

# PARLIAMENTARY DEBATES

HOUSE OF COMMONS  
OFFICIAL REPORT

Seventh Delegated Legislation Committee

ABORTION (NORTHERN IRELAND)  
REGULATIONS 2022

*Thursday 16 June 2022*

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**The Committee consisted of the following Members:**

*Chair:* DEREK TWIGG

† Antoniazzi, Tonia ( <i>Gower</i> ) (Lab)	† Lockhart, Carla ( <i>Upper Bann</i> ) (DUP)
† Blunt, Crispin ( <i>Reigate</i> ) (Con)	† Marson, Julie ( <i>Hertford and Stortford</i> ) (Con)
† Brereton, Jack ( <i>Stoke-on-Trent South</i> ) (Con)	Nichols, Charlotte ( <i>Warrington North</i> ) (Lab)
Britcliffe, Sara ( <i>Hyndburn</i> ) (Con)	† Osborne, Kate ( <i>Jarrow</i> ) (Lab)
† Coutinho, Claire ( <i>East Surrey</i> ) (Con)	† Richards, Nicola ( <i>West Bromwich East</i> ) (Con)
Cryer, John ( <i>Leyton and Wanstead</i> ) (Lab)	† Shannon, Jim ( <i>Strangford</i> ) (DUP)
Farris, Laura ( <i>Newbury</i> ) (Con)	† Tami, Mark ( <i>Alyn and Deeside</i> ) (Lab)
† Harris, Rebecca ( <i>Lord Commissioner of Her Majesty's Treasury</i> )	† Wallis, Dr Jamie ( <i>Bridgend</i> ) (Con)
† Lewis, Brandon ( <i>Secretary of State for Northern Ireland</i> )	Liam Laurence Smyth, Susie Smith, <i>Committee Clerks</i>
	† <b>attended the Committee</b>

**The following also attended (Standing Order No. 118(2)):**

Paisley, Ian ( <i>North Antrim</i> ) (DUP)	Farry, Stephen ( <i>North Down</i> ) (Alliance)
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# Seventh Delegated Legislation Committee

Thursday 16 June 2022

[DEREK TWIGG *in the Chair*]

## Abortion (Northern Ireland) Regulations 2022

11.30 am

**The Secretary of State for Northern Ireland (Brandon Lewis):** I beg to move,

That the Committee has considered the Abortion (Northern Ireland) Regulations 2022 (SI, 2022, No. 554).

In opening this debate, I acknowledge and respect the deeply held views that Members will have on this issue, and in that respect I am glad that the usual channels have decided to allow a free vote. That will allow all Members to vote according to their conscience.

At the same time, I once again recognise the clear will of this House for the Government to deliver on their statutory duty with respect to access to abortion services in Northern Ireland. In passing the Northern Ireland (Executive Formation etc) Act 2019, the House decided that it was time to step in and ensure women's access to services, in line with the recommendations made by the 2018 report of the United Nations Committee on the Elimination of Discrimination against Women, or CEDAW. Colleagues will recall the outcome of previous debates in 2019, 2020 and 2021. Today's debate is not about reopening the ethical issues decided on by this House in those debates; it is to ensure the implementation of abortion services in Northern Ireland. There were emphatic votes on the topic in 2019, 2020 and 2021 that showed that the will of this House is to implement abortion services in Northern Ireland.

**Ian Paisley** (North Antrim) (DUP): I thank the Secretary of State for the way he has introduced the debate so far. Will he place on record that he accepts that the regulations we are voting on today take the law in Northern Ireland far beyond what applies in England and Wales? Is that not the case?

**Brandon Lewis:** This specific point was voted on back in 2020. I recognise that some have concerns, as the hon. Gentleman has outlined, that the regulations go beyond what is in Great Britain. The provision agreed in 2020 was determined as the most appropriate way of meeting our statutory duty and setting up what CEDAW requires by ensuring that women, including victims of sexual crime, have access to services. Given the decisions that Parliament has made in the past couple of months, there is also an argument that the regulations do not go as far as the rest of the UK.

I take this opportunity to put on record my thanks to the medical professionals who have ensured that women and girls have had some local access to abortion services in Northern Ireland up to this point, and to the organisations that have supported this work, many of whom I have met. I do not underestimate the huge

efforts made to provide limited abortion services since April 2020, and I have been hugely impressed when meeting the organisations—they have tirelessly advocated for women's access to proper healthcare services and helped to sustain the limited services currently in place—and seeing the work they do to support women and girls. Between 31 March 2020 and 31 January 2022, some 2,794 abortions were able to take place as a result of that work in Northern Ireland.

However, the services in place still fall far short of what is required by law. Women and girls are still unable to access high-quality abortion and post-abortion care locally in Northern Ireland in the same way as women in the rest of the United Kingdom. That is because the Northern Ireland Department of Health has failed to make progress on this issue. The commissioning of full abortion services, consistent with the conditions set out in the 2020 regulations and the CEDAW recommendations, has not taken place. Every day, women and girls are being put in vulnerable situations, and we must not and I will not allow this situation to continue. I have a legal duty to implement those CEDAW recommendations to ensure that women and girls have access to abortion services, and I will take all necessary steps to ensure that that happens.

**Ian Paisley:** I thank the Secretary of State for giving way on the issue of his legal duty. Since the House met and voted on these matters, the House has also voted on and approved the Down Syndrome Act 2022. Has the Secretary of State taken legal advice on whether the regulations are at variance with the Act in terms of rights and the abortion of a foetus with Down syndrome?

**Brandon Lewis:** We have taken advice continually throughout the whole process of the regulations. I will come on to some of the expert advice we are taking at the moment about the commissioning of the appropriate services. The draft regulations are legally correct and fulfil the recommendations to, and the legal obligations on, the Government.

In my statement of 24 March, I committed to return to the House and to make regulations after the Northern Ireland Assembly election if no progress had by this point been made towards the delivery of abortion services by the Northern Ireland Department of Health. I have now made the regulations to ensure that the will of the House is respected.

I do not take this decision lightly, and I remain fully committed to protecting what I and many colleagues feel is important, which is the Belfast/Good Friday agreement in all its dimensions. The devolution settlement, however, does not absolve the Government of their clear statutory duty, nor my Department of our legal duty as set by Parliament, let alone what I believe to be the moral duty to ensure that women and girls across the UK have equal access to good-quality healthcare and support.

We have given the Department of Health in Northern Ireland, and the Northern Ireland Executive, every possible chance to move forward—indeed, we could be criticised for having given them too much time already. We have engaged extensively to see how we could best support delivery. The Department of Health, however, at this stage has failed to act. My expectation and preference

has always been that the Department of Health would drive forward commissioning of abortion services—with the relevant legal powers, policy and operational expertise to do so—and to ensure that abortion services become normalised and embedded into the health and social care system in Northern Ireland as part of the healthcare service.

The Government's actions up to this point clearly reflect that expectation. In 2020, we delivered a framework for the Department of Health to deliver the service within; services, however, were not commissioned. Then we made the Abortion (Northern Ireland) Regulations 2021, which provided me with a power to direct that action be taken where required to implement the recommendations in paragraphs 85 and 86 of the CEDAW report. In July 2021, I directed the Department of Health to commission and ensure the full provision of abortion services by no later than 31 March 2022. Services have still not been commissioned. Once it became clear that that deadline would not be met, on 24 March I made a commitment to return to Parliament after the Assembly election to make regulations on abortion if necessary. Following that commitment, the draft regulations were laid before the House on 19 May.

This statutory instrument has the following effects. It is important to outline what it will achieve. First, it removes the need for Executive Committee approval before services can be commissioned and funded by the Department of Health. The draft regulations do that by providing that directions under the Abortion (Northern Ireland) Regulations 2021, which require action to be taken to implement the recommendations of the CEDAW report, must be complied with, irrespective of whether the matter has been discussed or agreed by the Executive Committee.

Secondly, the draft regulations confer upon a Secretary of State the power to do anything that a Northern Ireland Minister or Department could do for the purpose of ensuring CEDAW compliance. For the purpose of determining what a Northern Ireland Minister or Department could do, any need for Executive Committee approval will be disregarded. That means that the Department of Health will have no further barriers to commission and fund services, and that we as the UK Government and Secretary of State can act to commission.

I am still clear that the Department of Health should drive forward the commissioning of abortion services without delay, and that as a devolved matter it remains the responsibility of the Northern Ireland Executive to fund those services. I will continue to engage with the Minister of Health and his Department, and I have asked my officials to continue their engagement. We are keen to work with the Minister to support him in the Department of Health's delivery of services. However, the Department of Health must now provide an absolute commitment to provide services, or I will use the powers in the draft regulations to commission services myself.

**Stephen Farry** (North Down) (Alliance): I am supportive of what the Secretary of State is doing but, as he alluded to in his introductory comments, he will be aware of some frustration at the length of time this process has taken. Although he has to give some space to the Department of Health to act, can he give some indication of the timetable for letting this run before he intervenes directly to ensure that services are provided uniformly across Northern Ireland?

**Brandon Lewis:** I appreciate the hon. Gentleman's question, which was perfectly timed because I was just about to speak about that. To ensure that I have all the information required, in the circumstances in which I will need to take action myself—I suspect I will be taking action—a small team has been established in the Northern Ireland Office to work alongside the Department of Health in taking the matter forward. To answer his question directly, I cannot give a specific date right now, but we have brought a team of experts into the Northern Ireland Office to work on how to commission those services and what they will be. Obviously, that has to be correct. These people are experts in the field, and they are working to deliver that at the moment.

Much as I would like to see the Department of Health deliver this in the next few weeks, I am not necessarily expecting that to happen, because of our previous experience with the Department. As soon as our team has developed the commissioning and the work that needs to be done to commission the services, and if the Department of Health has not already acted, we will take action as soon as we are ready. I envisage that happening quickly but I would not want to give a false date. I am happy to keep the hon. Member for North Down and others up to speed during that time.

**Stephen Farry:** I am grateful to the Secretary of State for that clear and precise answer, which will give people considerable reassurance.

**Brandon Lewis:** I appreciate that. We have all waited for far too long. Hopefully my answer reinforces that I want to see this done through the proper devolved measure, but ultimately we have to ensure that women and girls are getting access to care. I have seen too many harrowing and sad cases of what people have had to go through, which no one should have to go through to get good healthcare, and we need to correct that.

**Ian Paisley:** On that point, will the Secretary of State give way?

**Brandon Lewis:** I will make some progress.

I recognise that abortion is a sensitive and personal issue for many people. Indeed, we have heard many different views in this House in debates, as well as from Members of the Northern Ireland Assembly, and I absolutely respect those views. However, women should not be forced, as they are now, to choose to travel—if they can afford to—or to resort to unsafe and unregulated measures when the law is already in place to ensure that services are available in Northern Ireland. I recently met some women who had been failed by the lack of services in Northern Ireland and had been forced into very difficult situations by a lack of safe, local, high-quality healthcare. That is not right. This situation is simply not acceptable, and I am determined that we change it.

**Ian Paisley:** The Secretary of State has mentioned his concerns about people receiving safe care. Of course, safety is an issue that should concern everyone in Northern Ireland. All care should be carried out in a safe manner. He mentioned in his preamble that over 2,400 abortions have already been carried out in Northern Ireland. Can he confirm that 99% of those abortions involved a healthy mother and baby and that 99% of them did not involve rape or incest? Is that not the case?

**Brandon Lewis:** I do not have the specific details of the individual cases. I say to the hon. Gentleman that, at the same time, nearly 400 women had to travel from Northern Ireland to England to access abortion services in 2020. I was just referring to some women I met recently, who had been through the most dreadful and harrowing health situations because they could not access healthcare properly in Northern Ireland. The reality is this provision should be legally available in Northern Ireland, but it is not at the moment, so women and girls in Northern Ireland are unable to access healthcare that women across the United Kingdom can access. That is not right and we need to fix it. That is why I commend the regulations to the Committee.

11.43 am

**Tonia Antoniazzi (Gower) (Lab):** I thank the Secretary of State for his opening comments. As long as I have been a Member of this place, we have been discussed this issue. I was part of the Women and Equalities Committee inquiry on abortion law in Northern Ireland in 2018, which sought to reconcile the responsibilities of the UK Government under international obligations with devolution. While progress has been made, the time it has taken to get to this place has had an impact on the lives of so many women and girls, as the Secretary of State recognises.

Following campaigning led by my right hon. Friend the Member for Kingston upon Hull North (Dame Diana Johnson) and my hon. Friend the Member for Walthamstow (Stella Creasy), among many others, abortion in Northern Ireland was decriminalised in 2018. Four years later, we are still waiting for the impact of those changes to reach the women of Northern Ireland, who need access to the most basic of human rights: the right to choose. I am glad to see the Secretary of State bringing forward these regulations. The Labour Party supports the measures, but I do wonder whether we could have acted sooner, or indeed had a duty to act sooner. The Secretary of State has spoken about taking immediate action to get services up and running, and we would welcome that.

Stronger political leadership from the Northern Ireland Executive or even the Department of Health could have solved the issue more quickly. We should not have to be here now. Again, I reiterate my thanks. The question from the hon. Member for North Down also pressed the issue of timing. I welcome the Secretary of State's comments about the team in the Northern Ireland Office taking the matter forward. I appreciate that he cannot give dates, but we want to be kept informed about what is happening.

Amnesty and others have warned about the current postcode lottery for provision and the vulnerable position in which that leaves those who need an abortion. It is imperative that the commissioning process is concluded as soon as possible so that services in line with the recent new framework are fully accessible to all who need them.

We all work with many organisations that support women in Northern Ireland and we welcome the proposals, but our plea for the swift commissioning of services must be heeded. Women cannot wait any longer. In 2020-21 there were 63 terminations of a pregnancy in Northern Ireland, but more than 370 women still had to

travel to England to have an abortion under the funding scheme put in place by the UK Government. That is 370 women who needed to travel at a time of extreme stress and upset to get a procedure that should have been available to them closer to home—close to their friends, families and support networks, instead of hundreds of miles away and alone.

People say that this is an emotive issue, and we all appreciate that, but as the Secretary of State outlined in his opening speech, we are not here to reopen the ethical issues. This is a matter of practicalities. The law is the law, and this is about the delivery of that law. That brings me to my questions for the Secretary of State, which I hope he will be able to address in his closing remarks.

We know that necessity is the mother of invention, and during the covid pandemic we saw an increase in the use of telemedicine in Great Britain and Northern Ireland. Although that has been made permanent in other parts of the United Kingdom, Northern Ireland's provision has been removed. The reasons for women to choose telemedicine are wide ranging, but they are all valid. To deny the women of Northern Ireland that choice seems arbitrary, and I would like assurances from the Secretary of State that he will reinstate telemedicine services as part of these measures.

What assessment has the Department made of the parity of access to services across the different commissioning bodies in Northern Ireland? I am a big supporter of having all the data to hand so that we can make the best decisions for women and girls, so I am interested in the Secretary of State's thoughts on any assessments that have been made.

I also want to request a cross-party meeting between the Secretary of State, me and some of the groups supporting women through this situation. I acknowledge that he has met some groups, but there are others that would like to be part of the conversation.

Amnesty is documenting the barriers in policy and practice to accessing abortion services in Northern Ireland, which will track progress pre and post commissioning, and engagement with that work should be important to the NIO. I hope that the Secretary of State will be able to agree to a meeting in his remarks. If that meeting were to go ahead, it would be really useful for the Secretary of State to hear about the support that non-governmental organisations are providing across Northern Ireland. I hope that he will be able to offer them some financial support so that they can continue to help women and girls.

I want to ask the Secretary of State about the specifics of regulation 5, on financial assistance. I would appreciate more detail on how the Government are planning to get assistance to women who need it, who will be administering the financial help, and what the role of third party groups and charities would be.

Further to that, can the Secretary of State outline the steps he is going to implement immediately to secure these fragile abortion services? As I have said, we appreciate the comments that he has made, and we would also like to thank the medical profession and the organisations that have provided those services thus far. Additionally, in the absence of a functioning Executive, has the Secretary of State explored the budgetary implications of putting these measures in place? The history of the

Executive failing to deliver on abortion rights is well documented, so the provision of healthcare must not be dependent on the Executive delivering it. I know the Secretary of State has talked about working with the Department of Health, and his intervention may be needed. We want that to also be as swift as possible.

The Labour party welcomes these steps to protect the rights of women across Northern Ireland. I hope we will never get back into a situation like the one we have seen, with a Northern Irish Health Minister launching an investigation into every abortion carried out where the mental health of a woman was a reason for the abortion. It is, unfortunately, all a little bit *Handmaid's Tale*. Women deserve the right to choose what happens to their bodies, and they cannot wait any longer for these measures to be put in place, but I thank the Secretary of State for the work he has done thus far.

11.50 am

**Carla Lockhart** (Upper Bann) (DUP): For as long as powers have been devolved to Stormont, the people of Northern Ireland have been granted the right to decide their own laws in relation to abortion. It is therefore very regrettable that in 2019 a group of MPs—none of whom is accountable to the people of Northern Ireland—decided that they would take matters into their own hands, ignoring the devolution settlement. Today, we see the outworkings of that decision. This is the latest chapter in the disenfranchisement of the people of Northern Ireland, but in reality it is much worse than that.

The regulations make sweeping and far-reaching changes to the constitutional settlement of Northern Ireland. We are constantly told that the Belfast agreement cannot be changed, yet those who shout loudest about the immutability of the Belfast agreement are the very people who support these regulations. Let us be clear about what they do: if passed, they will fundamentally alter the principles of the Belfast agreement. It is clear that the Belfast agreement can easily be changed when it suits the political expedience of some Members of this House. I will address three areas in my remarks: the issue itself, and the views of the people of Northern Ireland who I represent; the constitutional significance of the regulations; and the issues concerning future Executive budgets and funding.

Northern Ireland has consistently taken a different approach from the rest of the UK, which is, of course, the nature and beauty of devolution. Not once has the Northern Ireland Assembly, or indeed a majority of Members of this House representing the constituencies of Northern Ireland, voted to back a change in the law as it relates to abortion. Northern Ireland has always had different laws from the rest of the United Kingdom, because that reflects the views of the people who live there, yet in 2019, the law was changed. It was not changed through full legislative scrutiny: rather, like everything that has taken place concerning this issue over the past three years, legislative change has been brought about through the back door.

Opinion polling undertaken in 2019 after the change in the law showed that a majority of people in Northern Ireland opposed that change. A LucidTalk poll conducted at the time found that 52% of the public opposed the legalisation of abortion, and only 39% supported it.

Despite the views of the people of Northern Ireland, the Government are again pressing ahead with changing the law in a way the people I represent oppose. That would not be acceptable in any other part of the United Kingdom, and it is unacceptable in Northern Ireland as well. This is an issue for the Northern Ireland Assembly and Executive to agree and implement. The fact that some Members of this House disagree should not give them the right to simply take matters into their own hands. This House should respect the people of Northern Ireland.

That brings me to my second point, which is on the constitutional ramifications of the 2022 regulations. The Northern Ireland Act 1998 is clear: matters that are significant and cross-cutting are for the Northern Ireland Executive to decide. This issue is clearly significant and cross-cutting, and is therefore not one for the Minister of Health to decide alone. The powers of the Northern Ireland Executive are not absolute and the Secretary of State, by virtue of section 26 of the Northern Ireland Act, does have power to intervene and direct a Minister. However, that power is limited in scope to decisions that would be incompatible with international law, with the protection of public order or with national security. These regulations fall a long way short of the test laid down in the Northern Ireland Act.

Clearly, the regulations change the substance of the Belfast agreement and the Northern Ireland Act, but those changes are not in primary legislation, where they could be scrutinised and debated fully; rather, fundamental constitutional change is proposed by regulation. The Secretary of State presents the regulations as changing the Northern Ireland Act in a limited and specific way, but that is simply not the case; these regulations set a precedent. Matters that are significant or controversial in Northern Ireland are a matter for the Executive for very good reason. It is important that all communities in Northern Ireland are included in the debate. These regulations fly in the face of that constitutional guarantee and give power to the Secretary of State to make any decisions he sees fit, ignoring the people and the will of the people of Northern Ireland.

These regulations, in effect, permit the Secretary of State to become a Minister in Northern Ireland without any scrutiny or accountability. But they are more troubling than that. Where does the power of the Minister of Health end and the Secretary of State's start? What would trigger the regulations being implemented? Who do civil servants take instruction from? When can the Secretary of State countermand a direction of the Minister? The regulations are vague and unclear, and could lead to a lack of clarity and conflict within the Department of Health. The regulations stand in contrast to the view the Secretary of State took when the Assembly was suspended for three years in 2017. One party brought the institutions down, decisions were needed, budgets were neglected and the Secretary of State did nothing. Which raises the question: why now and why this issue?

Finally, I want to raise the issue of budget. If the Secretary of State countermands a decision of the Minister or directs action to be taken, how is that funded and financed, and what are the implications for the Northern Ireland budget of those decisions taken by a Secretary of State? Regulation 3 requires the Northern Ireland Executive to fund services once they are commissioned. The Secretary of State can direct

[Carla Lockhart]

whatever he wishes, with no accountability as to cost. It is surely fundamental to any decision that the person making it is held accountable for the public funds that are being committed to implement that decision. Although regulation 5 allows for some funding to be given, that is fully within the discretion of the Secretary of State. Indeed, the Secretary of State, by virtue of regulation 5, could bind the Northern Ireland Executive into loans and contracts that are not in the financial best interests of the Executive or indeed could be deemed not value for money, yet it is the Executive, not the person making those decisions, who are accountable.

The decisions the Secretary of State makes will have impacts on and implications for other services in the Department, and the Minister will be accountable, but will not have made the decision. The Minister may be left in the troubling position of having to cut cancer services, stop initiatives to cut waiting lists and reduce hospital capacity, all because of decisions taken by someone else who is unaccountable for how those decisions are made. The Northern Ireland health service is in crisis—there is no question about that—and the regulations have the potential to further deepen that crisis.

It is clear that the regulations fly in the face of democratic accountability. Constitutionally, they set a dangerous precedent; financially, they are unaccountable and politically they remove democratic accountability from the person who made the decision and ignore the views of the people of Northern Ireland. For all of those reasons I urge that the regulations cease to have effect and Members oppose the provisions.

In all pregnancies, both lives matter. I have listened intently to the comments from the Secretary of State and from the Opposition Front Bencher. Not once has the baby in the womb been mentioned, not once have the 100,000 lives who are alive today as a result of our life-affirming laws in Northern Ireland been mentioned, and not once has there been an acknowledgement that in every pregnancy, both lives matter and both lives are of equal value.

Much has been spoken of financing adequate healthcare, but no mention has been made of the support and care needed for those who choose life. We want life-affirming laws in Northern Ireland. The will of the people in Northern Ireland is to have life-affirming laws, and these laws passed by this House fly in the face of that. I encourage Members to step back from progressing the draft regulations and to listen to the views and the people of Northern Ireland—let the Northern Ireland Assembly deal with this issue, which is a devolved one.

12 noon

**Jim Shannon** (Strangford) (DUP): It is a pleasure to speak in this Committee, although I will have to suspend the pleasure when we speak about the issues that we have before us. I concur with the comments of my hon. Friend the Member for Upper Bann.

In the past, I have spoken in all the debates on abortion, whether in the Chamber or wherever it has come forward. I have to say to the Secretary of State that I am bitterly disappointed that we are where we are today. I concur with the policy that both lives matter, and that one is equally as important as the other. I very

much want on the record that I concur with the 100,000 lives—babies, and adults today—being alive because of the legislation that we had in place. It is a great disappointment that we find ourselves here.

I also wish to represent the viewpoint of my constituents in Strangford, the majority of whom are also opposed to this legislative change proposal before us in Committee. Whether we like it or not, in the debates in 2020 and 2021 I spoke up, fundamentally, for abortion and the matters covered by the 2018 CEDAW report being devolved matters for Northern Ireland. The report made that clear in the legislation and background information. Looking at the report, I am greatly discouraged, because CEDAW made recommendations under two headings: for paragraph 85, “Legal and institutional framework”; and for paragraph 86, “Sexual and reproductive health rights and services”. All those areas of criminal justice, health and abortion are devolved matters.

The Secretary of State feels that he has to make the draft regulations for the reasons he put forward, but he is taking the role of the devolved Administration out of their hands and into the Secretary of State’s hands. That disappoints me. The draft regulations, according to the House of Lords, will give extensive powers to the Secretary of State to do things over the heads of the elected representatives. That takes us a stage far too far.

The wider powers allow the Secretary of State to act without the ability of Northern Ireland citizens to hold him to account through the democratic process. If only the people of Northern Ireland could make him accountable—he might wish to put his name forward in Northern Ireland to represent them, and then the people would speak. I say that with genuine respect for the right hon. Gentleman, but it feels to me that real devolved powers have been taken out of our hands.

Indeed, in 2018, nearly four years ago to the day, the Secretary of State recognised that key principle and said of abortion that

“it would not be appropriate for Westminster to seek to impose its will, or to be the arbiter of an issue that has long been devolved to the people of Northern Ireland.”—[*Official Report*, 5 June 2018; Vol. 642, c. 220.]

Again, that is incredibly disappointing when we see where we are.

From the international law perspective, there is some concern about how CEDAW pursued the issue. International law does not necessarily back up where we are. When the Secretary of State sums up at the end, he might wish to comment on that. It is important for him to do so. Furthermore, the draft regulations dishonour the devolution settlement, to which I adhere strongly. I wish to see it in its entirety, because the responsibility and accountability clearly lie with politicians in the Assembly back home.

Last year, the Government acknowledged that the CEDAW report recommendations

“are not binding and do not constitute international obligations.” If they do not, why pursue something that is not legal internationally? Some 79% of respondents in the consultation process also disagreed with the introduction of the measures on a devolved matter.

I say these things for a purpose—to add up and show the opposition, whether that is from the people of Northern Ireland, international law experts or the respondents to the original consultation. It is in that

context that we must remember that the Government has flouted—I use the word on purpose—constitutional conventions and due process, from the fast tracking of the Northern Ireland (Executive Formation etc) Act 2019 to drafting the regulations with no consultation with lawmakers in Northern Ireland. That disregard for opinions on law in Northern Ireland, the politicians and the opinion of the people in Northern Ireland is incredibly disappointing.

There are legitimate reasons why the Secretary of State can act and give directions. The Northern Ireland Act 1998 foresaw that need and set out the reasons in section 26(2). The Minister can give direction if he

“considers any action capable of being taken by a Minister or Northern Ireland department is required for the purpose of giving effect to any international obligations, of safeguarding the interests of defence or national security or of protecting public safety or public order”.

By acting as he has done, the Secretary of State has taken the power from elected representatives and put it into his hands and those of this House. I am as British as anybody, and maybe more British than most people, but I want the power to lie with the Northern Ireland Assembly. I find myself in a very difficult position today. I feel strongly about the issue and my constituents feel strongly about it. When the Government consulted on abortion law in December 2019, I did not for one second imagine we would find ourselves to be in the position where the Secretary of State has the power, which he has grasped—the regulations are already in effect—to act as the Minister for Health or as if he were the Department of Health.

Since March 2020, 1,345 lives have been lost due to the abortion law—that figure is in the background information, and I am sure is greater now. That is 1,345 young babies who would be alive today. I am reminded of the grander figure of 100,000 lives that have been saved in Northern Ireland. These figures cannot be ignored, nor should they be. We should just let that thought sit for a moment.

Regardless of whether we agree with the content of the 2020 regulations, the powers are unimaginable in a Scottish or Welsh context. We in Northern Ireland, as so often happens—this is another example—find ourselves being pursued by the Secretary of State; the same pursuit of laws would never happen in Scotland or Wales. On what other topics in the future might Ministers step in and take, in the words of the Lords Secondary Legislation Scrutiny Committee, “extensive powers”?

As my hon. Friend the Member for Upper Bann said, this is a constitutional issue; I suspect other colleagues will say the same. These powers have nothing to do with international obligations, defence, national security, public safety or public order. If the powers related to those things, we would be on the same page, but they make fundamental changes against the will of the people in Northern Ireland. I make that point with a heavy heart. These powers have no local democratic accountability, because Northern Ireland voters cannot remove the Secretary of State. If only they had those powers, and if only they could.

Last year, I asked the Minister to explain what precedent there was for the powers taken in the 2021 regulations given that the 2020 regulations did not require that

services must be commissioned. I did not get an answer then, but I ask the same question again since regulations we are debating give even wider powers than before.

It is not just the constitutional issues that the regulations raise that concern me, my constituents and a vast majority of people across Northern Ireland. I raised some of the practical issues on departmental budgets last year, which my hon. Friend the Member for Upper Bann also referred to. Regulation 3 requires the Northern Ireland Department of Health to fund abortion services once they are commissioned. That gives rise to a question about the funding aspect.

Regulation 5 suggests that the Government might provide additional resources, but my understanding is that there is an obligation on the Department to provide the extra finances. Could the Secretary of State provide clarification and confirm that the funding mechanism is in place? This legislation and the legal framework indicate that that needs to be done.

When the Northern Ireland Office was asked to confirm that sufficient funding is in place, it said:

“As a devolved matter it remains the responsibility of the Northern Ireland Executive to fund abortion services in Northern Ireland.”

The legal opinion, however, seems to indicate that the Department has an obligation to provide funding. Have the Minister’s officials read the regulations, which bypass the Executive and suggest that additional funding might be available? Will the Minister clarify the status of regulation 5?

If the Government are not planning on providing new money, and if the Secretary of State decides to act in place of the Minister or the Department of Health, and in doing so commits funds that are already spoken for in other parts of either the health budget or the Northern Ireland Executive, what will the impact be on other services? We need to know, and the Department of Health, the Minister and Members of the Legislative Assembly all need that clarification. What will be the impact on other services, and how is it to be managed and implemented in a fiscally responsible manner?

I am sure that the Secretary of State will say that it is not his intention to use these powers, but the fact remains that they are sitting on the statute book and the papers are not open. Why overrule the Northern Ireland Assembly? Give the power to the Northern Ireland Assembly. Let it make the decisions and ensure that the financial obligations can be funded legally.

I feel strongly about this issue, from an emotional and moral point of view, and from my constituents’ point of view. When something is wrong in this House, it is my duty to vote against it. I have highlighted the issues, and when the opportunity comes to cast a vote on this delegated legislation, I will oppose it with all my heart, as I have done in the past, and will continue to do now and in the future.

**The Chair:** I call Ian Paisley.

12.12 pm

**Ian Paisley** (North Antrim) (DUP): Thank you for calling me to speak, Mr Twigg. When you sign up to Chair, and when Members put themselves down for, a mid-morning Statutory Instrument Committee on a

[*Ian Paisley*]

Thursday, we do not usually expect it to last this long or to be this well attended. It says something about the importance of this issue and its impact on people all across Northern Ireland. Indeed, the biggest issue in my postbag in recent days has not been the protocol or the collapsed Assembly, but this one. That says something about constituents' interest, and it shows that this matter needs to be discussed.

The Secretary of State has laboured quite strongly today the point about his legal right to do certain things, including to introduce this SI. If that is the case, we need to bear in mind the absolute truth that this damages the Belfast agreement. If Members want to understand why I say that, they need only read what is in front of us. Regulation 2 is abundantly clear in spelling out that "the Executive Committee"—that is, the Executive of Northern Ireland, the Government of Northern Ireland—"is to be disregarded". That means that we will be voting today on whether we disregard the Government of Northern Ireland. What does "disregard" mean? It means that we pay no attention whatsoever to them—we ignore them.

If Members think that that is without effect anywhere else in relation to Northern Ireland, they are completely misled, because this damages the Belfast agreement beyond repair. Indeed, what the Secretary of State is trying to do elsewhere in this Parliament does not, in any point, take upon it the right to ignore and disregard the Assembly.

Why are the institutions in Northern Ireland not working? We should look no further than this type of statutory instrument, which disregards, undermines and ignores the Government of Northern Ireland. People think that that can be done without any serious consequences. All I would say is that they cannot say one day that they are going to plunder and trash the Belfast agreement, and not have that put up to them when they say a few weeks later that they support it. Members of this House cannot disregard, ignore and pay no attention to the Government of Northern Ireland one week, and put that into legislation in this House, and then say, a week or two later, "We fully support the Belfast agreement". That is not a challenge to the Secretary of State; it is a challenge to everyone across this House, and colleagues should note that.

The Belfast agreement is an international agreement. When arguments are made about the illegality of certain moves, one should challenge whether it is right for us to disregard the Executive. It cannot be right. We need to bear that in mind when we take this vote. Today, this little SI Committee on the Committee corridor in Parliament is doing something incredibly significant that will damage the Belfast agreement forever. Make no mistake about that whatsoever.

The Secretary of State indicated that abortion is primarily a healthcare matter, and that that is why he needs these regulations in place. As regulation 1 says, they apply to Northern Ireland only. Of course, I do not believe that abortion is a healthcare issue. It is not the only alternative to an unwanted or unexpected pregnancy. Those claiming the right of the mother's life fail to claim the right of the unborn. That is very serious, and it is a point that was laboured well by my hon. Friend the Member for Upper Bann. More and more medical

evidence proves that human life in the womb experiences pain, joy, noise, anguish and love from the very earliest moments. Their rights should be protected, which this statutory instrument does not do—especially if we are going to ignore the Government of Northern Ireland and their views on these matters.

The Secretary of State indicated that he was "obliged to act". I will come to that point slightly later. There is no serious public support for these very liberal measures for Northern Ireland. In response to my earlier question, the Secretary of State confirmed that these measures go beyond what is and will be available in England and Wales. Regulation 1 spells out that these regulations extend only to Northern Ireland. If the regulations were the same as those in England and Wales, there would be no need for regulation 1(c). It is very specific, however; it rules out any of these regulations applying to England and Wales.

It is important that we explore why. The law in England and Wales does this differently. Section 9 of the Northern Ireland (Executive Formation etc) Act 2019, which the Secretary of State quoted, requires abortion to be provided in Northern Ireland in the following cases: a threat to physical or mental health; life-limiting disability; or rape and incest. What the Government have implemented goes far beyond what is required. I asked the Secretary of State whether, for 99% of the abortions that have already taken place, he could indicate that any of those matters were breached. He was unable to do so.

Abortion on demand for any reason, including sex selection, through to 12 weeks would be permitted. That is not the case in England and Wales; that applies to Northern Ireland only. De facto abortion on demand for any reason right up to 24 weeks applies as a result of these regulations, and that is not the case in England and Wales. There will be Members of this House who see this dramatic change and liberalisation in abortion laws in Northern Ireland and ask why the same does not apply to England and Wales. An unintended consequence of today's action is that there will now be a campaign to change the law in England and Wales to bring it into line with what is happening in Northern Ireland. It has already been mentioned in the main Chamber that that is now an intention.

For example, abortion is available in GP surgeries across Northern Ireland—a departure from the law in England and Wales, which currently restricts abortion to hospitals or places approved by the Secretary of State. Abortions in England and Wales are therefore available in a limited number of approved locations; they are not routinely provided by GP surgeries. That is very specific to Northern Ireland and changes the law.

There is no requirement for a doctor to be involved with an abortion—midwives and nurses can provide terminations—nor for the approval of two doctors before an abortion can be performed. The penalties for men who, for example, slip abortion pills into women's food may also be less severe in Northern Ireland than in England and Wales. None of those unintended consequences is dealt with in the legislation, and that is a serious flaw.

Before hon. Members vote for this legislation, they should be cognisant of the fact that regulation 1 supports the view that I put to the Secretary of State: this is a much more liberal provision for Northern Ireland and it

will be the impetus for changes nationally. He did not tell the Committee that, but he should have done. Lots of people cite surveys, saying that Northern Ireland has changed and its liberal laws are very different, but I know from my postbag that there is opposition to this provision across the community and the religious divide in Northern Ireland. That is an important point.

The Secretary of State gave us a statistic. I did not catch it all, but I think he said that 2,400 abortions have already taken place in Northern Ireland. If these regulations are about healthcare, I think he is obliged to demonstrate some evidence that they protect some of the things identified in the CEDAW report. For example, did any of the abortions that have already taken place affect an unhealthy mother or an unhealthy unborn child? Were any a result of rape or incest? The Secretary of State said that he was not able to provide that information, but I think those statistics should be made available. They must be gathered somewhere and he is obliged to present them—because 99% of the 2,400 abortions that have occurred in Northern Ireland in the last year or so have been cases with healthy mothers, viable pregnancies and healthy babies, and none has been as a result of rape or incest.

Some people argue that the legislation is to ensure that people are allowed this provision in Northern Ireland because they cannot currently get it in Northern Ireland. Well, there are lots of health provisions we cannot get in Northern Ireland. For example, certain operations for young children can only be done in the Republic of Ireland—a completely separate jurisdiction—so it is not a case of arguing that all healthcare provision to do with anything must be provided in Northern Ireland.

Every week, lots of people from Northern Ireland travel to the British mainland and the Republic of Ireland for all manner of healthcare provision, such as heart care and other significant operations. Therefore, the argument that this provision is being introduced so that people do not have to leave Northern Ireland to have certain procedures is not as significant as the Secretary of State makes out; that premise is flawed, and he knows it. This is not about protecting the most vulnerable. It is about providing the most extreme abortion legislation ever enacted in the United Kingdom. It is shameful and my constituents are opposed to it.

Earlier, I mentioned the Down Syndrome Act 2022, of which I was a proud sponsor. In that Act, we put in place provision to protect the rights of those with Down's syndrome. I asked the Secretary of State if he had taken legal advice to ensure that this statutory instrument was not contrary to that Act. I do not believe that specific legal advice has been taken, and it should be. I encourage the Secretary of State to seek that legal advice after this Committee. I know that he does not have to tell us its content, but it is only right and proper that we get the legal advice, so that we know that this instrument does not run contrary to an Act passed by this House a matter of months ago.

Making something legal does not make it right. Given the fact that this legislation goes well beyond what applies in England and Wales, for the reasons that I have outlined, it is clear that the House today is doing something that it cannot row back from. It is undermining forever the devolution settlement in Northern Ireland.

It is undermining forever the settlement with regard to abortion provision in Northern Ireland, and the consequences will be many.

12.25 pm

**Crispin Blunt** (Reigate) (Con): I rise to support the proposition of my right hon. Friend the Secretary of State and also the position of the official Opposition, because there are basic rights engaged by this matter.

I have listened carefully to the arguments put forward by our colleagues in the Democratic Unionist party, but I have a number of observations about the Good Friday Agreement, which I think the DUP at the time opposed. I understand that matters have changed and moved on, but the fact that the Executive are not sitting and the DUP does not have the opportunity to exercise the powers within the Executive is entirely the DUP's own choice. The Secretary of State would be in a much more difficult position if he had to wrestle with an Executive who obstructed him from undertaking the duties imposed on him under CEDAW. I regret the length of time it has taken us to get to this position, but I am delighted that we are finally here.

We can see what has happened with the abortion rights debate on the other side of the border on the island of Ireland. By the end of that debate, after 35 years of a constitutional ban on abortion in the Republic, it was identified that perhaps only about 10% or 11% of the population was viscerally engaged on the anti-abortion-rights side of the debate.

There were constitutional exercises and consultation exercises in the Republic to inform people about all the issues, but it was the horrifying case of Savita Halappanavar that changed the tide of opinion. She was not allowed an abortion because there was still a heartbeat from the foetus inside her. Eventually, by the time that heartbeat disappeared, it was too late to save the mother and she died of sepsis caused by the condition of her baby. I do not understand how people can stand there and say, "No, she has got to die." It is right that the people in the Republic have reached the decision that they have, after agonised consideration, but I do not see why we cannot ensure that the people of the United Kingdom in Northern Ireland have the rights that the rest of us have had since 1969.

This was part of the devolved settlement. It was the DUP's choice to opt out of that process, so it has not been able to exercise its constitutional rights to stop this measure being imposed. This would be a pretty difficult decision for the Secretary of State even if the Executive were in place. As they are not, the duty on him is absolutely clear: to give the women of Northern Ireland the same rights as women in the United Kingdom.

12.29 pm

**Stephen Farry**: I rise to support the regulations today and to support the actions of the Secretary of State. This is a rare oasis of agreement in what are otherwise turbulent waters, if I can mix my metaphors. Speaking as a Northern Ireland MP, I want to give particular weight to the fact that many, many people in Northern Ireland support what the Secretary of State is doing in these regulations and in relation to the issue more generally—I will perhaps come to that in a bit more detail in a moment.

[Stephen Farry]

I do not regard this as a fundamental threat to the devolved settlement or to the Good Friday agreement. I think that, particularly as a rights-based issue, it is consistent with the Good Friday agreement. Obviously, it would be far preferable for the Northern Ireland Assembly, Executive and Departments to take the action themselves, but I believe that there are three bases on which the Secretary of State should indeed be intervening in the absence of movement in Northern Ireland.

Fundamentally, I see this as an operational healthcare issue. We can go back and debate the rights and wrongs of the legislation put in place back in 2019. People may have different views on the CEDAW report, but none the less that was the decision taken by Parliament. If I had been an MP at that stage, I would have been a Northern Ireland MP who supported that amendment and the wider legislation. Therefore, the first basis for action is that this flows from an Act of Parliament and there is an expectation, three years on, that that Act of Parliament will be honoured and fulfilled, but that has not been the case to date, for various reasons.

Secondly, there are general UK international human rights obligations in this regard, so although this can be argued to be a devolved matter, it is also a matter for the UK as a whole in terms of adherence to those international human rights standards. Thirdly, we have a history in which the courts have already intervened around abortion rights in Northern Ireland. Particularly notable is the Sarah Ewart case, with which most Members will be very familiar. That again sets the context in which action at one level of Government or another was going to be inevitable.

On the issue of local support, I will draw the Committee's attention to two particular aspects. First, there was a vote in the Northern Ireland Assembly—at the beginning of March, I think—in relation to a private Member's Bill that was seeking to adjust some of the existing legal provisions about access to abortion. That was defeated by a majority of MLAs. I think that, for the first time, there was a clear pro-choice majority in the Assembly. That does give some democratic cover for the actions that the Secretary of State is taking. And there is evidence from opinion surveys. There are competing surveys, but there are surveys, including the one conducted by Amnesty International, that give very strong indications that there was strong support in Northern Ireland for change in the law in relation to local provision.

The reality is that the Department of Health and the current Health Minister are not acting in terms of what has preceded in the form of regulations from the Secretary of State. For whatever reason, the Health Minister has been dragging his feet, and I do not think that is tenable or sustainable. There are legal duties that he has to fulfil and he has not done so. There is also the issue of the vetoes in the Executive, although, as the hon. Member for Reigate said, there is no Executive in place in any event. That approach is actually frustrating what should be implementation of the law.

The status quo is not really tenable or sustainable. At present, we see trusts, on a partial basis, offering services. Sometimes, because of staffing changes or resourcing issues, they will come and go. Therefore, there is no consistency of service, either across Northern Ireland or within trust areas, as things have tended to fluctuate.

That gives considerable credence to the need for consistency of service through a general commissioning of services across Northern Ireland being put in place.

There is a second point that we have to acknowledge. I do take note of what the hon. Member for North Antrim has said in this regard, but none the less women and girls in Northern Ireland are still having to go across to Great Britain to access what are healthcare services that should be available in Northern Ireland. People in Northern Ireland can put their head in the sand, if they wish to, and pretend that this is not an issue and it is not happening on their doorstep, but the reality is that women and girls over the past decades have had to go to England and that is still happening today. It is worth putting that in context. Often, when this is happening, we are talking about crisis pregnancies or situations in which the foetus is not viable. People are going through incredibly difficult experiences, and there simply is not the same network of support when having to travel as there would be in the local community.

There is also differential access in terms of resources. It is much easier for people with access to resources to travel to England or book a hotel over here than it is for other women. My opinion is that this is essentially a woman's choice, but we have to be alert to the fact that many women find themselves in coercive relationships. If someone makes the difficult decision that they do not want to continue with a pregnancy, it is one thing to try to access that service in Northern Ireland, but it is much more challenging for someone to have to travel away from a partner and go to England to access it. The same applies to women with existing family. They may have children who they have commitments to, or they may well be a single parent. There is a whole range of practical issues why it is not tenable for people to go to England, and why that service should be on their doorstep in Northern Ireland.

Fundamentally, we are talking about reproductive rights. Women and girls in Northern Ireland face the same reproductive issues as those in any other part of the United Kingdom, and indeed elsewhere in the world. There has been a lot of talk about Irish sea borders, but the biggest Irish sea border is around human rights and equality issues, and we need to remove this particular border by ensuring that there is equality.

In closing, I welcome what the Secretary of State has said. He has given some clarity about the timescale. I agree with him, sadly, that the Health Minister in Northern Ireland is going to act in this regard. It is regrettable but, I think, inevitable that the Secretary of State will have to intervene. I welcome the clarity he has given that, as soon as the preparation is done and his own officials and the unit he has established are ready to go, he will act. He has said previously that it will be a matter of weeks. I think that, in essence, he is saying the same thing now, but it would be useful if he could clarify that. I appreciate that he may not want to put a firm date on things today, but it would be my preference for this issue to be resolved once and for all this side of the summer recess, if possible.

12.37 pm

**Brandon Lewis:** We have heard a wide range of views expressed today, which highlights the point I made at the beginning: this is an issue that people have strong

views on. There have been varied contributions, and I respect that people have those views. That is why, again, I think it is right that people are able to vote with their conscience today.

I will address some of the key points that have been raised. Today is not about the ethical debate on the provision of abortion services. That was decided by this House some time ago when the framework was established. The point today is about the powers we can use to ensure we are delivering on what this House has already decided for the UK, and for Northern Ireland as part of the United Kingdom.

This is an emotive subject, but ultimately I am not going to lose sight of the reality of the needs of women and girls to have access to good-quality healthcare. They are at the heart of this matter. It is not acceptable that women and girls in any part of the United Kingdom are unable to access basic healthcare, something that has been delayed in Northern Ireland for too long. It is right that they are able to make informed individual decisions, with proper patient care and information and support provided by medical professionals based on their own health as well as wider circumstances, similar—as some colleagues have said today, including the Opposition's Front-Bench spokesperson, the hon. Member for Gower, whose remarks I appreciate—to what women and girls can do across the rest of the United Kingdom.

I will answer some of the key questions raised today. The hon. Member for Gower raised some questions about telemedicine. I am keen to ensure that we work on that area. I am aware that the current regulations do not directly allow for telemedicine, but I am going to assess that issue. I am minded to take action to support women in Northern Ireland having the same access as women across the United Kingdom. I take the hon. Lady's point on board.

I also appreciate the hon. Lady's comment about cross-party meetings. I am sure she will appreciate that people will clearly see that there is cross-party on this matter. Obviously, individual Members have their own views, but there is cross-party support, certainly on the Front Benches, and wide support from across the House. I really support and encourage engagement from all parties and all Members who support women and girls, and the NGOs that do excellent work on this issue in Northern Ireland. She is absolutely right about that. Obviously, some of the meetings that we have with them are very sensitive; they prefer to have them in very small groups. In fact, I met some NGO members very recently and they were very keen that we did not have a huge amount of officials there, because these are quite sensitive things. However, the point about this being cross-party is absolutely right.

As for the next steps, to respond to the point made by the hon. Member for North Down, the team that we now have working on commission in the Northern Ireland Office will complete their work as quickly as possible. These are clinicians who have experience in this area. They know what they are looking to do. I do not expect that to take very long.

Then, I am very keen that we take action quickly. That allows me to respond to one of the points made by the hon. Member for Strangford, who, as ever, gave a strong and impassioned speech. He said that we need to understand that this statutory instrument gives the power to the Secretary of State, and to be conscious of whether

the Secretary of State actually intends to use it. I will be very unapologetic and very clear. The answer is yes. Sadly, I think that the hon. Member for North Down is correct—I do not expect the Minister of Health and the Department of Health to take this forward. I encourage him to do so, and I will still give him a little bit more space to do so. However, my experience of the last two years is that I think that he fundamentally will not and I expect, sadly, to use these powers relatively soon. I will do that and I do not want anyone to be under any misconception about that.

A number of Members—the hon. Members for Gower, for Upper Bann, for Strangford and, perhaps, for North Antrim—raised the question of finance, which is a very reasonable and fair question. We have been clear from the time of the public consultation in 2019 onwards that our actions regarding the provision of services for abortion in Northern Ireland were the result of legal duties imposed by Parliament. They are not a UK Government initiative. However, as a devolved issue, the cost should be met from the resources available to the Executive, including the Northern Ireland block grant. That has not changed.

On the finance point, as a couple of Members have already said, we all have to make difficult decisions. That is absolutely right—everybody has to make decisions on the budget and the implications of doing one thing as opposed to another. These are the difficult decisions that the Northern Ireland Executive have to make. That is why it would have been in the interest of the Northern Ireland Executive for the Minister to have made this decision already, based on the provision within his budget.

I gently point out to colleagues that even when they were fully functioning over the last year, the Northern Ireland Executive managed to underspend their block grant by over £200 million, even aside from covid money. I suspect that we will find at the end of this financial year, when the figures are calculated, that the underspend will be substantially higher than that.

On top of that, I have just managed to secure from the Treasury, in the budget for the Northern Ireland Executive as part of the spending review, the biggest settlement—around £15 billion—that the Northern Ireland Executive have had since devolution began. That is a record figure, following years of the Executive consistently underspending by hundreds of millions of pounds. The Department of Health and the Executive cannot argue that they do not have the money to provide this service. They do. In fact, they have surplus money that they could put into this and other services. My hon. Friend the Member for Reigate made the fair point that if the Executive were up and running, they could make these budget decisions themselves. I encourage them to do so as quickly as possible.

I think I covered the point about devolution in my opening remarks. I fully support devolution. We have spent two years working with the Department of Health to see it deliver this service as part of devolution, and I would absolutely much prefer it if it did so. But I am not going to hide behind the reality. The hon. Member for North Antrim said that I referred to a legal right. I am not sure that I did. What I referred to is a legal duty. There is a legal duty on me to do this as the Secretary of State. I will go further—I am very up-front about this. It is not just a legal duty; I see it as a moral duty to ensure

[Brandon Lewis]

that women and girls in Northern Ireland have access to the same healthcare support as other women across the United Kingdom. As I have said, telemedicine is an example of something where Northern Ireland is not yet even going as far as the rest of the United Kingdom, but I intend to revisit that at the earliest opportunity.

**Carla Lockhart:** The Secretary of State has said a few things, including that it is a moral duty. Will he outline to this Committee what his moral duty is to the unborn—the baby in the womb who is actually being killed in the act of an abortion?

**Brandon Lewis:** In asking that question, the hon. Lady highlights why it is important that this is a vote of conscience for Members. She clearly has a very strong view on this. I absolutely respect that. I would just say that, from my point of view, the duty we have to that foetus and to the mother is to ensure that they have access to the full range of healthcare and medical support and advice that any other woman in the United Kingdom would have, so that that woman can make the right decision for her and for her unborn child or the foetus. The best way to do that is to ensure that these provisions are available in Northern Ireland.

We have heard concerns about the importance of respecting the devolved institutions.

**Jim Shannon:** Will the Minister give way?

**Brandon Lewis:** I am going to make some progress. I have been repeatedly clear about our desire to work with the Executive and the Minister. However, as I have said, it has now been more than two years. At every stage, we have sought to get these services delivered locally, and the Department of Health has failed to do that. Now, we must act in the best interests of women and girls in Northern Ireland, giving space to the Department of Health to make the right decision and do the right thing at the last opportunity, if it can. But, to be very clear, I suspect that that will not be the case.

**Jim Shannon:** I thank the Secretary of State for giving way; he is most kind. I want to follow on from the point made by my hon. Friend the Member for

Upper Bann on the advice given to women and girls who wish to have an abortion. Will that advice include the suggestion that some women decide not to go ahead with it and that there is no obligation to do so? Will all such advice be given to those who present themselves as wishing to have an abortion?

**Brandon Lewis:** I appreciate the position that the hon. Gentleman is coming at this from. For me, that is why it is important that women and girls have access to properly commissioned healthcare support, so that they are not getting support—in some cases, arguably illegal support—from unregulated people who do not have the medical knowledge to give proper advice and support for both their mental and physical health. That is why I think it is important that we get these services provided and, ultimately, that we do what is in the best interests of, and provides the best care for, women and girls in Northern Ireland, in line with what is provided across the rest of the United Kingdom. As somebody who believes in the Union, I think that all people in the United Kingdom should have access to the same quality of healthcare. That is why I commend these regulations to the Committee.

*Question put.*

*The Committee divided: Ayes 11, Noes 2.*

#### Division No. 1]

#### AYES

Antoniazzi, Tonia	Marson, Julie
Blunt, Crispin	Osborne, Kate
Brereton, Jack	Richards, Nicola
Coutinho, Claire	Tami, rh Mark
Harris, Rebecca	Wallis, Dr Jamie
Lewis, rh Brandon	

#### NOES

Lockhart, Carla	Shannon, Jim
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*Question accordingly agreed to.*

*Resolved,*

That the Committee has considered the Abortion (Northern Ireland) Regulations 2022 (SI, 2022, No. 554).

12.48 pm

*Committee rose.*



