers, operating in the sector. That includes independent record companies, studios and music venues. Let us take music venues as an example. Across the UK, an estimated 35% of grassroots music venues have closed down over the past decade, including some in my own constituency. That is hundreds of small businesses that have folded, and thousands of missed opportunities for young artists and performers. Many venues have closed down as a result of developers moving into an area to build flats and houses nearby.

**Jo Stevens** (Cardiff Central) (Lab): In my constituency, we recently had a successful campaign to save Womanby Street, which is a street of live music venues. As a result of the threat of developers moving in and trying to get the council to issue noise abatement orders, we managed to get the Welsh Government to change national planning policy to allow for the agent of change. Would my hon. Friend like to see that development across the UK?

**Conor McGinn:** Yes, absolutely. My hon. Friend makes a very pertinent point, which leads me on to say that many venues have closed down as a result of developers moving in. When that happens, the venues, many of which have operated successfully and without issue for decades, become vulnerable to complaints from new residents, which can threaten licences or result in new conditions for the venue. The financial burden for venues to install expensive soundproofing, for example, can be prohibitive, especially when they are operating with small margins. The Government must urgently stop the rising tide of venue closures by enshrining such an agent of change principle into law here. I pay tribute to my hon. Friend and other Members from Cardiff, including my hon. Friend the Member for Cardiff West (Kevin Brennan), for their campaigning on the issue pertaining to their city. Enshrining an agent of change principle into the law would mean that developers who brought about a change that had an impact on existing businesses would have to take some responsibility for that. My right hon. Friend the Member for Warley (John Spellar) is driving that important change forward through a ten-minute rule Bill that he will present to the House.

The industry also faces enormous economic uncertainty as the UK leaves the EU; it is not immune to the threats and challenges. In a poll of musicians, composers, songwriters, lyricists, producers and artist managers this year, it was found that more than half feared that leaving the EU would have a negative impact on the music industry, and just 2% thought that Brexit would have a positive impact on their chances of work. The Government need to recognise that their lack of clarity on a transitional deal is affecting the music industry and is delaying investment opportunities and long-term planning. On top of that, an estimated one in 10 workers in the music sector holds a passport from another EU country—a greater proportion than the 7% of the total UK workforce who are from other EU nations. I want to pay tribute to the important work of the Musicians' Union in championing the rights of professional musicians and performers who tour across the EU, and I hope the Minister pays close attention to what it has to say and will commit to working with it.

**James Frith** (Bury North) (Lab): I congratulate my hon. Friend on securing this debate. As a former singer in a band, I rise to support his arguments. I am unsure whether the sales of the music that I wrote contributed a huge amount to the economy, but the beer sales certainly did. Some 1.86 million music tourists visited the north-west last year, generating £500 million for the local economy and sustaining 6,000 jobs. A key factor in that is our ability to grow new artists. As my hon. Friend has been saying, Brexit presents possible restrictions on freedom of movement, so would he support the industry calls for an EU-wide touring passport once the UK leaves to ensure that our musicians can continue to perform overseas and not just in the brilliant bars and venues, such as those that he and I frequent in Manchester?

**Conor McGinn:** Indeed. I pay tribute to my hon. Friend and his commitment to music and the music industry. He makes a relevant and pertinent point, and I hope that the Government look closely at that proposal.

The Government need to respond carefully to the structural and technological changes in the music industry. Music, and how we listen to it, is changing fast. An AudienceNet survey in June found that, on a typical day, radio accounted for just one 10th of 16 to 19-year-old listening time, whereas on-demand streaming made up 62%. That contrasts sharply with the over-65s who, according to the same survey, spend around two thirds of listening time tuning into the radio and just 4% on streaming services. Given the significant growth in online music consumption, the Government must take action to address the transfer of value that has developed in the digital economy in recent years.

Certain online platforms have grown at the expense of the music industry by exploiting safe harbours in the e-commerce directive. Not only does that mean that creators and those who invest in them are not adequately rewarded for the use of their content, it also creates an uneven playing field among digital platforms. To put that into perspective, estimated record company revenue per YouTube user, a service which benefits from safe harbours, is under \$1, but the figure is \$20 for Spotify. The value gap that has resulted from the legislative framework needs to be closed, so that the industry can fully benefit from the great potential presented by music streaming. As the UK leaves the EU, I urge the Government to pay close attention to the proposed directive on copyright in the digital single market, which contains many measures that would be of benefit to the music industry, such as transparency and addressing the transfer of value. As the changes take place, the Government must ensure that our artists, writers and creators receive due benefits under existing copyright rules, especially as the UK leaves the EU.

As a Member of Parliament representing a constituency in the north-west of England, it is incumbent on me to pay homage to the towering musical heritage of Manchester and Liverpool, whose bands and artists have so often played the soundtrack to our modern history. As an Irish MP, I have to say that, from McCartney and Lennon to the Gallagher brothers, it is also important to recognise the contribution of Ireland's sons and daughters and their sons and daughters to Britain's musical heritage.

I particularly highlight the contribution of musicians, artists and venues in my constituency and how they are driving a progressive vision for St Helens and the north-west. St Helens is recognised by the Arts Council as a UK leader in arts and culture. Despite huge cuts to its budget, the local council has committed to providing whole-class first access to instrumental programmes for key stage 2 children.

Across the country, too many children are excluded from music lessons because their families do not have enough money. The Government should consider bursaries, particularly for underfunded areas such as mine, and for music such as brass and silver bands—the excellent Haydock, Valley and Rainford bands are truly the lifeblood of communities in St Helens.

Figures from UK Music show that, in 2016, 25,500 people attended live events across St Helens, generating box office spend of £1.2 million, and many

thousands more attend live events, mini-festivals and bands playing in our pubs and clubs and even at our racecourse, Haydock Park, which hosts major concerts in an excellent initiative by the Jockey Club to marry music and racing. We are fortunate to have fantastic venues such as the Citadel and the hugely successful Westfield Street and Reminisce festivals, which are adding to those impressive figures.

I call on the Government to do all they can to support our thriving music industry. I hope the Minister will reassure the sector by committing to the introduction of an agent of change principle in UK law, by taking immediate steps to close the value gap and by addressing disparities in the transfer of value online. In Brexit negotiations, the Government should avoid damaging restrictions on musicians' and performers' freedom of movement, and they should consider advocating an EU touring passport to ensure that musicians and crews can continue to tour, a point well made by my hon. Friend the Member for Bury North (James Frith). We have a world-leading music industry in this country, but it is not immune to the economic threats we face. The Government must do all they can to support the sector and to ensure its continued success in the coming years.

Music written and performed in the UK has formed the soundtrack to my life and has enriched the lives of many others, too. I hope the Government will ensure that future generations can enjoy the same world-beating music sector that we have all had the fortune to enjoy.

2.46 pm

**The Parliamentary Under-Secretary of State for Digital, Culture, Media and Sport (Tracey Crouch):** I am delighted to respond to this debate, and I am grateful to the hon. Member for St Helens North (Conor McGinn) for securing it. The Minister for Digital, who has responsibility for the music industry, is disappointed that he cannot be here to respond in person. Given the hon. Gentleman's comments on the music scene in his constituency, I am sure the Minister for Digital will be delighted to visit.

The hon. Gentleman forgot to mention one of the greatest bands ever to come out of Manchester: the Stone Roses. I also hope the hon. Member for Cardiff West (Kevin Brennan) was listening to the intervention of the hon. Member for Bury North (James Frith). It is about time that MP4 became MP5.

I echo the thanks of the hon. Member for St Helens North to UK Music, its chair Andy Heath, its current and former CEOs, Michael Dugher, Jo Dipple and Feargal Sharkey, and all its member organisations for their sterling work over the past 10 years. The Government have consistently championed the British music industry and the incredible talent that makes the sector such a great success story for the UK.

As the hon. Gentleman said, UK Music's excellent "Measuring Music" report shows that in 2016 music contributed more than £4 billion to the UK economy, up 6% on the previous 12 months. The report also highlights that the number of jobs in music grew more quickly than across the rest of the jobs market to more than 140,000, and that exports were up 13% to £2.5 billion across the whole sector. As the House has already heard, UK Music's equally excellent report "Wish You Were Here"—incidentally, the title of one of the albums in my all-time top five—demonstrates that music tourism

is also enjoying a massive boom, with the total number of music tourists from the UK and abroad increasing by 20% in 2016 to 12.5 million, generating a £4 billion total spend.

The contribution of the music industry is not simply economic; it also plays a vital role in the UK's cultural landscape. Music is one of the things that make our country great, and it provides many people's first introduction to all things British. Our artists are providing billions of people with the daily soundtrack to their life, and of course the talent does not end with the singers and musicians. We cannot overlook the outstanding producers, sound and lighting engineers, songwriters, composers and arrangers, promoters, stage managers, roadies and many others who are all part of the UK's vibrant music ecosystem.

What we need to do as a Government is continue to create and support an environment in which our music industry is able to thrive. Over the past seven years, the Government have shown their commitment to the industry in a number of ways. Between 2012 and 2016, we have invested more than £460 million in a wide range of music and cultural education programmes. Further to this, we have committed to investing £75 million a year in music education hubs between 2016 and 2020. Orchestras and large musical groups are eligible to benefit from the orchestra tax relief, which was introduced in April 2016. The music export growth scheme is making almost £3 million of grant funding available to help support the launch of UK artists to international markets. That was developed in partnership with the British Phonographic Industry and will be funded by the Department for International Trade, between 2016 and 2020. BRIT award winners Catfish and the Bottlemen, MOBO-winning singer/saxophonist Yolanda Brown and Mercury prize winners Young Fathers are just some of the those to benefit.

The Live Music Act 2012 has made it much easier for promoters to organise live music events, and we made changes to the permitted development rights, making it easier for well-established music and cultural venues to operate. The rehearsal room scheme, originally set up by my Department and UK Music, and now overseen by the latter, created 14 music rehearsal spaces in areas of England experiencing multiple deprivation. Funding of £440,000 provided instruments and equipment, and contributed to the cost of necessary works, such as sound proofing.

The Government have taken a number of steps to bolster the enforcement of copyright including: increasing the maximum custodial sentence for criminal online copyright infringement offences; providing £3.6 million to the educational aspects of the Creative Content UK programme; and brokering a voluntary code of conduct between rights holders and search engines to reduce the number of infringing websites in search results.

Grassroots music venues, supported by their grassroots-equivalent recording studios and rehearsal rooms, are where so many of our world-class musicians take their first steps on the road to success. The Government believe that this vital and vibrant part of the music ecosystem must be allowed to prosper. We have already reformed entertainment licensing and made changes to planning requirements, making it easier for small venues to operate. We are currently exploring a range of issues with industry and government stakeholders, including:

working more closely across government to better support the sector; the "agent of change" principle; the impact of business rate rises on grassroots music; the availability of suitable space; and Form 696, which I will come on to deal with in a moment.

**Kevin Brennan** (Cardiff West) (Lab): The Minister mentioned the Live Music Act. As she knows, that started as a private Member's Bill. My hon. Friend the Member for St Helens North (Conor McGinn) mentioned the private Member's Bill of my right hon. Friend the Member for Warley (John Spellar). If the Government are considering any kind of change, will they consider taking up his Bill?

**Madam Deputy Speaker (Mrs Eleanor Laing):** Order. I did not jump up immediately to interrupt the hon. Gentleman, but it is not in order for the Opposition spokesman sitting at the Dispatch Box to intervene or take part in an Adjournment debate such as this. However, this is a good-natured debate and he is not causing trouble, so on this occasion I am not going to prevent the Minister from hearing what he said. But, for the record, it is not in order for him to take part in the debate.

**Tracey Crouch:** I would not wish to be out of order by responding, so I will ensure that my ministerial colleague reads the *Hansard* record of this debate and responds in writing to the hon. Gentleman.

**Jo Stevens:** Will the Government support the private Member's Bill of my right hon. Friend the Member for Warley (John Spellar)?

**Tracey Crouch:** I will ensure that the Minister with responsibility for the music industry will respond to the hon. Lady as well as to the Opposition spokesman.

The Government's response to the recent House of Lords inquiry into the Licensing Act 2003 will be published shortly. We will continue to work across government, and with industry and local authorities, to support small venues.

The hon. Member for St Helens North understandably raised the issue of Brexit, and I wish to reassure him that my Department has held a series of roundtable meetings to ensure that the needs and views of all the creative industries, including music, are heard and understood. The DCMS is continuing to work closely with stakeholders and other Departments on the possible impacts and opportunities presented by Brexit.

Our visa system helps to shape perceptions of the UK around the world. We strive constantly to improve our visa service to ensure that it is as simple, streamlined and efficient as possible so that we can welcome established and new artists to the UK. Visa rules for artists performing in the EU will not change for quite some time, but they are being considered with other activity, and we welcome the music industry's views on visas with respect to movement within Europe.

I am aware of the visa issues for artists travelling to the USA, and I am grateful for the constructive engagement of the industry with the UK and US Governments. I share the desire to reduce this burden on the British music industry, especially for emerging talent, and the DCMS continues to work with the sector, Foreign Office colleagues and US embassy counterparts.

[Tracey Crouch]

I am a vinyl loyalist, but everyone in the House will recognise that over the past 10 years the recorded music industry has gone through a major transformation, with digital downloads, online platforms and the more recent explosion of streaming services all shifting the way music is consumed. The DCMS is working closely with the Department for Business, Energy and Industrial Strategy and the Intellectual Property Office to ensure that the music industry's concerns are considered in the negotiation of the copyright package.

Like all businesses, online platforms must act in a socially responsible manner and co-operate with law enforcement authorities in a reasonable and timely way to remove illegal material. We have been working successfully with the industry to achieve this on a voluntary basis. We believe that internet companies need to take more responsibility for content on their platforms. We need to make sure that we get the right balance to ensure that we have a vibrant internet while protecting users from illegal and/or harmful content. We are currently working on proposals for a digital charter to set out a framework for how businesses, individuals and wider society should act online. The framework will address some of the issues faced by the music industry.

Many Members will know that my right hon. Friend the Minister for Digital has expressed concern about the use of form 696 and its potential negative impact on

London's grassroots music scene and its venues. Related to that is the worry that the form may be stifling young artists and reducing the diversity of London's world-renowned musical offering, and that it could also push the organisers and promoters of genre-specific music events to take them outside London. We are pleased that the Metropolitan Police Service is reviewing how it works with the music industry, and that as part of that review the London Night Czar recently dedicated a London Music Board session to form 696.

The UK music sector is a tremendous ambassador for the wealth of creativity that exists on these islands. Wherever we look, we see great British musical and creative talent. With household names known around the world—from Glastonbury and Glyndebourne, Elgar and Elbow, Pet Shop Boys and Paloma Faith, to Abbey Road and AIR Studios, Wembley and Womanby Street—the UK is a world leader in music. Those names are a big part of why the UK is currently ranked second in the world for soft power and why people from around the world want to come here. The Government are committed to continuing to support the UK music industry at home and abroad. We want our music industry to continue to be the envy of the world, promoting and showcasing the very best of our unique brand of creativity.

*Question put and agreed to.*

2.57 pm

*House adjourned.*





# Written Statements

Friday 3 November 2017

## CABINET OFFICE

### Infected Blood Inquiry

**The First Secretary of State and Minister for the Cabinet Office (Damian Green):** On 11 July 2017, the Prime Minister announced that a full, independent public inquiry would be held into the contaminated blood scandal of the 1970s and 1980s, and promised to work with the victims and families of those affected by this tragedy in order to decide what form the inquiry should take. Since then, we have been listening to views from the affected community and have received over 800 written responses to the consultation, which closed on 18 October.

I am keen for the inquiry to proceed as quickly as possible in order to provide those affected with the answers they deserve. Taking into account the views of those who responded to the consultation, I am announcing today that responsibility for setting up the independent inquiry will transfer from the Department of Health to the Cabinet Office with immediate effect. I am also announcing that this will be a full statutory public inquiry, created under the 2005 Inquiries Act.

The Cabinet Office has now taken receipt of all the response to the consultation, which it will analyse thoroughly. This work will be completed as quickly as possible, and a further announcement will follow before the end of the year on the setting up of the inquiry.

[HCWS222]

## ENVIRONMENT, FOOD AND RURAL AFFAIRS

### Multi-agency Flood Plan Review

**The Secretary of State for Environment, Food and Rural Affairs (Michael Gove):** Today I am announcing that DEFRA and the Environment Agency (EA) will be undertaking a review of multi-agency flood plans produced by local resilience forums (LRFs) in England. These plans are used by local responders (including the emergency services, local authorities, local NHS and others) to co-ordinate their response to flood incidents.

The multi-agency flood plan (MAFP) review is part of the Government's ongoing work to address flood risk. We are investing £2.5 billion to better protect the country from flooding. This includes over 1,500 flood defence schemes, which will better protect more than 300,000 properties by 2021. As we approach winter, we have improved our capability to deploy military assistance and invested in our ability to respond to flooding. For example, the Environment Agency now has 25 miles of temporary barriers and we have 1,200 military troops trained to assist in flood response.

LRFs are at the forefront of local emergency response to a wide range of incidents. The MAFP review will look at the effectiveness and consistency of current flood plans. It will also identify good practice and advise on how it can be spread, to help make sure we have the best plans in place across the country.

This DEFRA review will be led and overseen by an independent external reviewer. I am delighted that Major General Tim Cross CBE (retired) has agreed to take on this role. General Cross had a distinguished 35 year career in the British Army. He has since served as an adviser to the House of Commons Defence Committee, and he is currently president of the institute of civil protection and emergency management.

General Cross will be supported by a group of specialists in resilience and emergency planning, including from LRFs. Membership of this group will be confirmed in due course.

The review will examine around 30 strategic flood plans and over 600 tactical flood plans related to specific districts. General Cross and the external advisory group, supported by DEFRA and the Environment Agency, will undertake a qualitative review, visiting LRFs and identifying best practice. This will inform the revision of DEFRA guidance on how to produce good MAFPs.

The review is due to be completed by the end of May 2018.

The Government are also undertaking wider reviews into LRF preparedness. The MAFP review will be taken forward with due consideration to this wider work.

The terms of reference for the review will be published on the GOV.UK website today. The findings of the review will be published on GOV.UK in due course.

[HCWS221]

## HEALTH

### Medical Technologies and Treatment: Accelerated Access Review

**The Parliamentary Under-Secretary of State for Health (Jackie Doyle-Price):** Today, the Government and its partners (NHS England, National Institute for Health and Care Excellence, National Institute for Health Research, Medicines and Healthcare Products Regulatory Agency, NHS Improvement, Academic Health Science Networks) are publishing a joint commitment to deliver the vision of the independently chaired accelerated access review (AAR). We thank Sir Hugh Taylor and his team for their excellent work to develop the compelling arguments and recommendations in the AAR.

The Government's ambition is that NHS patients should be among the first in the world to get life-changing treatments. Achieving this goal is only possible by working in close partnership with our world-leading life sciences sector. Our response to the accelerated access review (AAR) sets out how we will work with industry and the health system to create a streamlined and sophisticated approvals system so that cost-effective breakthrough products—be they drugs, devices, digital or diagnostics—can get to NHS patients as fast as possible.

There are already many excellent examples of innovation taking place across the NHS, including world-leading advances in genetic technology, new treatments for conditions such as hepatitis C and ground-breaking methods to diagnose conditions. We are committed to building on this excellent work to ensure that the NHS is one of the most pro-innovation healthcare systems in the world, and that it is recognised as such by patients and industry.

It is essential that we balance our commitment to accelerating patient access to life-changing treatments with the financial sustainability of the NHS. To achieve this, it will be vital that our policies are affordable for the NHS and deliver value for money to the taxpayer. We shall leverage our world-leading research base and the NHS's status as the biggest single-payer healthcare system to make the UK even more competitive and attractive to industry as a place to design, develop and deploy innovative products.

Key elements of our response include:

A new accelerated access collaborative (AAC) chaired by Sir Andrew Witty, that will develop an accelerated access pathway (AAP) to bring breakthrough products to market and then to patients as quickly as possible—streamlining regulatory and market access decisions.

£86m Government funding to support innovators and the NHS in overcoming barriers to getting new, innovative technologies to patients quickly.

Improved NHS England commercial capacity and capability to deliver deals that achieve better value for the NHS and innovators.

The AAR response (17-11-03 AAR Response FINAL.pdf) can be viewed online at:

<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2017-11-03/HCWS223/>.

[HCWS223]



# Ministerial Correction

*Friday 3 November 2017*

## HEALTH

### Social Care

*The following is an extract from the Opposition day debate on Social Care on 25 October 2017.*

**Sir Desmond Swayne** (New Forest West) (Con): Am I right in thinking that under current statute law, a cap of £72,500 will apply from the financial year 2021-22, and that if that settlement is to be altered, it will require primary legislation in this Parliament?

**Jackie Doyle-Price:** My right hon. Friend is indeed correct.

*[Official Report, 25 October 2017, Vol. 630, c. 321.]*

*Letter of correction from Jackie Doyle-Price:*

An error has been identified in the response I gave to my right hon. Friend the Member for New Forest West (Sir Desmond Swayne).

The correct response should have been:

**Jackie Doyle-Price:** My right hon. Friend is **incorrect**.



# WRITTEN STATEMENTS

Friday 3 November 2017

	<i>Col. No.</i>		<i>Col. No.</i>
<b>CABINET OFFICE</b> .....	35WS	<b>HEALTH</b> .....	36WS
Infected Blood Inquiry.....	35WS	Medical Technologies and Treatment: Accelerated	
<b>ENVIRONMENT, FOOD AND RURAL AFFAIRS.</b> 35WS		Access Review.....	36WS
Multi-agency Flood Plan Review .....	35WS		

# MINISTERIAL CORRECTION

Friday 3 November 2017

	<i>Col. No.</i>
<b>HEALTH</b> .....	3MC
Social Care.....	3MC

No proofs can be supplied. Corrections that Members suggest for the Bound Volume should be clearly marked on a copy of the daily Hansard - not telephoned - and *must be received in the Editor's Room, House of Commons,*

**not later than  
Friday 10 November 2017**

STRICT ADHERENCE TO THIS ARRANGEMENT GREATLY FACILITATES THE  
PROMPT PUBLICATION OF BOUND VOLUMES

Members may obtain excerpts of their speeches from the Official Report (within one month from the date of publication), by applying to the Editor of the Official Report, House of Commons.

---

**CONTENTS**

**Friday 3 November 2017**

**Mental Health Units (Use of Force) Bill [Col. 1089]**

*Motion for Second Reading—(Mr Reed)—agreed to*

**Representation of the People (Young People's Enfranchisement and Education) Bill [Col. 1161]**

*Motion for Second Reading—(Jim McMahon)*

**Music: Contribution to the UK Economy [Col. 1162]**

*Debate on motion for Adjournment*

**Written Statements [Col. 35WS]**

**Ministerial Correction [Col. 3MC]**

**Written Answers to Questions [The written answers can now be found at <http://www.parliament.uk/writtenanswers>]**

---