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**HOUSE OF COMMONS
OFFICIAL REPORT**

**PARLIAMENTARY
DEBATES**

(HANSARD)

Friday 16 October 2020

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The House met at half-past Nine o'clock

PRAYERS

[MR SPEAKER *in the Chair*]

Point of Order

Dr Luke Evans (Bosworth) (Con): On a point of order, Mr Speaker. Thank you for giving me the opportunity to correct the record. Last week, I spoke in the Backbench Business debate on planning. It has been brought to my attention that I need to make a correction. I said that Hinckley and Bosworth Council does not have a local plan or five-year land supply. Hinckley and Bosworth Council does have a local plan, although in the past 12 months, it has at least once been ruled out of date due to the lack of a five-year housing land supply. When the council leader wrote to me on 14 July about planning, I raise the aforementioned in a responding letter on 30 July. I am still waiting for a response. After speaking in the debate on Thursday—

Mr Speaker: Order. I think this is a correction to what you said, not you putting on record what you want to put on the record. What I want is for you to sit down. Let me say that this is about correcting where you went wrong. We are not entering into a further debate to put on record what you want to put against the council. I think that you will save that for, perhaps, an Adjournment debate if you were to catch my eye.

Mike Wood (Dudley South) (Con): I beg to move, That the House sit in private.

Question put forthwith (Standing Order No. 163), and negatived.

Botulinum Toxin and Cosmetic Fillers (Children) Bill

Second Reading

9.35 am

Laura Trott (Sevenoaks) (Con): I beg to move, That the Bill be now read a Second time.

Let us be clear, no child needs cosmetic fillers or botox. However, this is not, unfortunately, how many of our young people feel. Social media exerts a huge pressure on young people to conform to aesthetic ideals, which are simply not attainable without cosmetic surgery or interventions, and this, combined with their increasing availability on the high street and in people's homes, means that we have an increasing normalisation of cosmetic interventions among the young. These procedures risk ruining young people's lives.

Alarming, this is an unregulated area, so the data that we have on prevalence is very thin, but a survey in 2018 showed that 100,000 under-16s had undergone cosmetic enhancements, the most common of which

were fillers. This is worrying not just for the mental health of our young people, but for their physical health, too. We do not expect something that we can easily and very legally get done in the comfort of our own home to be something that can blind us, but, shockingly, that is the case.

For those who are not familiar with fillers and with botox, let me explain: fillers are gel-like substances that can be injected into the lips or the face to add volume and plump the skin. Temporary fillers last eight to 16 months, and there are permanent fillers as well, which have an increased risk of complication. There are currently no restrictions on who can inject fillers into the face. Botulinum toxin, more commonly known as botox, is injected into the skin to smooth lines and wrinkles, and it is not hard to understand the attraction of that. It is a prescription-only medicine, but doctors can delegate responsibility for injecting the botox to anyone at all with no qualifications.

Botox and fillers can be incredibly dangerous. Complications can include, but are not limited to, blindness, breathing difficulties—if it is injected into the neck—infection and the filler moving away from the intended treatment area into other areas of the face. Many people, mainly women, have been left with rotting tissue, lip amputations and lumps. I remind the House that, if any of these complications occurs, the practitioner injecting the substance needs to have no medical training whatsoever, so neither will they be able to deal with the potential complications, nor are they required to have insurance, so they do not have to pay for the very expensive cosmetic surgery that may be required to fix the problem.

Dr Luke Evans (Bosworth) (Con): Does my hon. Friend therefore feel that, when people do run into these problems, the NHS will have to pick up the tab?

Laura Trott: My hon. Friend makes an excellent point. It is the NHS that has to pick up the bill for these problems, but it is not the NHS that will always pay for cosmetic surgery to fix them, so young people can be left with lifelong scars as a result of their surgeries, so he raises an excellent point.

The worst of it is that these risks are not theoretical or rare. I stress that this is an unregulated area, so instances of severe complications are not formally documented. However, thanks to brilliant campaigns by many Members of this House, the campaigning organisation, Save Face, and investigations carried out in the media, horrific stories have come to light. There were more than 1,600 complaints to Save Face last year, and it is estimated that 200 people have gone blind following these treatments, but it is the cases of the under-18s that have really stuck with me.

It is worth dwelling on a specific case study, which is representative of the countless stories I have heard. An under-18 female, who I will not name, booked a lip filler treatment after seeing a social media post promoting a discount. When she arrived at the clinic, she applied numbing cream herself to her lips. She was not asked her name. She was not asked details of her medical history. She was not even told what product was being used. She was not told of any possible side-effects. She was not consulted.

The treatment itself took less than 10 minutes. On completion, she was hurried out to pay the final balance. A few days later, she was experiencing significant pain

[*Laura Trott*]

and loss of sensation on the left side of her face. She contacted the person who treated her. She was ignored. Her symptoms became worse. She contacted her GP. She was told she should go and see another practitioner. When she eventually found a reputable local aesthetic healthcare professional, she reviewed her lips and concluded that the filler was compromising the blood flow to the tissue. She nearly lost her lips. This is an under-18 girl who nearly lost her lips through a procedure freely advertised and legally administered with no warnings or regulation whatever. Sadly, that example is not rare enough.

At the opening session of the all-party parliamentary group on beauty, aesthetics and wellbeing's inquiry into the sector, Rachel Knappier appeared. She suffered from a botched filler, injected by a practitioner without any medical training, which resulted in her needing critical care. She told the APPG that there is

"nowhere for these people to turn to"

when things go wrong. She continued:

"Cheap adverts on social platforms are encouraging young impressionable people to seek an instant change to their appearance...to seek what is portrayed as the image of perfection."

I could expound at length on the historical lack of oversight on women's health issues. From PIP breast implants to vaginal mesh, we have simply not seen enough focus on these important issues by Governments over decades. This is a private Member's Bill, however, and is necessarily limited in scope. I am pleased that the current Minister for Patient Safety, Mental Health and Suicide Prevention and her predecessor, my hon. Friend the Member for Thurrock (Jackie Doyle-Price), have started to change the trend.

James Cartlidge (South Suffolk) (Con): My hon. Friend is making a brilliant speech. She is talking about the scope of the Bill, but will she clarify something? It is not clear to me whether it covers England, or England and Wales or the whole of mainland Great Britain.

Laura Trott: I thank my hon. Friend for his intervention. The scope of the Bill is England. It focuses specifically on the lack of protections for under-18s. The absence of a legal age limit for botox and for dermal fillers means that any 15-year-old could walk into a shop and get their lips injected by someone with no qualifications whatever. Despite the proven health risks and implications for psychological wellbeing, young people can legally access invasive cosmetic procedures on the commercial market or in their homes without any requirement for a medical or psychological assessment. Unregulated practitioners are not required to hold insurance and may not have the medical knowledge to manage complications. That cannot be allowed to continue.

The case for change is absolute. It is unacceptable that we allow children to be exposed to life-changing risky procedures with little to no regulation. My Bill would criminalise the administering in England of botox injections and cosmetic fillers to people under the age of 18. There are cases where medical conditions may require such treatment, such as migraines. These treatments could continue if carried out in accordance with the directions of a doctor. However, we must take action to bring fillers and botox procedures in line with other body modifications that carry similar health risks, such

as tattoos. The Bill would impose a duty on businesses to ensure that they do not arrange or perform these procedures on under-18s unless approved by a doctor. We can no longer allow the unscrupulous actions of some people to impact on our children's lives, and those administering the procedures must be held accountable. The most frequent reaction I have received in response to my Bill is, "Surely, that is illegal already." I join in that disbelief, and this House must now put it right.

Mr Speaker: Sir Christopher Chope is missing, so I call James Cartlidge.

9.44 am

James Cartlidge (South Suffolk) (Con): I am slightly surprised to be called so early when my hon. Friend the Member for Christchurch (Sir Christopher Chope) was ahead of me on the call list.

Mr Speaker: He may have been ahead, but if he is not here, you are certainly the winner!

James Cartlidge: The Bill is about fillers, and we could have had a filibuster—you never know.

I congratulate my hon. Friend the Member for Sevenoaks (Laura Trott) on her brilliant speech. This Bill is clearly well justified. She set out the scope of it and the key powers in it, and she has done herself immense credit.

I need to declare an interest. For many years, I have benefited from an artificial enhancement to my appearance. It may not be obvious to most people in the room, and before the speculation starts, it is not botox. It is made of something called hydrogels. I am, of course, referring to my contact lenses.

The point is a serious one. It is a good feature of the Bill that it will still be legal for children to have botox treatments where it is necessary for medical surgery. We talk about "enhanced appearance". In my case, if I did not wear my lenses, whatever it did to my appearance, it would certainly affect everyone else's, because my prescription is minus 7.5 in the left eye and minus 9 in the right eye, and I have a strong astigmatism. Without my lenses or glasses, I would not be able to see anything. I had glasses in secondary school that were so thick, it was like someone had attached two pint glasses to my head. When I got contact lenses, it helped with sport and many other things, and it gave a huge boost to my self-confidence and self-esteem. I will not comment on whatever it did to my appearance, because that is not the point. I understand and empathise with those who want to invest in procedures or enhancements that give them greater self-confidence about their appearance. It is an entirely reasonable thing to do, and millions of people do it up and down the country. I am not necessarily aware of the cases involving children, but many people use botox perfectly reasonably and are very happy with the results. It is a booming industry, and I suspect most procedures are successful.

As much as I welcome the Bill and believe that my hon. Friend the Member for Sevenoaks made a good case, we on the Government Benches in particular—there are not many on the Opposition Benches—should, by default, take the devil's advocate position with respect to any regulation that will restrict what people can do, no matter how worthy. I feel I have to do that, given that

my hon. Friend the Member for Christchurch, who was supposed to speak before me, probably would have examined that position in some detail.

These are heavily regulated times. I have a table booked in a restaurant in my constituency on Sunday for the six members of my family. Because Essex has gone into tier 2, I got a phone call to ask whether any of us are from Essex. At a time when we are regulating every aspect of daily life—which, of course, is for reasons beyond our control, because of covid—we must be extra careful in examining the case for all new regulations, even if it is morally very strong.

Anthony Mangnall (Totnes) (Con): I thank my hon. Friend for the point he is making, because I agree that too much regulation could be a problem. This ties in with the ten-minute rule Bill presented a few weeks ago by my hon. Friend the Member for Bosworth (Dr Evans) about the impact of social media on people's image. Does he agree that we must educate people about their image, how it is perceived and what social media companies are doing around that, so that we do not necessarily have to implement regulation all the time?

James Cartlidge: My hon. Friend makes an extremely good point, and that is, in many ways, what I am driving at. There is always a balance between whether we regulate and restrict or trust people's judgment. There will even be people aged 16 or 17 who consider surgical enhancement procedures and are very rational and do not suffer from any form of mental health issues or self-confidence issues, for whom this sort of procedure would result in a satisfactory outcome. We have to remember that. The question in regulating is the traditional one of whether the benefit in protection of the vulnerable minority—we assume it is a minority; statistics are hard to come by—is worth while, given the impact it may have on a greater number who may not need that regulation but will now have a freedom stifled. That is the old chestnut.

I have heard what my hon. Friend the Member for Sevenoaks said—I thought it was a very good speech—and I have read all the notes and a lot of the research on the internet, and I am of the view that, definitively, this is a very necessary and justified Bill. It is necessary for the state to intervene and restrict the availability of these services, products and interventions for young people, because what outweighs the downside of regulating is the fact that we are protecting vulnerable people from an outcome that—in some cases, if not many cases—can be terrible or disfiguring, and they can go on to regret it for years to come, potentially at great expense. On that basis, it is certainly justified.

It is particularly justified in the context of children's mental health, which I feel very strongly about. I have the Adjournment debate today on a very tragic suicide in my constituency. It reminds me that one of the very first traumatic constituency cases I had to deal with related to a young lady's self-awareness issues—basically, an eating disorder—and although it was not fatal, there was an attempted suicide. It was a terrible case, and it really opened my eyes as a new MP to the issue of eating disorders.

Since then, I have had the pleasure to engage with the charity Beat. Its local spokesperson in my constituency is Laura Shah, an absolutely wonderful lady, who has explained the issues to me. In fact, given that my hon. Friend the Minister will be speaking later, I should put

on record—he may not want to say this because of his naturally humble outlook—that he was once the parliamentary champion for the Beat charity, and he got its parliamentarian of the year award. I say that because I know he would not volunteer it himself. That is a noble achievement because it is a very good charity, and it underlines the fact that there are wider issues.

The other point—my hon. Friend the Member for Totnes (Anthony Mangnall) intervened on me about this—is about social media. I am profoundly worried about social media, its impact on young people and our inability to regulate it. It is not a failing; it is very difficult to regulate the sharing of media and the enhancement of media. Of course, we can imagine young people going to a practitioner to receive such surgery based on an image they have seen where the person has not actually had it, but has simply been artificially enhanced digitally.

Duncan Baker (North Norfolk) (Con): My hon. Friend is talking about social media. I am a father to two young, good-looking, blonde-haired, blue-eyed girls—their looks come entirely from their mother. During lockdown, as I think every parent here would agree, our children probably watched far too much social media and YouTube content. My children watch hairdressing videos from America—something my hon. Friend would appreciate given his fine locks during lockdown. The serious point is that the content they are fed about what they should look like and what their body image should be should worry all parents. I warmly welcome the Bill brought forward by my hon. Friend the Member for Sevenoaks (Laura Trott), because it is so important that young people get to understand that they should have confidence whatever they look like. I warmly welcome what has been put forward today.

James Cartlidge: My hon. Friend is absolutely right. On my hairdressing expertise, all I will say is that I really am from Barnet. In fact, I used to live in New Barnet, and for some reason the hairdressers' I used to go to in New Barnet was not called New Barnet Hairdressers. I never quite understood that one. He makes a very good extremely point. By the way, I think he is looking extremely dashing today, and he should not put himself down. I am sure his input into the beauty of his children was fair and proportionate—[*Interruption*—yes, for Norfolk genes! [HON. MEMBERS: "Move on!"]] I will sit down now—but I am just going to say that there is a serious point here about social media and how on earth we regulate it, but here is the key: what we are talking about today is something that occurs in the physical world. These treatments are out there and are tangible, and we can and should regulate them for children.

I will finish with one important point. I asked my hon. Friend the Member for Sevenoaks about the issue of territorial application. This Bill covers England, as far as I am aware, although it does refer in the detailed clauses to the other parts of the United Kingdom. That obviously raises a question about people who, if it is illegal in England, might cross the border into Wales or Scotland, especially if they live nearby, and still receive these treatments. It would be interesting to hear from the Minister what expectation he has of these regulations being matched in the devolved Assemblies, because that could be an issue. Whether it would happen illegally anyway, even if we banned it, is another question, but if

[James Cartlidge]

it is legitimate in other parts of United Kingdom but not in England, there is a potential issue we should think about. I am happy to wind up there, because I think this is a very good Bill and I will be supporting it today.

9.54 pm

Jane Stevenson (Wolverhampton North East) (Con): It is a pleasure to follow my hon. Friend the Member for South Suffolk (James Cartlidge), who spoke so passionately about children's mental health, which is at the core of the Bill. I thank my hon. Friend the Member for Sevenoaks (Laura Trott) and congratulate her on bringing this really important Bill to the House.

The use of botulinum toxin and dermal fillers has become big business over recent years. These non-surgical procedures are now a £2.75 billion industry in the UK. They started out as a subtle way to knock a few years off and to look a bit younger, but in recent years they have been used to a much greater extent and to achieve a much more obvious cosmetic effect. They can be used to change the shape of facial features—to disguise a bump on someone's nose, to redefine their jawline, or to plump up their cheeks or their lips. They are becoming incredibly popular.

We live in an age when everyone has a video camera in their pocket and our daily lives are shared on social media and broadcast on such a wide range of social media channels. Magazines bombard us with airbrushed images of celebrities. I know that my hon. Friend the Member for Bosworth (Dr Evans) seeks to require doctored images to be clearly labelled on social media, but sadly, at the moment, our young people look at very unrealistic images.

Dr Luke Evans: Does my hon. Friend agree that the problem with images online, especially if they are doctored in their proportions, is that they create an unrealistic aesthetic that is unachievable in real life? That is the problem with social media versus aesthetics in the real world.

Jane Stevenson: I absolutely agree, and I commend my hon. Friend for his work in this area.

I am thankful that in my early teenage years, I did not have to face the kinds of pressures that young people today have to face. I have concern for my two goddaughters, Lily and Eve, who are in their early teens, growing up with these constant pressures to look a certain way that is unrealistic to achieve. Thankfully, my awful 1980s hairstyles in an attempt to look like Bananarama or the latest pop group, and my appalling dress sense of my early teens, are now a dim and distant memory—a very distant memory—but young people today know that images taken of them every day will live online for their whole lives.

Our teenage years are challenging enough as we grow up, and many young people are now turning to these treatments as a way to feel better about themselves or to copy the look of someone they admire. In my work in schools over a decade, I noticed that sixth-form girls were increasingly having eyelash treatments to lengthen their eyelashes, or fillers to make their lips plumper. It is

incredibly sad. As my hon. Friend the Member for Sevenoaks said, no child needs botox or fillers. It is completely unrealistic.

Sadly, consumer protections have not kept up with the industry, and we hear some horror stories; my hon. Friend shared one a moment ago. When they are injected by people without medical training, these treatments are extremely dangerous. Many people seeking beauty treatment do not realise that botox is a prescription-only medicine that should be prescribed only after a face-to-face consultation and by a licensed prescriber.

Anthony Mangnall: My hon. Friend is making a very good point. She raises the issue that people treat botox as something trivial, and that there needs to be greater sincerity about people going through that procedure, putting aside whether it is necessary or for cosmetic reasons. Does she think that further steps need to be taken to make people more aware? This goes back to the point about education that I made in my intervention on my hon. Friend the Member for South Suffolk (James Cartlidge).

Jane Stevenson: Yes, I absolutely agree. People have to go into these treatments with full information so that they are giving informed consent, which, of course, under-18s cannot realistically give on such a serious matter.

The cost of these treatments is certainly not insignificant. A reputable, qualified, experienced practitioner can charge between £300 to £1,000 for botox treatments. Dermal fillers have a similar cost. The effects last about 12 months before they will need to be repeated. For most adults, those are significant amounts of money. For young people, the high cost leaves them seeking cheaper alternatives. They use non-healthcare professionals, sometimes hairdressers or beauticians, many of whom have trained for mere hours rather than several years.

In the wrong hands, these treatments frequently go wrong. The number of cases of botched jobs has doubled in the last year, from 616 cases in 2017-18 to 1,300 last year. There are, as we have heard, potential health risks, including blindness, tissue necrosis, infection and scarring. There can also be a significant psychological impact when a treatment does not give the desired effect, or when it does not deliver the desired boost in self-confidence. I think that that is at the root of the mental health point.

Dr Luke Evans: Does my hon. Friend agree that when complications happen, particularly when someone does not feel their aspirations have been achieved, that creates a vicious cycle, because the temptation to go back and have yet another procedure means that they are entwined in associating the procedure with their body image and the negative effect that can have?

Jane Stevenson: Absolutely. I completely concur. We see that in the treatments becoming more obvious and lip fillers becoming bigger. We see girls with very unrealistic lip sizes these days, which is worrying.

I agree with my hon. Friend the Member for Sevenoaks that the industry needs more regulation. Certainly, we want the security that one can go to somebody who knows what they are doing, and has the insurance and

the skill to correct a procedure that does not go to plan. The NHS should not be picking up cases where an obvious failure of skill has occurred.

Anthony Mangnall: My hon. Friend is again making an important point about ensuring that registered practitioners undertake these practices. Could she just add a few more points on whether she thinks a national register needs to be created, so that this cannot be practised by people who do not have the correct skills to be able to perform it?

Jane Stevenson: It certainly needs a lot more regulation. The Bill does not seek to impose that, but minimum training levels to inject someone's face with a filler or with botox is certainly desirable. On insurance, that could be regulated, too. I am sure further legislation will appear.

Fay Jones (Brecon and Radnorshire) (Con): I add my congratulations to my hon. Friend the Member for Sevenoaks (Laura Trott) on bringing the Bill forward. My hon. Friend the Member for Wolverhampton North East (Jane Stevenson) is making suggestions for further areas of regulation that could be looked at. Does she agree on the need for consultation when the process is carried out? I was staggered to read in the research by my hon. Friend the Member for Sevenoaks that almost 40% of the people who made a complaint said they had no consultation whatever. Does my hon. Friend agree that that needs to be addressed?

Jane Stevenson: I absolutely agree. As these treatments become more common, it becomes like getting a haircut or having your nails painted. It is something that people can do in their school lunch break or after school. It is really concerning that they are not taken seriously. People do not feel consulted and they certainly have not been made aware of the medical risks of these procedures.

In summing up, I absolutely support the Bill. The age limit of 18 seems entirely reasonable and aligns these treatments with other treatments that carry health risks, such as sunbed use, teeth whitening and tattooing. I commend my hon. Friend the Member for Sevenoaks for this thoughtful, sensible Bill that puts young people's mental health at the heart of the matter. I am very happy to support the Bill.

Mr Speaker: Just a little information for the House. Sir Christopher is stuck in traffic, but he has sent news that he will be here for the next debate.

10.4 am

Simon Baynes (Clwyd South) (Con): It is a pleasure to follow my hon. Friend the Member for Wolverhampton North East (Jane Stevenson), and I commend with heartfelt gratitude my hon. Friend the Member for Sevenoaks (Laura Trott) for bringing this private Member's Bill to the House for Second Reading. I say with gratitude, because like my hon. Friend the Member for North Norfolk (Duncan Baker), who was with us before, I am the father of two daughters—they are aged 18 and 20. Fortunately, they have never had any personal experience of what we are discussing, but I and my wife have had considerable personal experience of learning about the world in which they live; many Government Members have referred to social media, which I will come back to. They live in a very difficult world with regard to body

image, so I say as a father that the Bill from my hon. Friend the Member for Sevenoaks has even greater importance to me than I think it does to everybody else.

We discuss the Bill within a broader context, because the 2017 Conservative manifesto contained a commitment to ensure the effective registration and regulation of those performing cosmetic interventions. The Department of Health and Social Care has been working with stakeholders to explore the regulation of premises, practitioners, products and consumer safeguards, and that includes work to assess whether we have adequate safeguards and regulation of practitioners who perform some of the more invasive cosmetic procedures. The measures being explored would apply to all ages, so this Bill sits within the broader context of tightening up on these measures.

As my hon. Friend proposing the Bill said, it is wrong that practitioners do not need to be medically qualified to perform the procedures. In fact, it is quite extraordinary that we are in a situation where that is the case.

Fay Jones: I am sure that my hon. Friend will talk about this, but we have heard that there could be some geographical limitations to the Bill, in that it may not cover the devolved Administrations. As he does such a good job of representing his constituents in Wales, may I offer to work with him and the Minister to make sure that this is rolled out in Wales by the Welsh Government?

Simon Baynes: I thank my hon. Friend, and I could not agree more. As she rightly anticipates, that is a point that I am going to make and I think that it is extremely important, speaking as a Member for a border constituency, Clwyd South. The border between England and Wales is a major issue of discussion at the moment, but the borders are porous and it is vital that this exists on a similar basis on both sides of the border.

We have discussed in detail the potential health risks, and this was put extremely well by my hon. Friend the Member for Wolverhampton North East when she described this as potentially expensive botched jobs. The issue of expense is extremely important. The Bill is right to seek to prevent under-18s from accessing botox or dermal filler procedures for aesthetic reasons, and that goes to the heart of many of the problems that have been discussed by Save Face, and particularly by my hon. Friend the Member for Bosworth (Dr Evans)—I commend him for his campaign. Save Face manages a national register of accredited practitioners who provide non-surgical cosmetic treatments, and it is extremely important that we back up its campaign. It campaigns for high standards of practice, knowledge and training to ensure that patients do not have to compromise on safety or aesthetic outcomes. Its director, Ashton Collins, said on BBC News:

“Some of these girls have been...hours away from having parts of their face surgically removed, which is not only physically traumatic, but”

has a

“mental health aspect...as well”.

I think that this is a very important point.

Dr Luke Evans: My hon. Friend mentions the impact on girls, but would he also consider the impact for many men? The cosmetic industry for men is growing, as is the use of steroids to try to bulk up for the gym. That fits in with botox being one of the choices that young

[Dr Luke Evans]

men are looking to as well. Does he agree that there is a danger in the debate that if we concentrate so much on women, we forget about men?

Simon Baynes: I could not agree more with my hon. Friend. That is an extremely important point. As he rightly says, the body image consciousness of young men is also an area that leads to great vulnerability. Of course, it is an area where people would expect there not to be the same degree of vulnerability, because they are young men and strong and everything else, but it is an area of great importance. It goes back to my original point, which was about setting discussion of the Bill within a broader context of cosmetic interventions and other aspects that I think are dangerous for people.

Anthony Mangnall: It has always struck me as particularly worrying when adverts say that 50% or 80% of people say that something is successful, but with only a very small dataset. That is happening across adverts on daytime television and in a whole load of other situations. I know that it is also happening in this sector. I am interested in whether my hon. Friend has any further thoughts on how we might be able to combat that. If datasets are to be used in persuading people to take up a product or to have a surgical procedure, those datasets must be comprehensive.

Simon Baynes: I strongly agree with my hon. Friend on that score. One of the aspects of this discussion that has been extremely pertinent is the need for consultation. It really seems to me extraordinary that people can undergo such procedures without proper consultation—a point made very eloquently by my hon. Friend the Member for Wolverhampton North East. If someone has proper consultation, they have to refer to the data, as my hon. Friend the Member for Totnes says, and then the procedures start to take place within a structured, controlled environment.

Suzanne Webb (Stourbridge) (Con): Does my hon. Friend agree that one of the problems is that people see these procedures as beauty treatments, when in fact they are medical procedures that bring risks and consequences?

Simon Baynes: Yes. I thank my hon. Friend for that intervention. Again, I go back to the point I made at the beginning. As the father of two young daughters, I see the world that they have to inhabit in terms of social media—and inhabit it they do, because it takes up a lot of their life, particularly, as was mentioned earlier, within the context of lockdown, where their ability to see their friends and family is very limited. The whole world of social media has become much more prevalent, so there is a dichotomy between the desire to have the perfect body and the perfect face and what is a very dangerous and difficult intervention. The fact that these interventions have been hitherto unregulated seems quite extraordinary when we actually sit down and read about them, or discuss them in the Chamber.

Another point that has been made is the cost to the NHS of unpicking these problems. The Bill is therefore very important not only in regulating the procedures, but in leading to less work for the NHS when they have gone wrong.

Dr Luke Evans: That is a really important point about accountability. Does my hon. Friend feel it is right that the NHS becomes the carer of last resort?

Simon Baynes: I agree with the point that my hon. Friend is making. The NHS is of course, in a sense, the carer of last resort, and I do not want to say the wrong thing within that context, but it is not right that the NHS should have to pick up the pieces from dangerous procedures that take place within an unregulated environment for young people. If that is the point that he is making, I fully agree with it.

It is also important that these procedures will remain available where there is an assessed medical need, and when provided by a registered health professional. The regulation of businesses will be enforced by local authorities, as I understand it, which will help to keep children safe in these procedures. Often local authorities have a very close understanding of what is going on within their community. We have touched on the fact that the growth in non-surgical treatments increases the need for consumer protection. It is important to work with stakeholders to strengthen the regulation of cosmetic procedures in general. We have touched on that point, but it is important. As has been said, it is also vital that we do everything we can to protect the mental health of children and young people, including through promoting body positivity. We have discussed that at some length, but I cannot stress enough, from my own personal experience of that young age group, how promoting body positivity is desperately important.

Finally, these regulations will help to raise awareness of the impact of botox and dermal filler procedures among all age groups. That is important because if parents and grandparents understand better the dangers of these procedures, they will be able to give meaningful advice to their children or grandchildren. In conclusion, I again congratulate my hon. Friend the Member for Sevenoaks on bringing this Bill to the House. It has my full and heartfelt support.

10.16 am

Claire Coutinho (East Surrey) (Con): I thank my hon. Friend the Member for Sevenoaks (Laura Trott) for bringing forward this important Bill. I am privileged to have her as a geographical neighbour and friend. I know that her background, particularly in education policy, and now from serving on the Select Committee on Health and Social Care, means she is always focused on the wellbeing of young people, and I see that shine through in her work here.

As a child, even in the kindest possible terms I would have been described as “unfortunate”. My hon. Friend the Member for South Suffolk (James Cartlidge) talked about his minus 7 eyesight, but I can raise that—to minus 11. My bottle glass glasses that I had by the age of five were surrounded by very fetching plastic rainbow frames. I accompanied them with a pudding bowl haircut and a dress sense that was “interesting”, to say the least. But as a child I did not have to contend with social media, and I seriously worry about young people now having to do so. I am lucky that the photographs of me during that period are not online and not widely shared, and I do not have to contend with facing up to some of the shortcomings of my appearance.

Fay Jones: My hon. Friend is making an excellent speech. She is also a dear friend of mine, as is my hon. Friend the Member for Sevenoaks (Laura Trott). I have seen the photos she is talking about and if I were her, I would be happy to share them—she was a very cute child.

Claire Coutinho: That is most generous.

Sally-Ann Hart (Hastings and Rye) (Con): I have not seen those photos, but I am sure they are beautiful, because every child is gorgeous. Does my hon. Friend agree that for any child to think that they need to have botox or cosmetic procedures is so wrong and so sad, and it is an indictment of the society we find ourselves in today?

Claire Coutinho: I thank my hon. Friend for that point, because it is the crucial one. Growing up not having to contend with social media, I did not focus on these things—I did not think about them. I loved maths and reading, and I rarely thought about the way I looked, but that is not so for the children of the current generation.

Anthony Mangnall: We are, in one respect, the last generation to have lived in a time without social media. We recognise the difference between before and after social media, so we at least have a sense of depth and perspective about the impact it has on our life. Does my hon. Friend accept that there is a rapidly increasing problem of people going on to social media at such a young age and that not understanding a world without it is going to have much longer implications down the line?

Claire Coutinho: My hon. Friend makes an excellent point. The long-lasting implications do not just relate to the way people feel about the way they look; there is a wider sense of anxiety about their social connections and their sense of self-esteem, so that point is well made.

Last week, I was happy to visit a wonderful school in Lingfield in my constituency, where I spoke to a bunch of 10 and 11-year-olds. They asked fantastic questions, about not only my work in Parliament, but everything ranging from where I might go if I had a flying car to my favourite book characters.

Anthony Mangnall: Where would my hon. Friend go?

Claire Coutinho: Well, I thought I would quite like to go to Antarctica. I was told that it would be rather cold, so I said I would wear a very big jumper. It struck me when I was looking at those children that in a couple of years' time, when they are 13 or 14, the questions might be slightly different. Women in the House will recognise the questioning that we have all experienced, which is sometimes very personal to our looks, our diet, our wardrobe and how we get ready in the morning. That focus on how we look, which seeps into our thinking as we grow older, is unfortunate and sad.

Jane Stevenson: Does my hon. Friend agree that many magazines and newspapers perpetuate that by attacking Members in the House as well as other people in the public eye? Young people see that as something important. Does she also agree that building children's

confidence, through a range of methods, about the fact that they are good at several things—it is not all about how they look—is incredibly important?

Claire Coutinho: I completely agree with my hon. Friend. It is worrying when our sense of self-worth relies on the way we look, so what she suggests is welcome.

Simon Baynes: Going back to the point made by my hon. Friend the Member for Bosworth (Dr Evans), not only is this an issue about how people look but the fact that the look can be changed on social media. There is double trouble: it is how someone looks, and there are other people who are altering images falsely or superficially, which is something that we should bear in mind.

Claire Coutinho: That is a really important point, because when people undergo these medical procedures sometimes the look that they are trying to achieve is a lie, because they are using filters and other social media applications. When someone has filler in their face they do not look like the filter shows them they might look.

Dr Luke Evans: On the subject of social media filters, is my hon. Friend aware of evidence from Girlguiding that three quarters of young girls will not consider posting an image without it being doctored? What impact does she think that has on perpetuating the cycle of bad body image?

Claire Coutinho: I was not aware of that fact, but it is a truly horrific statistic. We should all consider carefully what it might mean for our young people if they feel that lack of confidence in their own personal image. It is incredibly sad, and very much feeds into this debate.

It is commendable that the Bill tackles the risks that could affect people if they are given fillers by a medical practitioner who is unregulated. We heard from my hon. Friend the Member for Sevenoaks about a young lady who might have lost her lips. The risk of scarring, nerve damage and, in some cases, blindness has not been conveyed to people who are trying to access these procedures. I would therefore welcome a regulated sector.

David Johnston (Wantage) (Con): Is my hon. Friend aware that during lockdown, although clinics were supposed to be closed, Save Face received 179 complaints—

Madam Deputy Speaker (Dame Eleanor Laing): Order. As a matter of course, the hon. Gentleman must not face the hon. Member for East Surrey (Claire Coutinho) when he is speaking. He has to face the Chair. [Interruption.] Ah, now I can see who he is.

David Johnston: Is my hon. Friend aware that during lockdown, although clinics were supposed to be closed, Save Face received 179 complaints from people who had undergone procedures, 80 of which were about illicit, botched procedures that resulted in swelling, bruising and uneven lips. Does she agree that that underlines the problems in the industry and why it needs more regulation?

Claire Coutinho: That exactly underlines why this industry needs more regulation. We need to be worried not just about the potential for physical scarring but about the financial risk. A couple of Members have touched on the practitioners' lack of insurance, which I

[*Claire Coutinho*]

hope can be considered when we introduce regulations. Their lack of public liability insurance means that the consumer often bears the financial risk of anything that goes wrong.

James Cartlidge: To go back to the point that my hon. Friend the Member for Bosworth (Dr Evans) made, having insurance in place might remove some of the cost that is falling on the NHS and therefore on the Exchequer.

Claire Coutinho: That is an excellent point.

We should not be allowing our young people to face these risks—not only the medical and financial risk, but the psychological risk. It is damaging for a person to go for a cosmetic procedure that they think will fundamentally change their life and then for something to go wrong or for them to realise that that was not the thing that was going to make them happy in the first place. I am very happy that we will hopefully be able to address all those things through this Bill.

There are medical procedures that young people need, such as cosmetic procedures because they have some sort of facial disfigurement, for example, or procedures for migraines, bladder dysfunction, face and eyelid twitching or excessive sweating. They would still be allowed under this Bill, so no one should be worried that they would not be able to get the medical help they need.

Returning to the point about social media, we have all seen the deeply worrying statistics showing how the young people of our age are different from our generation, when we were young. Young people now are more anxious and depressed and have a lower sense of self-worth, and that starts in their early teens because of how social media helps them to see themselves and their standing in the world. The availability of these procedures, particularly if they are unregulated, will make people question themselves more and think, “Maybe I should go and make a change. Maybe I should change my face, my jawline, my nose, my lips.” The ability to access unregulated procedures almost forces the question in a very damaging way.

People have talked about the effect on boys and girls—both sexes undergo these procedures. The unrealistic images on social media lead to a very damaging cycle by setting up a view of beauty that boys take on and girls then want to live up to. I have seen the results of scientific experiments in which young children are presented with a range of images and are asked which are the beautiful ones. They are now starting to pick out the ones that are cosmetically enhanced. That is incredibly damaging.

Anthony Mangnall: Hello, Madam Deputy Speaker. My hon. Friend is making a very important point. What does she think about the industry taking the appropriate steps to ensure that it is in tune with the thinking of this House and that, if the Government are going to pass legislation, it has a role to play in preventing people from having unrealistic images put in front of them?

Claire Coutinho: That is an excellent point.

I will finish on this point. We in this House should be looking not just at the provision of cosmetic procedures but at the use of social media and how it affects our

young people and at the teaching of body and face positivity. We should be doing that in all our schools with all our young people to tackle the issue at the root. I am very happy to support this Bill.

10.28 am

Dr Luke Evans (Bosworth) (Con): This Friday is a day of joy for me for so many reasons. First, I had my point of order corrected—that is a learning point. Secondly, I am following my hon. Friend the Member for East Surrey (Claire Coutinho), who spoke eloquently. Thirdly, this is the first time since being elected that I am able to speak in this House with no time limit, and I am thoroughly looking forward to it. Fourthly, and through gritted teeth, I have to give credit to my hon. Friend the Member for Sevenoaks (Laura Trott), because I would have brought forward this private Member’s Bill should I have been lucky enough to have been selected in the ballot.

Since entering the House, I have seen, through my work on the Health and Social Care Committee and through many conversations with my hon. Friend, that she is dedicated, thoughtful and absolutely tenacious in getting this Bill through, and rightly so. The Bill is really important and has my full support.

We need to be careful in this debate not to demonise botox and fillers, because they are not the problem. We must remember that they have a use in medicine. As has already been hinted at, botox can be used for migraines, for excessive sweating and to relieve pain by numbing the nerve and stopping the nerve from working. That is why it stops wrinkles, because if it is used in a nerve, that part of the face cannot be innervated, so not so many wrinkles are created.

Fillers have a place as well. My hon. Friend the Member for East Surrey hinted at scarring, but they can also be used for acne. Hyaluronic acid, in the right place at the right time, is really important. We should also make distinctions when we talk about these products. Botox is time-limited and wears off, but with fillers it is a mixture depending on what is used and how it is used. Part of the problem is that often people do not know what kind of filler is going into their face.

My hon. Friend the Member for South Suffolk (James Cartlidge) talked about aspiration and I agree with him. There is a place for these products where people want to improve their body. Countless studies show that plastic surgery or interventions on an aesthetic basis can indeed give long-lasting happiness. Take the example of someone who has their nose corrected or a bump taken out: that can have a devastating effect if it is not dealt with and a really positive one if it is. We must therefore be very careful in this debate to ensure that people can get support when they want it and it is appropriate. A big part of the problem is that we get into this vicious cycle of people thinking incorrectly that having a correction will somehow deal with a flaw that is actually deeper in themselves, be it misplaced anxiety or depression.

Suzanne Webb: Does my hon. Friend think that we need to talk about body positivity, starting in schools and colleges, to ensure that people do not feel the need for treatments such as botox? People are trying to go for an unattainable image, and that is of great concern. They can never ever be that person, because the image is doctored by photoshopping or by an injection that paralyses the face and takes away all its natural features.

I very much feel that the debate should start with body positivity, and that starts with a family in their house and in schools.

Dr Evans: Absolutely, I could not endorse that message of body positivity more strongly. Each of us has a natural way for our body to be, and there is no problem with wanting to improve that. That is part of a healthy message on both eating and exercise.

Sally-Ann Hart: My hon. Friend is talking about positive body image. For young people, rhinoplasty and perhaps breast reduction can be to do with a lack of confidence, which may be hindering their ability to get on with their lives. Does my hon. Friend agree, as a medic yourself, that in some cases it is necessary for young people to have serious cosmetic surgery not because of aesthetic reasons but because of an impact on their mental health?

Dr Evans *rose*—

Madam Deputy Speaker (Dame Eleanor Laing): Order. Just before the hon. Gentleman answers that point, let me explain something. I am using this morning as a sort of tutorial on how the Chamber ought to be run. As the hon. Gentleman said, this is the first time he has been able to speak without a time limit, and I try not to interrupt when we are under pressure with time limits. The hon. Member for Hastings and Rye (Sally-Ann Hart) cannot say “yourself” to the hon. Gentleman, because in that she is addressing not the hon. Gentleman but the Chair—not even the person in the Chair but the Chair. That is a really important principle, and we do not want it to be lost in these unusual times.

Dr Evans: Thank you, Madam Deputy Speaker.

I absolutely agree with my hon. Friend. The differentiation between medical and aesthetic is really important. This is all about accountability, which is the key part of the Bill. There are the good uses that we have talked about, but there are complications as well. Unfortunately, in my practice I have seen those complications. I have had patients come to me who have had botox, and it has created an asymmetry in the face. Fortunately, it lasts only for six months, but that is a long time to sit with a face that a person is not happy with. More concerningly, I have seen patients who have come in with lip fillers that have gone wrong. The lesser side is the bruising and swelling, which will usually go after the first two weeks, but fillers can also become clumpy, with uneven lumps and bumps within the lips. Worse still, I have seen necrosis, which is dying of the tissue, where the lip filler starts to come out. That is absolutely devastating for the person suffering, and there is no accountability or anything to allow them to find out how to get that corrected.

Jane Stevenson: Does my hon. Friend agree that any cosmetic treatment, whether non-surgical or simple beauty treatments such as eyelashes being permanently bonded to the face, carries a medical risk? Does he agree that any procedure with medical risks should involve a detailed consultation and a form of consent?

Dr Evans: Absolutely. Yet again, I wholeheartedly agree with my hon. Friend. That is the crux of what we are discussing, and I will get on to that point.

Complications happen. Fortunately, I have seen them only in adults; I have yet to see them in a child.

Saqib Bhatti (Meriden) (Con): I understand that my hon. Friend has an extensive background in the medical field. From his experience, does he think that there are enough tools in place in education and in the home to help children feel the confidence they need to deal with the challenges of social media and such pressures?

Dr Evans: I am grateful to my hon. Friend for pointing that out. He is absolutely right. The Bill and the medical profession cannot deal with this alone; it is a wider, societal problem. As Members have already hinted at, we are aware of that and it is incumbent on us as parents and in whatever other role we come into contact with young people to try to nurture them and take them through. They can aspire to a healthy image of themselves through eating well, exercising and interacting with other humans. That is what humans do, and we should aspire to do that through education, both in educational settings in the home and through contact with the medical profession.

I see the Bill as a step-wise piece of legislation. Both my hon. Friend the Member for South Suffolk and my hon. Friend the Member for Totnes (Anthony Mangnall)—I am pleased to see that he has remained in his seat, as I half expected him to pop up on the other side of the House or further down the Bench. It seems a little harsh to say “Where’s Wally?” at this stage, so I will not. Both my hon. Friends hinted at a really important point, which is the crux of the matter. Indeed, my hon. Friend the Member for Sevenoaks mentioned it in her speech and it needs to be highlighted. This is about accountability. That is the crucial part of any decision.

I want to break that point down into three areas: practitioners, businesses and patients. When someone goes to see a practitioner, they need to know that they are qualified in what they do, that they can deliver it to a high standard and that, if something goes wrong, they can be held to account. At the moment, the industry is unregulated, and that is a real problem which means that the NHS becomes the carer of last resort.

Businesses have a responsibility as regards promotion. They should be held accountable when they put undue pressure on people who are unsure or exploring what they want to find out about the industry. That goes for adults as well as for young people under the age of 18. When businesses are set up, there should be some form of redress should they not perform to the expected standards. After all, let us think what would happen if we had unregulated operations. If someone needs to have a cyst removed, we do not allow them to walk in off the street and have it taken out by someone with no accountability or training. The principle is the same. The only difference is that rather than something being taken out, something is being put in. It is a big concern for me.

Anthony Mangnall: My hon. Friend is making an important point. I wonder how he envisages the practicality of creating a register of all the businesses that currently practise in this area. Given his medical insight, I would be interested to hear how that might work.

Dr Evans: I thank my hon. Friend for raising that point. I believe the industry has put in place a voluntary sign-up for standards. The point was made earlier—I am sorry, but I forget who by—that the industry itself is asking for regulation to be put in place, because it

[Dr Luke Evans]

understands that good practitioners are very good at doing these procedures safely and wisely. We want to encourage businesses to take responsibility for putting standards in place.

Jane Stevenson: Does my hon. Friend agree that another serious concern is that less scrupulous practitioners will not use a light touch and seek a cosmetic improvement, but will seek to upsell and invite people to have more and more procedures in the name of making more money?

Dr Evans: Absolutely. My hon. Friend points out something worrying: if someone is vulnerable in the first place when they go for a procedure, unsure about why they are there, and is coerced into taking some further measure, that is a concern. It leads into a vicious cycle of returning again and again for an update on something that may never be achieved.

All that leads on to the idea of consent, which is really important for both patients and practitioners. We need to make sure that when someone goes for a procedure it is fully explained to them what the procedure is, why they are having it and what the consequences are, including the short-term and long-term complications. If someone goes to theatre to have an operation, it is spelled out to them. They have to sign a declaration to say that they understand it, and they and the person carrying out the operation are held accountable to that standard. That is really important. Sadly, that accountability is lacking, particularly in respect of fillers. That is the concern, because it leads to a variation in standards, an unregulated industry and the horrific cases that my hon. Friend the Member for Sevenoaks highlighted.

All that I have described applies to adults, but of course we are talking about under-18s. It is really important to make the point that this is about drawing these procedures into line. We already have statutory regulations that say that a person cannot have a tattoo until they are 18. The Bill would simply bring into line an industry that is burgeoning and blooming. That is the important point.

This is about protection, accountability and, most importantly, choice. We should encourage those who want to go ahead for the right reasons to have the right procedure done in the right way, and held to account in the right way. We need to protect, nurture and educate those under the age of 18 and allow them to make the decision when they become 18.

10.43 am

Anthony Mangnall (Totnes) (Con): It is a pleasure to speak in this debate. I congratulate my hon. Friend the Member for Sevenoaks (Laura Trott). She is a fantastic champion on this issue and her constituents should feel incredibly proud of what she is doing today. I should add that this Bill complements the ten-minute rule Bill introduced by my hon. Friend the Member for Bosworth (Dr Evans) not so long ago.

I hope to address a whole host of things in the course of this debate, but I shall start by reflecting on some of the words that Members have already spoken. My hon. Friend the Member for South Suffolk (James Cartledge) spoke incredibly powerfully about the need not to over-regulate, and to encourage education throughout schools,

through the media and, perhaps more importantly, through social media. We cannot make that point too strongly. It is a necessity in this modern day and age, when social media is at the fingertips of every schoolchild and, indeed, every adult. We need to be able to engage the industry and the sector to inform and help the debate along, to make sure that people's view of their body image is a positive one, not one that constantly and continually needs change.

Dr Luke Evans: My hon. Friend talks about education. Indeed, should a person be curious about going ahead with these procedures, is it not right that the extent of what may well happen to them should be fully explained so that, when they go into that consultation, they can make that decision with the full unfettered knowledge of what may proceed?

Anthony Mangnall: Absolutely. I hope that that can be done from a professional point of view. I also hope that Members of Parliament, who have learned from this debate, can go into schools to discuss this issue and the outcomes of the Bill, which I hope very much will pass its Second Reading later today. As the hon. Member for Strangford (Jim Shannon) is not in his place, I will try to make many interventions on this point as well, because it is such an important issue.

My hon. Friend the Member for Wolverhampton North East (Jane Stevenson) also talked about the need for regulation and for comprehensive documentation on those practitioners, which is really important. We know that a huge number of practices that currently perform this procedure are not regulated and are not on the books. People can too easily get access to these practices, so that needs to change. Perhaps a register should be brought forward to ensure that there is firm documentation and that we understand who is doing what and where.

My hon. Friend the Member for Clwyd South (Simon Baynes) talked about body image, and he talked about his two daughters. Although I am not a parent, or at least not that I know of, there is an important issue here: if parents can step in and educate their children on that role and join up with schools in making sure that there is a comprehensive, joined-up approach to tackling social media and tackling what newspapers and magazines are doing, that will be key to solving the issue. He very aptly talked about the idea of double trouble, and that is the point. As my hon. Friend the Member for East Surrey (Claire Coutinho) said, we are the last generation to experience a world without social media. Any generation that comes after us will have to put up with the constant impact of social media, and that is a significant problem.

Dr Luke Evans: One problem that has been hinted at, and it has been ever thus, is fashion and trends. A big complication that we have with cosmetic surgery, particularly with regard to the longer-term use of lip fillers, is that this may well be permanent. Therefore, a person may be featuring a fashionable trend that lasts, perhaps, six months, but, yet, 10 months down the line, they may be seen as somewhat unfashionable.

Anthony Mangnall: That is indeed the case. Importantly, we must not let this be a fad of the time. It has to be something that is thought out. If there is a medical reason for someone undergoing an operational procedure, that is absolutely correct, but we cannot let the whims

of social media or the fad or the style of the day dictate how someone might end up living for the rest of their life.

Suzanne Webb: Although we talk about it possibly being a fad, is it not more important to consider the fact that we do not know the impact on these young adults of having botox at such an early age? There is also the fact that we should all just embrace our natural features. We will all age, and hopefully gracefully, but if people have botox at such an early age, we do not know the impact that that will have on that ageing process. What they may need in future times is more botox perhaps because of the damage they have done to their face.

Anthony Mangnall: I hope that my hon. Friend will take it as a compliment when I say that she is ageing beautifully.

Ms Lyn Brown (West Ham) (Lab): I have sat through this debate and been a little discomfited by some of the remarks that have been made. I say that very gently. I support the hon. Member for Stourbridge (Suzanne Webb) in her gallant attempts to get an understanding in this Chamber that young women and young men are beautiful in who they are and not in what they have done to them. That is the message that we should be sending out. I know that I have aged wonderfully, so I do not need the hon. Gentleman to tell me so. May I just emphasise the hon. Lady's words, as I completely and utterly agree with the position that she has been enunciating over the past 20 minutes?

Anthony Mangnall: I thank the hon. Lady for making that very important point, and I take her guidance incredibly sincerely. That brings me to the point made by my hon. Friends the Members for East Surrey and for Hastings and Rye (Sally-Ann Hart), which is that every child is beautiful and that body positivity as we grow up is incredibly important. We are not asking anybody to change their image. I thank the hon. Lady for her point; I am always happy to take guidance on how to perform in the Chamber.

The impact of social media is long lasting, and our newspapers and media have become more and more emboldened about it.

Simon Baynes: We should also consider the fact that social media can be put to good use in all this. We have talked at length about the difficulties of social media, but social media is also an extremely good method of putting a message across. When the Bill hopefully becomes law, social media will be a way to communicate the benefits of this legislation.

Anthony Mangnall: My hon. Friend is curiously prescient in his intervention. As chair of the all-party parliamentary group on the preventing sexual violence in conflict initiative, I have discussed with all the social media companies how we might engage them in helping to collate and document crimes against women and children across the world and to ensure that that leads to prosecutions. The response from Twitter, Instagram, Facebook and many other social media platforms has been universally positive. We need to build on that, because if we can do it on that issue, we can do it on this one. I hope that this legislation will be used as an effective tool, learning from the different areas in which this has been done already.

Dr Luke Evans: Through my work on body image, I have had meetings with Instagram and Facebook, and they are keen to point out that they want to promote positive images and are working hard to achieve that. One of the issues often talked about in terms of policing the digital sphere is how we identify this, particularly around social influencers. Social influencers have a really important role in this, and they are keen to point out that they already differentiate between organic content and content for commercial purposes. Does my hon. Friend agree that it is not pie in the sky to police honest advertising on social media when it comes to body image?

Anthony Mangnall: This goes back to the intervention that I made earlier about the datasets used by cosmetic companies on adverts. It is extraordinary to read that "80% of all women think this product works" when the dataset is only 105 people. That is not an acceptable way to market a product. It aims to change someone's perception, using incredibly persuasive advertising techniques, with incredibly beautiful people and saying, "This works." That is a misnomer, and it is very damaging. Many of us have spent a great deal of time watching television in lockdown, and it is a real problem for parents to see their children influenced in that way.

Claire Coutinho: On my hon. Friend's point about there being little evidence on whether these procedures will be successful, does he agree that, by regulating, we could ensure that practitioners have insurance, in which case they might face a financial cost if the procedure does not go to plan?

Anthony Mangnall: That ties in succinctly with the point about enforcement for practices that are undertaking these procedures. That will be an important part of ensuring that those who offer these services are fully aware of the implications of breaking the law, when the Bill is hopefully passed.

My hon. Friend the Member for Bosworth used his extensive experience and medical insight to explain the value of the Bill and its implications, and I do not need to go over what he said. However, I would like to make a few points about why I support the Bill and am so pleased to speak in the debate. As we have heard today, the Bill will introduce parity with the age at which someone can get a tattoo. It makes sense to regulate and level up so that we are all equal at the age of 18 in terms of the procedures that we can get, so that no one at a younger, more susceptible age might be influenced by the fads of social media. I have spoken to many of my constituents about that. They are worried about the body image messaging sent out by the fashion houses of Paris, magazines, newspapers and social media, so I welcome the inclusion of that measure in the Bill.

Rob Butler (Aylesbury) (Con): Does my hon. Friend agree that that point is reinforced by the fact that someone now has to be 18 to buy a packet of cigarettes? Someone has to be 18 to inhale something that is potentially toxic, but currently they can be injected with something toxic at a much younger age.

Anthony Mangnall: Absolutely, and one might say exactly the same about tattoos as well. Someone is at the time perhaps going for something that looks cool and is a fad, but then maybe 20 years down the line, it does not look quite as good as they thought it did. That brings me on to my second point, which is about the

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business offensive. It was just raised on the idea of insurance and how we make sure that we are encouraging those businesses undertaking these practices to do so in a serious and responsible manner. That is something that the Bill ably encourages those businesses to do, and I hope the Minister will comment on what regulation and what data or dataset can be created to ensure that everyone who is doing these practices is registered. I feel that is key and will help inform the debate and move it along.

Enforcement is always one of the biggest problems. We here in this Chamber can speak on a whole host of different issues and at length try to pass legislation, but how do we end up enforcing it? I note that the Bill seeks to amend schedule 5 to the Consumer Rights Act 2015, and I hope that is enough, but a few more words and a bit more understanding from the Minister and others about how we would enforce it, what immediate steps could be taken and where it would fall in line with other sentencing issues is something that I would find incredibly helpful and interesting.

In an age of social media, we are competing against ease of access, with everything at our fingertips. Everything can be bought from our smartphones or iPad tablets. When we propose such Bills, they must be accompanied with an education programme and a platform.

Sara Britcliffe (Hyndburn) (Con): On education, we have spoken about younger people, but one thing I have experienced is the rebellious years of university. Students go to university and are on their own for the first time. Does my hon. Friend agree that universities need to be doing more to highlight the risks of these surgeries and tattoos, for example?

Anthony Mangnall: Absolutely. Any place of education has a role to play in the Bill. Again, we will make sure we are expressing that both now and in the future.

Social media has made things very easy and accessible for people. We should seek to address those issues, but we should also seek to reaffirm the fact that every individual is beautiful and born perfect. I commend my hon. Friend the Member for Sevenoaks for bringing this Bill before the House, and I will be very much supporting it.

10.57 am

Laura Farris (Newbury) (Con): I, too, congratulate my hon. Friend the Member for Sevenoaks (Laura Trott) on bringing this Bill to the House, and it is a delight to speak in the debate this morning, because I recall talking to her about it in the very early days after we were elected. I am glad it is now being ventilated on Second Reading in this Chamber.

I am part of the cohort of Members who was unaware that it was lawful to inject fillers and botox into the faces of children under the age of 18. When I began my research, I was struck that the first case study I found was of a young British girl whose mother was a part-time beauty therapist who entered her into pageants. She was injecting this eight-year-old with a full face of botox before every performance and every competition. If that example was extreme, it did not take very long to find much less extreme examples and to see how ubiquitous the issue was.

VICE magazine did an experiment in 2019 with a 16-year-old girl where they visited 20 beauty salons in Essex and London, and every single one was willing to make the appointment for either botox or filler. They did not ask the young girl to produce any ID. The conclusion of *VICE* was that it did not particularly matter whether they went to a Harley Street practitioner in an upmarket venue or a high street hair salon where the filler was administered alongside the leg waxing kit in the back room—the reaction was the same.

Of the 20 salons, only 13 bothered to take any details about next of kin or who her GP was. In a sense, they were off-the-books procedures. When the British Association of Aesthetic Plastic Surgeons—BAAPS, as it is more commonly known—was asked about that, its director was very clear, saying that treatments of this nature carry physical and psychological side effects and that most registered practitioners should not contemplate giving them to teenagers. Yet the simple truth is that the light-touch regulation means there is ample opportunity for unscrupulous practices.

Anthony Mangnall: My hon. Friend has just given a horrific account of what an eight-year-old girl went through in beauty pageants. May I just ask her where the research came from and how she got access to that information? It seems to me that the negative impacts out there are not prevalent, and that they will be overridden by the positive impacts that this is going to have.

Laura Farris: I must confess to my hon. Friend that I found that particular story in the scientific tome that is the *Daily Mail*. I must also confess that when the details of that particular mother came to light and her story was reported, the child was at least temporarily taken into care. That is probably not a surprise to any Member.

I would like to give three reasons for supporting the Bill. The first relates to something that my hon. Friend the Member for Sevenoaks touched on: the skyrocketing number of botched procedures. In 2018, approximately 610 botched treatments of this nature were reported; that had more than doubled by 2019.

Bob Stewart (Beckenham) (Con): This sounds awful. I am learning by sitting here and listening to this. Has anyone died as a result of these procedures? Apart from perhaps medically, has anyone been affected mentally and committed suicide? Have these procedures killed anyone?

Laura Farris: I am not aware of any case where somebody has, but I am happy to take an intervention on that point. However, focusing on personal injury, we can probably all agree that this is an area of law that is ripe for change, regardless of whether a child has actually died from a complication.

Suzanne Webb: Will my hon. Friend give way?

Laura Farris: I will proceed for a moment and give way in due course.

Two points about the personal injury element are particularly pertinent. The first is that the very act of injecting filler or botox into a young and developing face has potentially serious medical consequences in and of itself. The second is that if it does go wrong, the impact, not just physically but psychologically, could be so much more serious than for an adult. My hon. Friend

the Member for Sevenoaks gave the example of a young 15-year-old girl who nearly lost her lips; imagine the trauma that surrounds that.

The force of the Bill is not just in its creation of an offence of injecting a filler or botox into an under-18-year-old, but in the scope of the defence set out in clause 2(4)—the reasonably onerous requirement for a practitioner to show that they took “all reasonable precautions” and conducted “due diligence” in establishing the age of their patient before they administered the treatment. The Bill does not just have the effect of creating an offence if the practitioner fails to do that; as my hon. Friend the Member for East Surrey (Claire Coutinho) said, by introducing such a regulation, it brings insurance into the frame and creates a right to make a claim for personal injury against a practitioner—a claim for damages should personal injury arise—in a case of this nature.

The second reason why I support the Bill is that it implicitly recognises the undesirable psychological impact of children embarking on invasive cosmetic procedures. This goes so much further than a manicure or a haircut; it is the beginning of a teenager, basically, changing their face. They do it because of a three-pronged assault that they face: from celebrities, from people who participate in reality TV shows, and from social media. I have to say that I think Instagram is particularly pernicious in this regard.

That is why the Bill dovetails so neatly with the ten-minute rule Bill introduced by my hon. Friend the Member for Bosworth (Dr Evans). When they are taken together, they are more than the sum of their parts, because they recognise that young people face a barrage of photographs of women with an unattainable standard of beauty, where the woman herself has probably been doctored and the image certainly has, too. These young people, at a stage in their lives when they are impressionable, vulnerable and at their least assured of their own identities, are fed a tacit message that it is not just desirable but necessary to adhere to that standard of beauty.

Andrew Bowie (West Aberdeenshire and Kincardine) (Con): My hon. Friend is making a fantastic speech. She is raising issues around social media. Does she not agree that there are also concerns over broadcasters and that they, too, have a responsibility? Does she share my concerns over the so-called “Love Island” effect? Young children and teenagers watching such programmes are looking at body images that are so far removed from reality that they do great damage not only physically but mentally.

Laura Farris: I could not agree more with my hon. Friend and I thank him for that point. I was talking about celebrities, reality TV shows and social media sites, but the fact is that they are completely blended as mediums. Someone who appears in one will also be present on the other.

Sally-Ann Hart: In reality TV shows such as “Love Island”, it is not just the women who are put on pedestals as perfect specimens, but the young men, too. We must not ignore that young men often feel lacking in confidence as well when they see programmes like that. It is important that we stress that.

Laura Farris: I am grateful to my hon. Friend for her point, which I agree with. I have focused my comments more on young women, but I think the read-across to men should not be disregarded.

Dr Luke Evans: We must not forget that celebrities are people, too. They feel the anxiety and pressure to conform, too. That creates a vicious cycle. Spencer Matthews, very honourably, has spoken about the need to use steroids to bulk up and Laura Anderson has spoken about the need to manipulate her images put into the media so that they conform to a standard. Does my hon. Friend agree that that is part of the problem? There is a vicious cycle of trying to achieve something unobtainable.

Laura Farris: I agree with my hon. Friend. This is not a case of trying to pinpoint individuals and say that they are responsible; it is an overall culture.

I have reflected on what this says to young women. It does not say that it is a good idea to look that way. It says that it is a necessary idea to look that way if you want to be happy and successful, and to have a partner, to have a full social life and to be of value in this world. And actually it says that the opposite, not conforming to those kinds of standards, is equivalent to failure. That is a pernicious message that deserves to be aired by Members of the House this morning.

Simon Baynes: Will my hon. Friend give way?

Laura Farris: I am just going to make a little bit of progress, but I will give way when I finish my next point.

The third reason why I support the Bill concerns young people’s mental health. There will not be a Member sitting in the House today who is not aware of the explosion in young people’s mental health problems. One piece of research I looked at was by the Mental Health Foundation, which took place 18 months ago. It found that one in four teenage girls aged 16 to 19 suffered from a mental health disorder sufficiently serious that they had either self-harmed in some way or made an attempt on their life. That is 25% of 16-to-19-year-old women. Within that particular cohort there was an overwhelming incidence of those young women also spending quite extended periods of time on social media. What were they doing? They were looking at images of other young women, contrasting themselves and drawing out what they perceived to be their own inadequacies.

I support the Bill and I congratulate my hon. Friend the Member for Sevenoaks again, not just because of the physical protections it puts in place for children under 18, but also for criminalising the conduct of dodgy therapists. Most fundamentally, I support the Bill for what we as a society say to teenage girls about their worth and their wellbeing.

Simon Baynes: I wanted to pick up on a point made by my hon. Friend, which she went on to cover in her speech. There may not be mortality statistics per se, but my own view, having spent a lot of time with that age group, is that, as she has pointed out, there is a serious issue with suicide. The 25% statistic she gave is frightening.

Laura Farris: My hon. Friend makes the point elegantly. It is probably difficult to draw a direct line from a child who would like to have, or has had, a botox procedure to somebody who ends up taking their own life, attempting

[*Laura Farris*]

to do so or contemplating doing so, but perhaps those feelings and the lack of self-worth, exacerbated by their youth and the pressures upon them, are all part of the same causal root.

11.10 am

Suzanne Webb (Stourbridge) (Con): I rise to support the Bill, and I thank my hon. Friend the Member for Sevenoaks (Laura Trott) for bringing this important issue to our attention. There have been so many fantastic and important contributions so far.

My support for the Bill is principally due to my concern that young adults perceive these treatments as beauty treatments as opposed to medical procedures that carry risks and side effects, and the fact that damage to their self-esteem has probably brought them to that point. The issue behind this is mental health. What brings someone to the point where they feel that they need an injection in their face to paralyse what is beautiful about them, which is their natural appearance?

I am a huge advocate of body positivity, and my hon. Friend's Bill contributes to that. My hon. Friend the Member for Bosworth (Dr Evans) probably does not know that if I had a private Member's Bill that I wanted to introduce, it would be his. I have spoken about it on other occasions. All of this is so important to me, and it goes back to what I was saying: where does the situation start that a young adult feels the need to change their appearance?

Many young adults have body image problems and aspire to a face or a body that they cannot hope to live up to because it was faked on a computer or at the mercy of a needle. They see images of a role model whose face has been frozen in time by paralysing the muscles in their brow or around their eyes to make them look good—less tired, less old and less real. I would love to see a shift in society where there is not the same pressure on us all to be picture perfect.

Listening to hon. Members, I am truly grateful for the time and era in which I grew up. There was no social media or internet. At times there was not even any electricity, because it was the winter of discontent, but we will not go down that route. We did not have reality TV shows. We did not have "Love Island". We in fact had black-and-white televisions—there are some in this room who will remember that time well.

Andrew Bowie: I think my hon. Friend might be misleading the House, albeit inadvertently. I simply cannot believe that she grew up in a time with only black-and-white television.

Suzanne Webb: I thank my hon. Friend for that. I wish it were not true, but sadly it is.

All we aspired to was standing in front of a mirror mimicking ABBA—I do not know whether my hon. Friend the Member for Wolverhampton North East (Jane Stevenson) did that. We did not have pressure on us to be anything but ourselves; it is as simple as that. We had *Jackie* magazine. The images were not doctored in those days. If they were, I would be saddened, but they were not Photoshopped. There was no botox; they were natural images. I hope that I come from a generation that reflects that. We do not feel so much pressure to be something that we are not.

Dr Luke Evans: I am glad to have my hon. Friend's support. I think it is important to realise that fashion, trends and the air of beauty have always been there. The difference is the intensification and the unrealistic aspect of it these days, as opposed to the days of hexamethonium, when women would take drugs that ended up killing them, or indeed of corsets, for example. That is a really important point. It is the intensification and the unreal achievability.

Suzanne Webb: I thank my hon. Friend for his comments. That is an important point. People put pressure on us to make us feel that there is a way that we are supposed to look. I am afraid that gentlemen often make us feel that way as well. We feel that we need to look a certain way to be attractive. We are attractive for who we actually are. We should just be ourselves. That is the most attractive quality in a person that I can think of.

I have seen written work where botox was debated around a "Should they or shouldn't they?" argument. My simple question is: why would you? Why would you feel the need to do that?

I had not realised when researching this topic that non-surgical cosmetic treatments, such as botox and dermal fillers, generate over £2.75 billion in the UK and account for 75% of all cosmetic enhancements carried out each year. That is great news on the one hand because it is generating income—fantastic—but when we look at it another way, it is a lot of money focused on cosmetic enhancements. It is the word "enhancements" that starts to ring alarm bells, as does the fact that young adults partake of this practice. I thank my hon. Friend the Member for Sevenoaks for taking time to raise awareness of the impact of botox and dermal filler procedures among all age groups, but particularly those under the age of 18.

When I dug a little deeper, I found that, unlike their surgical counterparts, such as breast enlargement and facelift operations, which have clear and defined laws as to who can undertake the procedures, non-surgical cosmetic injections can be administered by anyone. What struck me most was that it is a largely unregulated industry. I support the wish to see the regulation of this practice enforced by a local authority, which will help to keep children safe from these procedures. It will help to ensure that children grow up to be the person they actually are and, as I said before, to age gracefully.

I thank my hon. Friend for raising awareness of the potential health risks of the procedures, including blindness, infection, scarring and psychological impacts. I also want to say again that we do not know the mental health impact of this and what has brought somebody there in the first place. There must be some damage to one's self-esteem to think that you need to change your appearance. For me, as I mentioned at the start, that is one of my greatest concerns on this and the growing mental health issue within young adults.

Jane Stevenson: I thank my hon. Friend for her recollections of ABBA impersonation; mine was Bananarama, but I follow her lines. Does she agree that, as society has shifted and self-confidence is built on what you look like rather than you as a complete person, we are storing up this mental health crisis for future years? People who are now entering into these cosmetic procedures as they get older will be less able to cope with how they look and less happy with themselves.

On the “Love Island” point raised a moment ago, we have seen suicides of those contestants, and it concerns me greatly that if one’s confidence is built purely on what one looks like, this is extremely concerning for one’s mental health.

Suzanne Webb: My hon. Friend raises a really important point. It is the fact that people feel so self-conscious, but it is also about how, by embracing who you are, you take the consequences of your actions. We all fail at times—we cannot always look beautiful, and we sometimes make disastrous decisions about what we are wearing and how we look—but that is how we grow and learn, and that is how we become strong. We become strong individuals in our life by learning through our mistakes and so forth. It is about turning up with the wrong frock or the wrong jacket on, putting too much lipstick on, or just looking flipping awful some days. Am I allowed to say “flipping” in here? That is what it is about, and it makes you a strong character. Manufacturing who you are does not make you resilient for life, and I think that is a very important point.

The growth in non-surgical treatments increases the need for consumer protection, and I believe it is important to work with stakeholders to strengthen the regulation of cosmetic procedures, so that only regulated health professionals may administer botox or dermal fillers to under-18s, which may be required for medical reasons. It concerned me greatly when I heard about the impact on and damage to that person. The story was quite heartbreaking.

I know that botox is a treatment option for people who suffer from chronic migraines. It is used in the treatment of a range of medical conditions, including the management of bladder dysfunctions, face and eyelid twitching, painful involuntary neck muscle contractions and severe sweating, as my hon. Friend the Member for East Surrey (Claire Coutinho) has already mentioned. I am pleased that it will be used in these cases, with under-18s being able to access that treatment.

I believe it is important that these procedures remain available where there is an assessed medical need. I think that is key—the assessed medical need. It is not needed for beauty; it is needed only for a medical reason and when provided by a registered health professional. At present, practitioners do not need to be medically qualified to perform those procedures, which is a great concern. I did not realise that that was the case until my hon. Friend the Member for Sevenoaks introduced her Bill. There are no mandatory competency or qualification frameworks related to the administration of those procedures, which is incredibly scary. The potential health risks, which she raised, include blindness, tissue necrosis, infection, scarring and psychological impact.

My hon. Friend has made a really powerful case for the need to prevent under-18s from accessing botox or dermal filler procedures for aesthetic reasons, making the administration of botox and cosmetic fillers by injection to under-18s an offence, and I thank her for doing so. She also wants to establish a regulatory framework for local authorities to ensure that businesses have appropriate safeguards in place to prevent under-18s from using their services. She has 100% support from me for her Bill, which will stop dangerous and unnecessary non-medical procedures that can ruin children’s lives. Let us not forget that. We do not yet know the consequences

for a young adult of using botox. We still do not know the consequences for adults of using botox as a beauty treatment.

The Bill also ensures that any treatments that are required are performed by a medical practitioner, which I really appreciate. For me, the most important part of the Bill, in conjunction with the private Member’s Bill introduced by my hon. Friend the Member for Bosworth (Dr Evans), which tackles body dysmorphia and unrealistic images in social media, is the fact that it contributes significantly to promoting body positivity, which I have long championed, and I will continue to do so. That begins at home and at school, and we need to educate young adults and children from the age of one, two, three, four and upwards. They are beautiful as they are. We embrace who we are and what we look like, and that is what makes us stronger in life. Any measures that do that have my unquestionable and unwavering support.

11.22 am

David Johnston (Wantage) (Con): May I begin by congratulating my good friend, my hon. Friend the Member for Sevenoaks (Laura Trott)? If a Member is drawn high on the list for private Members’ Bills that is both a blessing and a curse. It is a blessing, because it provides a rare opportunity to put one’s name on a piece of legislation as a humble Back Bencher, but it is a curse, because one’s inbox immediately explodes, as every special interest group, charity and business wants you to use their ready-made Bill. It is fair to say—I hope she does not mind my saying so—that she could have picked an issue that generated more hype and likes for her on social media, but instead she has opted to do something really important. I congratulate her on doing so, as it demonstrates the kind of Member of Parliament that she is.

I have been a Member of Parliament only since December, and I am already struck by the fact that private Members’ Bills seek to do things that are surprising, because I cannot believe that they are not already law. It is extraordinary that people under 18 can be given these procedures and possibly suffer damaging effects as a result. They cannot have a tattoo on their skin until they are 18, yet they can have these procedures under their skin. That demonstrates why the measure is necessary and why the industry as a whole needs greater regulation.

When preparing to speak on the Bill, I spoke to various beauty clinics and salons in my constituency. Some of them offer these treatments, but others do not. NIYA Beauty Clinic in Southmoor does not do them, but thought unquestionably that they should be banned—that it was not appropriate to offer them to under-18s. The Good Skin Club in Wallingford and the House of Beaux in Didcot thought exactly the same. They offer those treatments, but they use highly qualified people to do so, and administer them only to adults. They both felt, as do I and a number of hon. Members, that the danger of people who are unlicensed and do not know what they are doing applies to all ages. We are discussing the under-18s, but there is a broader question about who is administering treatments that can cause bruising, swelling and perhaps blindness, as we have heard, and which can affect people of all ages.

As we are talking about the under-18s, let me say that when I was a teenager people wanted to get hold of alcohol as early as they could, try it and see what it was like. They wanted to stay out late at night, even though

[David Johnston]

they had nothing really to do; they just wanted to be out, hanging around. They wanted make-up, outfits and piercings that their parents strongly disapproved of. All of that is true today, but when I was a teenager they did not want to have these kinds of treatments—they do today. So what has changed? It is clear that if a doctor that has not told someone to have these treatments, they have no health benefit—in fact, they pose great health risks. We will not find many adults who think our children need to have these alterations. What has changed is a lot of what we have heard about in this House today: the impact of social media and advertising; and the poor mental health and low self-esteem that so many children have at the moment. It is the same thing that has led to a rise in eating disorders and in self-harm. So I completely support this Bill, because it tackles a very real danger that those under 18 are facing, but we should all have our eyes on the factors that lead them to take that risk in the first place.

11.26 am

Saqib Bhatti (Meriden) (Con): I congratulate my hon. Friend the Member for Sevenoaks (Laura Trott) on bringing this Bill to the House. She seems to have captured the mood, certainly among Conservative Members, given the contributions we have heard. I suspect that if there is an opportunity to do further private Members' Bills, I will be supporting them, because of their attempt to do something positive, really make a change to people's lives and improve society. That is a great opportunity and this Bill is a great achievement, so I congratulate her.

This Bill is not an attack on the health, beauty and non-medical cosmetics market, as my hon. Friend the Member for Bosworth (Dr Evans) pointed out. That sector has a role to play. I also echo the sentiment of my hon. Friend the Member for South Suffolk (James Cartledge) when he said that we Conservatives are not the party of more legislation for the sake of it—we are the party of individual responsibility. Like many Members, I was shocked that children under the age of 18 are able to get these treatments, in what can sometimes be described as the “wild west” of non-medical cosmetics. This growing market is worth about £2.75 billion and I am sure it will grow further, given the way in which the trends are moving. I am an advocate for adults being able to make their own decisions, with good information. Let me refer here to the attempt being made by my hon. Friend the Member for Bosworth to get legislation through to have better information on social media, so that children are able to know when pictures have been doctored. These types of images have an impact on not only the mental health of individuals, but the decision-making process, which I will come on to talk about.

I thought it would be good to talk about botulinum toxin. The United States National Library of Medicine and National Institutes of Health call it the miracle poison. I recognise that there are medical benefits from botox and that there is a place for it, but I am shocked that more regulation is not in place. I hope that this Bill makes it into law, to allow for greater regulation in this sphere.

Let me give some context, as I talked about the impression on young people. Many Members may be aware of the social media app Snapchat, whose audience

is primarily 13 to 24-year-olds. Some 7% of the 60,000 respondents to its survey said that they had undergone cosmetic procedures for aesthetic reasons; 66% of almost 50,00 said that they would like to change their facial features; 33% said that they would like to alter their nose; and 24% said that they would like to change their lips. That goes to the heart of the issue. This is certainly having an impact and children are tempted by cosmetic procedures.

I believe that the Bill goes beyond just botox to the heart of where we want to be as a House, and certainly where we Conservative Members want to be as a party. For me, this is about saying: let children be children and let them enjoy their lives. Think of the pressures that they have in everyday society, which, by the way, did not start with social media. I remember, when I was growing up, stories of teens reading magazines and eating disorders coming up. This has been a long-standing issue, although social media has accentuated it. My hon. Friend the Member for East Surrey (Claire Coutinho) talked about being a baby. Well, I was a very beautiful baby—confidence, or lack of confidence, was never an issue for me. However, as I was growing up, bands such as Oasis tried to determine what my hairstyle would be. I had a hairstyle with these things called curtains, as they were called at the time—I see some hon. Members nodding; I am sure they tried it, too. My first driving licence picture looked nothing like what I look like now—I will not go any further into that—but we are impressionable, certainly when we are growing up. We are susceptible to trends, whether they are online or among our peers.

I intervened on my hon. Friend the Member for Bosworth because I question whether we have the right tools in place in our homes and schools to try to combat these pressures. It will be an ongoing battle, because we live in this “Love Island” generation, which looks at what is purported to be the right thing to be or what the norm is to look like. My hon. Friend the Member for Stourbridge (Suzanne Webb) hit the nail on the head repeatedly. She said that we should try to be the best that we can be, and that we should try to appreciate who we are and the fact that we are not all the same—that we are different and that we look different. We may have curtains at one point and different hairstyles, and we may want to get fit. Someone described me the other day as starting to get a bit more rotund—it was very mean actually, Madam Deputy Speaker, and I am glad to put it on the record—but the fact is that we have to be at ease with ourselves. We can set the standard in this House in trying to fight back against this trend and trying to use social media in a positive way. I am sure that people will be watching this debate and they will want to hear that we want our young people to be more confident.

For me, that is what the Bill is really about—that fight back. I want to think about the world that my children will live in. If I have daughters or sons, I do not want them to feel the pressure of what society says we should look like. I want them to be at ease with themselves and I want them to value what is in their minds and in their hearts. That is the lesson that I hope our children can take away from this.

I understand that there are those who are concerned that the Bill will take some responsibility away from parents and put it into the hands of the nanny state. Other Members have mentioned that legislation does not permit under-18s to get tattoos based on the

permanency of the artwork on their skin. My hon. Friend the Member for Totnes (Anthony Mangnall) talked about tattoos—the cat that someone may have got when they were younger that has turned into a tiger as they have grown older may not have been the tattoo that they wanted. Our law currently permits a form of body modification that fails to address this permanency, and that is why I feel that this legislation is valuable.

I see the Bill as a piece of common sense and I reiterate my congratulations to my hon. Friend the Member for Sevenoaks on proposing it. We have laws in this country to protect young people and the Bill adds to that protection. It does not ban cosmetic fillers on medical grounds; it bans them purely on aesthetic grounds if someone is under the age of 18. It just makes common sense so for that reason I wholeheartedly support the Bill.

11.34 am

Sally-Ann Hart (Hastings and Rye) (Con): It is a pleasure to be able to speak in this debate. I congratulate my hon. Friend the Member for Sevenoaks (Laura Trott) on bringing this Bill to the House.

My hon. Friends have looked back to their childhoods. I grew up in a family of girls; I had three sisters growing up, and our parents were absolutely fantastic. My mother was amazing—I do not know quite how she managed four girls growing up, with all those hormones raging, but she did—and so was my father. I want to emphasise to all hon. Gentlemen in the House how important it is for girls to have fathers who are encouraging, who tell them they are gorgeous but do not focus only on their looks, who tell them how important education is, and who bring them up with confidence and substance. I thank my parents for the job they did with their four daughters.

The 2017 Conservative manifesto contained a commitment to ensure effective registration and regulation of those performing cosmetic interventions. At present, practitioners of botox or fillers do not need to be medically qualified to perform the procedures, and there is no mandatory competency or qualification frameworks related to their administration. The potential health risks of such procedures include blindness, tissue necrosis and all the things highlighted by other hon. Members.

In 2008, the British Association of Plastic, Reconstructive and Aesthetic Surgeons said that cosmetic surgery should always be conducted in the patient's best interest. It said that the decision to perform plastic surgery on a teenager should be made only in exceptional circumstances and with parental consent. That type of scrutiny should also apply to beauty and cosmetic treatment practitioners. Although it is normal for teenagers to worry about their looks, it should never be a matter of course for young people to have or to consider cosmetic or aesthetic surgery unless it is for medical reasons. Surgeons work under strict guidelines, and it is their responsibility to weigh up the pros and cons for each person in a responsible and focused manner, in the best interests of their patient.

Virginia Crosbie (Ynys Môn) (Con): As a teenager, I had a terrible car crash. We have all been looking back at our childhoods. I had a fantastic plastic surgeon—Brian Sommerlad—and I have had the opportunity to thank him and his team in this Chamber. Does my hon. Friend agree that, for medical reasons, we should have support for people at that very vulnerable time?

Sally-Ann Hart: I agree with my hon. Friend on that point.

Children who are still growing should not be considered candidates for appearance change unless it is for medical or mental health reasons. Cosmetic surgery procedures should be rarely performed on children who are still growing—for example, in cases of congenital deformity. There is a big difference between cosmetic procedures used for medical and mental health reasons, and those for purely aesthetic ones. Teenagers are physically immature, and may not develop the emotional strength to enable them to cope with a permanent change of appearance, the complications of botox, fillers or surgery, or their failure to meet their expectations.

Botulinum toxin—botox—is a powerful chemical agent that paralyses muscle and is used to lessen the appearance of wrinkles. Its use and administration should be restricted and regulated, and it should be administered only ever after careful consideration of the individual client and their circumstances, no matter their age. Cosmetic surgeries or procedures are not always the right answer, and it is very unlikely that someone in their teens will receive any benefit from having botox injections for cosmetic reasons. Young people do not have wrinkles, and every young person should celebrate their youth. They are all individuals and are perfect. We are all a miracle of birth. My hon. Friend the Member for Stourbridge (Suzanne Webb) referred to ABBA, and my hon. Friend the Member for Wolverhampton North East (Jane Stevenson) referred to Bananarama, but I will draw on a more modern pop icon: Lady Gaga, who said that God made us perfectly.

Botox is used in the treatment of a range of medical conditions, which hon. Members have highlighted—I will not go through them again. Recent studies have described the use of botulinum toxin as an adjunct to the treatment of cleft lips. It can be used in medical treatments. It is important that under-18s are able to access medical treatment, and the Bill will not prevent that.

The Bill seeks to prevent under-18s from accessing botox or dermal filler procedures for aesthetic reasons, and I praise my hon. Friend the Member for Sevenoaks for bringing it to the House to highlight this serious issue for debate. The Bill seeks to achieve its admirable aims through making it an offence to administer botox and cosmetic fillers by injection to under-18s and establishing a regulatory framework through local authorities to ensure that businesses have appropriate safeguards in place to prevent under-18s from using their services. It is for those reasons that I am delighted to support the Bill.

11.40 am

Shaun Bailey (West Bromwich West) (Con): I have been taught that it is sometimes better to keep it short and sweet, keep them wanting more, so I will try to limit my comments to just a few. I start by thanking my hon. Friend the Member for Sevenoaks (Laura Trott), because her Bill demonstrates the reason why we are all here: to ensure that we protect some of the most vulnerable in our society and those who need our help.

I am conscious that at this point in the debate it is easy to be repetitious. I try to avoid being repetitious where possible, but I do want to pick up on some points raised. This is, at its core, about how we view ourselves. That point was well articulated by the hon. Member for

[Shaun Bailey]

West Ham (Ms Brown) when she said that it is about the individual inside and what we offer the world as people. Our physical presence should not be the core of what people see; it should be about who we are as people. That should be it, but unfortunately it is not.

When we look at the statistics, we see that women are disproportionately affected. I was fortunate to be brought up in a household of very strong women. My mum, who brought me up on her own, and her two sisters are strong, opinionated but fantastic women who absolutely gave me my life view. They taught me clearly that, at the end of the day, someone's gender or what they look like should not matter. If they work hard, they should be able to achieve. I saw through their experiences that women are disproportionately affected, and it is absolutely wrong. That is not to discount, of course, that many men are affected. The figures I have seen show that about 40% of men are affected by botched botox and some of the image issues that come out of this. We absolutely must make sure that we get it right, and the Bill fills such an obvious gap. I think it was my hon. Friend the Member for Bosworth (Dr Evans) who asked—I may be wrong—why on earth this legislation is not already in place. It is beyond my comprehension.

This is not a controversial Bill. It is a common-sense Bill that fills a gap that should have been filled years ago. At its core, as many right hon. and hon. Members have articulated, it is about ensuring that we keep people safe and regulating a £2.75 billion industry. It is about ensuring that young people are protected and not pressured by what they see on TV. We have heard that in many fantastic and well articulated contributions.

I am acutely conscious that other Members want to speak, so I will round up my comments simply by saying that there are many more issues that are slightly outside the purview of the Bill that must be dealt with. My hon. Friend the Member for Sevenoaks absolutely must be commended, because the Bill is fantastic and is absolutely filling a gap that is there today, but today should only be the start. We must tackle those issues around how we view ourselves and the messages that we are sending young people about their place in society and what should be valued as important. It is incumbent on every single right hon. and hon. Member in this place to ensure that we carry forward the fight and say to people, "It is about who you are as a person, not what you look like."

11.44 am

Mike Wood (Dudley South) (Con): It is nice to be able to start a speech in a debate on a private Member's Bill without having to declare an interest, although my children suggest I should perhaps reconsider. As the next piece of business is on drugs testing in prison, I should say that the same applies to that debate.

Shortly after I was elected in 2015, a constituent came to one of my surgeries with a case that was later taken up by Save Face. It concerned a cosmetic surgeon who was conducting procedures from his home in my constituency, claiming to be a nurse consultant and describing himself as on the same level as a doctor. The truth was that he had been struck off for failing to disclose a serious assault conviction related to domestic abuse.

The lack of safeguards around these procedures is shocking, as is the lack of accountability of many of those carrying them out. That is a huge problem for the population as a whole. Fortunately, my constituent's daughter's procedure was not botched, but too many are. When they are, they too often have life-changing impacts. That is a terrible scar—quite literally—for many adults, but when it affects children and young people we have a particular responsibility to act.

The growth in botox, fillers and other similar cosmetic procedures is of great regret to Members on both sides of the House, because it reflects a deeper problem in society and the way that people feel about themselves and value themselves. A large part of it is down to the effect of celebrities and influencers in making treatments popular, particularly among young people who see Kylie Jenner in TV shows such as "Keeping Up with the Kardashians", to give just one example, as a way of measuring their own worth, yet nothing could be further from the truth. That is damaging enough when the actions taken amount only to a filter on Snapchat to alter appearance into some idealised version, but it cannot be right to leave unregulated such permanent life-changing surgery on people who are not yet at the age of majority. There is a responsibility to act in law.

I am pleased by the work that Girlguiding has done to promote body confidence through its Free Being Me programme, helping to address some of the root causes of this trend. There is a clear need for the Bill that my hon. Friend the Member for Sevenoaks (Laura Trott) has rightly introduced to restrict the use of such procedures on children for aesthetic purposes when it is not medically necessary.

Bob Stewart: Will my hon. Friend give way?

Mike Wood: Very briefly, and then I must move on.

Bob Stewart: I am absolutely shocked that anyone who is not medically trained could wield a syringe, particularly on someone who is under 18. That is what I have learned this morning, and I suspect my hon. Friend agrees with me.

Mike Wood: I absolutely agree. When people are unqualified and also uninsured, there is a lack of accountability and recourse when things go wrong.

Too often people focus on the cosmetic part of cosmetic surgery, and imagine that it is a development of putting on make-up, whereas of course it is surgery in every sense of the word. Like all surgery, it has real risks. When it is being used for aesthetic purposes, it is one thing for adults to be allowed to make their choices while being aware of the risks, but we cannot allow that for children and young people. We rightly legislate to protect our young people. We rightly say that under-18s cannot use sunbeds or get tattoos because of the risks and the long-term impacts, but the acute risk that comes with Botox and similar procedures is far more immediate and drastic. As other Members have said, it is an outrage that this is not yet illegal, so I congratulate my hon. Friend the Member for Sevenoaks on bringing forward the Bill. In doing so, she has done a great service to our nation, and I am proud to support it this afternoon.

11.50 am

Sara Britcliffe (Hyndburn) (Con): I will keep this short and sweet. As a younger person, I find it quite shocking that under-18s can have such a procedure. My

hon. Friend the Member for Hastings and Rye (Sally-Ann Hart) said that she grew up with sisters. Unfortunately I grew up with two brothers, and I became the rebellious one, so I would do everything in my power to go against my father, whether it was dying my hair or piercing my ears, which luckily can heal. If I had known about these procedures, I might have contemplated them just to wind up my dad—I do not do that anymore.

I have friends who have had these fillers in their lips, and I have seen the bruising. I have also seen the influence that social media has had on my friends doing that to their lips. They see other people doing it, such as reality TV stars, and they believe they can look the exact same, but that is not the case. The consultation process is vital. I wholeheartedly support the Bill. As a younger person in the House, I think that it is vital, and I think there is cross-party agreement on that.

11.51 am

Rob Butler (Aylesbury) (Con): Protecting the next generation is a vital part of the work we do in this House, so I congratulate my hon. Friend the Member for Sevenoaks (Laura Trott) on all her work to introduce the Bill. Much of what needs to be said has been said, so I will not be repetitious.

Despite being a Conservative who believes in the free market, I believe that this is an instance where it is absolutely right that, as parliamentarians, we—to coin a phrase—take back control from the commercial market and ban Botox and fillers for children for cosmetic purposes. One point that has not been made yet is that there is increasing evidence that brain development continues well into the 20s. That is much discussed in the field of criminal justice, and especially youth justice, and it is especially applicable to the part of the brain that is responsible for understanding the consequences of decisions. While young people may well firmly believe that they need or want Botox or a filler, they are unlikely to be doing so with complete knowledge and psychological maturity. Just because children are convinced of something, it does not necessarily mean that they are right, as I am sure many parents would agree—and I am not even a parent.

Much mention has been made of childhood memories—for the record, I fall into the ABBA camp. A vivid memory of my childhood is being afflicted by migraines from the age of five, and I still am now, so I am pleased that medical treatment with Botox will remain possible with the requisite strong safeguards and under the direction of a doctor.

I promised to be brief, and I will be. I am very pleased that my hon. Friend has brought the Bill to the House. I thank her for raising the profile of this dangerous practice and for doing such sterling work to protect children.

11.53 am

Justin Madders (Ellesmere Port and Neston) (Lab): I welcome this debate, and I do not intend to take up too much time, as my party supports the Bill, as I think do all Members who have spoken today.

As we know, cosmetic procedures such as botulinum toxin—or Botox, as it is more commonly known—are used to reduce the appearance of wrinkles, and dermal fillers are used to fill out wrinkles and creases in the skin and to fill the cheeks and lips. Those procedures are

becoming more and more commonplace. While the effects of the procedures are not permanent—usually lasting three to four months or six to 18, depending on which procedure has been undertaken—it is recommended, as with all cosmetic procedures, that they should be carried out by an experienced and suitably qualified practitioner.

As we have heard, there are a number of associated risks. Although side-effects are rare, in the worst-case scenarios they can include infection, scarring and tissue death, as well as psychological problems. We have heard a number of stories about serious issues and problems arising from these procedures. It is, then, a concern that currently there are no statutory provisions to restrict access to these procedures for children and young people. As has been said, they should be on a par with other appearance-related procedures, such as tattoos and sunbed use, for which there is already a statutory minimum age of 18. The measures in the Bill are necessary to protect young people from the serious consequences of uninformed and unregulated procedures. The hon. Member for Wantage (David Johnston) summed up the mood of a number of Members when he said he could not believe that this was not already covered in law.

In 2013, the Keogh review of regulation of cosmetic interventions called for greater protection for vulnerable people, noting that young girls in particular were becoming more concerned about their appearance, as we have heard from several speakers. A Mental Health Foundation study found that 40% of teenagers said that images on social media cause them to worry about their body image. Be Real's "Somebody Like Me" campaign found that 36% of 11 to 16-year-olds throughout the UK would do "whatever it takes" to look good, including considering surgery. Whatever it takes—what a chilling phrase in this context. Worryingly, Save Face, a national register of accredited practitioners who provide non-surgical cosmetic treatments, has reported increasing numbers of complaints from under-18s who have suffered at the hands of unregulated practitioners.

For too long we have not had the robust, consistent and enforceable standards that we need for these treatments and there has been no accountability for malpractice. The absence of standards leaves practitioners with no support and customers with no guarantee of safety. The Bill is a big step in terms of addressing those issues. I congratulate the hon. Member for Sevenoaks (Laura Trott) on bringing the Bill to the House and on her hard work. As we have heard, it is quite a lot of work to get a private Member's Bill not only debated but passed into law. Her introductory speech was compelling and she made a powerful case about the need for additional safeguards. She was right to say that some of the examples of malpractice that have impacted on women's health go far beyond today's discussion, but there are a number of other examples of where things have gone on for too long without intervention.

I wish to recognise the contributions from the other hon. Members who have spoken today. There is clearly a great deal of knowledge and expertise in this debate. The hon. Member for Bosworth (Dr Evans) in particular gave us a comprehensive overview of the medical aspects of this issue. He was absolutely right about accountability being at the heart of the Bill. Most Members spoke about the pervasive influence of social media in particular and its impact on young people in terms of the pressure

[Justin Madders]

that it puts on them. Clearly, that is beyond the scope of today's discussion, but there is certainly a mood in the House in favour of doing more in that policy area.

While I am talking about Members' contributions, I wish to pay tribute to the work of the all-party group on beauty, aesthetics and wellbeing, and particularly its co-chairs, my hon. Friends the Members for Swansea East (Carolyn Harris) and for Bradford South (Judith Cummins). The group has been highlighting the lack of age restrictions for these procedures and has also raised concerns about advertising and social media promotion that leaves young people vulnerable and at risk. The group's inquiry on non-surgical cosmetic procedures is the first to assess the regulation of such procedures and its adequacy. The inquiry has brought together people from across the sector to talk about the lack of robust, consistent and enforceable standards and the all-party group is looking to reach consensus on those issues. The inquiry is still ongoing, but I am sure that when it reports it will be a helpful tool for the Government in respect of future legislation, should any be necessary.

Coming back to the Bill itself, as we know, it is intended to safeguard children from the potential risks associated with these procedures. The Bill prohibits specific cosmetic procedures, commonly known as botox and dermal fillers, being performed on young people under the age of 18 in England for purely aesthetic purposes, although, as I understand it, the procedures will still be available to under-18s through registered health professionals where there is an assessed medical need. The Bill provides that the administration of botulinum toxin and cosmetic fillers by injection on a person of the age of 18 will be an offence and that the person who commits that offence is liable on summary conviction to an unlimited fine. The Bill also imposes a duty on businesses to ensure that they do not arrange or perform procedures on under-18s and that will be enforced by a local authority regulatory regime.

The offence is a strict liability offence, which means that if it is committed by a business, or arrangements are made for the administration of one of the substances covered by the Bill for a cosmetic purpose, it will unfortunately be found guilty automatically. However, a defence of reasonable precautions and due diligence will be available to businesses if they can demonstrate that they took all reasonable precautions and exercised due diligence to require proof of a person's age before any procedures took place. The Bill, if it becomes law, will also provide that any body corporate that commits an offence, or if one is attributable to the neglect of an officer of the body corporate, then that officer, as well as the body corporate, will be guilty of the offence.

Finally, although the Bill does not create any new enforcement or investigatory powers, it does set out that local authorities can enforce the provisions in the Bill using their powers available under schedule 5 of the Consumer Rights Act 2015. Clearly, these are significant new responsibilities for local authorities. Of course we have expressed concern over the way that councils have had their funding stripped over the past decade, so it does raise questions about how comprehensive the enforcement regime will be. That probably is an issue that this House will return to on many other occasions, but it is not a reason for us to reject the Bill today. I

conclude by welcoming what the Bill seeks to achieve, and I wish it a speedy passage through the rest of its parliamentary process.

12.2 pm

The Minister for Health (Edward Argar): It is always a pleasure to see you in the Chair, Madam Deputy Speaker.

First, as hon. Members will hopefully recognise, I am not my hon. Friend the Member for Mid Bedfordshire (Ms Dorries). I know that she would very much have wished to be here today, given her work with my hon. Friend the Member for Sevenoaks (Laura Trott) on her Bill. She has asked me to say that, as a close contact with someone who has tested positive for covid, she is, as always, doing the right thing and staying away from the House.

I thank my hon. Friend the Member for Sevenoaks for her efforts in bringing forward this Bill today. I know that my hon. Friend, who is the Minister for Patient Safety, Mental Health and Suicide Prevention, has had many positive conversations with her about this issue.

I recognise, given the amount of time that we have been spending opposite each other in debates in recent days, that the shadow Minister, the hon. Member for Ellesmere Port and Neston (Justin Madders), has picked up on some points that I was already going to pick up on—I suspect that that comes as no surprise. He is right to highlight that this is an issue that unites the House, regardless of party. It is important that I join him in paying tribute to the hon. Members for Swansea East (Carolyn Harris), for Bradford South (Judith Cummins) and indeed to the right hon. Member for North Durham (Mr Jones), who has also taken a big interest in this issue. I also pay tribute to very powerful campaign of *The Sun*.

Turning to my hon. Friend the Member for Sevenoaks, I know her well and I have known her since before she was a Member of this House. She is always eloquent and effective in her campaigning, and she truly cares about these issues, so it is a privilege to speak in this debate. I also know, from her campaigning, her determination to achieve results and that she always does so. With that in mind, it is a pleasure and, indeed, a relief that, on behalf of the Government, I can offer my wholehearted support for the introduction of an age restriction for cosmetic procedures, and I hope that this Bill—this very important Bill—will receive the wholehearted support of the House.

Let us be clear, this is an ever-expanding multimillion-pound industry and there is more work to be done to ensure that it operates safely. In recent years, there has been a huge rise in the number of people seeking botox and fillers, which has led to an equally large rise in the number of people offering such treatment. The physical and psychological implications of cosmetic procedures are not to be underestimated and need careful consideration. The Bill rightly focuses on protecting young people from receiving botox and fillers until they are able to fully weigh those implications, and I support those aims.

The growth of the cosmetics industry is well documented, and we have seen a fundamental shift in attitudes to cosmetic interventions. It is important to acknowledge the economic and wellbeing contributions of the broader beauty and aesthetics industry. The value of the non-surgical cosmetic interventions market is predicted to rise to

over £3.6 billion in the UK by 2021. People have the right to choose what to do to their own bodies, but it is vital that the regulatory framework around the cosmetics industry enables consumers, particularly vulnerable consumers, to make an informed and safe choice.

As my hon. Friend set out, children are currently able to access invasive cosmetic procedures on the commercial market without any requirement for a medical or psychological assessment. Understandably, that has come as something of a surprise to many Members who recognise that they perhaps assumed it was illegal already. I think that my hon. Friends the Members for Wantage (David Johnston), for Newbury (Laura Farris) and for Hyndburn (Sara Britcliffe) alluded to that. There are many reputable and experienced practitioners working in the sector, and this is not an attack on them, but that is by no means universally the case.

It is vital that young people are protected from practitioners who provide botox or fillers for a young person where there is no clinical need on purely aesthetic grounds. We are in danger of mistakenly thinking that having a cosmetic procedure is as straightforward as going to the hairdressers, whereas in reality, as we have heard today, the risks associated with such procedures going wrong are serious and long lasting.

Those risks were set out by my hon. Friend the Member for Sevenoaks and by my hon. Friend the Member for Bosworth (Dr Evans), my constituency neighbour, drawing on his extensive medical experience. My Department has been working to identify where improvements could be made and regulations strengthened to ensure the safety of the most vulnerable consumers. My hon. Friend's Bill has identified an important area where the safeguards can and should be improved now. My Department is also considering whether further protections should be put in place.

I will make a couple of further points, Madam Deputy Speaker, before drawing my remarks to a close. This is not about making judgments. Young people, as we have heard, are bombarded every day with filtered selfies on social media, influencers and celebrities selling a glamorous lifestyle, which, they suggest, depends on the way someone looks. It is a dangerous and misleading prospectus.

We have heard from many Members today. My hon. Friend the Member for Stourbridge (Suzanne Webb) made her point very powerfully. It is always a pleasure to hear from the hon. Member for West Ham (Ms Brown), who rightly made a typically powerful intervention. She talked about the need for positivity and recognising that everyone is beautiful as they are and the importance of that attitude. The pressure on young people around body image is immense. That is something I saw in my work on eating disorders before becoming a Minister, working with the amazing charity Beat, to which I pay tribute.

The increased accessibility and affordability of cosmetic treatments, alongside that pressure on young people to look a certain way, has perhaps led to a sense of the normalisation of procedures. Our role in government is to support young people in making safe and informed choices and, where necessary, to protect them from the potential harm that procedures can do to their health. We currently place the responsibility to make a considered decision about something seemingly commonplace, but which could have serious consequences for their health, on very young shoulders at a time of physical and

emotional development. There are already statutory age restrictions in place for tattooing, teeth whitening and sunbed use, and it makes little sense that there are no similar protections for invasive injectable cosmetic procedures. Alongside the Bill, my Department is exploring a range of options for increased oversight of practitioners, including a system of registration or licensing.

My hon. Friend the Member for Sevenoaks, as I alluded to earlier, highlighted the potential health risks of the procedures covered by the Bill. I will not repeat them, but it is safe to say that I agree with her assessment of which products should be covered by age restrictions. The proposals in the Bill will ensure that the procedures for under-18s are placed firmly within a clinical framework. They permit the procedures to continue under the directions of a doctor and to be administered within a regulated environment for medical purposes.

This Bill is the right thing to do. It represents an important and real step forward, and once again, I congratulate my hon. Friend the Member for Sevenoaks on her important and impressive work and offer the Government's full support to the Bill.

12.9 pm

Laura Trott: With the leave of the House, I will make some final remarks. There have been some passionate and personal speeches today, and I am very grateful for the support from all parts of the House and from those on the Front Bench. A key thing that has emerged is the impact of social media—a pernicious impact in far too many cases.

My hon. Friend the Member for East Surrey (Claire Coutinho) put it well when she said we have a generation who are the most anxious, the most depressed and with the lowest sense of self-worth. We must do all we can to support our young people. My Bill will deal with some of the symptoms of the problem, but not necessarily the cause. My hon. Friend the Member for Bosworth (Dr Evans) is doing a good job on some of the problematic causes of this issue, and I hope his work is taken forward.

My hon. Friend the Member for West Bromwich West (Shaun Bailey) said that this Bill should only be the start, and he is right. My hon. Friend the Member for Wantage (David Johnston) rightly pointed out that the dangers of unlicensed and unscrupulous providers apply to all ages, not just the young. It is absolutely correct that we need more consultation, as my hon. Friend the Member for Clwyd South (Simon Baynes) pointed out; more accountability, as my hon. Friend the Member for Bosworth pointed out; and minimum qualification levels, as my hon. Friend the Member for Wolverhampton North East (Jane Stevenson) rightly highlighted. I am glad to hear that the Department will be taking registration and licensing forward.

As my hon. Friend the Member for Meriden (Saqib Bhatti) said, the Bill is not an attack on the industry. There are so many providers that are doing this well and are looking after the people they are treating, but we must stop the ones who are not. We must make sure that women—there are men involved as well, but 92% of these procedures are done on women—are protected, and that should be true for all ages.

My hon. Friend the Member for South Suffolk (James Cartledge) rightly pointed out that we need to be careful about over-regulation, but equally, we must ensure that procedures are safe. We do not expect to go down to our

[*Laura Trott*]

local pharmacy and for the nail varnish to burn our fingers off. Equally, if someone is going to have an invasive procedure, the state should make sure that it is safe.

There was a specific question from my hon. Friend the Member for Totnes (Anthony Mangnall) about enforcement. Local authorities will be able to enforce in their local area, and businesses or providers will be subject to unlimited fines.

The purpose of my Bill is simple. No child needs cosmetic botox or fillers, and such treatments on the vulnerable must be banned. Too many young people's lives have already been seriously impacted because of cosmetic procedures gone wrong. As my hon. Friend the Member for Wolverhampton North East says, it makes no sense that it is illegal to tattoo a person under the age of 18, but it is not illegal for practitioners to provide these extremely high-risk services to vulnerable and insecure young people.

The Minister rightly set out the Government's work on the regulation of cosmetic procedures to date, and I thank him deeply for his support. I also place on record my thanks to the Minister for Patient Safety, Mental Health and Suicide Prevention for her help and her work in this area. It has been remarkable and is correcting an oversight that has gone on for too long. We must stop the dangerous and unnecessary non-medical procedures that can ruin children's lives, and I welcome the Minister's support today in ensuring that we are now one step closer to achieving that. I commend the Bill to the House.

Question put and agreed to.

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

Prisons (Substance Testing) Bill

Second Reading

12.14 pm

Mr Richard Holden (North West Durham) (Con): I beg to move, That the Bill be now read a Second time.

I am leading the debate on behalf of my right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan). She is unfortunately isolating and so cannot be here, but it is with great pleasure that I am speaking on her behalf. She has a great history of introducing private Members' Bills. In fact, she took her first private Member's Bill through over 10 years ago: the Autism Bill, which became the Autism Act 2009. I am hopeful that for the Bill's later stages she may be able to return to take up the cudgel once more.

The purpose of the Bill is to ensure that our prisons and young offenders institutions are safer, more secure and ultimately better environments for rehabilitation. Although at the moment covid is proving a serious challenge to the prison system, overall in recent decades the misuse of drugs has become probably one of the biggest challenges faced in our prisons. A survey by Her Majesty's inspectorate of prisons in 2018-19 showed that 45% of female prisoners and 48% of male prisoners found it easy or very easy to get drugs in prison. In 2019-20, 10.5% of random mandatory drug tests in prisons were positive for traditional drugs, such as cannabis or opiates, but when psychoactive substances are included the rate of positive tests rises by around 30% to 14% in all prisons.

Psychoactive drugs, and the misuse of prescription-only medication and pharmacy medicines in particular, is a relatively new problem in our prison system, but it is a growing and dangerous problem, and further action is needed now. The Bill seeks to improve the capability of prisons in England and Wales to test for the use of illicit substances and to take an important step forward in tackling the prevalence of drugs in prisons.

The Prison Service and the Youth Custody Service can currently test only for controlled drugs as defined under the Misuse of Drugs Act 1971 and specified substances listed in schedule 2 of the Prison Rules 1999 and the Young Offender Institution Rules 2000. In order to add a new drug to the list of specified substances, the Government need to manually add each new compound every time. As Members will appreciate, that causes delays, is resource intensive and is inefficient. I pay tribute to my hon. Friend the Member for Hitchin and Harpenden (Bim Afolami), who tried to introduce this Bill in a previous Session. It is clear that the current process is not working. Despite the Prison Service and Youth Custody Service updating the list at regular intervals, ill-intentioned drug manufacturers and chemical experts can quickly get around the law by producing modified variants of the drugs, meaning that prisoners and young offenders are no longer able to be tested for them and their use goes undetected. They are often made in regimes in other countries around the world without any of the safeguards that we have here.

The scale of the problem with drugs in prisons is demonstrated by the data that is now available. In the year to March 2020 there were almost 22,000 incidents of drug finds in prisons in England and Wales alone—the highest number of incidents over the past decade—with

an astonishing 182 kg of illicit drugs recovered from prisons. Drug use drives increased violence. We have seen that in prisons over recent years. Debts are enforced, discharged or avoided through assaults on other prisoners or on staff. Drug use also leads to incidents of self-harm.

Yesterday, I spoke to a prison officer at the Prison Officers Association in County Durham, who said that this was a serious and growing problem, and that psychoactive substances in particular cause real problems because officers often have no idea what is in them or how to treat them. They have had many suicide attempts by people on these drugs, which are very difficult to control. Prison officers are often putting their lives on the line to look after prisoners.

The Bill is a response to that issue. It is straightforward and simple. It allows the generalised definition of psychoactive substances provided by the Psychoactive Substances Act 2016 to be added to the statute book, which will allow the Prison Service and Youth Custody Service to test prisoners for any and all psychoactive substances, now and in the future. The Bill would, in a similar way, permit the testing of prisoners and young offenders for illicit use of prescription-only pharmacy medicines as defined by the Human Medicines Regulations 2012.

Crucially, the Bill future-proofs drug testing programmes in prisons and young offenders institutions, and it will allow the Prison Service and the Youth Custody Service to take the appropriate action to tackle the threat of drugs, whether that is referring prisoners and young offenders to healthcare treatment programmes or pursuing sanctions against those involved in the distribution and use of drugs.

The House has an opportunity to support provisions that could lead to fewer prisoners and young offenders leaving custody with drug dependency issues and therefore, hopefully, to a reduction in reoffending and safer communities for all our constituents. I hope that the benefits I have laid out are clear for the House to see and that the Bill will gain support from Members on both sides.

12.20 pm

Ms Lyn Brown (West Ham) (Lab): I am grateful to you for calling me, Madam Deputy Speaker—I love Fridays.

I congratulate the right hon. Member for Chesham and Amersham (Dame Cheryl Gillan) on bringing forward her Bill. I know that she will have done so because she wants to make a real difference for the most vulnerable in society, just as she did with her Autism Act 2009. This Bill has Labour support. I am looking forward to serving with the right hon. Lady on the Bill Committee, and I hope that the Government will ensure that the Bill has a smooth passage today and through all its parliamentary stages.

As the hon. Member for North West Durham (Mr Holden) rightly said, substance misuse is an extremely important issue for our criminal justice system, our prisons and our communities. Sadly, this week, drug-related deaths hit an all-time high. Drug dependence and abuse is a massive factor in many people's offending and, indeed, reoffending. This year, the Black review found that about a third of prisoners are in prison for reasons connected to drug use. Of that third, 40% are actually in prison for drugs offences, so 60% are there

for other crimes, such as theft or robbery, which they often commit to pay for the devastating financial cost of an addiction.

As we know, the cost of an addiction is not just financial. Many psychoactive drugs, including novel psychoactive substances—I will call them NPS so that I do not have to say those words throughout my speech—such as Spice, can take a terrible toll on physical and mental health. In prison, as in the outside world, many people take drugs to escape the bewildering, scary or miserable circumstances of their lives. Unfortunately, the substances taken to experience fleeting moments of distraction or numbness make the problems of chaotic lives so much worse.

Drug misuse, just like alcoholism, is a medical problem, and healing it requires well funded, long-term, holistic medical and social intervention. We know that substance abuse treatment works to reduce reoffending. Analysis by the Ministry of Justice suggests that being in treatment cuts reoffending by 44%, and that the number of repeat offences committed is cut by about 33%. It is likely that if treatment were better funded, larger reductions would result.

Over the last 10 years, responsibility for drug treatment has been transferred to councils, and the ring-fenced budget has been removed and reduced. Local government grants and public health funding were both cut. Many of those who are in our prisons today might not have been there if they had got help earlier—if society and the state had had the resources to step in and stop a downward spiral before it started—but to quote the American President, we are where we are. Now, we have to do everything in our power with those who are in prison to ensure that the conditions are there for good health, effective treatment, decent living conditions and a seamless transition to treatment in the community upon release. Without those things, I do not believe that somebody who has done wrong and is in prison will get a second chance to turn their life around.

The interventions made in individual prisons, and the policy for prisons across England and Wales a whole, can be made more effective if prison governors and the Prison Service have knowledge of what is happening with drugs inside. This Bill is intended to help with just that, and Labour Members support that essential purpose, just as we supported by Psychoactive Substances Act 2016—I should know, because I was the shadow Minister on that Bill. During its passage I learned lots. In particular, I learned that Spice and other new and initially unregulated psychoactive substances can have a devastating effect on people, and that their use in prison has had some terrible impacts on prison safety and stability.

Spice use can cause prisoners to behave extremely unpredictably and in ways that are out of character, and it has led to violent attacks on prison staff and on other prisoners. That primarily affects prison officers and workers. Like the hon. Member for North West Durham, I have been told by the POA that its people have been faced with the utter horror of someone they have known for a long time—perhaps a young man who has been in the revolving door and been in and out of prison without ever being a problem—taking Spice and being turned into “an utter lunatic who wants to kill you and who feels no pain.”

When a batch of Spice manages to get into a prison and is distributed widely across the population there can be a wave of problems, with people physically

[Ms Lyn Brown]

collapsing, having a mental health crisis or becoming violent. It is clearly in the interests of vulnerable prisoners, staff and our communities for the system to be able to respond more quickly to changing recipes, new symptoms, new routes in and new users, which is why this Bill is so welcome.

May I gently point out, however, that there is evidence to suggest that a disproportionate number of Spice users may not be in treatment? The Forward Trust has estimated that between 60% and 90% of the prison population have used an NPS at some point, yet in 2018-19 only 11% of prisoners in treatment had NPS use noted as one of their problems, so there is a huge disparity there. Most prisoners on a treatment programme went into it immediately upon entering prison. I know we will agree that picking up on the substance abuse immediately is an important thing, but it does not account for those who start misusing a drug while in custody. Such people may have had no other history of this. So I would be grateful to hear a little from the Government—or they can write to me—about what they are doing to improve treatment provision, alongside getting the more accurate testing that we need and that this Bill provides for. Public Health England estimates that every £1 spent on drug treatment has a fourfold return, and that has to be worth looking into.

I am told that when somebody uses Spice it is obvious, so there is a bit of a concern that the powers in this Bill will be used for the purposes of punishment, rather than for making an effective order of treatment. It would be a great pity if that is all that happens as a result of this Bill, with prisoners subject to greater punishment rather than getting treatment, because then it will not improve rehabilitation, and it will not make our prisons safer or more stable in the way that we want to see. At the end of the day, Spice is used primarily by very vulnerable populations, particularly rough sleepers and those in prisons. It is used by those whose days are filled with a lethal mixture of boredom and despair. Despite the risk of losing all control and having a terrible time, Spice promises an escape from reality, and the uncomfortable truth is that many of the punishments used in prisons, such as taking away TV privileges or limiting time outside cells, can make that boredom and despair deeper.

Bob Stewart (Beckenham) (Con): I am wondering, with Spice, if there is an animal—a dog—that can sniff it, and how the heck do we trace it? There are people in prison who come in with a problem and there are people who are infected, in a way, with drugs in prison, but the key is to try to find where the drug is located. I am sure the hon. Lady knows that much better than I do, not that she has experience.

Ms Brown: No, trust me, I have no experience. That is why I found the Psychoactive Substances Act 2016 rather an exciting piece of legislation to be responsible for. The hon. Gentleman is right and there are many ways, sadly, that Spice can be taken into a prison. For instance, I was told that Spice can permeate a piece of paper. In a four-page letter, one of those pages might have the substance. It can then be torn into little strips and submerged in water, and the compound can be extracted from that. There are many ways that this can

happen, and that is one of the reasons why this is so dangerous and why we really do need to be doing all we can to bring some semblance of control over the substances in our prisons and our prison estates.

If we want to tackle Spice in our prisons, as well as shutting down the routes in and ensuring that those who exploit it are stopped, we have to ensure that fewer people actually want to take it. That requires treatment by professionals, a productive and active prisons regime, and the creation of a therapeutic culture in which it is normal to want to be well, to have opportunities and support to be well, and to see oneself leaving prison and leading a productive life.

I am told that the test for psychoactive substances available currently can identify only six elements within the broad category of NPSs, and that updating that test can take as long as a year. I wonder if the Minister can tell us how many more chemical elements the Government think will need to be added in the near future to make that test more effective. I know she might not have that at her fingertips, and I would be grateful for a letter. I would also be grateful for any estimates she might have made as to how these changes will allow testing revisions to be speeded up and new forms of dangerous drugs identified.

Can I also ask the Minister: who will get access to the studies of the prevalence of different substance misuse in prisons in future? She will know that the Prison Officers Association has requested access to these studies so that its members have basic information about which substances are in circulation in their prisons, but it tells me that it does not get a response. Currently, the contract for prison testing is outsourced and held by just one company, Abbott Toxicology. It would be worth while if, during the progress of the Bill, the Government would make available an assessment of the performance of that contract. Is the service this company is providing adequate and is it value for money? Will there be a new contract to reflect the wider range of substances that need to be tested for?

As hon. Members will know, there are occasionally issues with the interpretation of the definition in the Psychoactive Substances Act, which this Bill would copy into the Prison Act 1952. Are the Government confident that the definition in the Bill is robust enough?

What purpose will be left for section 47(3A) of the Prisons Act 1952 after the Bill has amended it? Currently, the section allows the Government to make special rules enabling samples to be required for tests of substances that are not controlled under the Misuse of Drugs Act 1971. However, it now will not be possible, or presumably necessary, to use those powers to enable testing for new psychoactive substances, so what could it be used for? Is there still a point to having that general power in legislation?

The Bill extends the testing regime to cover prescribed and pharmacy medicines, many of which can be misused and cause serious damage in our prisons. They include drugs such as gabapentinoids and prescribed opioids for pain relief, which may be sold or shared with others outside the prescription given by the NHS. This is a welcome change, but close collaboration will be needed to ensure that prisoners who test positive are not mistakenly and unfairly penalised when they have a prescription and a genuine medical need. I note that there are a few points about that in paragraph 40 of the explanatory

notes to the Bill, but I ask the Minister to expand on that, either in this debate or when we consider the Bill in Committee, as I hope we will.

It is essential that the testing regime will be the same across each prison and between prisons: from the new entrants in reception, to those in treatment areas, to those in a different prison, to a prison to which the prisoner might be transferred next week or next month. Otherwise, damaging disparities could arise between the results given by a test used in reception and one used by NHS staff in the treatment centre. What reassurances can the Government offer that that will be absolutely guaranteed?

Better testing can do very little when the treatment provision and the healthy rehabilitative regimes and cultures are not there in our prisons. I would be interested to see in the near future an analysis by the Government of how much an expansion of testing would cost. However well intentioned the Bill is—I think it is well intentioned—we need to make a considered assessment of whether additional money might be better spent on more staffing in prison, better access to drug treatment and through-the-gate support, or more rehabilitative prison regimes.

We need to make our prisons free of this poison, which continues to wreck lives. On the face of it, the lockdown in prisons should have made a big difference. There are only a number of possible routes that banned substances can take to get into prisons and two of the main routes have been heavily restricted. Visits to prisons were banned for many months and even now they have restarted they are occurring at a much lower capacity. During that same time, new entrants to the prison system from our courts have slowed to a trickle as a result of court closures and mounting backlogs. I hope the Minister can tell us whether there has, or has not, been a big decrease in access to substances in prisons over the past months, as that should be able to inform us about the routes being used to bring substances in. Perhaps the Minister will be able to tell us what lessons have been learned.

What impact has the lockdown had on the quality and accessibility of treatment in prisons? We know that access to prescriptions has, thankfully, continued with relatively little disruption through the pandemic, but what has happened to the other elements of treatment? Group-based discussions and therapy are always an important part of treatment. Are the Government considering how a wider range of treatment options could be restarted safely, bearing in mind that the risk from the pandemic may continue for many months to come?

I am happy to say that Labour welcomes and supports the Bill, and I congratulate the right hon. Member for Chesham and Amersham again on bringing it to the House. The Bill will create greater consistency across policies and make a change that perhaps should have been made when the Psychoactive Substances Bill went through the House four years ago. I will be delighted to support it today.

12.40 pm

Rob Butler (Aylesbury) (Con): I rise to speak in support of this excellent Bill, and I must declare my interest: immediately prior to my election, I was a non-executive director of Her Majesty's Prison and Probation Service and previously spent four and a half

years as a member of the Youth Justice Board. In those roles, I visited many prison establishments in England and Wales, and I should add that HMYOI Aylesbury is in my constituency. I would like to take this opportunity to pay tribute to the staff of custodial establishments up and down the country for their work, especially during the coronavirus crisis.

Drugs are the scourge of prisons. Indeed, in one that I visited, I was told that drugs now outranked escape as the main threat. We have heard some of the figures on drug testing, but behind numbers, as always, lie human experiences. I well remember being in a workshop of one category B prison and being overwhelmed by the brilliant craftsmanship of the offenders working there each morning. They would carve or sculpt intricate designs. They were doing work that is in great demand in the outside world. They were motivated and skilled. I asked one of the prisoners what he did in the afternoon, once the vocational training had finished. His answer was simple: "Get high to forget—take drugs so the time goes faster." That is because, as the hon. Member for West Ham (Ms Brown) said, in many prisons the main driver of drug use is boredom. Other prisoners take drugs because they cannot cope. Drugs in prison provide escapism, albeit in an extremely dangerous way. That means that drugs in jail are big business. They generate substantial amounts of money for criminals, both inside and outside the prison estate.

Psychoactive substances, or PS, are of particular concern. They are often harder to intercept on the way into prisons, not least because they can be hidden on ordinary sheets of paper. There have even been cases of fake legal letters that are soaked in psychoactive substances being sent to prison, where they are then cut up into tiny pieces and sold on to other criminals to give them a fleeting high. In a category A prison, I was told that one A4-sized piece of paper soaked in PS can be worth £400.

The criminalisation of possession of psychoactive substances in custodial establishments is a very good thing, but there are always unintended consequences, and it has led to a boon for organised crime gangs operating inside the prison estate. PS are still relatively easy to come by outside prison, meaning, as one prison officer put it to me, that "everyone can now become Pablo Escobar." It is a terrifying thought. One of the biggest dangers of PS is the unpredictable impact on different individuals. Some prisoners become catatonic. Others engage in extreme behaviours that almost defy imagination. Others still are humiliated.

What all this illustrates is the challenge that faces our prison staff day in, day out, and we as parliamentarians should do anything we can to help. However, our current legislative process to update the list of illegal substances is no longer fit for purpose. Making repeated amendments through secondary legislation to add each new formulation of a substance is cumbersome, slow and inefficient. Adopting the generic definition of a psychoactive substance, as proposed in clause 1 of the Bill, will mean that small alterations to the chemical formulation will not provide a loophole such that prisoners can claim they took nothing illegal. I submit that the proposed change is a necessary and sensible step to improve the ability of HMPPS to tackle PS in the estate.

It is important that we provide HMPPS and all its staff with the right tools to stay one step ahead of the criminals. Prevalence testing is one way to do that,

[Rob Butler]

enabling staff to identify new substances that are being taken. Creating an express statutory footing to do so, as proposed in the Bill, is therefore not only wise but necessary. There are also, unfortunately, cases where prescription and other pharmacy medicines are abused by prisoners, and I therefore welcome the intention in the Bill to widen the range of such substances that can be tested for, in order to clamp down on the illicit economy that arises from their misuse.

It is absolutely essential that we have a process of testing for drugs in our prisons and our youth offender institutions that is thorough, effective and able to respond to rapid changes in the market in both illicit and legal substances that are abused in our jails. This is a short Bill, which, on the face of it, makes relatively minor changes to the regime of drug testing, but its impact could be profoundly beneficial. I warmly congratulate my constituency neighbour and good friend Dame Cheryl Gillan on her efforts to make it more straightforward to tackle the curse of drugs in prison, and I thank the hon. Member for North West Durham (Mr Holden) for bringing it to the House on her behalf.

Madam Deputy Speaker (Dame Eleanor Laing): Order. Will the hon. Gentleman reiterate that bit, instead referring to the right hon. Lady as—

Rob Butler: My right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan).

Madam Deputy Speaker: Thank you very much.

12.45 pm

Sir Christopher Chope (Christchurch) (Con): I, too, congratulate my right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan) on bringing forward the Bill; it is a pity that she is unable to be here physically to support it today. This is a good Bill, but I will say a few things about where I think we could make it better.

As you know, Madam Deputy Speaker, I have been in this House for some time and one of the perpetual challenges that I have put out to successive prisons Ministers is, “I hope that during your time as prisons Minister you will be able to deliver not drug-free prisons, but just one prison in this country that is free of drugs.” The short answer is that none of my right hon. and hon. Friends who have held that position has ever been able to achieve a single drug-free prison as an objective, and likewise, Labour Ministers were unable to deliver that.

One of my concerns is that when one talks to people who have been in prison and know the Prison Service, one finds that a lot of prisons seem to be rather relaxed about the current regime for drug testing. The Bill extends the substances in respect of which there can be testing, but why are we not already testing a lot within prisons? I have constituents who have served time in prison and have come as drug addicts having gone in without having a drug addiction. Too much of that is going on, and I would like to know from the Minister why there is this manifest policy failure. We have been discussing a lot of policy failures in this House recently centred around the Department of Health and Social Care, but there has been, and is, a continuing policy failure on the part of the Home Office not to enable

people to stay in prison without being addicted to drugs. The one way of dealing with that is to have regular testing.

I was most concerned to see in the explanatory notes the financial implications of the Bill. Paragraph 29 states that

“the legislation would not significantly affect the practice of drug testing in England and Wales, so any financial impact would be modest.”

I hope that the Minister will be able to tell us why she does not believe that the present practice should be changed, because at the moment, a sort of game is being played within prisons. There is a minimalist approach and tokenism in relation to testing for drugs, because many prison officers take the view that it is better to have drug-dependent prisoners because they are less trouble. Why do we still have a situation where we are trying in vain to stop drugs coming across the borders into our country from overseas when we have proved ourselves incapable of preventing a single prison in this country from being infiltrated by illegal drugs?

It seems to me, as so often happens with private Member’s legislation, particularly when it has the support of the Government, that instead of concentrating on the real issue, which is the prevalence of drugs in prisons—there is already the power to test for that, but testing is not being carried out frequently enough—we are moving into saying that we need to test for other substances as well. I am sure that we do, but the same paragraph of the explanatory notes says that the Prison Service drug testing procurement exercise currently taking place—we heard earlier from the hon. Member for West Ham (Ms Brown) that there is a monopoly supplier, which is in itself unhealthy—is not scheduled to conclude until December 2021. Why is that? What is the delay? We seem to be able to get a lot of procurement pretty quickly under the covid-19 emergency legislation, so why can we not deal with the monopoly problem in the Prison Service drug testing system?

The explanatory notes suggest that

“Affordability will depend on achieving much better value for money from the new contract.”

If we are going to get new a new contract, why not get on with it now? Why is the specification for a new contract not being drawn up? Perhaps the Minister would like to place a copy of the draft specification in the Library so that we can see whether it will attract more than one bidder and save a significant amount of money.

It is amazing that so little money is being spent on this drug testing. The explanatory notes say that the current budget for mandatory drug testing is just £4.4 million. The cost to society of illegal drugs and substances being not just within prisoners inside the prison but within drug-dependent people who are released from prison is far in excess of £4.4 million. It almost seems as though the Home Office is giving some sort of perverse incentive to the Prison Service not to do more testing because it will be too expensive. It seems to me that of all the benefits that could come from expenditure of money, few could deliver better rewards for society than higher expenditure and more testing in prisons of those who are suspected of having drugs and other illegal substances. Therefore, although the explanatory notes say that we will have a money resolution for additional expenditure, it is envisaged that it will not be very much. We need a clear explanation from the Minister

as to why this very important activity, which is designed to save lives and save public expenditure, has not been funded to a much better extent already within the Prison Service.

One of the great benefits of such a Bill is that it gives us a chance to discuss the policy background. I hope that, if the Bill gets to Committee and we do not get satisfactory answers, we will have a chance to explore it further on Report. I certainly support its Second Reading.

12.53 pm

David Johnston (Wantage) (Con): I will be brief. I congratulate my right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan). One does not need to be here long to know what a formidable Member of the House she is, and I hope we will see her back here soon. Most of the public are rightly horrified when they hear the stories of drugs and violence in our prisons, but we have to deal with the world as it is and they are a very real and present threat. Drugs affect the physical and mental health of our prisoners and are getting prisoners into debt, which in turn leads to situations of bullying and self-harm. We do not yet have a direct correlation between these psychoactive substances and the violence that we have been seeing, but, given that they make people more aggressive, I think most of us would think that it is at least a factor. Inside prisons, just like the world outside prisons, drugs place huge strain on our medical services and on our education and employment opportunities, too.

Of course, prison is for punishment, but unless we want people to come out, commit another crime and go straight back in, it has to be for rehabilitation, too. Asking our prison staff to rehabilitate people who are misusing psychoactive and other substances in prison is tying at least one hand behind their backs.

We have some stark facts about the problems of drugs in our prisons. Between 2014 and 2019, the proportion of people who said that they got a drug habit in custody doubled. In 2015, Her Majesty's inspectorate said that psychoactive substances were the most serious threat to having a safe and secure prison system. In 2016, the Mount Prison closed an effective treatment programme due to a massive influx of these psychoactive substances. What we have to do, in my judgment, is support the Government's prison drugs strategy on controlling those factors of supply and demand, and I welcome the 10 prisons project. However, this Bill is doing a very specific thing to try to update the testing system, because, quite naturally, the production of these drugs and the altering of the chemical compounds in them, far outpaces the system that we have for testing. It is right that we give our prison staff the tools they need to identify both those who are evading punishment but also those avoiding treatment. It surely must be in all our interests that we give prisoners the best chance of a successful life once they have completed their sentences.

12.56 pm

Mike Wood (Dudley South) (Con): We send people to prison for punishment, for public protection, and for rehabilitation. The availability and use of illegal drugs and psychoactive substances undermines all three goals. The possession and use of these substances is a specific criminal offence under a number of pieces of legislation.

However, it is only possible for prisons and young offender institutes to test people for those substances if they are specifically named substances within the legislation. That clearly needs to change. It is probably optimistic to imagine, as my hon. Friend the Member for Aylesbury (Rob Butler) suggested, that any legislation may put us a step ahead of the criminals and those who bring substances into prisons, but at the very least, this Bill can make sure that the authorities are able to remain on the same lap as those who would bring these dangerous drugs into our prisons.

It is far too easy for the producers and the suppliers of drugs and psychoactive substances who, with minimal changes to the composition of those substances, can rebrand to stay outside the provisions of existing legislation. Parliament legislated four years ago for the broad generic definitions of psychoactive substances under the Psychoactive Substances Act 2016. This Bill would bring that definition into the provisions on testing for drugs in prisons. To that extent, it is a huge step forward, and I congratulate both my right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan) and my hon. Friend the Member for North West Durham (Mr Holden) on bringing this Bill forward. It will help to make our prisons safer. It will help them to continue their important work to rehabilitate and reform prisoners, and it has my complete support.

12.58 pm

Simon Baynes (Clwyd South) (Con): I shall be very brief. First, I congratulate my right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan) on bringing this private Member's Bill to the House. I worked with her when she was the Secretary of State for Wales, before I came into Parliament. Obviously, this Bill is of great importance. It applies not only to England, but to Wales, and I know that she is a great champion of everything to do with Wales.

Secondly, HMP Berwyn in Wrexham is next door to my constituency of Clwyd South. I have had a lot of contact with people who work there, people who have family members who are inmates there, and people who make products with the prisoners' help in their workshops. As a local MP to a large prison, I gather a great deal of information, albeit anecdotally, about how the prison is operating and so on.

Berwyn is a new prison and has got off to a good start, but it has been brought home to me as a Member of Parliament how complex life is for people in prison and for people trying to help them such as prison officers and others who are involved in rehabilitation. That brings me to my third and final point, which has been made by several speakers. The Bill is absolutely vital. It is not just a matter of detecting where the drugs are, which is extremely important, particularly given the psychoactive substances that have been discussed; it is about rehabilitation. Testing provides a greater understanding of the extent and nature of drug abuse in each facility, which allows prison governors and staff to target their efforts. As I say, from personal experience, I know that every prison is a complex place, so anything that we can do that makes the lives of prison officers and inmates easier—I believe that that would be achieved by the Bill—has my wholehearted support.

1.1 pm

Suzanne Webb (Stourbridge) (Con): I support the Bill. Any measure to drive down drug use in our prisons merits serious discussion and should command cross-party support. I thank my right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan) for the opportunity to speak on the subject.

The Bill will improve drug testing across the prison estate, both state prisons and those operated privately, and will help with the long, hard fight to support prisoners in tackling their drug abuse. It will allow prisons to become proactive both in supporting prisoners and in curbing drug use, as it will eliminate the delay and bureaucracy inherent in the current system. There are no prisons in the Dudley borough, but there are in nearby Wolverhampton and Birmingham, where more drugs have been uncovered in recent years, according to the most recent statistics, which were published only a few months ago. In the west midlands, more than 1,000 searches uncovered drugs in the year up to March, with the worst figures at HMP Featherstone, where 364 searches uncovered drugs—an increase of more than a third on the previous years. Those drugs included psychoactive substances.

Those figures do not necessarily mean that there are more drugs in our prisons. It could reflect—and this is what I believe—the huge investment that the Government have made in prison security. However, more needs to be done. We always need to be one step ahead of the ever-changing drugs landscape. The current system makes it hard to do that. Whenever a new psychoactive substance comes into play, it must be added to existing legislation in what is, as we might expect, an extremely slow process. We cannot afford to be inanimate when fighting drugs. The Bill means that the generic definition of psychoactive substances in the Psychoactive Substances Act 2016 could be used by prison authorities. If criminals alter the composition of a drug slightly, we would no longer need to amend the law to detect those drugs effectively.

In conclusion, a similar Bill was introduced by my hon. Friend the Member for Hitchin and Harpenden (Bim Afolami) in 2018. In the conclusion of his speech on First Reading, he spoke powerfully about reducing reoffending rates and about social mobility:

“If hon. Members are serious about prisons being drug-free, they should support this Bill. If they are serious about rehabilitation of offenders, they should support this Bill. If they are serious about social mobility, by which I mean the ability of men and women to leave prison without the burden of drug addiction, so that they can get on and make the most of their lives, they should support this Bill.”—[*Official Report*, 17 April 2018; Vol. 639, c. 191.]

I echo those words, and I hope that, given that there is Government support, the Bill will eventually make its way on to the statute book.

1.4 pm

Jane Stevenson (Wolverhampton North East) (Con): It is a pleasure to follow my hon. Friend the Member for Stourbridge (Suzanne Webb). The Bill is a common-sense approach to drugs testing in prisons and young offenders institutes. It seeks to close the loophole of new versions of psychoactive substances needing to be individually added to the legally required list in order to test prisoners. The issue is important; drugs create a system of currency in our prisons and young offenders

institutes, and this puts prison staff and other prisoners at risk. We heard from the hon. Member for West Ham (Ms Brown) about some of the awful effects of spice and similar psychoactive drugs.

We should consider what we want a spell in prison to achieve. I would like to think that it can be not only a punishment for a crime committed, of course, but a circuit breaker. We hear that term a lot at the moment, but for someone who has fallen into a life of crime and feels that they have little prospect of a decent job or a secure future, a spell in prison can be a reset button or a circuit breaker to get their lives back on track. That is especially important in young offenders institutes.

It is important that time in an institution is used constructively, to learn new skills and build the self-confidence that rehabilitation can bring. Many in the prison system will enter with a level of drug dependency and for many it will have been a contributing factor to their ending up in prison. For others, prison will sadly be a gateway into drug use and a lifetime of dependency. Drug use in prisons can lock people in a cycle, and it is important to legislate to do all we can to enhance drug testing and bring down levels of drug use. I commend my hon. Friend the Member for North West Durham (Mr Holden) for presenting the Bill today and my right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan) for ensuring that this very necessary Bill has come before the House.

1.6 pm

Andrew Bowie (West Aberdeenshire and Kincardine) (Con): I apologise for the delay in getting to my feet, Mr Deputy Speaker—I was distracted by looking at the call list. It is an honour to be called earlier than expected in this debate, and I wholeheartedly congratulate my colleagues, especially my right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan), on introducing the Bill. My hon. Friend the Member for North West Durham (Mr Holden) did a sterling job in her place, although he has a long way to go until he can fully replicate and impersonate my right hon. Friend.

This is not just a good Bill but a necessary Bill. One of the great things about Friday sittings is that we get a chance to speak about incredibly important issues that we do not get the time to debate in detail on a Monday to Thursday. As a Member of Parliament for Scotland, this is even more important. This is an England and Wales Bill, as prisons are fully devolved in Scotland, but this issue is quite clearly facing the Prison Service wherever in the United Kingdom we happen to be. Just two weeks ago, in a report in the *Daily Record*, a whistleblower from the Scottish Prison Service was quoted as saying that drugs in Scottish prisons are “worse than ever”, complaining that the high-tech scanners are not effective, and that it was a result of “New Psychotic Substances” flooding the prison estate. The Scottish Prison Service has said:

“The growth of Psychoactive Substances (PS) is an emerging issue for SPS and for services provided by NHS Health teams in Scottish Prisons.”

Despite the fact that this is an England and Wales Bill, this is not just an England and Wales issue. It is very important that in this Parliament of the United Kingdom we debate and discuss the issue at length, and debate and discuss this fantastic Bill, which, if agreed, will do a lot to combat the growing problem we have in our prison estate in England and Wales.

In the excellent letter to colleagues from the Minister of State, Ministry of Justice, my hon. and learned Friend the Member for South East Cambridgeshire (Lucy Frazer), who is sitting on the Front Bench, she states that outside the current covid-19 pandemic, the misuse of drugs is one of the biggest challenges facing the Prison Service. In 2019-20, 10.5% of random mandatory drug tests in prisons were positive for traditional drugs such as cannabis and opiates. When psychoactive substances are included, the rate of positive tests rises to 14%.

I will not detain the House any longer. I know that a lot of people want to speak and that we are relatively pressed for time. I just wanted to place on record my support for the Bill proposed by my right hon. Friend the Member for Chesham and Amersham and my hon. Friend the Member for North West Durham. It is a good and necessary Bill and we must get on top of this issue if we are to beat the rise of vicious drugs in our prison estate.

1.9 pm

Chris Loder (West Dorset) (Con): It is a pleasure to follow my hon. Friend the Member for West Aberdeenshire and Kincardine (Andrew Bowie).

I rise to speak in support of the Bill. I pay particular tribute to my right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan). I am so sorry she is not here with us to debate this very important matter. I know many of us feel strongly that the measures in the Bill should already be in law and we are very pleased to be able to do our bit today. I pay tribute to my hon. Friend the Member for North West Durham (Mr Holden) for progressing the Bill in place of my right hon. Friend.

I am deeply saddened that for a matter of such national importance there are so few Members on the Opposition Benches. There is no one here from the Scottish National party or the Liberal Democrats, and so few Members from the Opposition. I say that because I greatly value the input from the hon. Member for West Ham (Ms Brown), who speaks with such passion. It is always a pleasure to listen to her contributions to these debates, which are made with such heartfelt integrity and genuine care. I think that is an important point to make.

The proportion of inmates who developed a drug-related problem increased by 100% from 2014 to 2019. Almost 15% of the prison population now has a drug problem. That is of considerable concern to me and to my constituents. There were almost 47,000 incidents of self-harm recorded in prisons in England and Wales in the year 2017-18. That is, on average, 128 incidents a day. The misuse of drugs is a key driver of debt, violence, vulnerability and self-harm among the prison population. It is also a matter of concern when it comes to the safety and security of staff. There were 31,000 assaults in prisons and state-run immigration centres to the year from March 2018. Some 22,500 were prisoner-on-prisoner assaults, which means that some 9,000 staff members were affected by assaults—an enormous number.

There are no prisons in my constituency, but I have constituents who work in the neighbouring prisons of Guys Marsh, Portland and The Verne. I know that this matter is of great concern to them and to those from neighbouring constituencies. It is high time that Parliament

acts, as we are doing, and that we pass the Bill. I warmly commend it and I encourage all hon. Members to enable it to progress.

1.12 pm

Duncan Baker (North Norfolk) (Con): This is an important and necessary Bill, as our Government and prison services continue to tackle the scourge of drugs in an ever-changing landscape. It is a sad fact—I hate to use the word “evolve”—that drugs appear to evolve. Our prison services in England and Wales must therefore have the capability to test for illegal substances. The Bill will simplify that process, adding newly identified psychoactive substances to existing powers for officers to carry out mandatory tests.

In my constituency, I have HMP Bure, a category C men’s prison located in the parish of Scottow. I have paid tribute before to the sterling work, particularly throughout the pandemic, of the many prison officers and staff. HMP Bure is often described as a model example. Many of the prisoners are over 50 and, in comparison, drug abuse is relatively low at 13%. As we heard earlier from the hon. Member for West Ham (Ms Brown), I find it incredible that Spice is impregnated into paper and that sniffer dogs are unable to detect it. What an incredibly difficult situation we find ourselves in. Anything we can do to help to improve that situation and try to tackle the scourge of drugs is welcome.

My right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan) is not able to be here, but the Bill has been very ably presented by my hon. Friend the Member for North West Durham (Mr Holden). I sincerely commend it to the House.

1.14 pm

The Minister of State, Ministry of Justice (Lucy Frazer): I congratulate my right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan) on taking the initial steps in bringing forward this important Bill. She has done a great deal in her political career, and this is only one of the many measures that I hope she will put on the statute book. I am so disappointed that she is not with us today to take the Bill forward, but I am grateful to my hon. Friend the Member for North West Durham (Mr Holden) for taking it forward on her behalf and making the case so articulately. I hope to see the Bill complete its journey so that we can put this law on the statute book.

The Bill is critical to ensuring that we can react quickly to stop the distribution of drugs in our prisons, because we know that the trafficking and use of drugs in prisons and young offenders institutions can have a significant impact on the physical and mental wellbeing of individuals in both the short and long term, and it undermines an offender’s ability to engage in rehabilitation. It is not restricted to the harm of the use of drugs; we have also heard about the violence that it can cause. My hon. Friends the Members for North West Durham and for West Dorset (Chris Loder) talked about the scale of the problem.

The Bill does two things: it will enable us to have a robust drug testing framework that will be responsive as new drugs emerge, and it will also put prevalence testing on a firmer statutory footing. That will allow us to gather information to better identify new and emerging trends, so that we can react to them quickly. These

[Lucy Frazer]

measures, combined with others, will help us to tackle the use of drugs in prison. It is a pleasure to see the hon. Member for West Ham (Ms Brown) in her place.

Ms Brown: It is nice to see you in person.

Lucy Frazer: Indeed. We have had many opportunities to correspond digitally, so it is delightful to see the hon. Lady in person. She rightly referred to the importance of substance treatment and the fact that it works. I am delighted to tell her that 53,193 adults accessed drug and alcohol treatment services within prisons and the secure estate between April 2018 and March 2019. We continue to see those services as a beneficial source of treatment. She will have seen in our sentencing White Paper that we want to further use community treatment orders, so that people do not go to prison at all, and we can treat them in the community.

The hon. Lady referred to the importance of decent living conditions. She will know that we, too, are committed to ensuring that prisoners can live in decent conditions. That is why we have a £2.5 billion prison building programme, with £156 million spent on maintenance this year. She asked what else the Government are doing. As my hon. Friend the Member for Stourbridge (Suzanne Webb) mentioned, the Government are putting extensive funds into tackling drugs.

My hon. Friend the Member for Christchurch (Sir Christopher Chope) talked about the importance of expenditure in this area. I hope Members will be pleased to know that we are spending £100 million on boosting security to crack down on crime behind bars. That is not just about testing. It is about introducing airport-style security—in fact, it is better than that—with X-ray body scanners at 50 sites. It is about stopping devices such as illicit mobile phones working through phone-blocking technology. It is about strengthening staff resilience by enhancing our counter-corruption unit, and it is about increased disruptions against high-harm, serious and organised crime through a multi-agency team and enhanced intelligence capabilities.

Sir Christopher Chope: In the light of what the Minister just said, when does she expect to be able to deliver the first drugs-free prison?

Lucy Frazer: I am delighted that my hon. Friend mentions that. I was just about to say that, as he may be aware, there is a pilot drug recovery prison at HMP Holme House, which helps prisoners improve their chance of recovery, so we are testing a dedicated prison to try to improve the issue of drugs. It has been in operation for a short period, and the evaluation of the pilot is due shortly. We are not just focused on one drug recovery prison, though; we have enhanced units or wings at many of our prisons, and we would like to expand them in due course.

The hon. Member for West Ham asked whether it might be better to spend money on more staff, better access to drug treatment and through-the-gate services. In addition to the money that I have identified, we are already spending money on all those things. She will know that, since 2016, we have had a net increase in our prison officer numbers by more than 4,000.

Notwithstanding the pandemic, we are continuing to recruit into our prison service, and we are doing so at a good rate. We recently increased the moneys to our community rehabilitation companies for through-the-gate services by something in the region of £22 million.

The hon. Lady also identified the fantastic work that prison officers have been doing throughout the covid pandemic. Like other hon. Members, I pay tribute to their ongoing work in very challenging circumstances over the past few months. She is right to identify the importance of continued programmes. We are looking at how we can maintain safety and security during the pandemic so that we do not have too many prisoners meeting other prisoners and therefore seeding and feeding the infection. At the same time, we are continuing with individual work.

A number of hon. Members referred to prisons in their areas. Like my hon. Friend the Member for Clwyd South (Simon Baynes), I pay tribute to the work that is being done at Berwyn. I had the opportunity to speak to the governor of Berwyn recently; he has done a remarkable job through the covid period. I also pay tribute to the work at HMP Bure, which my hon. Friend the Member for North Norfolk (Duncan Baker) referred to.

Hon. Members made a number of points about the importance of this legislation. My hon. Friend the Member for Aylesbury (Rob Butler), who always speaks with such knowledge on these issues, said that it could be profoundly beneficial. My hon. Friends the Members for Wolverhampton North East (Jane Stevenson) and for Wantage (David Johnston) both said that this legislation will give people a further chance of turning around their lives. My hon. Friend the Member for Dudley South (Mike Wood) said that it may help make prisons safer. My hon. Friend the Member for West Aberdeenshire and Kincardine (Andrew Bowie) said that the Bill is not just good but necessary. For all those reasons, I confirm with great pleasure that the Government support this important Bill, and I look forward to its passage through this House.

Mr Deputy Speaker (Mr Nigel Evans): Before I call Richard Holden, I want to say that Dame Cheryl Gillan has been in touch. She has watched the debate throughout, and she wants everybody to know that she is grateful for all the support that she has had today. On behalf of the House, let me say that we look forward to you coming back as soon as possible, Dame Cheryl. We miss you.

1.23 pm

Mr Holden: With the leave of the House, I would like to make a very brief final remark. I know that my right hon. Friend the Member for Chesham and Amersham (Dame Cheryl Gillan) has been watching because she has not only been messaging you, Mr Deputy Speaker; she has also been messaging me. She would like to say that she is very grateful to the entire House for its support for the Bill. She hopes to be able to take it back up in Committee, and she desperately hopes that it will end up on the statute book, as it will help save lives in prisons across our country.

Question put and agreed to.

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

Registers of Births and Deaths Bill

Second Reading

1.24 pm

Mr Andrew Mitchell (Sutton Coldfield) (Con): I beg to move, That the Bill be now read a Second time.

I must apologise to the House, because I have not been a regular attender on Friday sittings in recent years. The last occasion on which I brought a private Member's Bill to the House was in March 1991, when I promoted the Education (Publication of Examination Results) Bill, which proposed to set up league tables. It failed to win the support of the House, but, as my hon. Friend the Member for Christchurch (Sir Christopher Chope) may recall, it subsequently became Government policy. In those days, the doyens of Friday sittings were Ian Gow, Nicholas Soames and Michael Brown. I see that I attended on 20 April 1990 and spent 45 minutes speaking about the relative merits of low-volume alcohol drinks being defined as no more than 0.65% alcohol or 1.2%. Both you and I, Mr Deputy Speaker, will understand why a speech of such length was required.

My purpose today is much more serious, and I wish to start by thanking the Minister for his support and interest in this Bill. I know that he will have spent much of last night swatting up on all the details, a process I will remember from my time as a junior social security Minister in the 1990s. The good news for him is that once he reaches the Cabinet, which will not be long, he will not have to take Bills through the House any more—he will have a junior Minister to do it for him. I wish to thank his officials, particularly Linda Edwards and Saskia Molekamp, who have been extremely helpful in drafting and addressing the issues in this Bill.

My championing of this measure will come as no surprise whatsoever to my constituents in the royal town of Sutton Coldfield, whom I have the great honour of representing in this place, because our register office was closed by Birmingham City Council in 2014. It took that measure to save £83,000 of expenditure, which included the lease of a desk in the local library, so much of that expenditure was not actually saved. At the time, the failure to tell the local Good Hope Hospital, funeral directors and local GPs caused a considerable fuss. The central Birmingham register office was very overstretched at the time and people had to struggle to get an appointment to register a birth or a death, and it was not well placed for access in terms of parking. So for my constituents the removal of the register office constituted a considerable inconvenience, as a result of which there was a lot of campaigning across the town for it to remain open. I commend the Conservative councillors on Birmingham City Council, who, under their outstanding leader, Bobby Alden, have each year since then, in an alternative budget, pledged to reopen it and make better use of district centres to reduce travel and boost high-street activity.

Alas, that campaign at the time, which I, as the Member of Parliament, the hard-working councillors in Sutton Coldfield and local residents strongly supported, did not prevail. The failure of local government to hear the call from the royal town to stop this closure is one reason why people voted for local democracy; they voted, in a referendum, to set up the Royal Sutton Coldfield Town Council, which is today one of the largest, if not the largest, town councils in the country,

under its outstanding leader, Simon Ward. I reiterate, because it is so relevant to the Bill, that the reason for the campaign from the royal town was that at an often upsetting and sad time in life my constituents had to journey all the way into Birmingham to comply with the necessary registration procedures.

The purpose of the Bill is to reform the way in which births and deaths are registered in England and Wales, moving from a paper-based system to registration in an electronic register. Registrars already use an electronic system to register births and deaths, and have done so since 2009, but they are still required to keep paper registers securely, in a safe, due to the requirements of the current and, I submit, outdated legislation. The Bill will remove the duplication of processes.

I reassure my hon. Friends that my Bill does not make any fundamental changes to the current arrangements for registering births and deaths—for example, who is able to provide the information to the registrar or the information to be recorded in the entry—but it will make a big difference, as I have described, for our constituents. The way in which births and deaths are currently registered dates back to 1837. It is much in need of modernisation and a move to digital methods of registration.

I hope that it may be helpful to the House if I explain how the current system works. All births and deaths that occur in England and Wales are required to be registered by the registrar for the sub-district in which the event occurred by a qualified informant. For example, in the case of a birth, the qualified informant is usually the child's mother. When registering a birth or death, the registrar will record all the information on an electronic system. Once the registration is complete, the system will generate a paper register page, which is signed by the informant and the registrar. That paper record is then put into a loose-leaf register, which the registrar keeps in a safe. It is that paper record that is the formal record of the event, from which all certificates are then issued.

The changes proposed in my Bill would remove the requirement for paper birth and death registers and introduce a single electronic register in which all births and deaths would be registered. This will create a much more efficient and secure system of registration. The electronic system is already there and is used on a daily basis.

Suzanne Webb (Stourbridge) (Con): Will my right hon. Friend give way?

Mr Mitchell: I give way with great pleasure to my hon. Friend, who, as a distinguished resident of the royal town of Sutton Coldfield, may well recall the events of which I have spoken.

Suzanne Webb: I do indeed, and troublesome they were at the time. Under my right hon. Friend's Bill, will the old birth and death certificates be destroyed, or will they be archived?

Mr Mitchell: That is a most important point. I will come to it, but clause 4 refers to the very point that my hon. Friend so wisely makes.

Currently, registrars submit copies of all the birth and death entries they have registered in the last quarter to their superintendent registrar via a system of quarterly returns. The superintendent registrar certifies those entities

[Mr Mitchell]

as being true copies of birth and death entries in the registers and forwards them to the Registrar General. That is done electronically using the electronic system. The Registrar General holds a central repository of all births and deaths registered in England and Wales. My Bill will remove that administrative burden.

Sir Christopher Chope (Christchurch) (Con): When the electronic system was introduced in 2009, why did the Government decide not to abandon the hard copy record? Surely the reason was that it was a safeguard. Hard copies are an essential safeguard, are they not?

Mr Mitchell: I will come on to a number of points that my hon. Friend alludes to, but I think he will be satisfied, when he hears about the other provisions of my Bill, that that point is properly addressed.

With the move to an electronic register, the system of quarterly returns will no longer be necessary. Following the registration of a birth or death in the electronic register, the entry will immediately be available to the superintendent registrar and the Registrar General, without the quarterly returns process having to be completed from the paper registers.

The Bill amends the Births and Deaths Registration Act 1953 to insert a new section that enables Ministers to make regulations that make provision that a duty to sign the birth or death register is to have the effect of a duty to comply with specified requirements. If an informant complies with those requirements, they are to be treated as having signed the register and to have done so in the presence of the registrar.

The entry in the electronic register will be treated as having been signed by the person who has provided the information relating to a birth or death. For example, the regulations may require a person to sign something other than the register or to provide evidence of their identity. I reassure my hon. Friends that the regulations would be made using the affirmative procedure, which requires them to be approved by both Houses of Parliament and therefore there would be the opportunity to discuss the content of those measures.

The provisions in my Bill are the first step in moving to a more modern system of birth and death registration. By removing the requirement for paper registers to be signed in the presence of a registrar, we would pave the way for a move to online methods of registration. That would provide more flexibility and allow an informant to provide the particulars of a birth or death online and at a time to suit the individual, without having to visit a register office. That would modernise how births and deaths are registered in the future and give the public more choice, but the choice to register in person would remain, as register offices and facilities are needed for marriages, civil ceremonies and citizenship.

As I am sure my hon. Friends will agree, removing the requirement for face-to-face services is particularly relevant and most important at the moment as we deal with the issues of covid-19 and the pandemic. My right hon. and hon. Friends will also be pleased to hear that just these measures in respect of the registration of deaths would save the taxpayer £90 million over 10 years. Over the next 10 years, we conservatively estimate that the effect of all these measures would save £170 million for the taxpayer. I should explain that the figure

of £20 million that appears in the explanatory notes is a reference only to the amount saved by removing the paper register and the requirements for quarterly returns. The savings to the taxpayer would be significant indeed.

I turn briefly to the clauses in the Bill. Clause 1 amends the original Births and Deaths Registration Act 1953. The new sections allow the Registrar General to determine how registers of live births, stillbirths and deaths are to be kept. It would remove the duplication of processes: all births and deaths would be registered in an electronic register without the need for paper registers.

Clause 2 deals with the provision of equipment and facilities by local authorities. It makes clear that all local authorities must provide and maintain the equipment and facilities set down by the Registrar General for all register and sub-district register offices. I am grateful to the hon. Member for Croydon Central (Sarah Jones) for specifically raising that point in our discussions earlier.

Clause 3 is the requirement to sign the register. This is a new power that would bring before the House new regulations in respect of non-paper registration. Where someone complies with specific requirements, they will be treated as having signed. Obviously, such provisions may require evidence of identity, and those provisions would be put to the House in further legislation that we would move in the way that I have described. The clause makes it clear that the Government can do so only under the affirmative procedure, which means that any provisions must be laid before and approved by both Houses of Parliament.

Clause 4 is about the treatment of existing registers and records—the point made so ably by my hon. Friend the Member for Stourbridge (Suzanne Webb). It requires the Registrar General to continue to keep and maintain all the existing records.

Clause 5 effectively brings the schedules to the Bill into effect. Clause 6 is a power to make further consequential provisions, including, if required, to primary legislation. Again, in those circumstances that can be done only by affirmative resolution. Clause 7 is the commencement clause, which comes into force on the day the Bill is passed. Finally, the schedule deals with minor and consequential amendments to the original 1953 Act and certain other primary legislation consequent on the provisions of this Bill.

The Bill requires neither a money resolution, my hon. Friend the Member for Christchurch will be pleased to hear, nor a Ways and Means resolution. It is also fully compatible with the European convention on human rights. I very much hope that the Bill will progress through the House and, indeed, the other place, where our late colleague my noble Friend Lord Lancaster of Kimbolton has agreed to assist in its passage, and that, with its self-evident benefits for our constituents, it will, after further scrutiny, become an Act. I commend its provisions to the House.

1.40 pm

Sarah Jones (Croydon Central) (Lab): It is a great pleasure to be here today, and it was a pleasure to hear that the last time the right hon. Member for Sutton Coldfield (Mr Mitchell) was here with a private Member's Bill was in March 1991, with a Bill on exam results. He will be pleased to know that in March 1991 I was

revising for my A-level exams. I am grateful to him for making me feel young today, which does not happen very often.

It is a pleasure to speak in support of the Bill. My husband is from the royal town of Sutton Coldfield and it is my second favourite place in the country—second only to Croydon. My mother-in-law very kindly says to me that she votes Labour, but I suspect she actually votes for the right hon. Member. It is good to be on the same side in this debate.

I congratulate the right hon. Member for his hard work on the Bill. We have worked together on it and I am happy to stand and support it. As he explained, the provision for registering births and deaths is principally governed by the Births and Deaths Registration Act 1953, the Registration Service Act 1953 and the Registration of Births and Deaths Regulations 1987. Those pieces of legislation are based on laws that have been in place since 1837.

The Bill will modernise the way in which births and deaths are registered. It will, as the right hon. Member explained, remove the duplication of processes that has been in place since 2009, since when all birth and death registrations have been captured electronically as well as on paper. It will also remove the need to do quarterly returns. It will pave the way to changing the way we register births and deaths and bring that process into the modern world. It is good to hear that, contrary to the explanatory notes, the savings will be greater than £20 million—somewhere between £90 million and £170 million over the next 10 years.

I have spoken to the staff at Croydon Council who manage the registration processes, and I understand that they would not require new skills to make the changes in the Bill because they are already familiar with the Registration Online system. That has to be a good thing.

Because of covid and by necessity, we have seen different systems in place for registering deaths, and we can learn from this period. In Croydon, as in other areas, the decision was taken that, for a temporary period during the covid pandemic, the registration of deaths should move online, under the Registration Online—or RON—system, or via the telephone. I have spoken to the team in Croydon—they are wonderful and I thank them for what they do—and they say that the system has worked well. Indeed, they do not want to go back to the old system. In fact, they had been innovating before covid and had set up an office at our local hospital, Croydon University Hospital, where people could go to register deaths. The plan before covid kicked in had been to extend that service to the registration of births in the hospital as well.

As we know, the registration of births is far more likely to lead to fraud than the registration of deaths. That is the issue that concerns local registrars. If the registration of births moves online or by telephone, how can we ensure that the system is not susceptible to fraud? That is not at all to say that it cannot be done, but the question to the Minister and the right hon. Member for Sutton Coldfield is how we can ensure that we avoid an increase in identity fraud. How can an online system be sufficiently secure that there is no risk of records being lost were the system's security to be compromised? RON, the Registration Online

system, has been notoriously unreliable in the past. That could cause significant issues. We recommend that the platform is reviewed and any risks mitigated.

Can we ensure in the Bill that councils do not lose resources in the course of implementing the legislation? Although funds will be saved, as the right hon. Member has said, it is possible that, at a later date, the proposals could impact on income for local authority register offices. If the General Register Office issues copy certificates and takes the income from that, does that mean the local authority does not have the ability to undertake this role? It would be good if we could look into that, please. Will a move to online records in any way risk a lack of accessibility for those who may struggle to access the internet? I was pleased to hear from the right hon. Member that people would still be able to register in person. That is good to hear and we need to make sure that continues.

I want to be brief, so I will conclude by saying again that this Bill deserves the support of the House. It will bring up to date the antiquated process for registering births and deaths, and it will save a lot of paper.

1.45 pm

Chris Loder (West Dorset) (Con): I rise to speak in support of the Bill, and I am delighted to offer my support to my right hon. Friend the Member for Sutton Coldfield (Mr Mitchell). Births and deaths are important moments, and often at present I feel that the registration of such is filled with too much bureaucracy. I am very keen that we might be able to streamline that process.

Of course, the register has many other purposes, does it not? In particular, they include the registration of baby names and allowing us to see the most popular baby names. Probably in testament to one of the many wonderful legacies of my predecessor, Oliver is the most popular boy's name in the Dorset Council area. Isabella is the most popular girl's name in the Dorset Council area, which I did not know until I had done the research for this. I should just like to say that, in England and Wales, Christopher ranks at 152 and Andrew ranks at 227, so there we are.

Coming back to the purpose of the Bill, it does remove unnecessary duplication and bureaucracy. I am extremely pleased that we will be able to remove the additional efforts and the additional cost of tens of millions of pounds to the taxpayer. It currently is a complete waste of money. We can do things much better. The cutting down on paper usage also, of course, has many obvious benefits to the environment, albeit reasonably marginal. Digital records can be kept more securely, and it is a more adaptable system that we can evolve and use going forward in terms of technology and societal needs. I am very pleased to be able to support the Bill in the House today.

Mr Deputy Speaker (Mr Nigel Evans): Just to make Andrew Mitchell happy, or happier, nobody is named Nigel any more—one of those things. [*Interruption.*] I know, I know.

1.47 pm

Sir Christopher Chope (Christchurch) (Con): I am not sure that we wanted our parents to give us really popular Christian names, but I note that my parents had the foresight to give me the same Christian name as

[*Sir Christopher Chope*]

my hon. Friend the Member for West Dorset (Chris Loder), so that was obviously a good thing. We are 152nd in the league table. I predict that it will not be long before we are about 1,000th in the league table because obviously Christopher is a name that has Christ in it, and I fear that the Christian emphasis in our society is on the decline, rather than on the increase, but that is by the bye.

The Bill of my right hon. Friend the Member for Sutton Coldfield (Mr Mitchell) is one about which I have considerable concerns. The hon. Member for Croydon Central (Sarah Jones) identified two concerns: the risk of identity fraud associated with the registration of births, and the problems that there already are in the reliability of the registration online system. We have a registration system at the moment and there is a back-up, which is the hard copies. What this Bill is going to do is to deprive us of that back-up.

I am sure there are hon. Friends who run their constituency offices on the basis that it is all purely electronic, but I certainly do not, and I have good reason not to do that because on so many occasions the electronic systems fail and we need to rely on the hard copy back-up. If that was not just a general proposition, it was brought home to me last evening because I was talking to my wife and she showed me an email that she has had from the Driver and Vehicle Licensing Agency saying that her driving licence details need to be updated. She looked at the email and saw that the details registered were not correct. She tried to change the details but could not. Suffice it to say that, in those details, there are names of foreign people and suggestions that my wife's driving licence record has now been tampered with and been the subject perhaps of fraud or forgery.

I cite that as a topical example of what happens if we become wholly reliant upon electronic systems. I think most of us will have safes at home where we keep our birth certificates for ourselves and our children, our marriage certificates, our passports, our driving licences, exam certificates, degree certificates and so on. The reason we do that is that we have the security of having a hard copy, instead of having to fuff around trying to get duplicate copies. How can we be sure that the back-up system, which will now become the main system under my right hon. Friend's Bill, will be 100% reliable and proof against fraud?

My right hon. Friend identifies savings, and obviously any savings that come from efficiency are good. In terms of the need to pass these records on up through the lines, from the area manager to the regional manager and then to the top dog, I think that is a very sensible reform, but dispensing totally with the written record will save only £20 million over 10 years. The other savings to which he referred are from the other streamlining processes set out in his Bill. I have no problem with those, but I question whether, for £2 million a year, it is worth taking the risk both in terms of opening up fraud and damaging the potential for future generations to be able to examine this period of our history, which is much easier to do with hard-copy, written records than it is with electronic data.

Mr Mitchell: I believe that in Committee we will be able to satisfy my hon. Friend absolutely on the issue of fraud and on the other points as well. I hope that he will

perhaps consider serving on the Bill Committee, where I am completely confident we will be able to satisfy him on all his concerns.

Sir Christopher Chope: I am grateful to my right hon. Friend for his confidence. I approach this sort of legislation in a constructive frame of mind. One point occurred to me when he referred to draft regulations. In due course, we will all be able to see these draft regulations. Although they would be affirmative resolution regulations, we know that we would not be able to amend them. I ask my right hon. Friend: would it be possible, by the time that the Bill reaches Committee, as I expect it to, for us to have a draft of those regulations so that we can look at them in Committee alongside his Bill? That practice has often been supported by Ministers, and I think that he would support it as well.

Mr Mitchell: My hon. Friend is absolutely right. I think that would be a very good thing to do. Of course, it would have to be the proposed orders, which will be subject to the affirmative resolution, as we have both agreed, that are already on the stocks, and there will be more in the future, not least to address any dangers—he mentioned the issue of fraud—that are not relevant or understood today but which could emerge in future.

Sir Christopher Chope: I am grateful to my right hon. Friend for that assurance. We are talking about fraud and forgery. We know from our own constituency records that it is rife. Action Fraud is incapable of dealing with all the fraud cases that come before it. Most of our local police forces are incapable and under-resourced to deal with the fraud, which is rife. It never used to be part and parcel of British society that you assumed that people were fraudulent until proved otherwise, but we have almost got to that stage now. Elderly people are receiving phone calls and most of them seem to be to try to con the individual out of some money. There is every incentive for fraud where we are talking about birth certificates and certificates of registration, which give us our identity. What could be more fundamental than that? I look forward to seeing these assurances in Committee, but it would be helpful and desirable that we should be able to give them a line by line examination, rather than just rely on expressions of good intention.

I go back to the point that I made in an intervention on my right hon. Friend's speech. When the legislation was changed in 2009 to allow electronic records to be kept, safeguards were in place. Who could object to the establishment of electronic records if we were going to retain the hard copy written records? Now, just over 10 years later, we see that that safeguard, which was fundamental to the change then, is being removed and without, it seems, any justification. I hope that, in due course, my right hon. Friend will be able to explain what has happened in the last 10 or 11 years that has removed the necessity for the safeguards which this House thought were absolutely essential back in 2009.

1.57 pm

Sara Britcliffe (Hyndburn) (Con): I am unsure of where Sara would rank, but I feel that it would not be very high. I just want to comment on what the hon. Member for Croydon Central (Sarah Jones) said about revising in 1991: my birth was not registered until four years later.

Thank you, Mr Deputy Speaker, for calling me to speak in this debate. This Bill is an important step in the right direction, as we look to cut costs of registrations of births and deaths. The Government have rightly been spending to support individuals and businesses during this crisis. We should be taking this opportunity to save money, which could be spent in other much-needed areas, such as regenerating town centres such as Accrington, developing transport links and investing in our NHS.

We should always be looking to provide taxpayers with value for money and I am pleased that the Bill offers a simple and achievable solution, which will save them £20 million over 10 years, with the initial set-up costs being recouped in a matter of months. Clearly, the upkeep of two processes for a sole trade purpose does not represent value for money and consumes excess time and resources.

The Bill is more forward thinking than it might appear. It will save not only time, but precious paper. As has been mentioned, many companies have moved to cloud-based storage systems, which save on the unnecessary printing of documents. Since I have joined Parliament, the green economy has been at the forefront of the conversation. Steps such as these allow us to save on paper and reduce the number of trees that are cut down—trees that are crucial in reducing greenhouse emissions and preventing global warming.

This is a very simple debate and, having seen the financial positives that this Bill will produce, I stand in full support of it.

1.59 pm

Duncan Baker (North Norfolk) (Con): It is nice to speak on a Bill that causes little controversy these days, and this Bill does just that. What is more, we have become rather accustomed in recent months to doing things electronically, including meetings, and I think we would all agree that, from time to time, things have to move on. To fully digitise the registers of births and deaths is a very welcome step, especially since we have not done an awful lot of that since 1837, when the paper system was introduced.

I have two reasonably young children, and when I was preparing for the debate, I asked my wife, “What was the process like when you registered the births?” She gave me a rather sharp look and said, “Well, you were actually there,” to which I replied, “I was quite tired at the time,” and then got told that you do not say things like that at all. The punishment is a Friday sitting before I go home later today. I talked to my colleague who runs my office in North Norfolk about whether this is an excellent piece of legislation, and he should know, given that he has been down to the register office to register births no fewer than four times. He thinks that it is an excellent Bill.

Clearly, removing the duplication involved in running two systems since 2009 will lead to a far more efficient process and will save the taxpayer some £20 million over the next few years. The registration process for births and deaths can be rather difficult and stressful, particularly for deaths, which can be highly emotional. In this digital age, I welcome this much more efficient process, which could help a great number of people, particularly those who might find going out of the house for the first time on their own after a death incredibly difficult. The Bill addresses those sensitive matters.

I wonder whether the entire process will end up being done virtually in due course, especially given what we have seen in the last few months. Provided that there are security checks and the ability to capture signatures electronically, we can get past some of the shortcomings. This is a natural step forward, and I know that the Bill has Government support. I thank my right hon. Friend the Member for Sutton Coldfield (Mr Mitchell) for taking this sensible, progressive step, and I commend the Bill to the House.

2.2 pm

Jane Stevenson (Wolverhampton North East) (Con): I shall keep my comments brief, as I know that other Members want to speak. I welcome yet another common-sense private Member’s Bill promoted by a Conservative Member. As a good Conservative, saving taxpayers’ money where possible is important to me. My hon. Friend the Member for Hyndburn (Sara Britcliffe) made the point succinctly about the ecological benefits of not having paper records, and the fact that the Bill will lead to a saving of £170 million is highly commendable.

I support the Bill. I do so with slight regret, but that is based purely on nostalgia for a couple of afternoons I spent last year researching my family history and looking at the marvellous handwritten records that are now available to view online. I would not have discovered that my ancestors included vermin trap makers and miners, but my nostalgia certainly is not worth losing the vast financial saving to the taxpayer, so I am pleased to support the Bill wholeheartedly.

2.3 pm

Simon Baynes (Clwyd South) (Con): It is a pleasure to follow my hon. Friend the Member for Wolverhampton North East (Jane Stevenson) for the second time today. Like her, I will be brief. It is a great pleasure to support this Bill, brought forward by my right hon. Friend the Member for Sutton Coldfield (Mr Mitchell). As he rightly said, we are talking about an upsetting and sad time, and that point was made eloquently by my hon. Friend the Member for North Norfolk (Duncan Baker). Considering the Bill has been poignant for me, as my mother died earlier this year, so we went through that whole process. Of course, the covid crisis brings this more poignantly into our minds.

I am happy to support the Bill. I welcome the removal of unnecessary duplicative practice and recognise that, if passed, the Bill will facilitate a more efficient registration of births and deaths. I also welcome the broad support for this change, including from the Government. As a new Member of Parliament, I have taken great encouragement from seeing the House working cross-party today. I commend in particular the hon. Member for Croydon Central (Sarah Jones) for her elegant and supportive speech.

I am pleased that the actions the Bill seeks to take will save up to £170 million. As my hon. Friend the Member for Hyndburn (Sara Britcliffe) put it strongly, that is extremely beneficial to our communities. Of course, birth and death registers are run by local councils. In my constituency, it is by Wrexham County Borough Council and Denbighshire County Council. I take the opportunity to pay tribute to the sensitive and efficient way in which they conduct that business. It gives me great pleasure to support the Bill.

2.5 pm

The Parliamentary Under-Secretary of State for the Home Department (Kevin Foster): It is a pleasure to speak on behalf of the Government in the debate. Like the hon Member for Croydon Central (Sarah Jones), I was feeling slightly youthful when I heard about my right hon. Friend the Member for Sutton Coldfield (Mr Mitchell) presenting a private Member's Bill in 1991. I felt even more youthful when the hon. Member for Croydon Central said she was revising for A-levels in 1991, because I was in my first year at secondary school. Then came the speech of my hon. Friend the Member for Hyndburn (Sara Britcliffe).

I congratulate my right hon. Friend the Member for Sutton Coldfield on bringing forward his Bill on birth and death registration. The Government wholeheartedly support it. I thank him for raising the profile of the need to reform the way in which births and deaths are registered in future by not only removing the requirement for paper registers and moving to digital methods of registration but allowing us to remove some of the requirements that are now rather antiquated and, as we have seen in recent times, have had an impact. I also thank all hon. Members for their contributions. I particularly look forward to the detailed and forensic scrutiny that my hon. Friend the Member for Christchurch (Sir Christopher Chope) will give to the Bill and any subsequent regulations, having had on many occasions the pleasure and the benefit of hearing his scrutiny of such Bills on a Friday in this Chamber.

It is an important issue. The current system of registering births and deaths is wholly outdated, based on a paper process first set up in 1837. We do need to move forward. As has already been said, an electronic register—the registration online system—is already in place and has been used by registrars to register births and deaths since 2009 in parallel with the paper registers. However, due to the requirements in primary legislation, a paper record of the event must also be kept. That is duplication of effort for registrars. We wish to rectify this anomaly, which can be done only by amending primary legislation.

I reassure the House that the RON system is mature and the infrastructure is well constructed to resist failures. It has high levels of resilience, incorporating multiple back-up systems at the application, hardware and data levels, and robust measures are in place to protect the data that it holds. It is perhaps worth noting that civil partnerships—a more modern concept, created in 2005—are all held in an electronic form of register, given that they were created in the modern era.

As many Members have said, the covid-19 pandemic has clearly highlighted the restrictions and problems with current legislation and the urgent need to be able to offer more flexibility in how births and deaths are registered in the future and remove the requirement for face-to-face registration. The births and deaths legislation does not reflect a modern digital Britain, and it is high time we updated it, which the Bill will do.

The changes proposed by the Bill mean that birth and death entries would be held in a single electronic register rather than in thousands of register books, which registrars are required to keep securely in a safe. That will make the system of registration more secure, more efficient and far simpler to administer in the future. It will also make it far harder for criminals to tamper with records or create false identities. While there has been some talk

about the security of digital, we should remember that paper is vulnerable to being forged and enhanced electronic systems can improve the security of the registration process.

I would like to reassure the House that all the existing paper birth and death registers dating back to 1837 will continue to be held in perpetuity by each registration district. It is from those records that historic birth and death certificates will continue to be issued. In reference to the point made by my hon. Friend the Member for Wolverhampton North East (Jane Stevenson), we are looking at how we can make them increasingly more available online, given that they are a rich historical source.

As touched on, the Bill also removes the administrative processes of quarterly returns, with registers having to be submitted to the superintendent registrar. That again will help to ensure that we have a more efficient system, and that we no longer have a bureaucracy that might have suited the early 19th century but does not suit modern Britain. With the move to an electronic register, it will no longer be necessary to have these types of returns, because following the registration of a birth or death the superintendent registrar and the registrar general will have immediate access to the entries without having to complete the quarterly returns process.

The Bill includes provisions for regulations to be made to provide that a duty to sign the birth or death register is to have effect as a duty to comply with specified requirements. If an informant complies with those requirements, they are to be treated as having signed the register, and to have done so in the presence of the registrar. For example, the regulations may require a person to provide specified evidence of their identity, and it may well allow the opportunity to register from home.

As touched on by some Members, registering a death can be difficult. At the moment it involves making an appointment, and in some cases having to travel quite significant distances, in a rural county, for what can be quite a sad and upsetting moment. It is far better to provide that someone can do it at home in their own time, perhaps with a cup of tea to hand, rather than feeling that it is very much an administrative process. Every death registered is someone—I remember doing it with my own mother. It is someone; it is not an administrative process. Again, I firmly believe that this provision will make it a much better experience for people at a very difficult time in their life.

As touched on, the regulations will be made using the affirmative procedure, requiring them to be laid before, and approved by, both Houses of Parliament, and providing Members of both Houses with an opportunity to discuss their content. I appreciate that not everyone will be able to demonstrate that they have the evidence prescribed in the legislation. We will therefore also include a discretionary power to enable a birth or death to be registered where appropriate.

As we have said throughout, this is about bringing in a modern system of birth and death registration, and I am very grateful to my right hon. Friend the Member for Sutton Coldfield for using this opportunity to present such a worthy Bill. It is high time that we had a modern system. We have seen in recent times the severe limitations that the current primary legislation presents, and it is time to have a system that allows people to be treated as customers, rather than going through a process set out in primary legislation that is now outdated. The Government therefore fully support the Bill's Second Reading and hope that the House will too.

2.12 pm

Mr Mitchell: I am most grateful to the House for its support of this modest but important measure, particularly to the two Front Benchers for giving such fulsome support. I believe it updates and modernises an important Government service. It extends choice and convenience for our constituents. It saves a great deal of public money—I emphasise that £170 million over 10 years is a very conservative figure—and it starts to put right a wrong inflicted on the good people of the royal town of Sutton Coldfield.

Question put and agreed to.

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

Company Transparency (Carbon in Supply Chains) Bill

Second Reading

2.13 pm

Karen Bradley (Staffordshire Moorlands) (Con): I beg to move, That the Bill be now read a Second time.

This takes me back to my days of being a Whip on the Treasury Bench. It is a great honour to speak to this Bill, which I introduced back in March. It was the very last thing that I was able to speak on before we went into a new normal, which we are still continuing to get used to, with covid. At the time of the debate, I recall the Minister for Business, Energy and Clean Growth saying to me that we need to have more debates about such matters—Westminster Hall debates, Adjournment debates and so on. I had genuinely hoped that before I got to the point of speaking on Second Reading, we might have had more opportunities to speak about the Bill, but sadly events precluded that. I believe that the Bill is a simple measure that would provide transparency to the public about what companies are doing to tackle carbon in supply chains. It very much mirrors a measure that I introduced as the Minister responsible for tackling modern slavery and organised crime in the Modern Slavery Bill—now the Modern Slavery Act 2015—supported by my right hon. Friend the Member for Maidenhead (Mrs May), who was then Home Secretary, to make sure that companies took seriously the issue of human trafficking and modern slavery in supply chains.

We did that, because it is far too easy for people to hide behind the regulatory requirements to report on the measures that they are taking within their own businesses. Supply chains are different. What goes on in a long, complex supply chain can amount to abuse and include things that keep the costs low for the business in the UK and, ultimately, UK consumers but would not be tolerated if they were happening in the UK. Section 54 of the Modern Slavery Act was incredibly important, and my right hon. Friend will know that we went to considerable effort as Ministers to secure Government sign-off.

The Government are not keen on new regulation. I am not in any way naive about that, but this is a unique type of regulation, because it does not say to business, “This is what you must do. This is how you must behave.” Instead, it says, “Tell us what you have done.” If the business has not done anything, it should say so. If, as a business, it does not want to find out whether there is human trafficking and modern slavery in its supply chain, it should tell us, by putting up a statement on its website, signed off at board level, saying that it has not taken any action. Consumers will be able to read that. People who might want to work in the business will be able to read it too, and can make an informed decision about whether they want to be involved or associated with it, or whether they want to be employed by it. If a business has not taken any steps whatsoever or any action, why would anyone want to have anything to do with that business?

This is about giving power to the consumer and the employee. It is about giving power to people who would not normally have that power to make a decision about whether they want to transact with that company. As I have said, the measure is important; it has to be signed

[Karen Bradley]

off at board level. We all know from dealing with business that if decisions are made below board level, often the board does not know about them. The board needs to know about this, and it needs to take the right steps.

Sir Christopher Chope (Christchurch) (Con): Can my right hon. Friend tell the House the effect of the measure on dealing with people trafficking and modern slavery registration? Has it resulted in less of that illegal activity or has it not made any difference at all?

Karen Bradley: I think it has begun to make a difference, but the measure was only introduced in 2015. It applies only to large companies with a turnover of over £36 million, and we have only just begun to see it being used. I know from friends I used to work with when I was employed as a chartered accountant that they are taking this matter seriously. In fact, my right hon. Friend the Member for Maidenhead and I were on a panel only yesterday—this Sunday is Anti-slavery Day—discussing exactly that point and the measures that businesses are taking to identify slavery in their supply chains. It is making a difference. More can be done, and I am pleased that the Home Office has taken more steps in that direction, but it is making a difference.

Mrs Theresa May (Maidenhead) (Con): May I say through my right hon. Friend to our hon. Friend the Member for Christchurch (Sir Christopher Chope) that if he wants to know what companies are doing he should look at company reports and accounts, and he will see that real action has been taken by companies, who have explored their supply chains, ensuring that there is no modern slavery in them.

Karen Bradley: My right hon. Friend is absolutely right. I can tell my hon. Friend the Member for Christchurch with absolute conviction that companies and boards are taking this matter seriously. Would anybody wish to be a board director signing off a report saying that they had taken no steps to eradicate modern slavery in their supply chain? I do not think any of us would want that.

I was thinking about what I could do usefully to assist the Government in dealing with carbon, because it is very easy for businesses to offshore carbon. I am not suggesting that UK businesses do that or choose to have products manufactured in high carbon-emitting countries to avoid carbon emission restrictions in the UK. It is absolutely right that this country was the first to legislate for net zero by 2050. That is fantastic, and this country should be incredibly proud of it. We are also hosting COP26, which again gives the UK an opportunity to show global leadership. The Prime Minister, in his recent address to the United Nations, said:

“we have a responsibility to our planet to lead in this way and to do this.”

I say to my right hon. Friend the Minister that this is a simple measure that companies understand. It would allow us to shine a light through supply chains and see what carbon emissions companies are offshoring and what they are doing to bring products for sale in the UK without giving proper regard to carbon emissions.

Now, I am a realist as well as a former Whip—

James Cartlidge (South Suffolk) (Con): Same thing.

Karen Bradley: Amazing to think, isn't it?

As it is 2.21 pm on a Friday afternoon, I recognise that it is perhaps unlikely that this Bill will be granted its Second Reading. I know that a great deal of work is under way in the Department to look at what measures can be introduced. The Department for Business, Energy and Industrial Strategy is not short of new ways to assist businesses in reducing their carbon emissions and contributing towards reaching net zero by 2050, but I offer this Bill to the Minister as another weapon in his arsenal—another thing that he can use to assist us to reach net zero not just in the UK but across the whole world. If we can lead in that way with a simple measure that will enable consumers and possibly employees to see what businesses are doing to eliminate carbon, that would assist him and the Government in reaching the target.

As I say, I am very realistic about what may or may not happen in the next few minutes with this Bill, but I can make an offer to the Minister. Could I work with him and his officials on this? Could we look at doing some proper analysis of how this measure might affect businesses? I know that, particularly in the light of the covid situation, no Minister wants to impose more burdens on business, but business will understand, and I think welcome, this measure. We introduced the modern slavery measure because business asked us to do so. It said, “Can we all step across the line together?”

Dr Luke Evans (Bosworth) (Con): I would be grateful if my right hon. Friend could point to any examples of where something similar is being worked up elsewhere in the world, so that we can use it, leverage it in and put it into legislation.

Karen Bradley: The thing that we should look to is what we did on modern slavery. There are other countries that do this. California was the first place to have a transparency in supply chains measure. We would be world leaders, though, in transparency in supply chains on carbon, and that would give us a real edge with COP26 coming up.

I make this offer to my right hon. Friend the Minister. Would he work with me? Would he allow me time to work with his officials to work this up? I know it will take a bit of time and effort to get it through the Government clearing processes and reach collective agreement, but I believe it would give him and the Government a real global lead in how we tackle carbon emissions.

2.24 pm

The Minister for Business, Energy and Clean Growth (Kwasi Kwarteng): I thank my right hon. Friend the Member for Staffordshire Moorlands (Karen Bradley) for giving the House an opportunity to debate this extremely important issue. I am extremely happy to respond on behalf of the Government.

I wholeheartedly agree with my right hon. Friend on the importance of transparency in supply chains. I know the great work she did when she was an Under-Secretary in the Home Office, under the guidance of my right hon. Friend the Member for Maidenhead (Mrs May) who was, at the time, the Home Secretary. That work was signal legislation. It had a huge impact and I think it is having a huge impact. It was a remarkable piece of legislation and I commend them for that.

The importance of highlighting the transparency of carbon emissions in supply chains is also extremely important. My right hon. Friend the Member for Staffordshire Moorlands will know that I always had an open-door policy. She saw me a number of times before the lockdown—before the new normal, as she put it—and, as far as I was concerned, we had a very constructive discussion on this issue. I will just say to her that whatever happens in the next five minutes she should continue to engage with the Department and me on this extremely important issue. There may be a number of differences between her policies and ours, but I think there is a strong common strategic objective which we should pursue together. I am therefore very open to having more conversations with her.

More broadly, the House will recognise that the UK has long been a leader in the fight against climate change. We have managed to do that while achieving impressive rates of economic growth. Between 1990 and 2018, the UK managed to reduce carbon emissions by 43% while growing the economy by 75%. As that has happened, the UK has decarbonised its economy at the fastest rate of all G20 countries since 2000. Our carbon emissions today are at their lowest level since the 19th century. Once again, I pay tribute to my right hon. Friend the Member for Maidenhead. It was under her Administration that we passed the net zero carbon legislation last year which essentially made us world leaders, as my right hon. Friend the Member for Staffordshire Moorlands suggested.

James Cartlidge: I pay tribute to the work the Government are doing. Does the Minister not agree that the key is the development of offshore wind, particularly, of course, in East Anglia? Does he agree that a key issue is the ability to grow that sustainably by having a more joined-up infrastructure in wind farms?

Kwasi Kwarteng: After a number of years in the House, my hon. Friend shows himself very adept at crowbarring somewhat irrelevant issues, which are extremely pertinent to his constituency, into this narrow debate.

Karen Bradley: I join my hon. Friend in supporting offshore wind and perhaps less emphasis on onshore wind in places such as Staffordshire Moorlands.

Kwasi Kwarteng: Mr Deputy Speaker, you will know, with your experience, that some of these remarks are not necessarily in scope. [*Laughter.*] So I will continue by addressing the actual issue.

My right hon. Friend the Member for Staffordshire Moorlands mentioned COP26 in Glasgow next year, where we will be taking centre stage and a leadership position not only in driving our climate ambitions but in encouraging others on a global platform, our friends and allies across the world, to take up the fight against climate change and, we hope, pursue highly ambitious nationally determined contributions. During these difficult times, our commitment to COP26 and urgent climate action has not wavered. Businesses and people are at

the heart of our strategy for tackling climate change. We know we can only get there with a strong green recovery.

On corporate transparency, my right hon. Friend's aims are absolutely central to the strategy we should pursue. There are minor differences of detail. She will know that we introduced legislation last year and that we were one of the first countries to endorse recommendations of the Task Force on Climate-Related Financial Disclosures. We feel as a Government that some of this action should be more embedded before we go down the route that my right hon. Friend has suggested.

Karen Bradley: I would just say to the Minister that sometimes we have to lead, and this is an opportunity to lead and to be the first to do something really important.

Kwasi Kwarteng: Dare I say, we are leading—maybe not exactly along the lines that my right hon. Friend has prescribed, but we are taking leadership? As I have said to you, Mr Deputy Speaker—

2.30 pm

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

Ordered, That the debate be resumed on Friday 15 January 2021.

Business without Debate

DEATH BY DANGEROUS DRIVING (SENTENCING) BILL

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

Hon. Members: Object.

Bill to be read a Second time on Friday 23 October.

ILLEGAL IMMIGRATION (OFFENCES) BILL

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

Hon. Members: Object.

Bill to be read a Second time on Friday 23 October.

PEDICABS (LONDON) BILL

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

Hon. Members: Object.

Bill to be read a Second time on Friday 6 November.

MAGISTRATES (RETIREMENT AGE) BILL

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

Hon. Members: Object.

Bill to be read a Second time on Friday 23 October.

Care Quality Commission: Deaths in Mental Health Facilities

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

2.31 pm

Mr Deputy Speaker (Mr Nigel Evans): Before I call James Cartlidge, I have a statement to read.

I should inform the House that I have been advised that the Health and Safety Executive has commenced criminal proceedings against Essex Partnership University NHS Foundation Trust relating to deaths in mental health care facilities from October 2004 to April 2015. Therefore, although the case that the hon. Member wishes to speak to is not sub judice, that trust's management of the physical environment of mental health wards is sub judice, and reference should not be made to those proceedings in this debate. I thank the hon. Member for his courtesy in consulting the Table Office in advance of his debate, and I remind any other Member participating in the debate to be equally mindful of the sub judice resolution and matters still before the courts.

2.32 pm

James Cartlidge (South Suffolk) (Con): I am very grateful to you, Mr Deputy Speaker, for enabling this debate to come forward, and I will entirely abide by your guidance on the case that is ongoing. It highlights, frankly, that this is a very timely debate. Your guidance in relation to the case means that there are important points of substance that I am unable to make today, but the fundamentals are unchanged because, as you say, they relate to a death in May 2015 under the Care Quality Commission rather than the Health and Safety Executive.

The case in question is that of Richard Edward Wade of Great Cornard in South Suffolk, and the failure of the Care Quality Commission to investigate his death and provide his family with the justice and accountability that they have sought for so long. On the evening of 16 May 2015, Richard called the police as he was suffering from poor mental health and feared that he would hurt himself. The police assessed him and decided that the best course of action would be to admit him to the Linden Centre in Chelmsford to ensure his safety. I emphasise that Richard voluntarily called for assistance, he was not sectioned, and he was admitted to the Linden Centre on the basis that it would provide a place of care.

Just over 12 hours later, Richard was found to have attempted suicide by use of a ligature. Richard was transferred to the Broomfield Hospital next door, received treatment in the intensive care unit, and passed away on 21 May 2015. Richard, who had a PhD in political science and had published a book two years before, was just 30 years old when he died.

Before I set out my primary arguments about the CQC's handling of the case, I would like to make three important points. First, I would like to take this opportunity to pay tribute to Richard's parents, Linda and Robert Wade, who, despite their tragic loss, have shown remarkable resilience in their fight for justice. They have never given up pursuing the truth and I sincerely admire the way they have been able to maintain outer calm whenever describing to me and others, including the Minister, the traumatic details of their son's last days.

The Minister I refer to is the Minister for Patient Safety, Mental Health and Suicide Prevention, my hon. Friend the Member for Mid Bedfordshire (Ms Dorries). She cannot be here today; the Minister for Health, my hon. Friend the Member for Charnwood (Edward Argar), is covering, but my second point is to pay tribute to my hon. Friend the Mental Health Minister, because she has shown huge personal interest in this case. Back in October, when she met the parents of Richard Wade, she was incredibly moved by what she heard. As the son of a nurse—my mother was a nurse for many decades—I would say that my hon. Friend's background as a nurse shone through. She showed genuine empathy and sympathy with the Wades, and I know that she has been trying her best in the background to get proactive stuff done on the case.

My third point before I go into my main remarks is that I am very much aware that this is not the only death that has occurred by ligature at the Linden Centre Chelmsford. There are a number of cases with circumstances not dissimilar to those of Richard Wade. For example, Mr Deputy Speaker, you may be aware that the Petitions Committee has received a petition for a public inquiry into one such case that has now received more than 100,000 signatures. I believe that the case for a public inquiry or an independent inquiry is very strong, particularly in the case of Richard Wade, because, in demonstrating how the CQC failed to investigate his death, it prompts the following very simple question. Since that investigation timed out under its statutory time limit, if not an independent inquiry, what else can we offer the Wades in their search for the truth of what happened to their son?

Of course, primary responsibility for the handling of Richard's clinical case in May 2015 rested with the trust in charge of the Linden Centre, then the North Essex Partnership NHS Foundation Trust and now the Essex Partnership University NHS Foundation Trust, which I will refer to from now on as "the trust". In January 2016, following an internal investigation into Richard's death, the Wades received a letter of apology from Andrew Geldard, the chief executive of the trust, stating that Richard's death in the trust's care "could have been avoided". My primary concern today is not the role of the trust but that of the regulator charged by the Department of Health with the legal responsibility for holding the trust to account for its failings, the CQC.

The facts of timing are critical here. In April 2015, following recommendations in the Francis report, which came from the Mid Staffordshire scandal, prosecuting powers in relation to patient care passed from the Health and Safety Executive to the CQC. Richard died a month after the transfer of responsibilities, but, agonisingly for Richard's parents, through a series of internal failures at the CQC the regulator failed to prosecute the trust within its three-year statutory limit. The main reason for the failure to prosecute is very hard to take, and is evidenced by the CQC's own internal report into the handling of Richard's case, published this July, which is the primary document to which I shall be referring.

The report states that the

"CQC did not undertake its own review or investigation of Richard's death as staff, who acted as the relationship owner for this location, mistakenly believed that HSE retained primacy of the criminal investigation alongside Essex police".

In short, the CQC did not investigate because it did not realise it was its responsibility to do so. What reason was given for this shortcoming? The report says that the CQC was “unprepared” for the changes of April 2015, stating:

“The implementation of new powers of criminal enforcement had been given to us at short notice”.

I repeat “short notice”, because that is simply not the case. In fact, these new powers were passed in the Commons in 2014 in the form of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, giving the CQC plenty of time to ensure that its staff were properly informed and trained in these new powers.

In February 2015, the CQC published its “Enforcement policy” document for its staff ahead of gaining the new powers in April 2015. This policy clearly states:

“CQC is the lead inspection and enforcement body for safety and quality of treatment and care matters involving patients and service users in receipt of health or adult social care service from a provider registered with CQC”.

I can also confirm that in the run-up to the CQC taking lead responsibility after April 2015, there was close working between the HSE and the CQC, which included not only a memorandum of understanding to clarify roles and responsibilities, but interim working arrangements and, crucially, training for CQC staff on criminal investigations. It is very hard to believe that CQC inspectors did not know of the new powers at the time of Richard Wade’s death. If it is true that they did not know, it represents gross negligence and a manifest failing on the part of senior CQC management for which nobody has been held to account to date.

The CQC did eventually hold a management review meeting about Richard’s case in May 2017, two years after his death, due to the impending coroner’s inquest, and in July 2017 a lawyer was finally allocated to the case. Over the next six months, because of “staffing continuity issues”, the lawyer changing three times and a lack of response from Essex constabulary, very little progress was made in Richard’s case. According to the report,

“by the time the police provided some evidence on 6 January 2018, the impending limitation date of 17 May 2018 left insufficient time for the case to be considered from a fully informed evidential position, with a view to a potential prosecution.”

Put simply, instead of using those final four months of the three-year time limit to commence the investigation, which, after all, was running late precisely because of mistakes made by the CQC, it would appear that at that stage the CQC simply gave up.

Last week the CQC announced that it would be prosecuting the East Kent Hospitals University NHS Foundation Trust, following complications that led to the death of a baby in its care in November 2017. This is the first time that the regulator has prosecuted an NHS trust over a safety failure in the clinical care of patients since it gained the powers in 2015. For Mr and Mrs Wade it has been a painful reminder of what might have been. As I said at the beginning, there have been a number of other cases at the Linden Centre not dissimilar to Richard Wade’s.

In addition to the failure to investigate within the statutory time limit, the other shocking aspect of the CQC’s handling of his death was its failure to see a wider pattern—surely this goes to the very purpose of the regulatory changes that followed the infamous Mid

Staffs scandal. In February 2015, just three months before Richard died, another patient died from ligature compression to the neck in the Linden Centre. This occurred in the very same bathroom where Richard attempted to take his life on 17 May 2015. We know that the CQC first became aware of Richard’s case on 18 May 2015. On 20 May 2015, while Richard was in intensive care in Broomfield Hospital, the CQC published its report into the February incident. Richard was pronounced dead the next day. In that context, surely one would have expected alarm bells to be ringing and klaxons to be sounding. The CQC was suddenly aware of two similar deaths by ligature, not only in the same setting but in the same bathroom, but nothing happened—there was no investigation and no emergency investigation. Given the similarity of these cases, I find that extraordinary.

The trust carried out its own serious incident investigation into Richard’s death in December 2015, and the CQC report notes that

“it does not mention that a patient had used a ligature in the same bathroom three months before this accident, and subsequently died”.

Yet there was no challenge to this glaring omission from the CQC and its report states that

“there is no documentary evidence that CQC reviewed evidence and judged if the recommendations from the serious incident were embedded”.

Perhaps most worrying of all, the CQC inspection that occurred into the February 2015 death was a missed opportunity to prevent Richard’s own tragedy. The report on Richard’s death explains that there is no documentary evidence that the February 2015 inspectors gave verbal feedback to the trust about the actions that needed to be taken to prevent another death. Additionally, it states that they

“have no evidence in our records of any action the trust took following feedback from inspectors. After the 2015 inspection, the trust was asked to provide further information regarding environmental risk assessments and care plan reviews. However, there is no documentation of CQC formally reviewing this extra evidence that the trust submitted.”

At every turn, there was inaction by the CQC until it was too late.

That brings me to my final points. In October last year, the Public Administration and Constitutional Affairs Committee held an evidence session on the Parliamentary and Health Service Ombudsman’s report on missed opportunities at the trust. The report focused on the cases of two victims, who did not including Richard Wade, and Mr and Mrs Wade provided written evidence about Richard’s death. During the session, my hon. Friend the Minister for Patient Safety, Mental Health and Suicide Prevention explained that the Department’s position on the calls for a public inquiry was that such inquiries

“do not happen for individual cases; they tend to happen when there is a systemic problem or there are multiple cases. In this case, a public inquiry is not an appropriate response because we are talking about two cases.”

There are multiple cases. I believe there is strong evidence of systemic failure, and on top of that we now have regulatory failure. As such, I believe it is time for the Minister to consider the need for an independent inquiry into all similar deaths at the Linden Centre, including that of Ricard Wade.

[James Cartlidge]

A young man lost his life in the place where he had sought safety. Richard identified that he was a risk to himself and asked our mental health service for assistance. Due to multiple missed opportunities for existing problems to be rectified, he lost his life. Now, his family are being denied the justice that they deserve through patent failures by the CQC within the statutory time limit that has now closed. There is no statutory time limit on the grief of his parents. All they want is to know the truth. If that can come from an independent inquiry, that is the least we can do for them. My hon. Friend the Minister for Patient Safety, Mental Health and Suicide Prevention has been sympathetic and I know she is doing all she can in the background. I hope that today my hon. Friend the Minister for Health can give us some hope for the future.

2.45 pm

The Minister for Health (Edward Argar): I congratulate my hon. Friend the Member for South Suffolk (James Cartlidge) on securing this important debate and his dedication in representing his constituents. He is an old friend of mine and I know how committed he is to his constituents' interests. Having spoken to him about this particular case, I know how much it matters to him. I was very sorry to hear about the tragic circumstances of this case.

I wish to put on record, at her request, the fact that the Minister for Patient Safety, Mental Health and Suicide Prevention would dearly love to have been in the Chamber today, given how closely she has been involved with this case and situation. However, as a contact of a recent positive covid case, she is doing the right thing, as always, and staying away. I know that she is watching this debate as we speak and that she will continue to keep very much in touch with developments. I am sure she will speak to my hon. Friend the Member for South Suffolk very soon.

I thank my hon. Friend for raising the concerns about the tragic circumstances around the care of his constituent, Richard Wade, at the Linden Centre, and the CQC's role in investigating the events. As my hon. Friend set out, in May 2015, Richard tragically took his own life while under the care of the Linden Centre, a mental health facility in the Essex Partnership University NHS Foundation Trust. I put on record my heartfelt sympathies for and condolences to Richard's family. I understand the devastating impact this must have had on their lives. The passage of time will do nothing to dim that, so I wanted to put that on the record.

As a Minister in the Department of Health and Social Care, I am fully committed to ensuring that we provide the highest standards of quality and safe services to patients, and that when there are failures in the delivery of those standards, we are transparent about how we are learning lessons. My hon. Friend raised important issues about the failings of the CQC in responding to the concerns of Mr Wade's family following his death, and I have noted the CQC's review of its handling of these matters. The CQC states that it decided not to use criminal enforcement powers to prosecute the trust—it states that this decision was taken after liaison with the Health and Safety Executive and Essex police—and instead to use civil enforcement powers against the trust

after Mr Wade's death. The CQC further states that there was, in its view, insufficient evidence to proceed to criminal enforcement as, according to the CQC, the evidence indicated that breaches were committed by a series of individuals whose actions lay outside the CQC's prosecution powers. However, my hon. Friend has clearly set out his views on that and on the CQC's actions. The CQC has unreservedly apologised to Mr Wade's family for its handling of this case.

As my hon. Friend set out, the CQC review findings identified areas for improvement and organisational learning. The CQC has committed to internal learning for staff and to support providers to recognise ligature risks and improve safety for people who use mental health services. The regulator is providing mandatory training across all inspection teams on decision making and has strengthened its enforcement training for new inspectors. Importantly, the CQC works closely with families and ensures that their involvement and feedback is considered as an integral part of what the regulator does.

On the wider health system and learnings, last year the CQC wrote to all NHS providers of mental health services regarding concerns about the quality and safety of care provided on mental health wards. While progress has been made, there is still significant variation across the country, with a lack of improvement in some mental health settings. In July this year, the CQC wrote to all NHS providers of mental health services, highlighting that it will be looking at this in inspections of wards. Where insufficient improvements have been made, the CQC will take enforcement action.

In 2018, we launched a zero-suicide ambition for mental health in-patients, which means that every mental health trust now has a zero-suicide ambition plan in place. Those trusts will be supported by a new mental health safety improvement programme, which we committed to in the NHS long-term plan.

As my hon. Friend will be aware, the Parliamentary and Health Service Ombudsman laid a report before Parliament in June 2019 on a series of significant failings in the care and treatment of another two vulnerable young men who died shortly after being admitted to the Linden Centre: Matthew Leahy and Mr R. My thoughts are with the families of all those patients who died at the former North Essex Partnership University NHS Foundation Trust, and we are committed to learning lessons from those tragic events.

As my hon. Friend said, the Minister for Patient Safety, Mental Health and Suicide Prevention gave evidence to the Public Administration and Constitutional Affairs Committee last year. The Committee looked into missed opportunities and the recommendations made by the PHSO, and my Department is considering its response to the Committee's report, which it looks forward to publishing in due course.

As you alluded to, Mr Deputy Speaker, the Health and Safety Executive has investigated the trust, and as a result of that investigation, the Health and Safety Executive has brought a prosecution against the Essex Partnership University NHS Foundation Trust. As Members will understand—and in line with your advice, Mr Deputy Speaker, and that of the Clerks—I am unable to go into any further details on the HSE investigation. However, it has advised that the first hearing in that case will take place in Chelmsford in November. I will say no more on

the case than that, in line with your guidance, Mr Deputy Speaker. It is never acceptable for patients to be exposed to avoidable risks. When things do go wrong, clinicians need to be open, honest and able to learn from their mistakes.

I turn to one of the key points that my hon. Friend raised. I am very much aware, as is my hon. Friend the Member for Mid Bedfordshire, of the petition from families of patients who have died while under the care of NHS services in the Essex area, calling for a public inquiry into the deaths. I completely understand that they have concerns that they want to have heard in public. They want answers, and they want to know what happened. My hon. Friend the Member for Mid Bedfordshire has given careful consideration to the failures in care at the former North Essex Partnership University NHS Foundation Trust. On her behalf, I am announcing today that she has set out her intention to commission an independent review into the serious questions raised by a series of tragic deaths of patients at the Linden Centre between 2008 and 2015.

James Cartlidge: That will be incredibly welcome for all the families connected. Can the Minister confirm that it will include the case of Richard Wade? Does he appreciate that many other Members—particularly those representing Essex constituencies, and many of whom are Ministers and therefore cannot contribute—will be incredibly pleased to hear this announcement? Frankly, none of us expected it, even though we have waited for it for so long.

Edward Argar: I am grateful to my hon. Friend. Although the formal terms of reference of the independent review have yet to be fully agreed, the conditions relating to Mr Wade's death and the date certainly appear pertinent to this review and are likely to be considered as part of it. I will turn to the details in just a second.

This review will build on the recommendations made in the 2019 Parliamentary and Health Service Ombudsman's "Missed Opportunities" report. I emphasise again, because I know that my hon. Friend has argued for this powerfully, that it will be independent. He rightly alluded to the fact that, although he is raising Mr Wade's case today, there is a broader context, and there are other hon. and right hon. Members who have constituents who have been in a similar position and families who have approached them about this. I know that they will want to be involved as well.

James Cartlidge: The Minister will appreciate that this is very significant news for many constituents because of the trauma they have experienced. He is right that the key word he has used is "independent". Will he confirm that that means, basically, that what those constituents have been asking for will be granted, because it is the best chance they will have to learn the truth of what happened?

Edward Argar: I am grateful to my hon. Friend for his intervention. I am just coming on to the process that will be set in train now. I emphasise that although, for the reasons I set out, it is me announcing this to the House, the work has been done by my hon. Friend the Member for Mid Bedfordshire. I want it to be recognised just how much work she has put into this issue.

We have decided to start the process now, so that the lessons learned can benefit care across the wider NHS as quickly as possible. We will work with the HSE to ensure that the review does not in any way prejudice the legal action that is under way.

Turning to the specific issues that my hon. Friend raised, the Minister for Patient Safety, Mental Health and Suicide Prevention will also be seeking as swiftly as possible a meeting with the families affected by these events, as well as with my hon. Friend and other hon. Members who are involved with this issue, to understand what they would wish to see from this process as the terms of reference and scope are agreed. The Minister is very keen to fully involve them in understanding the scope and terms of reference that need to be set and how we can seek through this process to bring them at least some degree of resolution. She will provide further details on that in due course.

James Cartlidge: The Minister is right to stress the work of our hon. Friend the Minister for Patient Safety, Mental Health and Suicide Prevention, who cares passionately about this. I did say this in my earlier remarks, but I must stress that I know that when she met my constituents—the parents of Richard Wade—it cut to her heart. She has shown huge compassion, which is what has driven this. It is thanks to that that my hon. Friend has announced the news he has today.

Edward Argar: My hon. Friend is absolutely right, and I will turn briefly to that in a second. I hope that this announcement today to commission an independent review into issues at the former North Essex partnership trust shows the strength of our commitment and my hon. Friend's commitment in addressing the concerns he and his constituents have raised and in listening to and working with the families involved in these tragedies. We are committed to learning lessons at a national level to improve services across the whole mental health system, so that no other family experiences the same devastating loss as Richard's family and the families of other patients who died at the former North Essex partnership trust.

In the few minutes remaining, let me say that my hon. Friend is absolutely right in what he says: my hon. Friend the Member for Mid Bedfordshire brings compassion, decency and determination to her dealings not just on this issue, but across the field of suicide prevention, mental health and patient safety. She is absolutely passionate about it. She has not only a background in medical services, but a genuine passion. It is her energy that is driving this forward and I have to say that it is a privilege to be a colleague of hers and to work alongside her in the role that I hold in the Department.

I conclude by saying once again that, of course, my thoughts and those of colleagues in this House will remain very much with Richard Wade's family and all the families who have lost loved ones in these circumstances.

Question put and agreed to.

2.58 pm

House adjourned.

Written Statements

Friday 16 October 2020

HEALTH AND SOCIAL CARE

Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020

The Parliamentary Under-Secretary of State for Health and Social Care (Jo Churchill): The primary objective of our policy is to support the expansion of the annual seasonal flu vaccination campaign and to support the successful roll-out of a safe and effective covid-19 vaccine. Throughout the coronavirus outbreak, the Government have brought in the right measures at the right time, based on the most relevant and up-to-date scientific advancements and advice. As the UK enters the “flu season” where domestic transmission is rising, it is important that the Government can respond swiftly and effectively to the current situation.

The independent Commission on Human Medicines (CHM) will advise the UK Government on the safety, quality and efficacy of any vaccine; no vaccine will be deployed unless stringent standards have been met through a comprehensive clinical trial programme. The preferred route to enable deployment of any vaccine, including new vaccines for covid-19, remains through the usual marketing authorisation (product licensing) processes.

In the interests of patient safety and bringing the pandemic to an end, which will allow life to restore to normality, the Human Medicines (Coronavirus and Influenza) (Amendment) (England) Regulations 2020 will come into force, for the most part, on 3 November 2020, although some provisions need to be brought into force on the day after they are laid before Parliament. Our plan is to bolster the safeguards to product authorisation and to improve access to necessary vaccines in order to protect the public ahead of the winter and beyond, and ultimately reduce mortality.

The regulations introduce measures to support the safe future mass roll-out of a covid-19 vaccine, and the expansion of the annual seasonal flu vaccination programme, and include bringing the five main changes into effect:

Reinforcing temporary authorisation measures to provide for the attaching of conditions, a technical change in order to make sure that any unlicensed products that the Government recommends for deployment in response to certain public health threats must meet required safety and quality standards;

Expanding the workforce able to administer covid-19 and flu vaccines to improve access and protect the public, including by new immunisation protocols for covid-19 and flu vaccines;

Rationalising the scope of the pre-existing partial immunity from civil liability for the pharmaceutical companies whose unlicensed products are recommended for use by the Government in response to certain public health threats, and also extending that partial immunity to all members of the additional workforce that could be allowed to administer temporarily authorised vaccinations under the new immunisation protocols;

Ensuring that treatments used in response to certain specific types of public health threat can be promoted by advertisements to the public as part of national campaigns;

The provision of an exemption from the need for a wholesale dealer’s licence to allow the swift and safe transfer of covid-19 and flu vaccines, and other medicines for treatment of pandemic disease, in response to patient need, by NHS and armed services providers at the end of the supply chain.

If a covid-19 vaccine is ready for deployment prior to 1 January 2021, these measures will bolster existing temporary authorisation powers that allow the Medicines and Healthcare Products Regulatory Agency to consider approving its use, before a full product licence is granted, provided it is proven to be safe and effective during the extensive clinical trials. The measures are especially necessary in the context of the transition period because until its end any full product licence for a potential covid-19 vaccine must be granted by the European Medicines Agency (EMA).

The UK Government have sought views on proposals to make changes, in conjunction with the Minister of Health in Northern Ireland, to the Human Medicine Regulations 2012. The Department has further welcomed views from any interested individual or organisation through a public consultation which ran from 28 August and closed on 18 September, also holding discussions about the proposals with specialists and key stakeholders in tandem. We welcome the participation of all individuals and organisations who contributed to the consultation and received over 188,000 responses. We analysed these responses and based on feedback made three key changes to the content of the legislation, which are explained in the explanatory memorandum published alongside the instrument.

The explanatory memorandum published with the instrument also explains why some of the provisions of this instrument breach the rule that provisions of statutory instruments subject to the negative procedure should normally be laid 21 days before the instrument comes into force. The measures that are being brought into force in breach of the 21-day rule are essentially permissive and enabling. The priority action is to support the annual flu vaccination roll-out; delaying their implementation could increase the incidence of influenza in the UK. Currently a safe effective vaccine for covid-19 to deploy is subject to the outcome of clinical trials. However, any delay to the annual vaccination roll-out would hamper an important aspect of the covid-19 fightback.

The independent Joint Committee on Vaccination and Immunisation (JCVI) will advise the UK Government on which covid-19 vaccine/s the UK should use, and on the priority groups to receive the vaccine based on the best available clinical, modelling and epidemiological data. This will depend on the properties of the vaccine, those most at need—including health and care “frontline” workers—and the medical circumstances of individuals. Updated JCVI advice can be found at <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-25-september-2020/jcvi-updated-interim-advice-on-priority-groups-for-covid-19-vaccination>

[HCWS520]

TRANSPORT

CrossCountry Rail Franchise

The Secretary of State for Transport (Grant Shapps): I am updating the House that the Department for Transport has negotiated a further direct award for the CrossCountry rail franchise.

I am pleased to inform the house that the Government have signed a new contract with Arriva to ensure vital train services continue across the UK's most extensive rail network. Stretching from Aberdeen to Penzance and from Stansted airport to Cardiff, CrossCountry's network is the most geographically extensive passenger rail franchise in Great Britain. It calls at over 100 stations and connects seven of Britain's 10 largest cities.

The new agreement means Arriva CrossCountry, which has run the service since 2007, will continue to operate the franchise for three more years until October 2023. This brings stability to CrossCountry services and provides certainty for passengers and staff as the future direction of rail reform takes shape.

Vital, long-distance rail services, which people across the length of Great Britain rely on, will continue to run and support the UK's recovery from covid-19, thanks to this new contract. As people return to the railway, passengers will benefit from more capacity and operational staff, along with new measures to help passengers with disabilities, aligned with current best practice across the rail industry.

The contract also has a renewed focus on tackling environmental impacts. To reduce diesel emissions, Arriva CrossCountry will trial the use of electrical shore supplies when Turbostars are in depots for cleaning, and on-train batteries when Voyagers enter and leave stations. We will continue to work with the owners of the Voyagers to ensure engines are turned off when at platforms.

This new contract complements the emergency recovery measures agreements (ERMAs) announced in September, in place for up to 18 months, where the Government pay train companies a small management fee to keep services running through the pandemic.

The contract will see the Government take on the revenue and cost risk associated with the franchise and pay Arriva a performance-linked fee to operate the

service, incentivising the company to deliver improvements to operational performance, passenger experience and service quality.

[HCWS518]

WORK AND PENSIONS

In-Work Progression Commission: Call for Evidence

The Secretary of State for Work and Pensions (Dr Thérèse Coffey): I established the in-work progression commission, led by Baroness McGregor-Smith, in March this year as part of this Government's commitment to levelling up opportunities for those who want to progress from lower paid jobs into higher paid work.

In response to covid-19, our focus is on getting people back into work and our £30 billion plan for jobs will support hundreds of thousands of people of all ages do this. Now however is also the time to lay the groundwork for the future when people will be able and striving to progress.

The commission wants to hear from all sectors, including businesses, charities, think-tanks, advocacy groups and other community focused organisations as well as from individuals who have or have not progressed out of low pay. We have launched a call for evidence, details of which can be found here: <https://www.gov.uk/government/consultations/call-for-evidence-and-good-practice-on-in-work-progression/call-for-evidence-and-good-practice-on-in-work-progression>

We want written contributions that highlight the challenges to progression in low-paid sectors and how best to support talented people to rise through the ranks. A copy of the call for evidence document will be placed in the House Library and responses can be sent to: progression.commission@dwp.gov.uk.

[HCWS519]

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