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HOUSE OF COMMONS
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PARLIAMENTARY
DEBATES

(HANSARD)

Monday 13 November 2023

House of Commons

Oral Answers to Questions

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WORK AND PENSIONS

The House met at half-past Two o'clock

The Secretary of State was asked—

PRAYERS

Menopause: Workplace Support

[MR SPEAKER *in the Chair*]

Speaker's Statement

2.34 pm

Mr Speaker: Order. I would like to make a short statement.

I do not usually discuss urgent questions, but today I received one and rather than discuss the matter in the Chamber, I thought it would be better for me to set out my thoughts on a particular issue that involves procedures of this House.

The House will be aware that the Prime Minister has today appointed the right hon. David Cameron as Secretary of State for Foreign, Commonwealth and Development Affairs. This is not the first time in recent years that a Cabinet Minister has been appointed in the House of Lords but, given the gravity of the current international situation, it is especially important that this House is able to scrutinise the work of the Foreign, Commonwealth and Development Office effectively.

I have therefore commissioned advice from the Clerks about possible options for enhancing scrutiny of the work of the Foreign Secretary when that post is filled by a Member of the other House. I also look forward to hearing the Government's proposals on how the Foreign Secretary will be properly accountable to this House. I do not propose to respond to points of order on this subject today, until the advice I have referred to has been received and until I have heard the Government's own proposals, but I can assure the House that I am fully aware of the need for hon. and right hon. Members to be able to hold the Government to account in this area, especially at the current time, and I shall do everything I can to ensure that they are able to do so.

As colleagues will know, the Chair of the Backbench Business Committee is elected each Session. Nominations are now open and will close at 1pm on Wednesday 15 November. Nomination forms are available from the Vote Office, the Table Office and the Public Bill Office. Only Members from the party not representing Government may be candidates. Candidates need the support of no fewer than 10 Members from the Government side of the House and no fewer than 10 Members from the party not representing the Government or from no party. If there is more than one candidate, the ballot will take place on Wednesday 22 November from 11am to 1pm in the Aye Lobby.

1. **Simon Jupp** (East Devon) (Con): What steps his Department is taking to help improve workplace support for women experiencing the menopause. [900000]

The Secretary of State for Work and Pensions (Mel Stride): We take the challenges of the menopause very seriously, which is why the Government appointed Helen Tomlinson as the menopause employment champion for England. In terms of progress, I point my hon. Friend to the report, "No Time to Step Back".

Simon Jupp: I welcome the work by campaigners and Devon's NHS to improve access to menopause services in Devon. Almost 80% of menopausal women are in work, yet all too often support can be lacking. What steps is my right hon. Friend taking to raise menopause awareness among employers?

Mel Stride: I thank my hon. Friend for his question and for his extensive work as my constituency neighbour, pushing for proper support in all GP practices across the county. We lead by example: 64% of the Department's staff are female and we have a menopause and workplace policy, which sees 350 menopause ambassadors across our DWP network.

Kirsten Oswald (East Renfrewshire) (SNP): Almost 900,000 women in the UK have quit their jobs due to the menopause. The right to flexible work is a key part of tackling economic inactivity, and it would particularly benefit people managing menopause symptoms. What conversations have taken place between Cabinet colleagues on removing the onus on employees to request flexible working and instead ensuring that that is provided as a day one right, by default?

Mel Stride: The hon. Lady's question is best directed to the Department for Business and Trade rather than DWP, as it relates to employment legislation and regulation. However, I am pleased to tell her that we have our 50PLUS champions, work coaches in our jobcentres, the Midlife MOT and many other measures that are there to help exactly the people she describes.

Welfare System: Impact of AI

2. **Stephen Metcalfe** (South Basildon and East Thurrock) (Con): What assessment he has made of the potential impact of AI on the functioning of the welfare system. [900001]

The Secretary of State for Work and Pensions (Mel Stride): We have a number of projects that use artificial intelligence within the Department to drive performance, efficiency and the service we provide to our customers. One important point to bear in mind is that we never replace a human when it comes to judgments relating to a claim or an appeal.

Stephen Metcalfe: Will my right hon. Friend tell the House what assessment he has made of the potential merits of the use of AI in fraud protection? How will his Department ensure that appropriate safety measures are in place?

Mel Stride: Let me take the second of my hon. Friend's points first. As I have outlined, there is always human intervention when it is appropriate. None the less, he is quite right to raise the issue of fraud and error. We have seen a reduction in the Department over the past year of some 10% across the benefit system, and much of that has been driven by machine learning and data analytics.

Destitution: Children

3. **Tonia Antoniazzi** (Gower) (Lab): What steps his Department is taking to reduce the number of children experiencing destitution. [900003]

4. **Liz Twist** (Blaydon) (Lab): What steps his Department is taking to reduce the number of children experiencing destitution. [900004]

8. **Fleur Anderson** (Putney) (Lab): What steps his Department is taking to reduce the number of children experiencing destitution. [900009]

9. **Keir Mather** (Selby and Ainsty) (Lab): What steps his Department is taking to reduce the number of children experiencing destitution. [900010]

23. **Mr Tanmanjeet Singh Dhesi** (Slough) (Lab): What steps his Department is taking to reduce the number of children experiencing destitution. [900024]

The Secretary of State for Work and Pensions (Mel Stride): Child poverty and its reduction is absolutely core to the mission of my Department, which is why we have focused on cost of living payments, why we have put up benefits across the board by 10.1% and why the Chancellor announced £3.5 billion in the spring statement to support our back to work programmes to raise people out of poverty.

Tonia Antoniazzi: One of the crowning achievements of the previous Labour Government was to lift 1 million children out of poverty. How does the Secretary of State think that that compares with the Conservatives' record given that new figures show that children are experiencing destitution, and that that has actually tripled since 2017?

Mel Stride: I think that our record is extremely clear. Since 2010, we have 1.7 million fewer people in absolute poverty, 400,000 fewer children in absolute poverty, and 200,000 fewer pensioners in absolute poverty. Under Labour's watch, we had 1 million people parked on long-term sickness benefits for more than 10 years.

Liz Twist: There has been a shameful increase in the level of destitution in the UK, with 1 million children not having their basic needs met. In my constituency of Blaydon, nine children in every classroom are living in poverty. Across the north-east, there has been a 12% increase in emergency food bank parcels in the past year. Does the Minister agree that his Government have completely failed the most vulnerable children in the UK?

Mel Stride: No, I am afraid that I cannot agree with that at all. I have just gone through the various figures pointing to the decline in the level of absolute poverty, including 400,000 fewer children in absolute poverty since the hon. Lady's party was last in Government. The cost of living payments, the increase in the level of benefits, and the £3.5 billion that the Chancellor has made available to help people back into work are helping to drive poverty figures in the right direction.

Fleur Anderson: The Minister's responses are disappointing. If the Government do not recognise the problem of child poverty in this country, how will they fix it? One million children experienced destitution in the UK last year. Organisations such as Chantelle's Community Kitchen, Little Village and Wandsworth Foodbank in my constituency work tirelessly to fill in the gaps, but they say that there is increasing hardship and they are worried about the winter ahead. What impact does the Minister think that crashing the economy and unleashing a cost of living crisis have had on child poverty?

Mel Stride: The common theme in all the questions that we have had on this substantive question is a lack of memory as to what happened under the previous Labour Government. Under that Government, we had 1 million more workless households and 680,000 more children in those workless households.

Keir Mather: In the past six months, the Trussell Trust has issued 769 emergency food parcels for children in my constituency. In some schools that I visit, teachers bring food from their homes to feed hungry kids. Will the Minister step up and take responsibility for this, or, instead, move out of the way for a Labour Government committed to making child poverty a thing of the past?

Mel Stride: Heaven forbid that we do have another Labour Government, Mr Speaker, because I have just set out the case against the last one and their appalling record on poverty. When it comes to cost of living payments, those went to 8 million low-income households and to 6 million people with disabilities. There will be further payments of £300 for pensioners alongside the winter fuel payment in the coming months.

Mr Dhesi: I wish to draw your attention, Mr Speaker, to a very distressing case in my Slough constituency. A single mother, a victim of domestic violence, is struggling to pay her rent and meet basic needs due to cuts in her universal credit after being compelled to find part-time work. Her living conditions, including mould in her home, are very badly affecting the health of her children. Will the Secretary of State explain how current policies are helping to support such vulnerable families, and what immediate measures will he put in place to ensure that we do not have such dire situations of destitution?

Mel Stride: I cannot comment on the specific case that the hon. Gentleman has put forward, other than to say that what he has described is of concern to me and I will want us to look into that extremely carefully. I will be happy to make sure that he has the appropriate time with the appropriate Minister—I think the Minister for Employment—to look into those matters.

Mr Speaker: I call the shadow Minister.

Chris Evans (Islwyn) (Lab/Co-op): In “A Christmas Carol”, published 180 years ago, Charles Dickens wrote of a world where children lacked shelter, clothing, heating and food. They were represented by a boy called Ignorance and a girl called Want. Dickens died in 1870 and we live in the sixth-largest economy in the world, so why, in 2022, according to the Joseph Rowntree Foundation, did 1 million children experience the type of destitution he chronicled long ago? We have heard the Minister quote figures and programmes, and launch attacks on previous Governments, but simply, as a human, would he not agree that just one child living in destitution is one child too many?

Mel Stride: I completely agree with the hon. Gentleman that one child in destitution is one too many. One person in poverty is one too many. One person who is unemployed and badly wants a job to support their family is one too many. The question we have to ask is how best to go about improving those situations. I say it is through encouraging people into work and through those cost of living transfer payments for those targeted through universal credit, which his party originally opposed, so that we can help those who are most vulnerable and most in need.

Mr Speaker: I call the SNP spokesperson.

David Linden (Glasgow East) (SNP): The cost of living crisis is plunging many families into destitution. We know from the JRF that 1.8 million households and 1 million children were plunged into destitution last year. Will Secretary of State use the upcoming autumn statement to bring forward the mortgage interest tax relief and action to tackle soaring food prices, and to reintroduce that £400 energy bill rebate? Otherwise, more and more children will fall into destitution. He has the power—will he respond at the autumn statement?

Mel Stride: The hon. Gentleman raises mortgage payments in particular; we have extended the scope of the support for mortgage interest arrangements, particularly for those who have not long been on universal credit. I cannot comment on what may or may not be in the autumn statement, but I can assure him that the kind of issues he has raised are always at the centre of our thinking.

Personal Independence Payment: People with Multiple Sclerosis

5. **Mr Alistair Carmichael** (Orkney and Shetland) (LD): If he will undertake a review of the Personal Independence Payment assessment process for people with multiple sclerosis. [900005]

The Minister for Disabled People, Health and Work (**Tom Pursglove**): The Department closely monitors all aspects of the assessment process, including how we assess fluctuating health conditions such as multiple sclerosis. Following the publication of the recent White Paper, we are looking at ways to further enhance the delivery of personal independence payments to all disabled people.

Mr Alistair Carmichael (Orkney and Shetland) (LD): Orkney has the highest prevalence of multiple sclerosis anywhere in the world, so we have seen the problems

caused by PIP assessments that do not cope properly with fluctuating conditions. We now have the adult disability payment in Scotland, but that still uses some of the same eligibility criteria. As the Minister carries out the review, will he speak to Scottish Ministers to make sure that we have a system that works for every MS sufferer, wherever they are in the United Kingdom?

Tom Pursglove: It is fair to say that I have a collaborative and strong working relationship with Ministers in the Scottish Government, and I would definitely be keen to talk them about the tests and trials that we are introducing, which I hope will help to better capture fluctuating conditions and help people to provide all of the right evidence as early as possible in the claim journey, so that we get people’s awards rights and make the right decisions. We should certainly look to work UK-wide where we can.

Justin Tomlinson (North Swindon) (Con): Learning the lessons of our changes to special rules for the terminally ill and the principles of the severe conditions criteria should allow us to look at those who sadly have degenerative conditions such as MS and motor neurone disease. Will the Minister confirm that, as part of the testing and piloting, the Department is looking at the potential for automatic entitlement for those with degenerative conditions, which would lift around a quarter of a million people a year out of unnecessary assessments?

Tom Pursglove: My hon. Friend has been a strong advocate for the severe disability group work that we have been taking forward. I am pleased to be able to say that Blackpool Teaching Hospitals NHS Foundation Trust and the British Society of Physical and Rehabilitation Medicine have agreed to work in partnership with the DWP to test the SDG. Reducing the assessment burden where it is inappropriate, and ensuring that people get the right support and help, is the right thing to do.

Hospitality Sector-based Work Academy Programme

6. **Nickie Aiken** (Cities of London and Westminster) (Con): What assessment she has made of the effectiveness of the hospitality sector-based work academy programme in Cities of London and Westminster constituency. [900006]

The Minister for Employment (**Guy Opperman**): We are working with UK Hospitality and local providers up and down the country—from Liverpool to Manchester to Coventry; in London, of course; and also, to come, in Wales—to ensure that we have a hospitality work programme that provides employment training, work experience and a guaranteed job interview. It is free for all DWP jobseekers. It is early days, but the signs are promising.

Nickie Aiken: May I first thank the Minister for Employment for joining me this morning at Ben Venuti, a brilliant café and deli in Pimlico, to celebrate hospitality in Cities of London and Westminster? I am delighted that the hospitality SWAP pilot has been launched in my constituency, where we have thousands and thousands of hospitality jobs. One of the businesses involved in the pilot is the Raffles London hotel, just up the road at the Old War Office, which I visited with UK Hospitality

recently. What further steps is the Department taking to ensure that the scheme benefits minorities and those struggling the most with the cost of living crisis?

Guy Opperman: It was a tough ministerial visit to an award-winning coffee shop this morning—somehow, I missed the earlier hotel visit. I can assure my hon. Friend that we are driving forward that hospitality pilot to try to tackle the recruitment issues in that vital sector, which permeate all across the United Kingdom. She will be keen to know that every person who passes gets a hospitality skills passport, which we believe can genuinely make a difference across all age groups and all sections of the community.

Work Capability Assessments: People with Neurological Conditions

7. **Michael Shanks** (Rutherglen and Hamilton West) (Lab): What assessment his Department has made of the effectiveness of work capability assessments for people with neurological conditions. [R] [900008]

The Minister for Disabled People, Health and Work (Tom Pursglove): May I start by welcoming the hon. Gentleman to his place in this House? The work capability assessment is a functional assessment based on how a person's condition affects them, not on the condition itself. Work capability assessors have training across a range of health conditions, including neurological conditions, and can access a range of resources that have been quality-assured by relevant external clinicians.

Michael Shanks: My entry in the Register of Members' Financial Interests has not been published yet, but I am a trustee of an epilepsy charity. I thank the Minister for his welcome and for that answer, but for people with neurological conditions, particularly multiple sclerosis and epilepsy, the condition is not uniform. One week they might be affected in one way, and the next week in a different way. So the capability assessments have to match that so that they meet people's capabilities as they are. The published consultation on reforming the assessments is still causing a lot of concern for people with those conditions, so what more can the Minister do to make it a holistic process that recognises people's needs as they are?

Tom Pursglove: I am not in a position to set out the outcome of recent work capability assessment consultation, but a key principle underpinning the test and trials that I touched on earlier is to take better account of fluctuating conditions, helping people to provide high-quality evidence as early as possible in the claim journey. We are spending a lot of time working with stakeholders to develop that work, and I would be very willing to have a conversation with the hon. Gentleman about that.

Supporting People into Employment: Essex

10. **Priti Patel** (Witham) (Con): What steps his Department is taking to support people in Essex into employment. [900011]

The Minister for Employment (Guy Opperman): Employment in Essex is up 4% on 2020 figures and better than in 2010. Full credit goes to the Essex jobcentre

staff, who, working across the county with local skills providers, are providing real opportunities for local men and women. They held a 50-plus event in Witham recently, for example, and my right hon. Friend will be aware that there is a jobs fair in Maldon on Wednesday, just down the road from her constituency.

Priti Patel: My hon. Friend is well aware of the fact that Essex is a powerhouse when it comes to employment, job creation and economic growth. That said, many businesses are still frustrated because they find recruitment and training difficult. We have the autumn statement coming up, but will he touch on some of the cross-departmental discussions he has been having to look at how we can support businesses by lowering taxes, getting rid of regulation and red tape, and helping them to employ more people and grow the economy?

Guy Opperman: I am grateful to my right hon. Friend for her question, and for her robust championing of Conservative values and support for businesses and jobs in her constituency and across Essex. We at the DWP are working across Government to ensure that we consider different ways of supporting jobs, investment, childcare support, higher-paid skills and pathways into work. The views of my right hon. Friend are strongly put, and I am quite sure that Treasury Ministers and the Chancellor will have taken due notice.

Youth Unemployment

11. **Lee Anderson** (Ashfield) (Con): What steps his Department is taking to reduce youth unemployment. [900012]

The Parliamentary Under-Secretary of State for Work and Pensions (Mims Davies): The level of youth unemployment is down by 43.8% since 2010, and this Government remain committed to delivering targeted support to young people through our expanded DWP youth offer, providing comprehensive employment support for 16 to 24-year-olds claiming universal credit. That offer includes intensive support through the youth employment programme, youth employability coaches and youth hubs across Great Britain.

Lee Anderson: I visit businesses on a weekly basis, and one thing they tell me in Ashfield is that they struggle to recruit apprentices. One of the barriers is the requirement for English and maths, because a lot of these young people would make great apprentices but they either messed about at school or have not had that support. What more can we do to get those young people into apprenticeships, and then support them with their maths and English at a later stage?

Mims Davies: We fund apprentices to achieve English and maths qualifications by the end of their apprenticeships. We understand how important they are for people's long-term career prospects, and we are boosting the rate for those qualifications by 54% from January. We are also piloting flexible English and maths requirements for young people with learning difficulties or disabilities, to ensure that they are not overlooked when it comes to apprenticeship opportunities.¹

1. [Official Report, 16 November 2023, Vol. 740, c. 7MC.]

Mike Amesbury (Weaver Vale) (Lab): Economic inactivity due to ill health has more than doubled for 18 to 24-year-olds over the past decade. Why does the Minister think that is? Could she also please look again at the closure of the local jobcentre in Halton Lea in my constituency because of building safety issues?

Mims Davies: I thank the hon. Gentleman for his question—I will happily take away his second point, have a look at it and get back to him in writing. I want to assure him and the House that having DWP youth hubs together in one location helps those young people who have been going through very difficult times because of covid. They help local youth experts and local partnerships to come together and overcome those barriers, and ensure that young people have the skills and confidence sought by local employers to take up the opportunities that are around them, just down the road. It is really important that we are there to support them through those mixed youth hubs, which are a big focus for me and for our Department.

Sir Robert Goodwill (Scarborough and Whitby) (Con): Anglo American and its contractors have just announced 70 new job opportunities at its Woodsmith mine just outside Whitby, with workshops both in Whitby and on Teesside for those interested. Does the Minister agree that these sorts of opportunities in the mining industry are just the sorts of opportunities that young people need to grasp with both hands?

Mims Davies: I thank my right hon. Friend for his question, which goes back to the point about knowing what jobs are just down the road for young people, so that the labour market comes closer to home for them. That is what our youth employability work coaches do, and we saw that with the kickstart programme: 163,000 jobs were created by employers who want young people in their businesses. Their feedback shows that they absolutely got something from having young people in their businesses, and I appeal to employers to keep doing what is happening in Whitby.

Andrew Gwynne (Denton and Reddish) (Lab): But the number of young people unemployed in Denton and Reddish is still far too high—the latest figures show a 7% youth unemployment claimant count, which is not good enough. Given that the share of young people not in full-time employment or education rose last year, what more is the Minister doing to make sure that young people in places such as Denton and Reddish get the life chances they deserve?

Mims Davies: I absolutely agree that, in the hon. Gentleman's constituency and more widely, it is absolutely right that young people get the opportunities they deserve. In fact, since September 2020 the DWP's youth offer has seen over 600,000 starts. As I mentioned earlier, our comprehensive support for young people now encompasses those from age 16.

Mr Speaker: I call the shadow Minister.

Alison McGovern (Wirral South) (Lab): The Minister began answering these questions by claiming credit for having better youth unemployment figures now than in the aftermath of a global financial crisis, which seems

to me to be a low ambition. As she has heard, we have problems with inactivity and we have more young people who are not doing anything. What account can she give for the fact that, even after 13 and a half long years of Conservative Government, we have worse youth unemployment than Ireland, Norway and the Czech Republic, and that here it is double what it is in Germany and treble what it is in Japan? What on earth has gone wrong?

Mims Davies: I think that is a reminder to continually speak up for opportunities for our young people. The current youth employment rate is 53.9%, up three percentage points since 2010. It has been my absolute mission in this Parliament, over the last four and a half years, to focus on young people, with around 140 new youth hubs to support the complex needs of young people. I humbly suggest that the hon. Member goes and looks at the changes that are happening, to see the difference being made in communities up and down the land. We are not writing young people off; we are making sure that we support them. I went to see a new youth hub only last week, and the work being done on housing and with partners is innovative. It means young people with smiles on their faces and their futures in their hands.

Cost of Living: Benefit Levels

12. **Chris Stephens** (Glasgow South West) (SNP): What recent assessment he has made of the adequacy of benefit levels in the context of rises in the cost of living. [900013]

The Minister for Employment (Guy Opperman): The Government have never spent more on welfare and benefit support than we presently do. From April 2023, we uprated benefits by 10.1% and increased the benefit cap levels by the same amount. That is on top of the cost of living support that has been made to multiple households and individuals to address the rising cost of bills.

Chris Stephens: I thank the Minister for that answer, but he will be aware that the Trussell Trust has warned that food banks are at "breaking point", as more and more people across the UK are unable to afford the essentials, with new figures showing that 1.5 million emergency food parcels were distributed through the charity's network between April and September this year. Will the Minister therefore back its joint campaign with the Joseph Rowntree Foundation calling for an essentials guarantee within universal credit, to ensure that the basic rate at least covers life's essentials and that support can never fall below that level?

Guy Opperman: The hon. Member will be aware that there has been £94 billion of cost of living support over and above the 10.1% increase in benefit rates. That support is over 2022-23 and 2023-24. For example, the winter fuel payment will be paid to the tune of £600 or £500 over the next few weeks.

Nigel Mills (Amber Valley) (Con): Would the Minister agree that the journey we have been on with benefit rates for the last decade and a half has perhaps been a little haphazard, and it is pretty unclear to most people

exactly what basket of goods and services benefits are actually meant to buy? If the Minister does not agree with the case for an essentials guarantee, will the Government commission their own study to work out if benefits are at the right level?

Guy Opperman: My hon. Friend makes an interesting point, which is clearly a matter for the Secretary of State and the Chancellor when they make their decisions on uprating, and I am sure they will take that on board. There are always ongoing discussions about how one assesses this process but, with respect, this is the system we have had for some considerable period of time.

Employment for Disabled People

13. **Mary Glindon** (North Tyneside) (Lab): What recent steps his Department has taken to help disabled people to find and remain in employment. [900014]

The Minister for Disabled People, Health and Work (Tom Pursglove): There are a range of initiatives for supporting disabled people to start, stay in and succeed in work. This includes disability employment advisers, the Work and Health programme, intensive personalised employment support, Access to Work, Disability Confident, the information and advice service, and support in partnership with the health system.

Mary Glindon (North Tyneside) (Lab): Research by the charity Versus Arthritis has found that one in five people described as economically inactive have a musculoskeletal—MSK—condition. Arthritis and MSK conditions were the cause of over 23 million working days lost in 2021 alone. Will the Minister ask the Chancellor for additional support in the autumn statement, to help people with arthritis and MSK to find and remain in work, and will he meet me and Versus Arthritis to discuss this serious issue further?

Tom Pursglove: I am always happy to meet colleagues to discuss such issues. It is fair to say that the Chancellor of the Exchequer has put a real emphasis on this policy area in his previous spending announcements; no doubt he will have heard the hon. Lady's comments in advance of the upcoming autumn statement. When we consider initiatives such as Work Well—our work in respect of occupational health and the consultations on that—we see that a lot of effort and energy have gone into recognising that retention is just as important as job starts.

Mr Speaker: I call the shadow Minister.

Vicky Foxcroft (Lewisham, Deptford) (Lab): In his conference speech, the Secretary of State said there would be a revolution in employment support for people with health conditions and disabilities. Does this revolution include a backlog of 22,432 people waiting for an Access to Work decision, with an average delay of 48 days? Ministers need to get a grip of support for disabled people, rather than vilifying them. The Government's lack of real action often prevents disabled people from working. Labour has a plan for delivery, so instead of endless reshuffles, why does the Minister not ask his boss to call a general election now?

Tom Pursglove: I think I will pass up on the invitation at the end of the hon. Lady's question. The fact is that this Government are concentrating on working hard to support more disabled people into work. We are unlocking that potential with all the help and support around it. The hon. Lady specifically mentioned Access to Work; we now have more than 500 full-time staff members working on that, compared with 375 in March. We are focused on prioritising job starts and streamlining things to make it easier for claims to be processed and for people to get support quicker, as well as that staffing increase. We have a comprehensive plan; the hon. Lady's plan is hidden somewhere—I am sure we would all love to hear it.

Pensioners: Cost of Living

14. **John Mc Nally** (Falkirk) (SNP): What recent assessment he has made of the adequacy of Government support for pensioners in the context of rises in the cost of living. [900015]

The Minister for Employment (Guy Opperman): The Pensions Minister is unavoidably detained in No. 10, so they have wheeled out the old Pensions Minister to attempt to address the hon. Gentleman's question. The reality of the situation is that April saw the biggest ever rise in the state pension, by 10.1%, thanks to the triple lock. Every pensioner is entitled to a winter fuel payment and will receive a cost of living payment this winter. The poorest pensioners will receive a £900 further cost of living payment.

John Mc Nally: I thank the Minister for his answer, but many older people in my Falkirk constituency are living below or on the poverty line. Furthermore, 2 million older people in the UK live below the poverty line, with many more hovering precariously above it. Research by Independent Age has shown that older people are significantly struggling and urgently need additional cost of living support to help them through the coming winter. By expanding the eligibility criteria for the existing cost of living payments to people on housing benefits and those who receive a council tax reduction, we could help to support this group of older people who desperately need it. Will the Minister commit to that?

Guy Opperman: With no disrespect to the hon. Gentleman, we have committed to that, which is why there is the £900 further cost of living payment, a doubling of the winter fuel payment and the highest state pension we have ever had. This Government are passionately supporting our pensioners and our most vulnerable on an ongoing basis.

Mr Speaker: I call the shadow Minister.

Gill Furniss (Sheffield, Brightside and Hillsborough) (Lab): New figures on pension credit update have shed light on the catastrophic failure to get money to the people who desperately need it. Up to 880,000 pensioners are now missing out. Thousands of households would be so much better off and able to keep the heating on and food on the table this winter. Underpinning the figures is a huge drop in uptake among the under-75s, with a fall of up to 20%. With so many new pensioners

seemingly unaware of their entitlement to pension credit, will the Government stop burying their head in the sand and get a grip now?

Guy Opperman: It is good to welcome the hon. Lady to the Dispatch Box; I have not previously had the chance to answer her questions. We have undertaken TV campaigns, internet campaigns and campaigns on the radio, in print and on social media—the great Len Goodman assisted us in that regard before his passing—so there is fantastic support across all aspects. The hon. Lady should be aware that pension credit applications were up 75% in the year to May, and we have never had so many people as we are now seeking to encourage to apply. Absolutely, the Government are fully behind the pension credit campaign.

Work Capability Assessments: People with Parkinson's Disease

15. **Alan Brown** (Kilmarnock and Loudoun) (SNP): Whether he has made an assessment of the potential impact of proposed reforms to work capability assessments on the (a) financial and (b) mental wellbeing of people with Parkinson's disease. [900016]

The Minister for Disabled People, Health and Work (Tom Pursglove): The Department has developed estimates of the number of claimants impacted by options considered in the work capability assessment consultation. Estimates are not based on specific conditions, because the work capability assessment is based on how a person's condition affects them, not the condition itself.

Alan Brown: The proposed changes to the work capability assessment could actually see half a million people forced to look for work they are not cut out for and then at risk of sanctions. The proposed changes on continence, mobility and social engagement are putting thousands of Parkinson's sufferers at risk of being denied the benefits they need, causing needless stress and financial pressures. Will the Secretary of State meet me and Parkinson's UK to discuss the impacts on those suffering from Parkinson's? Hopefully the Government will then change their mind on these cruel proposals.

Tom Pursglove: What I can say to the hon. Gentleman is that no decisions have been made. It is right and proper that the consultation responses are properly considered in the normal way. I would be happy to meet with Parkinson's UK again; I met it previously, and it is an important stakeholder for the Department. We do think it is right that we look at the work capability assessment and review it periodically, not least because of the changes we have seen in homeworking and flexible working in recent years.

Supporting Parents into Work

16. **Greg Smith** (Buckingham) (Con): What steps his Department is taking to support more parents into work. [900017]

The Minister for Employment (Guy Opperman): There have been transformational changes in childcare, skills, training and support for future employers, as announced at the spring Budget. It is absolutely the case that from

April 2024, eligible working parents of two-year-olds will be able to access 15 hours of free childcare per week from the term after the second birthday, plus there will be the delivery of more support for working parents of children over the age of nine months with 30 free hours of childcare. There is nowhere in the world that compares with our childcare offer on an ongoing basis. We have virtually Scandinavian levels.¹

Greg Smith: I am a huge supporter of the bold action that the Government are taking to tackle the costs of childcare and get more parents into work. However, some settings in my constituency report that the rate the Government pay does not cover the full costs of providing that place, putting them in an untenable position. Can my hon. Friend work with me, alongside the Department for Education, to ensure that the scheme is fully working and that the childcare places are actually there to be able to take up this generous Government support?

Guy Opperman: I am happy to convene a summit with the Department for Education, my hon. Friend and his unitary authority to discuss the ways in which we are ensuring that. We are already working in partnership with the DFE to deliver this campaign, and clearly the Government are committed to ensuring that the implementation of the expansion to 30 hours is dealt with in an appropriate and seamless way.

Jobcentres

17. **Nick Fletcher** (Don Valley) (Con): What steps his Department is taking to expand the support available through jobcentres. [900018]

The Minister for Employment (Guy Opperman): I am on a one-man mission to support my hon. Friend, who is a doughty champion for Don Valley and getting more people into jobs in his Yorkshire constituency. It was a pleasure to visit his constituency recently and meet the jobcentre leads in his patch, to understand what we can do to drive forward greater employment. He will be aware of the £3.5 billion package of support across the country, some of which is being spent in Yorkshire.

Nick Fletcher: I thank members of Doncaster and Thorne jobcentres for the job fairs they have done, subsequent to my meeting with the Minister at Yorkshire Wildlife Park. Job fairs do a fantastic job. Does the Minister agree that many people in their 50s are busying themselves at home, when they could be having a wonderful second career like me? If he does agree with me, what can he do to help them jumpstart into a new career?

Guy Opperman: My hon. Friend will be aware of the 50-plus champions that we have up and down the country. The midlife MOT is being rolled out across the private sector and across jobcentres up and down the country. Older Workers Week is coming up, and there is no doubt that there are successes up and down the country of workers beyond retirement age who are doing amazing work, whether that is the 96-year-old shop owner I met in Macclesfield, or many of the others I have met in the past few months. These are great people whom we want to support into work on an ongoing basis.

1. [Official Report, 16 November 2023, Vol. 740, c. 8MC.]

Alison Thewliss (Glasgow Central) (SNP): Last week, I received a letter from the Minister for social mobility, youth and progression, the hon. Member for Mid Sussex (Mims Davies), saying that she intends to close down the Jobcentre Plus on Renfield Street, which was opened on a temporary basis in 2021. I know from having met the staff there that they have done a huge amount of work to get people in through the door—and in particular to work with employers—and into employment, including a programme for Ukrainians. Why does the Department want to throw that all away and close it down?

Guy Opperman: I think the clue is in the name: it was a temporary jobcentre during covid. I am happy that the specific Minister will write and further explain the situation.

Mr Speaker: We now come to topicals.

Topical Questions

T1. [900025] **Stephen Morgan** (Portsmouth South) (Lab): If he will make a statement on his departmental responsibilities.

The Secretary of State for Work and Pensions (Mel Stride): Given that remembrance is still fresh in all our minds, I take the opportunity to pay tribute to the armed forces champions who work across our jobcentre network looking after armed forces personnel and their families. They do a fantastic job, and we should be very proud of them.

These are financially challenging times, but the DWP is up to that challenge, hence all the cost of living payments that we have been hearing about during questions. Inflation is coming down and real wages are beginning to move up. We continue to take a balanced and fair approach to encouraging employment, which has resulted in economic inactivity falling by about 300,000 since its peak, and almost three quarters of a million since 2010.

Stephen Morgan: The Trussell Trust has reported a 68% increase in the number of emergency food parcels provided to Portsmouth people in just one year. Does the Secretary of State agree that more and more people being pushed into poverty is not a lifestyle choice and that urgent Government action is required to tackle the cost of living crisis ahead of another difficult winter for constituents in my patch?

Mel Stride: I certainly agree with the hon. Gentleman that poverty is not a lifestyle choice. We have gone through various statistics during questions, with 1.7 million fewer people in absolute poverty since 2010, 200,000 fewer pensioners in poverty since 2010 and 400,000 fewer children in poverty since 2010. We have also gone through the cost of living payments, the increases to the national living wage and all the other support that the Government are providing.

T3. [900027] **Mr Philip Hollobone** (Kettering) (Con): The good people of Kettering would like to know what proportion of working-age adults are neither employed nor actively seeking employment and what the Department is doing to reduce that.

The Minister for Employment (Guy Opperman): My hon. Friend is a doughty champion for Kettering. He will be aware that 20.9% of working-age people are inactive, down 0.7 percentage points from last year and down 2.7 percentage points from 2010, showing that our drive to get more people into jobs is paying off. The UK now has a lower inactivity rate than the US, France and Italy. We are doing more every single day, but we are also aware that there is more to do.

Mr Speaker: I call the shadow Secretary of State.

Liz Kendall (Leicester West) (Lab): The health of our nation is critical to the health of our economy, but after 13 years of this Government, both are in a dire state. The Secretary of State should know that the number of young people out of work due to long-term sickness has doubled on the Government's watch, predominantly driven by poor mental health. Labour's plan will recruit 8,500 more mental health staff, with support in every school and hubs in every community to tackle these problems early on. Because I am feeling generous today, Mr Speaker—

Mr Speaker: So am I—at the moment. [*Laughter.*]

Liz Kendall: I would like to make the Secretary of State an offer. If he is serious about getting Britain working, why does he not swallow his pride, do the right thing and adopt Labour's back to work plan?

Mel Stride: The reason for that—I am feeling rather less generous—is that we have seen Labour's plans in the past, and no Labour Government have ever left office with unemployment anything other than higher than when they came to office. Under the last Labour Government, we saw 1.4 million people parked on long-term benefits for over a decade, with many of them exactly as the hon. Lady described: long-term sick and disabled. Under this Government, we have near-record low unemployment, and we have 4 million more people on payroll employment than we had in 2010.

Liz Kendall: I am afraid that the Secretary of State is living in cloud cuckoo land. Record numbers of people are out of work due to long-term sickness. We are the only country in the G7 whose employment rate has not gone back to pre-pandemic levels. It is not just young people but the over-50s. The Office for Budget Responsibility said that the rise poses a serious risk to our prospects for growth and the stability of the public finances. Where on earth is the Secretary of State's plan to sort it out? Perhaps I am being a bit unfair, because it turns out that the Government can get the over-50s back to work, but only if they are former Prime Ministers.

Mr Speaker: Order. I have been through this time and again. When Front Benchers want to have an argument, they need to come in earlier please, and not soak up the time of Back Benchers, whom I now need to get to urgently.

Liz Kendall: Will the Secretary of State have a word with the current occupant of No. 10, and ask him to put as much effort into saving other people's jobs and livelihoods as he does attempting to save his own neck?

Mel Stride: Very briefly, I have set out our employment record, which we are proud of. In his last Budget, the Chancellor set aside £2 billion to fund measures to tackle long-term sickness and disability. That includes a consultation on occupational health, the roll-out of universal support and Work Well, about which the hon. Lady will hear more presently.

T6. [900031] **Paul Maynard** (Blackpool North and Cleveleys) (Con): The proportion of new claimants for incapacity benefits who receive the highest amount with no work requirements has gone from 21% 10 years ago to 65% now—an astonishing increase. Will the Secretary of State reassure me that following the proposed reforms to the work capability assessment, it will work as intended, and that those who want to work, and seek work, are able to get the help they need to do so?

Mel Stride: I thank my hon. Friend for his typically astute question and for his advice in this area over a number of months. We have gone out to consultation on the work capability assessment. We have not come to our conclusions on how to move forward, but right at the centre of that will be a strong belief that if people can work, with our support and encouragement, that is the best of all outcomes.

Mr Speaker: I call the Scottish National party spokesperson.

David Linden (Glasgow East) (SNP): The freeze on local housing allowance is having a devastating impact on housing providers. Scotland's Housing Minister wrote to the Secretary of State on 25 May to make that point and to make the case for restoring it to the 30th percentile. Why has he not replied? Will the Government use the autumn statement to raise it back to the 30th percentile?

Mel Stride: I will certainly look into the letter to which the hon. Gentleman refers, but I assure him that LHA and other housing matters are under constant review, and form part of the discussions that my Department has with the Treasury from time to time.

T7. [900032] **Robbie Moore** (Keighley) (Con): What steps is the Minister taking to help ensure that parents pay child maintenance and that the system is fair, particularly if there has been a difficult divorce or separation?

The Parliamentary Under-Secretary of State for Work and Pensions (Mims Davies): The Government are committed to ensuring that parents meet their obligations to their children and that the CMS has robust enforcement powers where parents refuse to pay child maintenance that they owe. The Child Support (Enforcement) Act 2023 received Royal Assent in July, and will substantially and rightly speed up that process.

T4. [900029] **Mary Kelly Foy** (City of Durham) (Lab): Due to a series of errors made by the CMS, a constituent of mine has failed to receive child maintenance payments and is now on the brink of homelessness. I have been in contact with the DWP, but this case needs to be expedited. Will the Minister assure me that my constituent will

receive their payment and will not be made homeless? Will she meet me to discuss this extremely important case?

Mims Davies: The hon. Lady is right; every child maintenance arrangement plays a vital role in ensuring that both parents play their part to support their children, whether they live with them or not. I am happy to take up that case urgently, on behalf of our noble Friend in the other place.

T9. [900034] **Anthony Browne** (South Cambridgeshire) (Con): Pension auto-enrolment has been a great success, but it has led to millions of people getting a new pension pot every time they change jobs. Millions of people now have multiple pension pots that they struggle to keep on top of, causing confusion and increasing costs. Does my hon. Friend agree that employees should have the option to save into a workplace scheme of their choice, enabling them to build up a pot for life—a pot to save in, not a pot to smoke?

Guy Opperman: Automatic enrolment has transformed savings across the country. I welcome my hon. Friend's strong support and his passion in this area. The pot for life model offers attraction, with the potential to help engaged individuals with their pension savings if it maintains the gains achieved under automatic enrolment. I am sure he will discuss that with the future pensions Minister.

T5. [900030] **Anne McLaughlin** (Glasgow North East) (SNP): If life is so peachy for pensioners and if the Minister really is as passionate as he says he is about supporting pensioners, why does Independent Age say that, despite the long list he has given, the uptake in pension credit is not reaching the people who need it the most? Why, in my constituency of Glasgow North East, are pensioners, who I am passionate about supporting, still missing out on several million every year? Will he use that passion to follow the Scottish Government and have a proper targeted benefit uptake strategy?

Guy Opperman: The hon. Lady will be aware that pension credit applications are up 75%. Clearly, we are trying to get that even higher. There is a nationwide campaign, which includes Scotland.

David Duguid (Banff and Buchan) (Con): According to the latest figures, there are 1,825 households receiving pension credit in Banff and Buchan, but what more can we do as Members of Parliament to encourage more pensioners to apply?

Guy Opperman: My hon. Friend's campaign in his constituency has been a massive success and I thank him for that. It builds on our nationwide campaign to support pension credit. There is much we can do to promote it locally, which I know my hon. Friend is doing, through our local councils, Citizens Advice and voluntary organisations.

T8. [900033] **Tim Farron** (Westmorland and Lonsdale) (LD): Does the Minister share my horror at rising homelessness among refugees who have been granted asylum because the timescale from decision to their

being transitioned to mainstream benefits is a mere 28 days? Will she meet me so that we can work together to stop those who have been granted the right to a new life here being forced to begin that new life in destitution on the streets this winter?

Mims Davies: I thank the hon. Gentleman for his point. Other ID forms are there to help claim sooner. Those granted refugee status have recourse to public funds and are able to apply for universal credit as soon as they can. DWP staff are instructed to consider all available evidence and work with the Home Office directly to confirm status where unsure. We are reviewing our public guidance to ensure that all those getting that status claim support as soon as possible.

Rob Butler (Aylesbury) (Con): The cost of living payments from the Government are undoubtedly bringing real benefits to my constituents, but what support is available for those who are not eligible for that specific support?

Mims Davies: I thank my hon. Friend for the opportunity to mention the household support fund, providing local authorities with further funding which is discretionary for those most in need, particularly those ineligible for cost of living payments. The latest year-long extension in England runs to March next year. Buckinghamshire Council received nearly £4.8 million in its latest extension.

Marion Fellows (Motherwell and Wishaw) (SNP): The proposals in the work capability assessment activities and descriptors consultation will mean some claimants will lose £390 a month if they are reassessed, pushing them even further into poverty. Will the Minister or the Secretary of State please explain this huge financial impact on low-income people with disabilities or a serious health condition?

The Minister for Disabled People, Health and Work (**Tom Pursglove**): No final decisions have been made. We have had the consultation and we will respond appropriately in the normal way.

Sir Julian Lewis (New Forest East) (Con): May we have specific detail on the help that jobcentres are giving to armed forces veterans, who must live with the consequences of decisions made by Governments?

Mims Davies: A very pertinent point after the weekend when we paid tribute in our local communities and after what we saw on the Elizabeth Tower. The DWP continues to work to identify universal credit claimants who are members of the armed forces community, with 11 dedicated forces champion leads and over 50 armed forces champions across our jobcentre network working with spouses and partners, too.

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

Sir Stephen Timms (East Ham) (Lab): Those Trussell Trust figures published last week made grim reading. Does the Secretary of State recognise that if working-age benefits are uprated by less than September's rate of inflation in April next year, there will inevitably be another big surge in food bank demand and destitution?

Mel Stride: The right hon. Gentleman has raised an important point. I take the uprating process extremely seriously, and, as he will know, I look at a number of factors, including the effects on poverty. However, as he will also understand, I am not able to comment on a parliamentary process that has not yet been concluded.

Bim Afolami (Hitchin and Harpenden) (Con): May I ask a question about auto-enrolment and pensions? What can the Secretary of State do to build on our good record by extending and increasing the total amount that young people—I see that there are schoolchildren in the Public Gallery—who retire on defined-contribution pensions are likely to be able to save in their retirement?

Guy Opperman: There are two key points here. Consolidation will make a massive difference, but more important is the transformation of workplace savings through auto-enrolment for young people. The figure has risen from below 40% to well over 80%, and it will get bigger as time moves on.

Hannah Bardell (Livingston) (SNP): For those who suffer from endometriosis, Crohn's disease and colitis, incontinence is a daily challenge. For the purpose of the Government's proposed changes in the incontinence descriptor, what capability assessment has been done, and was there any consultation with those sufferers?

Tom Pursglove: I hear the point that the hon. Lady has raised. We have, of course, had the consultation, and many views were expressed. We will now consider those views very carefully, and come forward as appropriate in the normal way.

Sir Julian Lewis (New Forest East) (Con): On a point of order, Mr Speaker. May I take advantage of a rather quiet news day to ask if there is any way in which I can place on record the appreciation of right hon. and hon. Members for the wise advice, quiet efficiency and unfailing courtesy of Mr Peter Barratt, who recently left the service of this House after more than 30 years?

Mr Speaker: I made a statement last week to thank Mr Barratt for all his service, so it has not gone unnoticed and has certainly not been forgotten.

Debate on the Address

[4TH DAY]

Debate resumed (Order, 9 November).

Question again proposed,

That an humble Address be presented to His Majesty, as follows:

Most Gracious Sovereign,

We, Your Majesty's most dutiful and loyal subjects, the Commons of the United Kingdom of Great Britain and Northern Ireland, in Parliament assembled, beg leave to offer our humble thanks to Your Majesty for the Gracious Speech which Your Majesty has addressed to both Houses of Parliament.

Building an NHS Fit for the Future

3.32 pm

The Minister for Social Care (Helen Whately): It is a pleasure to open this debate on behalf of His Majesty's Government, and to have the opportunity to speak about the long-term decisions that the Government have been taking for a healthier future for our country, for our national health service, and for our social care system.

We are building our health and care system for today and for tomorrow. We are increasing the capacity of the NHS and social care systems, boosting primary care and community care, investing in diagnostics and in treatments, building our NHS workforce with the long-term workforce plan and building our social care workforce with our 10-year vision, putting people at the heart of care. We are giving people choice and control over their health and care, and investing in the facilities and technology that need to be at the forefront of care and sustainable for the long term. We are driving reforms to prevent ill health, joining up health and care in integrated care systems and delivering a shift towards prevention and proactive care, keeping people out of hospital and enabling them to live independently in their communities.

Every day since last winter, we have been planning and preparing for the challenges that lie ahead this winter. The first ever NHS long-term workforce plan underpins our plans for the future of the NHS. It will double the number of medical training places, almost double the number of adult nursing places, and expand GP and allied health professional training numbers, giving the NHS the staff it needs for the future, creating new roles, building new training pathways and delivering a huge boost in diagnostic capacity.

By the end of this year, we will have opened 160 new community diagnostic centres. That is the biggest investment in MRI and CT scanning capacity in NHS history. Community diagnostic centres will bring care closer to home, on high streets, in supermarket car parks and at football stadiums. They have already done more than 5 million tests and scans, getting patients faster diagnosis for cancer, heart disease and other life-threatening conditions. That is not all we are doing to diagnose conditions faster. The number of people receiving blood pressure checks at local pharmacies has more than doubled, reducing thousands of people's risk of suffering a heart attack or stroke.

We are expanding primary care, too. There are now over 30,000 more primary care professionals working in GP practices than in March 2019. We will deliver 50 million more GP appointments by the end of next year and we

are investing more than £200 million in tech to end the 8 am rush for GP appointments. Pharmacy First will give people another choice, giving pharmacists the power to prescribe treatments for seven common conditions, freeing up as many as 10 million GP appointments, and as we put test results on to the NHS app, that will free up GP time again.

That is also one of the ways that this Government are giving patients more choice and control. Just as we are going to give people more choice in where they are treated when they are referred by their GP for specialist care, we have committed to giving patients a choice between by five providers so that they are treated based on what matters to them—be that shorter waiting times, seeing a particular doctor or getting care closer to home. We have given patients who are waiting more than 40 weeks the right to request treatment elsewhere, making better use of available capacity across the NHS and bringing in more capacity from the independent sector.

On patient choice, there is a clear dividing line between the Government and the Opposition. The Leader of the Opposition calls the Welsh Government the blueprint for what Labour would do in power, yet in Wales, under a Labour Government, there is no legal right to patient choice, and patients there wait on average five weeks longer for treatment than in England. We know where Labour's plans would lead. We just need to look at its Welsh blueprint: less choice for patients, longer waiting lists and more bureaucracy for doctors and nurses who just want to get on with the job.

Before the most disruptive industrial action in NHS history stalled progress, we were reducing the longest waits. Last summer we hit our target to eliminate two-year waits for planned operations. This June we had virtually eliminated waits longer than 18 months. We are spending more than £8 billion between 2022 and 2025 to increase elective activity, including opening over 140 new surgical hubs to deliver 2 million more operations. We are investing almost £6 billion in beds, equipment and technology, and this year we started preparing the NHS for winter sooner than ever before.

Back in January, we published our recovery plan for urgent and emergency care, setting clear targets to improve A&E waiting and ambulance response times and using £1 billion of dedicated funding to provide 5,000 more permanent staff beds and 800 new ambulances. We are seeing results. In October, average category 2 ambulance response times were more than 90 minutes faster than in the same month last year. Delayed discharges have been coming down and we have brought forward flu and covid vaccinations, protecting the most vulnerable from illness this winter and reducing the likelihood that they will need hospital treatment.

A strong social care sector is also vital this winter and into the future. That is why we have made up to £8 billion available over this year and next to boost adult social care across the country. This is enabling local authorities to buy more care packages and help more patients to leave hospital on time, together with 10,000 "hospital at home" beds which mean that patients can receive their care where they are most comfortable, recovering in their own homes with support from secondary care when they need it. Through social prescribing, thousands of people up and down the country are benefiting from activities such as reading circles, choir groups, walking and football. We are driving reforms to the intermediate

[*Helen Whately*]

and proactive care framework, which sets out how local systems should support adults who need support after discharge, freeing up hospital capacity for those who need it most and giving people more care as they need it—in their community, away from A&E and out of hospital.

We are rolling out technology that will give patients life-saving treatments now and in the future. By the end of the year, every stroke network in England will have AI technology that can examine brain scans an hour faster, cutting stroke patients' risk of suffering long-term consequences by as much as two thirds. What is more, almost half of NHS acute trusts have won a share of £21 million to invest in AI, accelerating the analysis of X-rays and CT scans for suspected lung cancer patients. That will save radiologists' time, boost efficiency and cut waiting times. For the long-term, we are investing a further £100 million to use AI to unlock treatments for diseases that are incurable today, be they novel treatments for dementia or vaccines for cancer.

Ian Paisley (North Antrim) (DUP): Can the Minister say something about the availability of new and specialist drugs that the National Institute for Health and Care Excellence is not recommending? Will an effort be made to make these specialist drugs, which in many instances are effectively regarded as miracle cures, available for cystic fibrosis and cancer treatments, for example?

Helen Whately: I understand what the hon. Gentleman is saying, and I know how strongly families and patients feel about this. It is not for me, as a Minister, to step on the independence of NICE, which has a remit to take those decisions. I am sure that the new Secretary of State for Health and Social Care, my hon. Friend the Member for Louth and Horncastle (Victoria Atkins), and other Ministers in the Department will continue to listen to the concerns of families about access to those treatments.

If we want to fully embrace preventive care, we must tackle the single biggest preventable cause of ill health, disability and death, which is smoking. Unlike drinking alcohol or eating fatty, salty or sugary foods, there is no safe level of smoking. It causes almost one hospital admission every minute, one in four cancer deaths and 64,000 deaths a year.

Four in five smokers start by the time they are 20, so the best thing we can do is to stop young people smoking in the first place. That is why this Government will automatically raise the smoking age by one year every year, so anyone who is 14 or younger today will never be able to buy tobacco legally. Increasing the smoking age works. When it rose to 18, smoking rates dropped by almost a third in that age group. Restricting choice is never easy, but this time it is the right thing to do. Existing smokers will not be affected, but the next generation will be smoke-free, saving thousands of lives, reducing pressure on the NHS and building a brighter future for our children.

Mr Kevan Jones (North Durham) (Lab): I hear what the Minister says about the Government's commitment to this policy, but can she explain why the Government are allowing a free vote rather than whipping Back Benchers to vote for Government policy?

Helen Whately: I am not going to stand here and explain whipping policy, which is not my job as a Health Minister, but I am delighted to see the potential of this legislation. As with so many other worthwhile Government policies, such as increasing funding for the national health service, I would be delighted to see the right hon. Gentleman and other Opposition Members support this policy.

We are also cracking down on the alarming rise in vaping among children. There is no doubt that vaping is safer than smoking and is a terrific tool to help adult smokers quit, but, like Members across the House, I am concerned that one in five children has tried vaping, which can be hugely damaging to their health. The whole House knows that no child should be using nicotine.

The rise in youth vaping is no coincidence. Disposable vapes are consistently marketed at children and are available at pocket-money prices, with many retailers ignoring their duty not to sell them to young people. With more than 5 million being thrown away every week, disposable vapes are also damaging our planet. We are acting now to protect our children and our planet. We are looking at banning child-friendly flavours, restricting colourful packaging and mandating that vapes are displayed only behind the counter. We are also exploring a ban or a restriction on disposable vape sales and empowering local authorities to dish out on-the-spot fines for selling vapes to children. All these proposals are being developed with parents and teachers across the UK, and they will strike a balance between giving adult smokers a choice to switch to vaping and preventing our children from taking it up.

I recognise the disappointment that the mental health Bill was not included in the King's Speech, but I can assure hon. Members that this Government are committed to achieving genuine parity between mental health and physical health, improving the care of those detained under the Mental Health Act 1983 and bringing forward the Bill when parliamentary time allows.

We are not going to wait for legislation to make change. We will continue to pilot models of culturally appropriate advocacy, providing tailored support to hundreds of people from ethnic minorities to better understand their rights if they are detained under the Mental Health Act. This comes on top of the record investment and staff numbers we are putting into mental health. Since 2010, the mental health workforce has grown by more than 20%, and by March we will have invested over £2 billion more in mental health than four years ago, meaning that 2 million more people, including more than 300,000 children and young people, will benefit from mental health support.

Fleur Anderson (Putney) (Lab): One of the biggest issues raised by every school I visit in my constituency is mental health support, and I am disappointed not to see the mental health Bill in the King's Speech. Will it be addressed in any other way? Where is it?

Helen Whately: As I said a moment ago—let me remind the hon. Lady of this—we are not waiting for legislation in order to bring forward mental health reforms. That is why, for instance, we have already been rolling out mental health support teams in schools. We are already ahead of schedule on that; we are giving a quarter of England's school and college children access

to mental health support teams a year ahead of schedule. In addition, thanks to this Government, dormitory accommodation for mental health patients will soon become a thing of the past.

It has been a pleasure to work with the new Secretary of State for Environment, Food and Rural Affairs, my right hon. Friend the Member for North East Cambridgeshire (Steve Barclay), and a huge honour to work with my hon. Friends the Members for Colchester (Will Quince) and for Harborough (Neil O'Brien) as part of a Government taking the long-term decisions to build a health and care system for the future, one with more doctors, nurses, pharmacists, physios and care workers, better mental healthcare for adults and children, more proactive care in the community, greater capacity, the newest technology and more choice, where conditions are diagnosed quicker or prevented altogether, thus helping people to live longer and healthier lives.

Mr Speaker: I call the shadow Secretary of State.

3.46 pm

Wes Streeting (Ilford North) (Lab): I congratulate the Minister on being the great survivor of the Department of Health and Social Care. She must surely be due a carriage clock or the long service medal by now. The only long-term decision for a brighter future seems to be that she is still in her place, although she did not offer much of a brighter future.

More positively, I see far more than one nervous face on the Government Benches—I see lots of nervous faces among those contemplating the next general election—but one is undoubtedly that of the hon. Member for Uxbridge and South Ruislip (Steve Tuckwell). I congratulate him on his election and wish him well for his maiden speech, which I can confidently say will be the best speech we hear from those on the Conservative Benches all day.

At a time when patients cannot get a doctor's appointment, families are struggling to pay the mortgage and major conflicts are having an impact on our economy and security, the Prime Minister has spent the past five days deciding whether to sack his Home Secretary for publicly disobeying him, undermining the police and inflaming tensions on our streets. Finally, having had the sheer poor judgment to have appointed someone to such high office when she had already been forced to resign for a serious national security leak, he has summoned up the guts to sack the worst Home Secretary in history. Yet, as we see, the merry-go-round of the Conservative clown show continues. After 13 years, the Conservatives have run out of names at the bottom of the barrel, so they are starting all over again. May I offer my sympathies to the Conservative Members who did not get the call from No. 10 today? What kind of message does it send to their constituents that their own party leader cannot find a suitable candidate for Foreign Secretary among the 350 Conservative MPs who sit in this House?

The arsonist has today returned to the fire, because when it comes to the national health service, Lord Cameron has quite a lot to answer for as the architect of austerity and the biggest top-down reorganisation in the history of the NHS—a £3 billion disaster that has led straight to the biggest crisis in the history of the NHS. That is before we even begin to take into account his record of ushering in the “golden” age between Britain and China;

taking 20,000 police officers off our streets; and having food bank Britain leave more than 1 million people dependent on charity to feed themselves and their families. That is Lord Cameron's legacy and as the current Prime Minister admits, “some mistakes were made”. Who is he trying to kid when he tells us that this recycled Conservative Government offer the change our country needs?

I would welcome the Secretary of State for Health and Social Care, the hon. Member for Louth and Horncastle (Victoria Atkins) to her position, but of course she is not here this afternoon, having just been appointed earlier today. She is the fifth Secretary of State for Health and Social Care that I have faced in this job in less than two years, although, to be fair, two of those appointments were the right hon. Member for North East Cambridgeshire (Steve Barclay). The Government said they would make

“Long-term decisions for a brighter future”,

but they cannot even deliver a long-term Secretary of State for Health.

We know where the Secretary of State is—she will be in the Department being briefed about the challenges of the job and being brought up to speed. No doubt she and new Ministers will want to review the decisions she is inheriting and to start to think afresh about whether she wants to proceed with those decisions as they have been working through the machine. That is why it is so grossly irresponsible to change Ministers every five minutes and constantly churn from one face to another, when it is clear to everyone but the Prime Minister that it is not just a change of faces around the Cabinet table that we need, but a change of Government.

As the Secretary of State sits in the Department being briefed by her civil servants, I will help them out with the induction by offering her a primer on what she inherits: millions of patients a month unable to get a GP appointment when they need one; 24 hours in A&E—not just a television programme, but a reality for far too many; ambulances not arriving on time, if they arrive at all; the 12th month of the worst strikes in the history of the National Health Service; NHS dentistry in managed decline, to the point where people are forced to pull out their own teeth—DIY dentistry in 21st century Britain; a generation of young people who have paid the price for lockdowns with their mental health, forced to wait years for the support they need; the longest waiting lists and the lowest patient satisfaction in history. That is the record of the Secretary of State's seven predecessors: failure, upon failure, upon failure, upon failure, upon failure, upon failure, upon failure.

Barbara Keeley (Worsley and Eccles South) (Lab): My hon. Friend is absolutely right about that list of failures—it is shocking. I would like to add to the list that over 2,000 autistic people or people with learning disabilities are detained in inappropriate units, when this Government promised over 10 years ago to close them all down.

Wes Streeting: I thank my hon. Friend for her intervention. As I make progress through my speech I will come back to the breath-taking complacency about mental health we heard from the Minister a moment ago.

[*Wes Streeting*]

Given the scale of the crisis and given that the Prime Minister has made fixing waiting lists one of his five priorities, hon. Members might have expected something in the King's Speech to deal with it. Instead, we got nothing on the NHS as it heads into its most challenging winter yet and we got nothing on social care, just kicking the can down the road and delaying reforms until after the election. There was nothing on dentistry, despite even Conservative Back Benchers crying out for a rescue plan, and nothing on mental health, despite the Conservative party committing to reform, not just in its last manifesto but in its last two manifestos.

It was the longest King's Speech in almost a decade, with the fewest Bills. Does that not just sum up the modern Conservative party? Plenty of slogans, but no solutions. What we got was a Bill that will not come into effect until after the general election and a sack-the-nurses Bill. On the tobacco and vapes Bill, the question is not whether Labour will support it, but whether the Conservative party will support it. Government Members will remember that I first proposed that smoking ban back in January. I say they will remember, because they made their feelings known in newspapers at the time. They called it "nanny state" and "an attack on ordinary people and their culture".

They accused me of "health fascism". Well, they can now make their considered and nuanced views known to the new Secretary of State—I am sure she is looking forward to receiving them. It just demonstrates that where Labour leads, the Government follow.

The Prime Minister may be too weak to whip his Back Benchers to vote that crucial measure through, but on the Opposition Benches we will put country first and party second. Labour MPs will go through the voting Lobby and make sure that the legislation is passed, so that young people today are even less likely to smoke than they are to vote Conservative.

I am afraid to disappoint the Government, but we will not be supporting the other Bill in the King's Speech that relates to health. Most people look at the crisis in the NHS and think it needs more doctors and nurses. The Conservative party looks at the health service and concludes that we need to sack more doctors and nurses. The Government are saying that public servants should be sacked for failing to provide minimum standards on strike days, but the Government have not met the four-hour A&E standard since 2015; they have not met the standard for treatment within 18 weeks since 2016; and they were doing so badly on meeting cancer waiting time standards that they have simply got rid of the standards altogether. If the Conservatives are proposing to sack doctors and nurses for failing to provide minimum service levels, can we now sack Ministers for failing to meet minimum standards on non-strike days?

The new Health and Social Care Secretary has an opportunity to break with the past year. Strikes are crippling the NHS and they are putting patients in harm's way. Her predecessor may have thought that they were a useful excuse for his failure, but they were, and are, a misery for patients and staff alike. The Government must stop the scapegoating of NHS staff, go into these negotiations with good faith, work at finding a solution, and, finally, bring these strikes to an end. There will be

no progress on turning around our national health service until the Government make some progress.

When summing up I hope the Minister will explain why action was not taken on the Mental Health Act 2007, because, I am afraid, the Minister's opening remarks were entirely unsatisfactory. The Bill has gone through Committee. It has cross-party support. It is ready to go, so where is it? The treatment of people with learning disabilities and autism under the current Act shames our society. The disproportionate impact on black people, who are four times more likely to be sectioned than white people, is appalling. Prisons and police cells are no place for people with mental ill-health. Surely that is not controversial in 2023. It is, as the former Prime Minister, the right hon. Member for Maidenhead (Mrs May), said, "a burning injustice". I cannot understand why the Government have broken their promise to address that matter finally.

It is long past time that mental health was treated with the same seriousness as physical health. Labour will not only reform the Mental Health Act in our first King's Speech, but recruit thousands more mental health professionals, provide hubs in every community, and set up mental health support in every school, so that young people can get the help they need when they need it. [*Interruption.*] The Minister says that they have done that. What planet is she living on? This is the problem with these Ministers. Even when the faces change, the lines remain the same. The Minister has not changed, but she is still reading from the same failed script. This is the problem with the Conservative party. Its message to the country is simple: "You have never had it so good. Everything is going really well. The reason we are churning all the Ministers in our Cabinet is that they are doing such a good job. It is job done and time to give someone else a chance." I am afraid that that is why these Conservatives are so out of touch and will struggle at the next general election if their message to the country is that it has never had it so good.

Furthermore, unlike this Government, who crashed the economy in the most reckless way, we will pay for our policies, making sure that they are fully costed and fully funded—in this case, by ending tax breaks for private schools and private equity fund managers. Politics is about choices: Labour chooses the wellbeing of the many, not the interests of the few, and we will fight the election on those lines any time. I say call the election tomorrow, because we are ready.

When it comes to dentistry, I should also say farewell to two former Ministers, the hon. Members for Colchester (Will Quince) and for Harborough (Neil O'Brien). As the hon. Member for Harborough departs Government, I hope that he does not take with him his pledge to bring forward a recovery plan for NHS dental services. It has been seven months since he announced that such a plan would be forthcoming, yet it is now nowhere to be seen. Indeed, last week, integrated care systems were given permission to raid their dentistry budget underspends and to remove the ringfence. That follows a pilot in Cornwall, trialling making NHS dentistry available only to children and the most vulnerable. It is the managed decline of NHS dentistry before our eyes. If people want to know what the future of the NHS would look like with five more years of the Conservative Government, they need only look at the ghost of Christmas past in NHS dentistry. The Conservatives blame the previous

Labour Government, but they have been in power for 13 years. In 2010, we stood on a manifesto committed to reforming the NHS dental contract. They have had 13 years to do it, and they have failed again and again, leaving us in the situation that we are in today, with Dickensian stories of desperate people performing DIY dentistry and tooth decay being the most common cause of children aged six to 10 being admitted to hospital. It did not need to be this way.

I say to the new Secretary of State and her team that she may not have a plan, but Labour does, and she is more than welcome to nick it. We will deliver 700,000 more urgent appointments a year, recruit dentists to the areas most in need, introduce supervised toothbrushing in schools to prevent children's teeth from rotting, and reform the NHS dental contract so that everyone who needs an NHS dentist can get one—

The Parliamentary Under-Secretary of State for Health and Social Care (Maria Caulfield): Is that it?

Wes Streeting: The Minister says, “Is that it?”. It is 700,000 more NHS dentistry appointments than her Government are providing. It is ridiculous. The extent to which Ministers continue to parrot these ridiculous lines is embarrassing. If they want to intervene, make my day. I am perfectly prepared to confront any Member with their own Government's record. Of course, they do not want to defend the Government's record; they have a hard enough time doing that on the doorstep.

Turning back to His Majesty's Gracious Speech, there may not have been any Bills for the health service last week, but we did see the white flag being waved on the Prime Minister's pledge to cut waiting lists. Hospitals received a letter telling them to cut the number of operations and appointments they are aiming to offer this year. At the same time, an extra funding pot was announced, so we are literally paying more and getting less. No wonder the NHS is in such a state. No wonder waiting lists have trebled since 2010. No wonder hundreds of thousands more patients are waiting for treatment today than when the Prime Minister first made his pledge.

Jim Shannon (Strangford) (DUP): I want to make a plea for those 10,000 young people with cystic fibrosis, who have to take multiple medications and endure daily physiotherapy, blood tests, X-rays, and hospital visits—waiting on many occasions—as part of their normal routine just to stay well. The shadow Secretary of State and the Labour Opposition have given a commitment to endeavour to do better for the NHS. Will he do better for those 10,000 young people who have cystic fibrosis?

Wes Streeting: I am very grateful to the hon. Member for his intervention. I am deeply concerned about the situation facing children with cystic fibrosis in particular, given that there is radically life-extending treatment available that offers the hope to those young people not just of longer, happier, healthier lives, but of reduced admissions to hospital. It is right that the National Institute for Health and Care Excellence makes those judgments in a rigorous way, looking at the evidence. I hope that it will be successful in bringing down the price of those drugs by negotiating with the pharmaceutical companies to make sure that we can get affordable drugs to families who desperately need them and are

desperately anxious that the announcement they have read about means shorter lives for their children. No family should go through that agony, and I hope that a resolution can be found.

The Government and the previous Health Secretary got into the habit of stealing Labour's policies—I say that not as a complaint, but as an invitation. It is clear that the Government do not have a plan to cut NHS waiting lists, but we do: £1.1 billion will be paid straight into the pockets of hard-pressed NHS staff to deliver 2 million more appointments a year at evenings and weekends, paid for by abolishing the non-dom tax status, because patients need treatment more than the wealthiest need a tax break—[*Interruption.*] Conservative Members groan when we mention charging non-doms their fair share, they groan when we talk about closing private equity loopholes and they groan when we talk about taxing private schools fairly. They did not groan when taxes went up on working people. They did not groan when benefits were cut for the poorest people.

We know who the Conservatives are in it for. They are in it for the few; we champion the interests of the many. That is the Labour difference. We believe strongly that people who live or work in Britain should pay their taxes here too. There is still time for the new Secretary of State to lobby the Chancellor ahead of the autumn statement. This genuinely is an oven-ready plan, unlike some of the plans we have heard from the Conservatives, and I encourage the new Secretary of State to nick it.

After 13 years, we have an NHS that gets to people too late. We have a hospital-based system geared towards late-stage diagnosis and treatment, which delivers poorer outcomes at greater cost. We have an analogue system in a digital age. We have a sickness service, not a health service, with too many lives hampered by preventable illness and too many lives lost to the biggest killers. It could not be clearer: the longer we give the Conservatives in power, the longer patients will wait. This was an empty King's Speech from a Government who have run out of road, run out of steam and run out of ideas; a Conservative party too busy tearing itself apart to govern the country; a Prime Minister who cannot decide whether it is time for a change or to go back to year zero.

The future of the NHS after another five years of the Tories is emerging before our eyes: a two-tier health service, where those who can afford it go private, and those who cannot are left waiting behind—our NHS reduced to a poor service for poor people; our country viewed as the sick man of Europe. It does not have to be that way. The Prime Minister was right when he said,

“It's time for a change”,

but only Labour can deliver it.

Labour has a different vision for our country in which no one fears ill health or old age; people have power, choice and control over their own health and care; the place people are born, or the wealth they are born into, does not determine how long they will live or how happy their lives will be; patients benefit from the brightest minds developing cutting-edge treatments and technology; and children born in Britain today become the healthiest generation that ever lived.

Only Labour has a plan to get the NHS back on its feet and make that vision a reality: a plan to cut waiting lists, delivering 2 million more appointments a year;

[*Wes Streeting*]

a rescue plan for NHS dentistry, delivering 700,000 more appointments, recruiting dentists to the areas most in need, introducing toothbrushing for three to five-year-olds in schools and having an NHS dentist for all who need one; a plan to double the number of scanners so that patients are diagnosed earlier; a plan to recover our nation's mental health from the damage of lockdowns; a plan to cut red tape that ties up GPs' time, so that we can bring back the family doctor; a plan for the biggest expansion of NHS staff in history—a plan so good that the Government adopted it and gave us a head start; and a plan to reform the NHS to make it fit for the future. To those who say that that cannot be done and that things cannot be better, I say this: the last Labour Government delivered the shortest waiting times and the highest patient satisfaction in history. We did it before and we will do it again.

It is not a change of faces we need but a change of Government. It is time to call a general election and give the British people the choice: more of the same with the Conservatives or a fresh start with Labour. Call a general election now, so that Labour can give Britain its future back.

Mr Speaker: We come now to a maiden speech, so there will be no interruptions. I call Steve Tuckwell.

4.7 pm

Steve Tuckwell (Uxbridge and South Ruislip) (Con): Thank you, Mr Speaker, for calling me to deliver my maiden speech. Many words have been dedicated to this summer's by-election campaigns and the subsequent result in Uxbridge and South Ruislip, so I hope you will allow me to add just a few more words based on my own experiences, rather than the conjecture offered by many commentators.

Let me begin with ULEZ—the ultra low emission zone—and its expansion across outer London. It will come as no surprise to anyone that this is not the first time I have mentioned those four letters in this Chamber. Even though the extended charge zone has now come into being, I stand here—no longer the local candidate, but the Member of Parliament—still determined to fight the Mayor of London's money grab and reduce the burden placed on my residents and local businesses.

For me, however, the by-election was about much more than ULEZ and its unnecessary expansion. It was about a variety of local issues, such as securing a new hospital, keeping Uxbridge police station open, providing further support for childcare places, and protecting our green spaces for future generations. It was a by-election campaign fought on multiple local issues of substance. So, rather than dwelling on ULEZ, may I suggest that what also drove residents to the polls was the motivation to have an MP who understands the needs of the community, who appreciates the complexities of the community, and who is truly embedded in the community?

Since 2018, I have served as a local councillor for the London Borough of Hillingdon. Hillingdon Council is well respected, and in some cases even envied, for its consistent year in, year out performance in core services that residents expect, be they weekly waste collections, which are quite rare these days; refurbishing libraries, not closing them; and being one of the greenest boroughs

in London, with 67 green flag awarded parks and open spaces. All of this and more is achieved through Hillingdon Council's continual focus on sound financial management that puts residents first. I pay tribute to the leader of Hillingdon Council, Councillor Ian Edwards, and his executive cabinet, as well as Sir Ray Puddifoot—the former leader for over two decades—my fellow councillors, both past and present, and of course the officer team and frontline teams across all departments who deliver great services for their residents and my constituents.

During the by-election, Uxbridge and South Ruislip saw intense campaigning, with a media frenzy and a whopping 17 candidates, but being the centre of attention is not something new for my constituency. Uxbridge is home to the Battle of Britain Bunker—one of the most popular heritage destinations in my constituency for visitors near and far. The bunker played a key part in the allied defensive network across Britain during the second world war, and it was from that bunker that No. 11 Fighter Command was controlled. No. 11 Fighter Command, based in Uxbridge, played a crucial role in securing victory during the battle of Britain. Indeed, it was at the entrance to the bunker that Winston Churchill first uttered his famous words,

“Never in the field of human conflict was so much owed by so many to so few.”

He repeated those profound words in this very Chamber four days later, on 20 August 1940.

A bunker mentality was right for that time, but now is not that time. This is a time not to hunker down and hide away, but to face the many complex challenges that face us here in the UK and across the globe. The Prime Minister, the Government and my party are quite rightly looking at the long term, and have outlined clear and decisive policies that are designed to tackle the challenges we face. They are not easy decisions, but decisions that build on the long-term horizon, rather than easy short-termism that has no foundation or substance. I was elected to stand up for the interests of my constituents. I was born and raised in the constituency that I now have the privilege of serving as an MP.

A number of years ago—probably a few more than I would care to admit—I was born at Hillingdon Hospital. The hospital holds a special place in my heart: my children were born there, and there have been plenty of visits and treatments for myself and my family over the years. I pay tribute to the entire team at Hillingdon Hospital, past and present, as they continue to demonstrate exceptional professionalism and dedication to the surrounding communities. Much has been said about the condition of our hospital, some of it rather harsh and sensationalist in the heat of by-election campaigning. With that in mind, I am incredibly proud of the work that has been completed as part of the delivery of a new hospital for Hillingdon. Thanks to the combined efforts of all involved, including the local NHS trust and Hillingdon Council, work has begun on delivering that new hospital.

I pay a specific tribute to my predecessor, Boris Johnson, for his tireless efforts in support of Hillingdon Hospital during his time as MP for Uxbridge and South Ruislip. He campaigned continuously for the funding to be secured and for the project to become a reality. That was one of many local campaigns that Boris championed across the constituency, and I thank him for his dedication in supporting many businesses, charities and community

groups. While developing a new hospital is a large and complex project, I look forward to working with the Department of Health and Social Care to ensure that we can deliver long-term positive health outcomes and a state-of-the-art new hospital for my constituents.

To be stood here among these historic and world-famous green Benches is a great honour. It is incredibly humbling to follow in the footsteps of John Randall, who back in 1997 also became MP for Uxbridge as a result of a by-election. I am incredibly thankful for his advice and support on my journey to becoming an MP, and I hope to achieve as much as he did when he represented Uxbridge and South Ruislip. To be the Member of Parliament for Uxbridge and South Ruislip—the place where I was raised, where I have worked and where I live—representing friends, neighbours and strangers alike is a true honour. Immediately after the by-election, my work as an MP started: meeting some of the many faith and cultural groups that make Uxbridge and South Ruislip such a vibrant place to live, and visiting many local businesses that help keep residents in good, decent jobs and contribute to keeping our high streets bustling.

I thank the Hillingdon chamber of commerce for its engagement so early on. It is clear that we share the goal of supporting our businesses and keeping our community thriving, as well as encouraging other businesses to set their roots in our local economy. There are some fantastic businesses from small, home-based entrepreneurs and medium-sized exciting businesses such as Mills Ltd in Cowley, which is supporting gigabit infrastructure through the supply of essential tools and equipment, to a number of large national and international businesses such as Coca-Cola, Hertz and Brunel University, which all create employment opportunities for local people.

One of my priorities for Uxbridge and South Ruislip is to support business and promote our high streets. I am looking forward to taking this further through building on the work this Government have already done to protect businesses against the pressures of the cost of living. This includes a tax cut for 38,000 British pubs earlier this year through the Brexit pubs guarantee, and to ensure that our fantastic local pubs—like my local, the Middlesex Arms in South Ruislip—remain at the centre of the communities they have helped for many years. *[Interruption.]* A pint tonight, yes!

As I have already mentioned, much has been written about the by-election campaign. Even though local issues ultimately won over attempts to frame it with a national outlook, I want to take this opportunity to declare that I will be a Member of Parliament for all residents regardless of how or if they voted. I am incredibly proud of Uxbridge and South Ruislip and its civic pride from our active community-focused residents' and volunteering groups to our dynamic, hard-working charities such as the Daniella Logun Foundation, which does amazing work to help children and their families with brain tumours and in raising awareness of childhood cancer.

As I have already said, we are a truly vibrant community, and through my priorities—they include a new Hillingdon hospital, securing even more police officers, protecting our green spaces, delivering improved special needs provision, supporting local businesses and improving our high streets—I stand here ready and determined to do all I can as a Member of Parliament to ensure that

my community remains a great place to live, a great place to raise a family, a great place to work and a great place to grow to grow old in.

Mr Speaker, as I am sure you are aware, old habits die hard, so as a former postie, I will continue to deliver for the people of Uxbridge and South Ruislip. Thank you.

Mr Speaker: We now come to the SNP spokesperson.

4.17 pm

Amy Callaghan (East Dunbartonshire) (SNP): It is of course an absolute pleasure to follow the maiden speech of the hon. Member for Uxbridge and South Ruislip (Steve Tuckwell). He made a very compelling maiden speech, although maybe not quite as compelling for me as a nationalist following him.

It is always a pleasure to rise on behalf of my party in a debate centred on our NHS. Few know more about the NHS than the man who contributed to its present-day financial struggles, the new Foreign Secretary, who obviously is not here because he is not elected to this place. It is incredibly unfortunate that this big set-piece event in the parliamentary calendar did nothing to address the increased privatisation in NHS England. Perhaps that is something we can look forward to being addressed in the autumn statement, but for now I will summarise the issue that was overlooked in the King's Speech.

Privatisation is creeping in through the back door in NHS England, and while health is devolved and we have our own NHS in Scotland, this has dire consequences for our NHS in Scotland through Barnett consequentials. The reality is that money spent by the British Government on England's NHS dictates how much the Scottish Government have to spend on our NHS up the road. Despite cuts to Barnett consequentials for our NHS in Scotland, the Scottish Government are continuing to invest in new and innovative ways to reduce health inequalities and to protect our NHS for future generations.

Wendy Chamberlain (North East Fife) (LD): My colleague in the Scottish Parliament, the MSP for North East Fife, Willie Rennie, has raised the issue of a £10.9 million funding shortfall in NHS Fife, and that is before we see the winter surge. Does the hon. Member agree that, although we might see higher spending in Scotland, there are failures in how the SNP is delivering for our health services there?

Amy Callaghan: I thank the hon. Member for her contribution, but I would say that there are definitely structural funding issues because of being tied to this financial Union, which is the point I was just about to make. I hope she recognises that, and will maybe reflect on the fact that being part of this Union does have dire consequences.

Mr Deputy Speaker (Mr Nigel Evans): Order. I remind the hon. Lady that she has to face forward.

Amy Callaghan: The First Minister's pledge of £300 million to cut NHS wait times is an example of the fantastic work that the SNP Scottish Government are doing. There will be 100,000 fewer patients on our NHS wait lists come 2026, because of that incredible investment.

[Amy Callaghan]

Despite the year-on-year reduction in Barnett consequentials for health, NHS Scotland staff remain the best paid across these isles. What does that look like in practice? A band 2 porter in Scotland earns £2,980 more a year than their counterpart in England, and a band 5 nurse in Scotland earns £3,080 more a year than their counterpart in England. This is all despite the increased privatisation in NHS England. Under the SNP, the Scottish NHS fares much better than its counterparts across these isles, but under the current funding structures only the UK Government can deliver the funding necessary to get the NHS back on its feet. Down here, the Treasury gives money to private companies to provide a service for NHS England. That means less capital investment into NHS England, which means less money for the Scottish Government to spend on NHS Scotland.

I have always found the monarch's speech quite baffling, but particularly so over the past few years, with so many broken promises and so many shallow, unfulfilled commitments. I think of promises to ban conversion therapy, commitments to reach net zero and pledges for a mental health Bill. The Government think my party does not respect this place, yet it is them who make a mockery of it by not fulfilling the policy agenda that they set for themselves. Perhaps this threadbare King's Speech is perfect for them: less to fail on.

Jim Shannon: I thank the hon. Lady for her empowered speech. One issue with Barnett consequentials is that although Scotland perhaps is not getting its full complement, Wales does, and I am grateful that it does, but Northern Ireland does not. We have asked for the Barnett consequentials for Northern Ireland to be looked at and reviewed to enable us to be at the same level as Wales; perhaps the hon. Lady would like to see that for Scotland.

Amy Callaghan: I absolutely would like to see the same for Scotland. The Barnett consequential system in itself is quite frustrating, because we do not see the full complement we should get because of how the British Government exercise spending decisions. I would absolutely like to see a different funding structure exercised down here. The way it is spoken about is complicated in itself, and a bit of truth around that would be useful.

I have been struggling with the image of the King delivering his speech from his gilded throne while innocent people in Palestine are dying. It feels a ridiculous thing for this Parliament to have been focusing on. We are witnessing the biggest humanitarian crisis that many, if not most of us, have ever seen. It bears witness to how soulless this British Government truly are. Children are dying, refugee camps are being bombed and hospitals are being destroyed. For each second that Members throughout this House fail to call for a ceasefire, more innocent people are dying in Gaza.

Not just a humanitarian pause but a ceasefire is necessary. Riham Jafari of ActionAid Palestine so aptly described the difference between a humanitarian pause and a ceasefire:

“What use is a four-hour pause each day to hand communities bread in the morning before they are bombed in the afternoon?” Innocent men, women and children in Palestine continue to die. I make a plea to colleagues on both sides of the House: walk through the Lobby with us on Wednesday

night to vote for a ceasefire. They need you to show leadership. We need to show leadership and vote for the SNP's common-sense humanitarian amendment to the humble address.

In preparation for this debate, I found myself reflecting on the words inscribed on the mace of the Scottish Parliament: “Wisdom, Justice, Compassion and Integrity”. The mace is not just about tradition, and it is not a bit of a pantomime like in this Parliament. In Holyrood, the mace is there to signify the relationship between the people, the Parliament and the land.

No institution better represents the link between the people and the state than our precious NHS, but being tied to this financial Union means that our NHS is suffering terribly. We have workforce shortages, medication shortages and equipment shortages—shortages, shortages, shortages. I got into politics because of the rampant health inequalities I saw in my part of the world when I took unwell as a teenager. We all know health outcomes are impacted, whether directly or indirectly, by the quality of our support network. I saw first-hand the effect of poverty on outcomes. That is why I am so proud that our SNP Scottish Government implemented the young patients family fund, which helps to prevent income from being a barrier for families being able to support a young person through ill health. Scotland is leading the way in transforming lives and outcomes with that fund.

It would have been nice to see some flickers of hope and progress woven through the King's Speech, but given the British Government's lack of willingness to learn from good practice elsewhere on these isles, it is relatively unsurprising not to see it. The pomp and pageantry of this place, its traditions and its reactionary main parties seem to me to be a distraction from the real work and hard conversations that neither of the two main parties want to have. Instead, we have a celebration of the dance we call debate in this place.

I will now reflect again on the words inscribed on the Mace of the Scottish Parliament. Let us take a look at each and see whether they apply to the British Government. I will start with the wisdom that is being shown—or not shown—in this place where Brexit was forced through, despite the broken promises it was built on. What has come with that wise decision endorsed by both the Government and the Labour party? We have severe medicine shortages, meaning that people are unable to access vital treatments such as attention deficit hyperactivity disorder drugs and hormone replacement therapy, as well as a shortage of staff to supply and distribute them. That oven-ready Brexit deal that the public were promised was lacking one key ingredient: wisdom. My constituents in East Dunbartonshire applied wisdom in advance when they overwhelmingly voted to remain within the European Union, but the structure of the Union meant that their voice was ignored.

Moving on to justice, where is the justice in there being so many material changes of circumstances since the 2014 referendum, while the British Government continue to deny the people of Scotland the right to choose our own future? Some might say that that is an injustice.

Moving on to compassion, there are many ways in which I could question the compassion of this place, but there is nothing more timely or truly horrific than the ongoing attacks on civilians in Gaza. We are witnessing

the biggest humanitarian crisis many of us have seen in our lifetimes, and this place has rightfully expressed compassion for those killed and suffering in Israel, yet the compassion is lacking for those children in Gaza. Each day that this place fails to unite behind a ceasefire, children die. Where is the compassion for those children?

Richard Foord (Tiverton and Honiton) (LD): Would the hon. Member get behind a unilateral or a bilateral ceasefire?

Amy Callaghan: I would get behind a ceasefire. We are talking about a ceasefire.

Tim Farron (Westmorland and Lonsdale) (LD): With both sides stopping.

Amy Callaghan: Yes, with both sides stopping. The hostages should be returned to Israel and we should see a ceasefire. I think that is relatively straightforward, is it not?

Finally, moving on to integrity, integrity should be the foundation of politics. Having trust that manifestos will be implemented and that policy agendas, such as the King's Speech, will be taken through Parliament in the form of legislation is the bare minimum that folk at home expect. Instead, the British Government have thrown integrity out the window. It will be interesting to see, over the next parliamentary year, how much of what was in the King's Speech is actually delivered.

I received a desperate appeal from the Linda Norgrove Foundation—it is named for a brave British aid worker murdered by the Taliban—for the UK Government to reopen the Afghan citizens relocation and resettlement schemes to allow 20 female Afghan medical students to come to Scotland specifically to complete their studies. It is now clear that the Taliban will never reopen schools and universities to girls. These young women are now prisoners in their own home, unable to show their face in public or to leave the house without a male guardian. Many live with the terrifying threat of forced marriage. The Linda Norgrove Foundation will pay for them to get here, and the Scottish Government have readily agreed to waive their tuition fees so that they can finish their studies. The only thing stopping these women from finding sanctuary in the UK is the British Government's refusal to open the Afghan citizens relocation and resettlement scheme and create a legal pathway for them to do so.

That simple change would save 20 incredible women from brutal oppression at no cost to the British Government at a time when our NHS is also in desperate need of qualified doctors. I cannot think of a reason, other than performative cruelty, why the Government would withhold that permission.

I will once again say these words that are so sorely lacking down here: wisdom, justice, compassion and integrity. What could not be clearer is that Scotland's NHS is not safe while we are tied to the financial structures of Westminster. Broken Brexit Britain is damaging our precious NHS through workforce shortages, equipment shortages and medication shortages. I look forward to a day when an independent Scotland rejoins the European Union, leaving broken Brexit Britain behind.

Several hon. Members rose—

Mr Deputy Speaker (Mr Nigel Evans): Order. As you can see, there is a lot of interest in the debate. We will try to proceed without a time limit, but I will give an indicative amount. If Members do not go wildly over eight minutes, we should get everybody in. Let us give that a go to begin with.

4.31 pm

Dr Caroline Johnson (Sleaford and North Hykeham) (Con): Waiting lists are rightly one of the Government's top priorities. To the best of my knowledge, Mr Deputy Speaker, you could not perform a knee replacement—one of the most waited-for operations—and if I were to give you £1 billion, I suspect that you would still be unable to do so. Too often, debates focus on money and how much has been put into the NHS—the Government have put record amounts into the NHS—but it is about more than money; it is about people.

On this, the 75th year since the NHS was founded, the workforce plan is a milestone in the NHS's history, and one that I am very pleased to see. It is an essential step towards creating a more productive health service where we can expand training and recruitment while retaining the amazing pool of talent that we have in the NHS. My constituents will be particularly pleased to see the plans to increase the number of dentistry students by 40%, because many are struggling, as has been said, to see dentists. We will also double the number of GP training places by 2031, which is welcome.

These changes will take time, because doctors take a long time to train. One of the first things that the Conservative Government did was to put in place steps to open the new Lincoln medical school. It has opened and is training doctors, and it will not be long before the first new doctors will graduate, which is excellent news for my constituents. I am also pleased for my constituents that we have got a new diagnostics centre opening in Grantham, which will accelerate patients' diagnoses and treatment.

I have been pleased to hear in the last few days about the streamlining of processes for clinical trials. That will help us to find the new treatments and diagnoses that will be the miracle cures. The Health and Social Care Committee recently visited Singapore, where we met a professor who had identified the benefits of chimeric antigen receptor T-cell therapy and treated Oscar, the little boy from Worcester whom many of us will remember from the news. Thankfully, he has recovered from his leukaemia. Such groundbreaking, world-beating discoveries will be made only if we make it easier to conduct safe clinical trials. However, we also need to look at how we incentivise people to do them.

The NHS has advertised roles for equality and diversity staff at more than £90,000, yet there is currently an advert for a professor of synthetic biology at Cambridge University—they will lead global clinical research—for a little over £67,000. We need to look at how the state values the people who will bring about world-leading discoveries and how it can support them in their quests so that our brightest children will want to do that not just through moral desire but, essentially, to turn their A-levels into cash.

[Dr Caroline Johnson]

The NHS has been crippled by strikes this year, and more than 1 million appointments have been cancelled. That is not helping with waiting lists, and patients are being left to suffer. Cancer diagnoses are being delayed, and patients' conditions, when they are in pain, are being left unrelieved. As a paediatrician, I understand the desire for better working conditions and more money, but I cannot understand morally the desire to leave patients behind in order to achieve that. Morally, I do not agree with the strikes and I support the Government's prioritising patients and their commitment to maintaining minimum service levels during industrial action.

Mr Ranil Jayawardena (North East Hampshire) (Con): Does my hon. Friend agree that people often forget about the huge amount of pension rights quite understandably provided to people in public service? Junior doctors who are continuing their action do not take account of the huge benefits that they will accrue in later life.

Dr Johnson: I should mention that I have an NHS pension, but my right hon. Friend is right. The Government took a big step earlier this year to improve pensions, by changing the tax regime to make it easier for more senior doctors to remain at work and not feel they have to give it up because of punitive tax levels. Ultimately, doctors are paid well—they could be paid better, of course—but for me it is a moral question: morally, I do not think it is right to leave patients in order to advocate for more money.

I am pleased by the steps that the Government are taking to crack down on tobacco products. The proposal will not please everyone, but it shows the Government's boldness and earnestness when addressing public health issues. Prevention is better—and usually far cheaper—than cure. A preventive approach to smoking will reduce the burden on our healthcare system and improve people's quality of life. Colleagues will not be surprised to hear that I am especially pleased by the Government's commitment to restrict the sale and marketing of vapes to children. I am glad that the Government have included some of my proposals in their upcoming consultation on vaping, including regulating their flavours, branding and visibility in shops, as well as giving local authorities the power to issue on-the-spot fines for those selling them to children.

I am glad that the Government are consulting on banning the sale of disposable e-cigarettes, which time and again have been the vape of choice for children. I was shocked by figures published last year that found that 1.3 million vapes are thrown away every week in the UK. Subsequent figures released in September show that, staggeringly, in the space of just one year that number has more than tripled to 5 million every week. Those disposable vapes would fill this Chamber from top to bottom twice over every single week—heaven forbid, Mr Deputy Speaker. That is the scale of the problem we are dealing with.

The UK risks falling behind if it does not seize the agenda quickly. I eagerly await the results of the Government's consultation, as I know many colleagues do. Sometimes, it can be difficult to find issues on which figures from across the political spectrum are strongly aligned, but I am confident that the House will unite behind the Government's recent proposals on vaping.

Jackie Doyle-Price (Thurrock) (Con): My hon. Friend is making some compelling points. It strikes me that disposable vapes are often available at the point of sale where we used to find things such as chewing gum and packets of Polo mints. That makes it very easy for children to access them. Does she think that regulating point-of-sale products is a massive tool to tackle the problem? Let us remember that established tobacco companies have to have their multi-use vapes on sale behind the screens that tobacco is sold behind.

Dr Johnson: I completely agree that putting vapes where children can see them makes them more available and makes children want them more. That is why they need to be in plain colours and flavours and out of the sight and reach of children. My understanding is that that is part of the Government's consultation, and I hope they legislate and make regulations as soon as they can.

Overall, the King's Speech is a good one, and I am proud to support it.

4.38 pm

Mr Kevan Jones (North Durham) (Lab): First, I congratulate the hon. Member for Uxbridge and South Ruislip (Steve Tuckwell) on making his maiden speech. Having mentioned his local boozier, he will no doubt be forever welcomed there with open arms. I welcome him to his place and thank him for his speech.

I note the historic event last week of the King making his first Gracious Address as sovereign. It is just a pity that the speech written for him by the Government was so thin, with little content and little vision. It was a clear demonstration that the Government not only are running out of steam, but have none left at all.

People know that I have campaigned on mental health for many years. It is 11 years since the hon. Member for Broxbourne (Sir Charles Walker) and I spoke, in a mental health debate, about our own mental health. I think attitudes have changed for the better over that period, and it has clearly moved up the political agenda. I was therefore, like a lot of campaigners and professionals, very disappointed that the reform of the Mental Health Act 1983 was dropped from the King's Speech. The Act is outdated and archaic in parts, and its language is more fitting to the Victorian era. As my hon. Friend the Member for Worsley and Eccles South (Barbara Keeley) said, in some cases it is leading to people with learning difficulties and autism being locked in the system for many years, without any voice to raise their plight.

The Minister, in her address, seemed to dismiss that as though it was somehow not important, but depriving people of their liberty is a very serious thing. To deprive somebody of their liberty, you have to ensure that they not only have rights, but care. My concerns about the Mental Health Act relate to those with autism and learning disabilities, some of whom have been locked in the system for years without a strong advocate. There are people in the criminal justice system locked into a Kafkaesque system that we have created. The Minister more or less threw that aside. I am sorry, but if you are a black teenager in the criminal justice system or an adult with learning difficulties, the system needs reforming and it needs reforming now.

It is not as though the Government started with a blank sheet of paper. We had Sir Simon Wessely's excellent review in 2018. The Government made a manifesto commitment in 2019 to bring forward legislation. There was a draft Bill last year and a Joint Committee to scrutinise it. One would have thought it was a clear priority for the Government to move the issue up the political agenda, but what we have had from the Department of Health and Social Care is not just no Bill, but inaction. The Joint Committee spent a great deal of time looking at the Bill and put forward 36 recommendations. Ten months later and they have not yet even been answered by the Government. This is not just the Government abandoning the Bill and a broken Conservative party manifesto promise; it is a dereliction of duties. Politics is about priorities and, for me, this is a priority. Some 50,000 people a year are sectioned under the Mental Health Act. For some, I accept, it is life changing. For others, however, it leads to a system that they get into and cannot get out of. It is right to reform the Act and it is absolutely shocking that that is not in the King's Speech. It will certainly be a commitment for the next Labour Government. I and many on the Labour Benches will make sure it is a commitment.

The Minister, in her Gatling gun approach to her speech, was more or less saying that it does not matter because everything else is okay in mental health. I am sorry, but it is not. In April 2022 we had, with much fanfare, the 10-year mental health and wellbeing plan. Over 5,200 individuals and mental health charities responded to a consultation, only to find out in January this year that it had been completely scrapped. The Minister talks about mental health being a priority, but the facts do not support that. Unless we have a proper joined-up approach to mental health, we will not get on top of the issue of individuals who need help, or have a system fit for a modern country such as the UK.

Jim Shannon (Strangford) (DUP): I congratulate the right hon. Gentleman on raising this matter. Throughout my time in the House he has spoken up significantly for those with mental health issues, and he understands the subject very well. One group who seem to fall below the radar are veterans. In Northern Ireland, a large number of people who have served in the forces suffer from post-traumatic stress disorder. Does the right hon. Gentleman agree that those veterans who are suffering greatly must be a priority in addressing mental health?

Mr Jones: I agree with the hon. Gentleman. As a former veterans Minister, I did a lot about veterans mental health. We now have a disjointed system with a veterans Minister who, in Trumpian style, says that everything is perfect and everything is working, when it is clearly not. We need to ensure that veterans receive the best mental health care in their local areas, and that means adopting a joint approach.

If we are to get on top of the nation's mental health, that must be done through a public health approach. It must be done at local level, and it must ensure that public health takes a lead. Less than 2% of the mental health budget is spent on preventive work, which needs to be done not just in schools but in communities generally. Fortunately for my constituency, a new initiative has been launched in Chester-le-Street where GPs and local community groups divert people from mental health services by securing them the help they need, and I congratulate those who are involved.

Tobacco affects mental health, with 50% higher smoking rates among those with a mental illness and two-thirds higher death rates, so I support the movement for a smoke-free generation, although I note that the Government will not ask their Back Benchers to support the policy because they know they will not receive it. Action also needs to be taken on illegal sales of counterfeit tobacco, but that cannot be done in the present circumstances, because the number of local trading standards officers has been cut by 52% since 2009. We need to ensure that more money is put into trading standards and policing. The Government keep saying how wonderful it is that we have extra policing, but in fact County Durham has 140 fewer police officers than it had in 2010. It is important for us to have the enforcement side, because without that some people will be driven into the illegal tobacco market, but we cannot see it as a silver bullet that will justify cuts in public health budgets. We need continued, dedicated local smoking cessation programmes, because without them we will not make the strides that we want to make.

I shall say something on two other issues. First, on leasehold reform, let us look at the facts, as opposed to what the Government are saying. The Government have given the impression that this reform will affect every leaseholder, but it will not; it will apply only to new buildings. There is no roll-out of the commonhold for new flats, which constitute the majority of leasehold properties. This outdated feudal system needs to change. There will be a great many disappointed people who, having assumed they would suddenly be given more rights, then find otherwise. Let us be honest: this has been fuelled by the Government's right to buy scheme, which is being used by Persimmon and other big house builders as a way of making extra cash, mainly at the expense of the taxpayer and those poor individuals.

Secondly, on transport, I have heard the references to the Network North plan. I will not dwell on it too much, because I do not believe anything in it. We know that 85% of it has already been announced, but some of those announcements have been withdrawn very quickly. In the north-east, for example, the Government argued that the Leamside line, which would help my constituency of North Durham, would be reopened, only for that announcement to be withdrawn within 24 hours. I doubt that many of these projects will see fruition.

With my role on the Intelligence and Security Committee, I welcome the investigatory powers reforms, which will be important in ensuring that the right safeguards are in place for the way our security services collect bulk data, and in bringing some of the oversight up to date. It is also important that the Government work closely with the ISC—something they did not do on the National Security Bill that went through in the last Parliament. We are still waiting for a response to some of our arguments around how the ISC is run. This legislation will be important to ensure that we give our security services the necessary powers to protect us all, and to ensure that we get the proper oversight.

This will be the last King's Speech before the general election. It was half-hearted and full of gimmicks that were designed to be eye-catching, but it has no long-term plan for the future of our country. That is the disappointing thing, and that will only change when we get a change of Government at the next general election.

4.51 pm

Sir Edward Leigh (Gainsborough) (Con): I congratulate my hon. Friend the Member for Uxbridge and South Ruislip (Steve Tuckwell) on a superb election victory and on a great speech from a real local champion. That result shows how important it is for the Government and the Mayor of London not to get ahead of public opinion on green energy. We all want more green energy but it must be economically driven and we must take the general public with us. I am afraid that the Mayor of London, certainly in outer London, has not taken the public with him. In Lincolnshire we have an aspect of green energy that affects my constituency, with 10,000 acres ringed Gainsborough to be put under solar panels. That will involve a huge loss of agricultural land, enough to feed the city of Lincoln every year. We all want solar panels as long as it is proportionate, but 10,000 acres ringing one small town in Lincolnshire is overdevelopment.

The advantage of the King's Speech debate is that we can range quite widely, and in the few minutes I have, I shall raise a few general points. We have a new Foreign Secretary, a new Home Secretary and a new Health Secretary. The challenges facing the Foreign Secretary are enormous, both in the middle east and in Ukraine. On the earlier intervention, I am all in favour of a ceasefire, but it must be by both sides, and there is no intimation yet that if Israel were to announce a ceasefire, Hamas would follow suit. If Hamas are now prepared to commit themselves to a permanent ceasefire with Israel and respect the right of Israeli citizens to live in peace and tranquillity, I am sure we can have a negotiation on that basis, but I do not see that happening.

We also need to have a tone of compassion for the Palestinian people. The Palestinian people are not Hamas. I was quite impressed by what President Macron was saying on this. The Israeli Government have the right to defend themselves, but it must be in proportion, and I think we are all devastated and concerned about the plight of women, children and babies in Gaza. The Israeli Government have to deal with this issue in a proportionate way.

On Ukraine, I do not suggest a ceasefire, because that would simply benefit President Putin, but if there is a stalemate, I am not sure that we can go on thinking that we can solve the problem by pouring in more and more weaponry. Eventually there will have to be some sort of settlement.

This is a debate primarily about the NHS. We in Lincolnshire suffer from a poorly performing NHS. I have constituents—people of my age—who have paid taxes all their lives and who suddenly fall ill, go to A&E in Lincoln and have to stay there for 24 hours, often in pain and difficulty. More and more doctors are insisting that people who want an appointment have to go online, and fewer and fewer doctors are providing prompt face-to-face service. The NHS simply cannot continue as it is.

We have a new Health Secretary and, as I have said before, I think we need fundamental reform. Frankly, our counterparts on the continent, in France, Italy and Germany, get a much better service. We have to look at some sort of social insurance system by which people who pay taxes all their life are entitled to treatment within a certain period and, if they do not receive that treatment, the state will assist them to go private.

I have made the point many times that a previous Conservative Government gave tax relief for private health insurance. This Government have not progressed that idea, which I do not think would be a wildly popular one, but we have to do something. The NHS is consuming an ever-larger proportion of the national budget and delivering a worse and worse service.

Over the next 12 months up to the general election, I hope the new Health Secretary will think big ideas to try to give people, particularly those of pensionable age, some right to the healthcare that they have paid for all their life and that they do not get at present. Having more children brushing their teeth at school under a putative Labour Government will not solve the problem; it is far greater than that.

Of course, we also have a new Home Secretary, who has an enormous challenge. I have confidence that he will speak up for Conservative Britain and Conservative voters who are deeply unhappy about the very high levels of both legal and illegal migration. It is completely unsustainable to carry on with the current net migration rate of some 600,000 people a year, which is overwhelming our services, the NHS, housing and everything else. It is said that we need these people to work in the NHS or in care homes, but we need to provide proper wages so that people who already live in Britain want to work in the NHS or in care services.

We should not allow employers to think they can solve their problems by constantly importing labour from abroad. There is a simple solution to help solve this problem. The average wage in the UK is about £34,000 a year and, at the moment, a person can enter this country for a job paying £26,000 a year. If we said that migrants have to earn a minimum of, say, £34,000 a year, we would bring in high-quality staff and not undercut our own indigenous labour.

Mr Jayawardena: Does my right hon. Friend agree that we have a structural problem because of our country's ageing population, and that we need to have more children in this country so that we meet our replacement rate for the first time since the 1970s?

Sir Edward Leigh: I have made a personal contribution by having six children. They are all now in their 20s and 30s, and they are finding it unbelievably difficult to get on the housing ladder. The Government really have to solve this problem. We cannot just fill this country with more and more people so that our young people cannot get on the housing ladder and cannot find a place to rent.

I am a bit dubious about reforming how landlords can evict tenants. I just want supply-side reforms to ensure there is more housing coming on to the market for young people to rent. I want the Government to be far more proactive on building houses, if necessary in grey areas on the green belt. That might not be universally popular with my colleagues, but we certainly have plenty of room in Lincolnshire. If people want to come up to Lincolnshire and build houses, they are very welcome. We will do our bit.

I am very dubious about the smoking ban and, as a libertarian, will vote against it. It will not solve the problem, and I believe it will result in a massive increase in criminality. Every time we ban something, we simply increase the criminal class. I am not sure a ban is even

enforceable. In 50 years' time, old boys will go into a tobacconist and say, "I am 64 years old and am entitled to buy cigarettes, but my friend here, who is 63, cannot buy cigarettes." It is ridiculous, and it is not enforceable. I do not smoke, and smoking is decreasing all the time. The people who smoke are heavily taxed. I do not believe we can solve this or any other problem by banning things. Conservatives have to be primarily about freedom. They have to be about low taxation and deregulation. We have to give something for our own people to vote for, which is why I have talked about these issues and, in particular, curbing legal and illegal migration. I am a victim of that, as is the Home Secretary, because the previous Home Secretary was going to open a camp for asylum seekers in his constituency. I do not know whether the Home Secretary is still going to do that; if he decides to row back on that idea in his constituency, I hope he will not close that camp in Essex but keep open the putative camp at RAF Scampton in Lincolnshire, as that would be completely unfair. Being a fair-minded person, he will not do that, I am sure. I shall be knocking on his door soon to say that we need a compromise, as we cannot have 2,000 illegal migrants overwhelming local social services. After that brief run around the King's Speech, I am sure you will be grateful if I now sit down and let others have a go, Mr Deputy Speaker.

5 pm

Valerie Vaz (Walsall South) (Lab): Let me start by saying what a pleasure it is to follow the right hon. Member for Gainsborough (Sir Edward Leigh). I also welcome the hon. Member for Uxbridge and South Ruislip (Steve Tuckwell), who will make his maiden speech; he will know that we campaign in slogans but we sometimes have to make difficult decisions when we represent our constituents, as we have seen with the international issues taking place in Israel and Gaza.

I say to the right hon. Member for Gainsborough that we are talking about a ceasefire not only to enable the hostages to be released, but to stop the killing of innocent civilians. When organisations such as the Catholic Agency for Overseas Development cannot even enter Gaza and do the work they need to do, and when 44% of the United Nations workers have been killed, we have to do something. We cannot sit back and do nothing, which is why I will add my voice to the calls for a ceasefire to enable our brilliant diplomats to try to find a solution to this intolerable situation. People may have seen what took place at the weekend, but let me say that I was writing this speech and I just could not carry on, as it was incredibly upsetting to see babies' bodies lined up—that is just a horrific thing. They have done absolutely nothing; they have just come into this world, and for what—just to be dead? Parents and all sorts of people are facing incredible difficulties, not being able to eat or drink; doctors are even unable to carry out operations.

We have had the first speech of our gracious sovereign and he set out the Government's business until the next Session, with 21 Bills proposed. They do not represent the urgency of what is needed, and I want to focus on energy and climate change, public services and empowered local government, and keeping us all safe through the criminal justice system. In the gracious sovereign's speech, the Government say they want to strengthen the UK's energy security, but there are no measures set out to bring down bills. Onshore wind projects have recently

stalled, as there are no new applications, so investment is being driven abroad. However, new licences for oil and gas are set out in the King's Speech. Despite 13 years of North sea licences, only small amounts of gas have been found—the equivalent of nine weeks of usage; we are talking about 12 fields and nine weeks. Despite six rounds since 2010, only five new fields have been discovered, and the Sillimanite gas field is 30% owned by the Russian gas giant Gazprom. How is that making us secure?

His Majesty's Opposition's Gracious Speech, which we hope to produce fairly soon, will include the energy independence Bill. That will include a target to achieve clean power by 2030—we have nothing from this Government on targets. We will bring forward the planning and regulatory reforms for clean power by 2030 and establish "Great British Energy", a new home-grown publicly owned clean power generation company with a mandate to produce profit-free power for our citizens. All of that will cut energy bills, create good jobs, ensure energy security and protect the planet for future generations.

Our children are choking and dying from inhaling particulate matter. Dr Sarah Moller from the University of York found that the people who experience the highest levels of nitrogen oxide emissions are those who live nearest roads and in areas of higher density—deprived communities—so what did the Government do? They cancelled a major transport project that would have enabled people to use high-speed trains for capacity and connectivity. To make things more difficult, the Government have done a U-turn. Ticket offices are there to help people use trains; the Government want to close them. Accessible train stations should be a right for people with disabilities. That is what I am trying to ensure with Bescot Stadium station. Our next Gracious Speech will have a Bill on energy independence.

We have seen the recent pronouncement of the Bank of England that the economy is flatlining. Inflation, mortgage costs, and food and energy prices are creating a crisis in every household. There was nothing in the speech to help those on the frontline who are providing statutory services. The Government-funded part of local authority spending has fallen in real terms by 52%. Instead of giving local authorities a grant based on a formula that calculates need and deprivation, the Government have retained funding and purport to dish it out by ensuring that local authorities have to bid against each other for a particular fund. Most local authorities are struggling to provide child protection and other statutory services, but there was nothing in the speech to deal with the issues surrounding vulnerable children, which have increased since the pandemic and have had a major impact on local authority budgets. Local authorities are on the frontline, and they should be in a position to provide these services face to face. They are there to support our constituents, not to close down or turn people away. Again, there was also nothing in the Gracious Speech about NHS waiting times or decent wages for staff.

There was also a lack of clarity in the Gracious Speech regarding the criminal justice system, which is collapsing, Mr Deputy Speaker—and he will know as a former barrister. Some 90% of crimes are going unsolved. Arrests on thefts are down 40% on just a few years ago. Shoplifting has reached record levels. Those who work on the frontline in supermarkets are suffering abuse.

[Valerie Vaz]

The charity Retail Trust found that 40% of workers—two in five—face abuse from customers weekly. Those workers were the ones who helped us through the pandemic. I saw a gang when I was in a local convenience store, looking at the CCTV. I was wondering what the owner of the shop was looking at. Basically, someone had wheeled up a van, and lifted a clothes bank and took it away. That is what is happening now. We still have 10,000 fewer neighbourhood police. In Labour's first Gracious Speech, His Majesty's Opposition will put 13,000 more neighbourhood and police community support officers on the street. We want to introduce respect orders, with criminal sanctions for antisocial behaviour.

The Government have not even looked at prisons; there was no mention of those difficulties in the King's Speech. I asked a prison governor in my constituency, "What's the capacity in your prison?" He said, "99%." I said, "What should it be?" and he said, "70%." That is what is happening, and it has to be dealt with. We need a return to extended court sittings to address the backlog of cases, and we should perhaps bring back Nightingale courts, which we used to have. We need to see respect for the rule of law. The legal system needs proper representation for all, and it is vital, as you will know, Mr Deputy Speaker, that both sides are represented. Judges are having to fill in for claimants and for the defence because they need to explain procedures to people, so that they know exactly what will happen to them.

There was also not a single word in the Gracious Speech—I did check—about public services, apart from a statement that public service estimates will be laid; there was nothing about how to deal with the present crisis. We have a dithering, do-nothing Government. The biggest discussion is whether a Minister or Secretary of State should be sacked. We told the Government about the Northern Ireland protocol. They then had to put it right, and rename it, and that came in only in February this year. We told them about the Horizon programme, and how our brilliant scientists were being prevented from continuing to take part, until finally the Government agreed that we should get involved in the Horizon programme. It is so difficult for scientists because they have to plan ahead and apply for grants. Yet only in September this year did the Government agree on the Horizon programme. They dithered about it, and could have saved everyone time. Some 28% of music industry workers have not had any work in the EU for the last two years.

I know people say, "So what are you going to do?", so I want to set out what will be in His Majesty's Opposition's King's Speech: breakfast clubs, so all children can benefit from a good start; getting the NHS back on its feet by cutting waiting lists, delivering out-of-hours treatment and doubling the number of scanners to provide faster treatment; and getting Britain building again, with 1.5 million homes built in five years and first-time buyers being allowed to bid for those houses in their local community.

I walked past the flats that were there for the Commonwealth games village. They are lying empty and I would like to know what is happening with them. Homeless people are being put up in hotels, when those flats are lying empty and should be used.

We need to switch on "Great British Energy", a new British company giving us cheaper bills and new high-paid jobs; and to take back our streets from gangs, drug dealers and fly-tippers, with stronger policing, guaranteed patrols in town centres and more criminals put behind bars. That is what will be in His Majesty's Opposition's King's Speech.

Finally, I know the Prime Minister is very interested in "Star Wars"—he is a "Star Wars" geek—so I say this to him: "Red 326 standing by."

5.11 pm

Dame Caroline Dinenage (Gosport) (Con): I am grateful for the opportunity to talk about the NHS and our nation's health and wellbeing. I welcome the Minister's commitment to prevention and early detection of disease. For the long-term stability and affordability of our NHS, it is vital that there continues to be a laser-like focus on diagnostic centres and more medical staff. The stronger role for pharmacists is very welcome, but there is still so much more that we need to do to provide adequate GP provision and dentistry. That is acutely felt in my Gosport constituency.

I have spoken many times in this House about childhood cancer, which is the biggest killer by disease of children under the age of 14 in the UK. Early detection is more crucial here than almost anywhere, yet over 50% of children's cancers are missed in primary care and picked up at A&E, meaning longer, harsher and more invasive treatment, along with a long-term impact on the children themselves, their families and loved ones, and the NHS as well. There are no long-term impact studies in the UK, but studies by St. Jude Children's Research Hospital in the United States reveal that everyone who has undergone treatment for cancer as a child will experience some long-term health implications in adulthood, from infertility to blindness.

The title of today's debate is "Building an NHS Fit for the Future". A future-focused NHS means smarter, more efficient and more appropriate treatment, as well as earlier detection and, ultimately, prevention. We already lead the world in genome sequencing and we should be harnessing its power; that means a childhood cancer mission. I must say that found it disappointing that such a vital piece of the puzzle was missing from the King's Speech. I look forward to hearing the new Health Secretary talking more about this in the future.

Prevention, as much as cure, is the key to managing the health of the nation, and I am glad to see the tobacco and vapes Bill in the Government's legislative programme. Smoking is the biggest entirely preventable cause of death and disease. Although vaping is an important tool for quitting smoking, it is absolutely right that more is done to reduce the appeal and availability of vapes to our young people.

As Chair of the Culture, Media and Sport Committee, I have seen and heard about the huge value that grassroots sports have to the health and wellbeing of people—young and old—across the country, so I was pleased to see the guidance from the Government earlier this year on preventing and dealing with concussion in grassroots sport. The Committee's work in this area, alongside the work of the all-party parliamentary group on acquired brain injury, has shown that signs and risks of concussion, including possible links to dementia, are not yet well

enough understood. It is right that the focus is on encouraging everyone in sport—players, parents, coaches, teachers and administrators—to make sure they can recognise and act on concussion, so I look forward to hearing more about what the Government are going to do on that vital issue.

I cannot move on without paying tribute to Sir Bobby Charlton, whose memorial service was today. He was a giant among British sportsmen and will be sorely missed by our football fraternity.

At the grassroots and professionally, women's sport is thriving in the UK. The Culture, Media and Sport Committee and the Women and Equalities Committee are both considering what more can be done to support women in sport. It is such an important component to women and girls' physical and mental health and wellbeing. It is crucial to make sure that women have access to the facilities that they need—whether that is schools providing the opportunities to play a range of sports, local clubs providing women's changing rooms, or training schedules that are not based principally on the convenience of male players. It is also about national institutions finally waking up to the value of women's sports and ending the disgraceful situation where the England women's cricket team have never played a test match at Lord's, the so-called home of cricket.

I look forward to the Committee completing our inquiry in the new year, bringing recommendations from the Government and sporting bodies to improve the provision of sport for women, and I look forward in the new year to revisiting the Committee's work on discrimination in cricket as the England and Wales Cricket Board begins to implement the recommendations of the Independent Commission on Equity in Cricket.

Looking more widely at sport, it is fair to say that English football has been in the grip of an existential crisis. The failed European Super League, the collapse of Bury FC and the impact of the pandemic called into question the sustainability of our national game. The fan-led review, chaired by my hon. Friend the Member for Chatham and Aylesford (Tracey Crouch), and the Government's White Paper were both important steps to reform. The promise of a football governance Bill in the King's Speech is the biggest step in the right direction.

Earlier this year, my Committee published our report on football governance. We want to see the Government getting on with setting up the independent regulator, and for it to be ready to step in to prevent the collapse of more clubs and to ensure fair funding and revenue sharing throughout the football pyramid. We will wait to see the detail of the Bill, and I hope that the Department will be able to introduce it at the earliest possible opportunity.

I also strongly welcome the inclusion of the Media Bill in the King's Speech and the decision to introduce it so early in this Session. The Culture, Media and Sport Committee conducted pre-legislative scrutiny of the Bill earlier this year, and our key recommendation in both our report on the radio measures and our report on the Bill overall was that this legislation needs to be enacted, because it is vital to protecting the long-term health of the media in this country.

I especially welcome the fact that the Government have listened to the Committee and strengthened the legislation to ensure that specific genres of content are

still relevant to the public service remit. I welcome, too, that the Government and Channel 4 have worked together to ensure that the channel is sustainable, while also protecting independent content producers. The Bill balances the ability to adapt to future changes in TV and radio, while ensuring that viewers and listeners have necessary safeguards in place, and I look forward to seeing that Bill progress.

Much of our country's culture, media and sport does not need legislation to flourish. They are remarkably resilient, imaginative and innovative sectors, but I am glad that the Government continue to act where it is necessary. I am pleased that the Pedicabs (London) Bill will tackle one of the antisocial rip-off behaviours that is targeted at visitors to London, but there is much more that the Government could be doing to support our tourist industry. Tomorrow, the Culture, Media and Sport Committee will be taking evidence on what more can be done, whether that is through restoring tax-free shopping, improving our visa system or growing investment. I look forward to continuing to press for more action wherever it is needed.

5.17 pm

Lilian Greenwood (Nottingham South) (Lab): My constituents in Nottingham South are deeply disappointed by the thin offering of Bills promised by the Prime Minister for the last year of this Parliament before he finally lets them have a vote on his unelected Government's dismal record. The legislative affairs team at Downing Street should be applauded for inserting the Automated Vehicles Bill—a Bill about driverless cars—into the speech. Perhaps there is a telling allusion to the absence of leadership behind the great wheel of state at 10 Downing Street.

This Mr Micawber-esque King's Speech offers precious little change from the past 13 years of the Tories' mismanaged decline of our country. The only hope emanating from it is the desperate hope coming from the Prime Minister that something might turn up to save his sinking premiership, but, then again, perhaps he has already given up. After all, he seems more interested in interviewing big tech billionaires with a view to a new job in 2025 than rolling up his sleeves and addressing the many challenges facing our country.

When the Prime Minister replaced his short-lived predecessor, he promised to get Britain back to its salad days. Instead, the state of our country now more resembles that of last year's ill-fated lettuce. This dereliction of public duty is most evident in the stark decline of our national health service, which is already under immense pressure as we enter yet another difficult winter season. My local hospital was forced to declare a critical incident in October. How much worse will things be come January?

Just as the electorate and the Opposition are eagerly waiting for the Prime Minister to call an election, an unprecedented number of people are waiting to be seen by our NHS because of this Conservative Government's neglect. When the Prime Minister entered 10 Downing Street last year, he pledged to cut NHS waiting lists, yet just last month, and despite the incredible efforts of hard-pressed staff, they rose to a record high of 7.75 million. One in seven people in England are waiting for treatment.

In Nottinghamshire there are still around 60 patients who have been waiting more than 18 months for a procedure, and 1,200 patients who have been waiting

[Lilian Greenwood]

for more than 15 months—waiting with their lives on hold, worried and often in pain and discomfort. For some it is worse, because for too many that waiting will have a profound effect on the outcome. The Public Accounts Committee's finding that waiting times for patients suffering from cancer are at their worst recorded level is hugely concerning.

Many Members of this House will, like me, have received often heartrending testimony from constituents whose families have spent hours waiting for an overwhelmed ambulance crew to arrive to help them in their time of need, waiting in an ambulance outside an overwhelmed emergency department, waiting in overstretched emergency departments in pain and distress, waiting on a trolley in a corridor to be admitted to a ward, waiting for a social care package to be in place so they can leave hospital, or waiting weeks for an appointment just to see their family GP. We have all been waiting 13 long years for the Tories to sort out the growing NHS staff shortage, which is at the heart of many of the issues afflicting our health service.

As a result of the Tories' inaction, our NHS is now short of 125,000 much-needed staff. That is the population of a small city, and those chronic shortages are leading to all-too-predictable delays in diagnosis and treatment, despite the fact that working people are paying the highest levels of taxation since the end of world war two. We are all paying more and getting less. In many other walks of life that would be deemed a breach of contract. It is therefore no surprise that public satisfaction with the NHS has fallen to its lowest level since 1997. The public, and NHS staff, deserve so much better than this Government.

We have also been waiting for a reformed mental health Act. I have been contacted in recent days by constituents shocked that despite promising to do so in their 2019 election manifesto and, as I mentioned, also promising to do so in their 2017 manifesto, the Conservatives have now refused to introduce a replacement Bill before the next general election. I know that health professionals and the public are rightly concerned that the Mental Health Act 1983 is outdated and that reform is required so that our NHS can treat people with greater effectiveness and dignity, while also giving them greater control over their treatment.

During his failed Tory leadership bid last summer, the Prime Minister also promised a plan to restore NHS dentistry and a review of dentists' contractual arrangements and incentives. The sad reality is that I am surely not the only Member in this House to receive a depressingly regular number of letters from constituents who are angry that they have been waiting for years to register with an NHS dentist, let alone see one. Research has found that an estimated 4 million people cannot access NHS dental care and cannot afford to go private either. We have heard about DIY dentistry, tooth decay putting children in hospital and increasing levels of oral cancer.

Again, that is a crisis of the Tories' making. What did they expect when they cut funding for dental services in England by 8% in real terms since 2010? I know the Prime Minister wants everyone to learn maths until the age of 18, but they did not need to be Pythagoras to work out that that would lead to droves of dentists quitting and many remaining NHS practices not taking

on new patients, creating so-called dental deserts. After waiting a year for the Prime Minister to implement his plan to save NHS dentistry, the British Dental Association stated that there are still

“no new dentists, no new contract and no new money.”

All this waiting would have tested even the patience of Vladimir and Estragon to breaking point. This King's Speech has shown that the Conservatives have no plan to keep staff working in the NHS, no plan to cut waiting lists and no plan to reform our health service. The Government are more focused on in-fighting and waiting in the vain hope of something better turning up.

Only the Labour party has the ideas and the ambition to save our NHS, restore the vital services it provides us all, and reform it so that it is ready to face future challenges. We are the party with a mission and a 10-year plan to change and modernise our NHS by training more doctors, nurses and health visitors, to lower waiting times, and to raise standards for patients. We will provide 2 million more appointments by paying staff extra to work evenings and weekends, paid for by abolishing the non-dom tax status. We will take the hard decisions to tackle finally the problems with the NHS dental contract so that it properly delivers for patients and staff. And it is Labour that will introduce a new NHS standard that guarantees everyone in England the right to treatment for their mental health within a month, and will back up that commitment by recruiting more than 8,500 mental health professionals to provide support in every school and set up mental health hubs in every community.

The public are rightly fed up of waiting for a change, and the Labour party wholeheartedly agrees with them, not just on health, but on all my constituents' priorities: help with the cost of living, help creating good jobs, tackling crime and antisocial behaviour, reducing homelessness, ending child poverty and giving every child the opportunities they need to thrive, cutting energy bills, and reaching net zero. We, the Labour party, will give the public the change that they want and cut the waiting.

5.26 pm

Maggie Throup (Erewash) (Con): I am delighted to contribute to the debate because the Gracious Speech not only marks an historic first for His Majesty, but signals the Government's clear commitment to focusing on the right long-term decisions to put our country on a stable footing in the face of global instability created first by covid-19 and latterly by the conflicts in Ukraine and the middle east.

When His Majesty's grandfather, the late King George VI, made his final address to Parliament from the throne in October 1950, the Gracious Speech prepared by the then Labour Government made no mention of public health or any health-related legislation. Yet just fifteen months later—although it was never officially acknowledged—the late King, who was conservatively estimated to have smoked 40 cigarettes a day from his early teens, succumbed at the age of just 56 to the effects of two smoking-related diseases: lung cancer and cardiovascular disease. It is therefore bittersweet that, in the first King's Speech of his reign, His Majesty announced new legislation to create a smoke-free generation by restricting the sale of tobacco so that children currently

aged 14 or under can never be sold cigarettes, and restricting the sale and marketing of e-cigarettes to children. I will focus my remarks on those specific measures.

By committing to raising the age of sale for tobacco by one year, each year, making it an offence for anyone born on or after 1 January 2009 to be sold tobacco products across England, the Government will not only save countless lives, but will continue to level up areas of our country such as my Erewash constituency, where smoking rates remain unacceptably high. I take great pride in the fact that, thanks to the actions of the Conservative Government, the majority of the 1st Sawley Scouts, whom I met last Friday as part of Parliament Week, will never legally be able to buy cigarettes. When we discussed this topic, and the measures to address inappropriate vaping, there was wholehearted support from the scouts and their leaders.

I pay tribute to Dr Javed Khan for the work he has done and the role he has played in getting us to this stage on tobacco control. I was privileged to be part of the ministerial team who asked Dr Khan to dig deep into how we, as a nation, can become smoke free by 2030. One of his flagship recommendations was to raise the age of sale. To some, that may seem illiberal, but others—I am definitely in this group—would ask: “What is illiberal about protecting individuals from a killer?” Smoking remains the biggest single cause of preventable illness and death.

Shockingly, cigarettes are the only legal consumer product that will kill most users. Two out of three smokers will die from smoking unless they quit, and more than 60,000 people are killed by smoking each year. That is approximately twice the number of people who died from covid-19 between March 2021 and March 2022, yet it does not hit the headlines. Add to that the fact that in 2019, a quarter of all deaths from cancer were connected to smoking. The annual cost of smoking to society has been estimated at £17 billion, with a cost of approximately £2.4 billion to the NHS alone and more than £13 billion lost through the productivity costs of tobacco-related lost earnings, unemployment and premature death.

Achieving a smoke-free society by 2030 will not only save the NHS money; more importantly, it will save lives. Increasing the age of sale will undoubtedly be a key intervention that will make that happen. Age-of-sale policies are partly about preventing young people from gaining access to age-restricted products such as cigarettes and alcohol, but more importantly, they are about stopping the start. When smokers are asked when they started smoking, the majority say that it was in their teens. The longer we delay the ability to legally take up smoking, the fewer people will take it up, so fewer will become addicted. Let us face it: never starting to smoke is far easier than trying to quit. We have already proved in the UK that raising the age of sale leads to a reduction in smoking prevalence. Increasing the age of sale from 16 to 18 in 2007 led to a 30% reduction in smoking prevalence among 16 and 17-year-olds in England.

The last time I spoke about vaping in this place, I made a number of asks of the Government. I am delighted that I have been listened to, and that many of the measures I requested have been included in the Gracious Speech. Those asks were to regulate vape packaging, flavours and product presentation, and to

enable further enforcement around the sale of vapes to children and young people. Those measures are a good start, but the message we need to put out is that vaping is an aid to quit smoking, not a recreational product. We are already hearing of children—yes, children—who have medical conditions as a result of vaping.

I believe that one way to change the way adults and children perceive vaping is to ensure that e-cigarettes are available on prescription. In October 2021, the Medicines and Healthcare products Regulatory Agency updated its guidance on licensing e-cigarettes as medicines. Being licensed would allow e-cigarettes to be available on prescription. Just over two years on, we are yet to see the first MHRA-licensed e-cigarette, so when the Secretary of State for Work and Pensions closes the debate, will he update the House on the progress made in enabling e-cigarettes to be available on prescription? That would undoubtedly put out the message that vaping is a serious way to quit smoking, not something to be consumed like sweets. That message needs to be loud and clear, because the scouts I met last Friday informed me that children in year 7 at their school were already vaping. We have no time to waste on this issue.

I will briefly mention the NHS long-term workforce plan. The focus of that plan has always been on nurses and doctors, but I want to put in a plug for other NHS workers. We need more radiologists and radiographers; we need more pathologists and biomedical scientists. Let us make sure we have all the supporting NHS staff in place that the doctors and nurses will need to conduct their business in an effective manner.

In our 2019 manifesto, we committed to levelling up, and that commitment has been reinforced by the actions of our Prime Minister and the Government he leads. Levelling up is about so much more than infrastructure; it is also about levelling up our health and our life chances. That is particularly important for my constituents in Erewash, where the prevalence of smoking—16.6%—is higher than the national average. It is estimated that the average annual spend by someone with a 20-cigarette-a-day habit is upwards of £3,000, while research recently conducted on behalf of *The Daily Telegraph* suggests that those under the age of 26 are spending around £2,700 a year on disposable vapes to satisfy their daily habits. Consequently, these measures should not just be considered in a health context. By becoming smoke free by 2030, the Government can lift around 2.6 million adults and 1 million children out of poverty altogether, which would represent a significant victory for our levelling-up agenda.

5.34 pm

Helen Morgan (North Shropshire) (LD): It is my pleasure to speak in this debate in response to the King’s Speech—the King’s first—on behalf of my North Shropshire constituency. I particularly welcomed the Government’s ambition to cut NHS waiting lists, but, frankly, I was shocked to see no reference to some of the most pressing health emergencies in my constituency. There was no mention of emergency care and ambulance waiting times, and no acknowledgement of the lack of access to NHS dentists and GP appointments and, indeed, of our catastrophic cancer treatment situation. Some of those issues are literally ones of life and death in North Shropshire.

[Helen Morgan]

The proportion of patients at Shropshire, Telford and Wrekin integrated care board who started cancer treatment within 62 days of an urgent GP referral was just 38% in June, according to Macmillan. The national target sits at 85%. It is shocking that in 2023 access to timely NHS cancer treatment is still a postcode lottery. Liberal Democrats have pledged to give people a legal right to cancer treatment within two months of an urgent referral, and I urge the Government to make a similar commitment, rather than watering down their targets for lifesaving treatment.

I was also disappointed that the crisis in NHS dentistry was overlooked in the King's Speech. In North Shropshire, the number of adults seen by a dentist between 2019 and 2022 fell by more than 10%, down to just 35.4%, and less than half of local children have seen a dentist in that time. Local dentists report a shocking increase in child tooth decay when a parent is unable to register and take their child along. Seven months ago, the Government promised that a dental recovery plan would be published specifically to deal with this problematic issue, so I am concerned that no reference at all was made to it in the King's Speech. I would be grateful if the Secretary of State for Work and Pensions provided an update on the progress of the plan in his closing remarks and confirmed on what date we should expect to receive it.

I was frustrated to see a lack of reference to adult social care and carers in general in the King's Speech. The support that carers provide is a lifeline to elderly and rural residents in my constituency, yet the workforce is shrinking at an alarming rate. In the last few years, the number of vacancies nationally has skyrocketed to 165,000. Of course, that is having an impact on A&E departments and on ambulance services, because hospitals cannot discharge patients and allow a good flow through the hospital for those who are admitted when critically ill. I hope that the promised plan to transform the workforce of the NHS will not ignore the vital but creaking care sector. The Government must resolve the crisis there by reforming staff retention and recruitment; tackling the importance of pay in a sector that is in competition with retail and hospitality for new recruits; and recognising the importance of carers' roles by providing the sector with minimum professional standards.

In Shropshire, the care sector faces the logistical challenges of delivering these vital services over a large rural area. I hope that the Secretary of State for Work and Pensions will agree that it is vital to consider rurality when drawing up NHS and care workforce plans.

People in North Shropshire know that accessing healthcare is nigh on impossible without access to their own car. I have spoken in this place many times about how poor the public transport links are in my constituency. They prevent people from accessing vital health services, and from accessing job opportunities and higher education. It is welcome that the Government want to improve journeys in the midlands but, to be blunt, in my constituency there are very few public transport journeys to improve. People without a car rely on friends and relatives for lifts—we are resilient and we get by—but when will the Conservatives realise that rural Britain is home to 20% of the population and that we are worth investing in, rather than simply taking us for granted?

The Government have also said, and I welcome it, that they want to ease the cost of living and provide help for businesses. I am glad that both statements were included in the King's Speech, but I feel it is necessary to spell out exactly what it might look like to deliver that for constituents in places such as North Shropshire. For rural residents, the cost of living has only exacerbated long-standing inequalities. Rural residents earn 7.5% less on average than people in urban areas, but because council services are much more expensive to provide, their council tax payments are on average 20% higher.

Not only that, but off-grid energy users are still waiting for the Government to provide substantial support with their energy costs. The Countryside Alliance has reported that, on average, rural households spend £800 a year more on fuel than those on the grid. The Government need to reassure people in North Shropshire and the rest of rural Britain that their commitment to easing the cost of living crisis includes them, by addressing the lack of an energy price cap for people who live off-grid and extending rural fuel duty relief to those forced to drive long distances for work, for education or to access essential healthcare.

Rural businesses obviously have to battle with the cost of supplies and energy bills, but they also struggle because of a depleted workforce and the lack of digital connectivity. Just 46% of rural businesses have a stable 4G broadband connection, so it is no wonder that the Federation of Small Businesses reported that in 2022, 6% fewer rural businesses reported that they planned to expand. If the Government want to help with this issue, they need to understand the factors that have put rural businesses on the back foot and put in place policies to help them cope with the discrepancies that come with sparse and spread-out populations. I suggest that allowing rural roaming on mobile networks would be a great place to start. Much of my constituency is in a notspot or a partial notspot. Anyone who has tried to phone me will know that a continuous conversation is almost impossible across large swathes of North Shropshire.

The Government have committed to promoting trade with economies in the fastest-growing regions of the world through the comprehensive and progressive agreement for trans-Pacific partnership. It is crucial to ensure that our farming industry has the opportunity to promote the fantastic produce that we grow in the UK and expand its export activities, but the deal endangers farmers' businesses as well as animal welfare and environmental standards. Because of the deal, imports that have a lower production cost but a much higher animal welfare and environmental one will be for sale in this country, which risks undermining our world-leading British farmers and food producers. Surely future trade deals must avoid any further damage to this vital sector.

I was glad to hear the Government commit to the promise to reform the archaic leasehold system—something that Liberal Democrats have been calling for since Lloyd George. I hope the leasehold legislation will include new protections for homeowners with a freehold who have been trapped into a fleecing arrangement because the shared areas on their development are managed by a private company and not the local authority. I have been campaigning for this issue to be resolved following shocking cases in my constituency, and I have been

contacted by freeholders throughout the country with unbelievable stories of their experiences with rogue developers.

In conclusion, 95% of the land in North Shropshire is used for agriculture. We are typical of rural Britain. I am disappointed to stand here and explain to the Government, yet again, the ways in which they have failed to address the challenges we face. The Government have proven that they have run out of ideas for rural Britain, having taken its votes for granted for so many years. Now, here we are in a debate to discuss ways to get the NHS back on its feet. After eight years of disastrous Tory management, the only viable answer to that question is surely to hold a general election and start afresh.

5.42 pm

Jackie Doyle-Price (Thurrock) (Con): It is not really surprising that, having spent two years of this Parliament with large chunks of the economy and the NHS shut down while we fought a disease, we still face challenges coming out of that. When I listen to speeches from around the Chamber, with the constant wish lists for more and more money, I think we all ought to remind ourselves of that. We should also remind ourselves that lots of people who run businesses up and down the country are being taken for granted, with additional burdens being put on them. They are carrying the additional debt that we, the guardians of the taxpayer's pound, have taken on, given what we have spent. In fighting the pandemic, we have taken on what is, in effect, a wartime debt. We must recognise that that has consequences. We would all have been much better off and could have afforded to be much more generous with taxpayers' money had we not been through that.

Let me focus on some issues that were included in the King's Speech and some that were not. One issue that was not included is reform of the Mental Health Act 1983. I add my voice to those around the Chamber who have expressed regret about that. I was the Minister who commenced that work five years ago, and it is particularly personal to me, because we raised expectations that we really were going to deliver parity of esteem by changing the Act. The Mental Health Act was passed in 1983, an era when we viewed people with severe mental health issues as a problem to be managed. We all wanted to look the other way; it was not something we wanted to deal with.

We have seen a sea change in public attitudes towards that issue, and it was finally being recognised in government. It was a privilege for me to sit down with a lot of campaigners, who told me of their experiences. What makes it personal to me is that I witnessed them reliving the trauma that they experienced under detention. I feel personally responsible for the fact that, having raised their expectations five years ago, we have let them down by not legislating.

My message to those on the Front Bench is that the legislation, although it was not in the King's Speech, could still be brought forward. I encourage them to do that, because until we do, we are not genuinely delivering parity of esteem. It is all very well saying, "We are putting more resources into schools and we are tackling suicide prevention," but they are two different things. We need a proper approach to dealing with severe mental ill health that will enhance the rights of people who are having to be treated.

There are occasions where people need to have their liberty taken away, but it is not an absolute; they still have ownership over what happens to them. When we hear stories about people in detention being constantly medicated by drugs, that is not something that I equate with our society. It is important that the Government's first priority is to make sure that they do their best for the most vulnerable.

Another item of legislation long-promised that was not in the King's Speech was the ban on conversion therapy. I issue a word of warning to the House. It is clear to me that there is a majority in this Chamber for a ban on conversion therapy. It is also clear to me that every one of us, I would hope, would wish to see abusive and coercive practices designed to cure people of their sexuality banned or outlawed. The thing that bothers me is that when we are talking about these abusive and coercive practices, we use the term "therapy." Therapy is designed to alleviate distress. The practices we want to outlaw cannot in any way be described in such a manner.

I have been pleased by the engagement I have had with Government and campaigners on all sides about how we get the language on this right. We have moved a long way in the right direction, but we are looking at abusive practices designed to cause harm. I know that lots of discussion is happening, but I say to those Members perhaps thinking about bringing forward a private Member's Bill to resurrect the ban on conversion therapy: can we just remove this term "therapy" from anything designed to change people's sexuality? We know that ultimately therapy should be used only to describe processes designed to alleviate distress.

Turning to some more local issues, I want to talk about the national health service in south Essex. For a long time, we have had a challenging position in south Essex. We sit right next to London. We know there are much more attractive places to work for NHS professionals when there are the great teaching hospitals in London. We have always found it difficult to recruit the staff we need in south Essex. In fact, in Thurrock we have been without enough GPs for decades. When we have an NHS dealing with the backlog caused by the pandemic and waiting lists, we are seeing some acute problems. I was drawn to an article in the press just this weekend, where I read that along the Thames—just a little bit down the road in Southend—as many as one in five people are awaiting treatment on a waiting list. I am sad to say that was not a surprise to me.

Going back to 2015, the Ministers at the time gripped the challenge with the provision of health in south Essex. Great focus was put on it. There was a proposal for developing the integrated care system. We looked closely at what made the best health economy, and there was recognition that improving primary care in south Essex should be a priority, but we seem to have lost that focus. My challenge is this: what has happened to our commissioning system for that to happen? We thought that moving towards ICSs would give a better focus, but it seems to have fundamentally failed.

Six years ago, as part of the process, my local NHS brought forward a proposal to close what remained of Orsett Hospital in Thurrock. That hospital ceased to be a general hospital decades ago, but it retains a great deal of affection among my constituents, mainly because most of them were born there. I took it upon myself to

[Jackie Doyle-Price]

support my local NHS when it said that it wanted to close what remained of that hospital and reinvest it in new services in the community. I was prepared to take the political flak. It is difficult to deliver that message to constituents, but I believed the local NHS when it said that it would bring new facilities—it promised me an urgent treatment centre in Grays in my constituency, and three new integrated medical centres—but I have not received any one of those things in six years.

I took the flak and persuaded my constituents that that was in their best interests, and now I look a fool. That is basically because there is a circular system in the NHS commissioning system whereby lots of papers get produced but there is no actual delivery. We really do need to get to grips with that. When we raise issues about the NHS, people think, “How dare they criticise our doctors and nurses.” Actually, we are not; we are criticising failings in how services are commissioned. Every time we look at this, we never see any improvements.

In Tilbury, I am looking at the hoardings around a site where we will build an integrated medical centre—they have been there for two years. We have cleared the site and it is ready, but we are still getting that circular conversation with the NHS in south Essex. That really needs to change.

I will use the last bit of my time to talk about the covid inquiry and what it tells us about how Government works and what we should be doing with our institutions. It is really not very pretty, is it, to see some of the film that is coming out? As we move on from the King’s Speech and we are having a new Government assembled in front of us, we should reflect on some of the really bad behaviours being highlighted as part of the inquiry. In the last few years we have seen some very bad behaviour here in Parliament, as well as in relationships between Ministers and civil servants in Whitehall.

We should remember that the impartiality of our civil service is to be valued. The way in which our Governments have operated has given us stable government for decades. We have seen a massive expansion in the number of special advisers, which has led to the marginalisation of junior Ministers in this place and a subsequent lack of accountability. Here is where the action should be. Ministers are responsible to Parliament for what happens in their Departments, and special advisers seem to be breeding apace but doing nothing to improve the quality of that government.

5.53 pm

Barbara Keeley (Worsley and Eccles South) (Lab): The shadow Health Secretary, my hon. Friend the Member for Ilford North (Wes Streeting), raised the fact that there have been five Health Secretaries in two years. The Conservatives have also had 12 Culture Secretaries since 2010, so perhaps it should not surprise us that, among the many glaring omissions in the Gracious Speech, there was an absence of any measures to support those who work in Britain’s cultural sector, and particularly musicians. I want to focus on that.

Music industry leaders tell me that their sector feels left behind. Freelancers feel left out in the cold without the financial stability they deserve. In too many communities, cultural provision is now dependent on the good will of talented individuals who are prepared

to manage on shoestring budgets with low income levels. We can do so much better in this country. As a music leader recently told me:

“The warning bell has been ringing for years, and this Government seems to have taken for granted the drive, passion and sacrifice which has somehow kept the industry alive.”

I have been told repeatedly that the problems faced by creatives come back to this: a decline in arts education, which is leading to skills shortages; falling funding levels; and the challenges to touring caused by the Government’s failure to get a visa waiver for touring in the Brexit deal. The Government choose to ignore those problems and pretend that they are supporting the sector adequately—even today they are setting ambitious growth targets for the creative sector. I want to begin by looking at the squeeze on arts education, and in particular the decline in music education.

We know that state-funded schools are increasingly unable to provide strong music education—or in some cases any music education. Policies such as the English baccalaureate, combined with the crisis in music teacher recruitment and squeezed school budgets, have led to a reduced provision of music education for young people in state schools. On average, music provision in state-funded schools is only 47 minutes a week. That is significantly below the Government’s target of one hour, which is a bare minimum. Compare that paltry target with parts of Germany, where secondary school students study music for at least two hours a week, or Finland, where music is studied for eight hours a week. Meanwhile, the uptake of music at A-level has fallen by a catastrophic 45% since 2010. There is a similarly worrying picture when it comes to studying music at GCSE.

In this difficult environment for schools and teachers, the role of music education hubs is all the more important, yet those hubs have had their funding reduced by 17% in real terms since 2011, and Government plans to reduce the number of hubs risk a further deterioration of the music offer. The Government’s failed education policies mean that the opportunities to gain the skills necessary to be a musician are becoming increasingly the preserve of those young people whose families who can afford to pay privately, either through attending independent schools or through private music tuition. As a result of those Conservative policies, less than a quarter of the music and performing arts workforce now come from a working-class background.

As well as fewer opportunities in schools, there are now barriers to both budding and established musicians touring beyond the UK’s borders. The failure of the former Culture Secretary to obtain a touring agreement with the European Union for cultural workers resulted in an appalling mess of red tape and extortionate fees for bands and orchestras looking to perform in EU countries. Agents, promoters, record labels and musicians have all told me that this is proving devastating for artists, particularly those trying to break into the industry. The freelance opera singer Paul Carey Jones said:

“As ever, it’s those at the start of their careers, without the backing of an established reputation, who will suffer the most...the consequent long-term damage to the UK’s position as a global force in the performing arts is incalculable.”

In a recent interview on LBC, the Culture Secretary implied that sorting out the mess of visas for touring musicians is not under the control of her Government, but it is up to the Government to renegotiate it and to find a solution for touring musicians.

Then there are the financial challenges that many musicians face. A recent survey by the Musicians' Union found that musicians earn, on average, just £20,700 a year from music. Nearly a quarter of musicians reported that they did not earn enough to support themselves or their families, even after their lengthy training. There is a direct link between the working conditions of musicians and decisions to cut arts and culture budgets. Local authorities are the biggest funders of culture in the UK, but, as we know, they have suffered a 40% real-terms reduction in central Government spending since 2010. That has meant a £1.4 billion shortfall in spending on culture, heritage and libraries. Meanwhile, Arts Council England had its per capita budget reduced by 13% between 2009-10 and 2021-22. It is therefore no surprise that the number of filled jobs in music is falling.

In the last year alone, the number of filled jobs in music performing and visual arts fell by a tenth—a drop of 35,000 roles. That reduction is even greater in roles relating to instrument manufacture, sound recording and the operating of music venues. How can we expect children and young people to aspire to work in the music industry if there are no jobs for them to go into?

Funding shortfalls may also sadly have an impact on the important work undertaken by music organisations in health and care. For example, the Liverpool philharmonic has just celebrated 15 years of its music and health programme, which works with the NHS to help people access music to support their recovery and their wellbeing. Another brilliant health initiative is the English National Opera's "Breathe" programme, where ENO chorus members have used singing techniques to aid recovery from covid-19 or long covid. There is also a great deal of work involving musicians bringing joy to people with dementia and those living in care homes.

The failure to support musicians and other creatives is not a peripheral issue, because expression in all its forms is central to the task of recreating a sense of community, identity, pride and hope, and our creative workers are at the heart of that potential. We will never achieve the diversity needed for the arts sector to thrive under the Tory policies I have discussed. The systemic failure to protect creative workers under this Conservative Government has led to working-class representation in the creative industries halving since the 1970s.

Today, the Culture Secretary is in Manchester, praising the creative industries as a driver of economic growth. At the same time, she is presiding over the cutting of the funding streams that feed them, and expects them to run on empty, doing more with less, year after year. It is time for this Government finally to accept that their policies have failed, and that Britain's culture sector would be better off under a Labour Government.

6 pm

Peter Gibson (Darlington) (Con): I congratulate my hon. Friend the Member for Uxbridge and South Ruislip (Steve Tuckwell) on his excellent maiden speech.

Let me begin by paying tribute to His Majesty on his first Gracious Speech. As he reflected in that speech, we were all reminded of the selflessness of his mother, Her late Majesty, which he continues to exemplify. It was fantastic to hear the wonderful speeches of the proposer and the seconder of the motion on the Loyal Address, my right hon. Friend the Member for Scarborough and Whitby (Sir Robert Goodwill) and my hon. Friend the

Member for Stroud (Siobhan Baillie). They are both fellow Yorkshire folk and both great friends. My right hon. Friend the Member for Scarborough and Whitby has regaled friends and colleagues alike for many years with his jokes. It was wonderful to hear his entire repertoire in just one sitting. He told us that his first parliamentary contest was, just like mine, in Redcar, where I lived as a child and went to school. It was also where my mum served as an NHS community midwife, so I saw at first hand the incredible work of the NHS from a very early age. Fast forward to the present day, I have the privilege of representing the town, and the hospital where my mum undertook her nursing training. That was some years before I was even born, but still I regularly meet constituents who worked alongside mum in the 1960s.

I welcome the Government's focus on building an NHS fit for the future. As I visit dentists, doctors and Darlington Memorial Hospital and I speak to constituents at my surgeries, it is clear that despite this Government's strong record of investment, with record funding, record doctors and record nurses, much more needs to be done. Tees, Esk and Wear Valleys is our local mental health trust. It has some immense challenges to deliver the mental health care that my constituents need. My surgery regularly features people with heartbreaking stories, where the support they need has not been there. That is why I welcome more funding to deliver mental health support.

I regularly see families in my surgery affected by the tragedy of suicide. Those terrible stories of pain and suffering are incredibly difficult to hear. That is why the Government have my full backing in their suicide prevention strategy. However, I think they should bring forward long discussed mental health legislation, just as I believe that we need progress on banning conversion practices. I join my hon. Friend the Member for Thurrock (Jackie Doyle-Price) in her comments on the terminology used. Abuse is abuse, not therapy.

I also welcome the £8 billion commitment for NHS and adult social care. As a solicitor before being elected to this place, I found that the biggest single concern of those planning for later life was how their care would be covered. Our elderly should have confidence in the care and support they need in later life. I welcome the steps being taken to deliver that.

On hospices, I am privileged to follow in the steps of Jack Dromey as co-chair of the all-party parliamentary group for hospice and end of life care. I refer the House to my entry in the Register of Members' Financial Interests, as a hospice trustee. The Government rightly supported our hospices incredibly well during covid. However, with patchwork commissioning from our ICBs, and despite clear direction in the Health and Social Care Act 2012 to commission palliative care, many hospices are vulnerable to closure or reduction in services, putting increased pressure on our NHS. It need not be like that, with ringfenced funding in ICB budgets for palliative care.

Darlington is still not getting sufficient dentistry. Ministers say that is down to the ICBs; the ICBs say it is down to the dentists; and the dentists cannot make the contracts work. Even when additional funding is found, as it has been recently following the closure of one practice, we still cannot get the dentists we need. Is it time to insist that every dentist trained here spends a

[Peter Gibson]

number of years providing NHS services before they move to exclusively private work? I welcome the expansion in dental skills and urge Ministers to go further to accelerate growth in numbers.

Tackling the challenges of tobacco, illegal tobacco sales, disposable vape sales, the child grooming that flows with that and the organised crime that lies behind that, is of deep concern to parents in my constituency. I welcome the measures to clamp down on tobacco use and disposable vapes, and I would welcome the licensing of sales of legal tobacco as a further way of cracking down on that.

Jim Shannon: Respiratory health is very important. Across the United Kingdom, one of many issues is chronic obstructive pulmonary disease. The hon. Gentleman is well aware of that, for he has spoken before about it. We have the worst figures in all of Europe except for Denmark. Some 33% of COPD patients are readmitted within 28 days of discharge, even though readmission has been found to be strongly related to post-discharge mentality. Does the hon. Gentleman agree that for that 33%, the NICE system in place for COPD needs to be reviewed, and a better service needs to be delivered?

Peter Gibson: I concur with the hon. Gentleman's calls for further work on that. It is deeply concerning to see children using disposable vapes and suffering severe traumas that result in hospitalisation. More must be done to clamp down on the illegal sale of those products.

I am pleased that the Government are focused on building an NHS fit for the future. Finally, can we please see more dentists in Darlington?

6.7 pm

Dr Rosena Allin-Khan (Tooting) (Lab): "A profound betrayal", "An insult", "Incomprehensible", "A major breach of trust", "A huge blow", demonstrating "what little regard the current UK government has for mental health", having "broken its promise to thousands of people"—not my words but those of mental health experts in response to the Government's scrapping of the reform of the Mental Health Act.

Back in 2017, there was hope of real change when the Government pledged to reform the Act. Six years later, and after much posturing from Government Ministers, that promise has sadly been broken. I sat for many months with colleagues from across the House on the Joint Committee of the draft Mental Health Bill. We took evidence from experts and those with lived experiences. Many had to unpick painful, traumatic experiences, and did so willingly so that no other person would have to endure the same. That would all be for nothing. Trauma relieved for nothing. Recommendations made for nothing. The Government never even bothered to respond to the Committee's report.

Black people are five times more likely to be sectioned. More than 2,000 people with learning disabilities are held in mental health hospitals, of whom 200 are children. That is the reality of the Mental Health Act in modern Britain. All that is set amid years of Tory failure on mental health. Waiting lists are through the roof, standards of care are falling and staff are burnt out. Poor standards of social housing, the cost living crisis, the decimated

benefits system and growing job precarity are the social ills driving the mental health crisis we now face. Those ills have been intensified by a Conservative Government who have underfunded our NHS and public services. That is the hallmark of a Government who simply do not care.

This Government do not care if children languish on waiting lists. They do not care if parents have to give up their jobs to sit at home on suicide watch because their children cannot get the help they need. They do not care about people in all our communities. Health is something that bridges the economic divide and the class divide. It is a factor that matters to every single one of our constituents in some way or form.

But the failures are not just in health. Across Tooting, whether they live in a council house, rent privately or are a homeowner, the Government have failed everyone. Not content with selling off over 20,000 council homes in Wandsworth, leaving thousands of children homeless each winter, the Conservatives then made it impossible for people to get on the housing ladder. Average rent in Tooting for a two-bedroom flat is £2,300 a month, with bills. In what world is that feasible or even acceptable? Homeowners are no better off either. After the previous Prime Minister crashed the economy, which Conservative Members all supported, homeowners across Tooting are having to pay hundreds of pounds more on their mortgages. Everyone deserves the security and safety of their own home.

Speaking of safety, talk to people across Tooting and they will tell you of their worries about antisocial behaviour and crime, with multiple incidents of children—children—being mugged after school and of drug dealing not being addressed. Why? Because the police are under-resourced and overstretched. My local police teams are absolutely incredible. Local police teams do their best and I pay tribute to their efforts, but we all know that most low-level crimes go unsolved, and they are often a feeder for the most serious stuff, such as drug dealing. This the direct result of real-terms budget cuts and a cut to safer neighbourhood teams.

The Government are record breakers, but it is not something to be proud of. Waiting lists for NHS treatment have reached a record high of 7.7 million people. That includes many people from across Tooting. They are waiting in pain for a hip replacement, worried their cancer might spread, or stuck in a bay for many, many hours in A&E, where I do shifts. Back in 2010, patients waiting more than 12 hours in A&E were pretty much non-existent, but that was the sad reality for 44,000 people last month alone. In 2010, when Labour left office, doctors like me were not having to perform intimate exams in cupboards and patients were not having to line the halls waiting to be seen, lying on the floor. With yet another Health Secretary coming into post, nothing will change and Tooting people will continue to be let down by the Government.

This was a King's Speech lacking in ambition and failing to address the problems faced by people across the country on a daily basis; a King's Speech that is truly a testament to broken Britain and the Government who caused it. We now need a Government willing to give Britain its future back. We need a Labour Government.

6.12 pm

Anna Firth (Southend West) (Con): On behalf of the people of the city of Southend and Leigh-on-Sea, I wish to express my gratitude and respect for His Majesty. Her Majesty the late Queen Elizabeth II is still much missed in Southend, but His Majesty has acceded the throne with all the dignity and gravitas that we came to expect from his mother. It was a true privilege to witness the first King's Speech in 70 years.

I judge all new legislation against my three priorities to make the new city of Southend safer, healthier and wealthier. I am pleased to say that the King's Speech hits all three of those priorities, although today we are, of course, talking about building an NHS fit for the future. That goes right to the heart of much of the work I have undertaken since being elected. As many Members have done, I welcome very much the commitment to creating a smokefree generation, cracking down on youth vaping, growing our NHS workforce and cutting waiting lists. However, I would like to talk a little about capital funding.

I welcome very much that core spending by the end of this Parliament will have increased from £140 billion to £193 billion in 2024-25. We have invested record sums in our NHS. That is an increase of £53 billion in cash terms, or a 37% increase. I welcome the fact that that includes capital spending of £83 million in the current spending review going into Southend Hospital, with another £19 million set to come on top of that, meaning a total of £102 million into my local hospital since the last election. I welcome that wholeheartedly, but we must do more to speed up the arrival of NHS capital funding.

The House is well aware of my campaign to get £118 million of capital investment that was promised to South Essex hospitals in 2017. The lion's share of that, £52 million, was promised for Southend Hospital and it is much needed. I termed that money the missing millions and I have mentioned it 11 times in this House. Last year, I got £8 million to secure improvements to our emergency department, and two years ago I was absolutely delighted to hear that the rest, the £110 million, was finally confirmed and would be delivered in full. That will mean a modern endoscopy suite for Southend, an upgraded refurbished main theatre, more hospital beds and an upgraded emergency department: better and faster hospital care in better surroundings for all Southend's residents and those around who come to our hospital. Better late than never, but we must do more to get that money through the bureaucracy faster than we have managed so far.

That investment will be moot if my constituents cannot get to the hospital. Ministers are aware that last year elderly residents were left stranded literally overnight when First Bus withdrew the No. 21 bus service, literally cutting them off from Southend Hospital. Working with First Bus I managed to reroute the No. 3 bus, but that is not good enough because it runs only once every two hours. I reiterate the need to restore that bus service. I am delighted that, working with the previous Roads Minister, bus funding of almost £1 million is now coming to Southend over two years, which should help to protect and enhance local bus services, including getting the No. 21 back. I am now looking forward very much to working with the new Roads Minister—as soon as I know who that is!

Money is not the be all and end all for the future of our NHS. We are investing record sums, but what we need to 100% focus on religiously is reform and prevention. Here, I want to talk about something called the fracture liaison service. I recently visited the fracture clinic at Southend Hospital, which is to launch a new fracture liaison service in spring next year, with the support of the Mid and South Essex integrated care board. This will be the first fracture liaison service in the UK to have a single FLS across an entire area, supporting consistent care across Mid and South Essex. In our region, there are an estimated 8,000 to 10,000 fragility fractures every year in adults aged 50 or over, often causing patients to spend extended periods in hospital, taking up hospital beds and staff time. Over five years, the new Southend FLS is expected to prevent 550 fractures, saving half a million pounds and 1,300 bed days every single year. If that is scaled up nationally, we will be saving 74,000 osteoporotic fractures and releasing 750,000 hospital bed days. Services like this are truly the future of the NHS. Their benefits are unquestionable. I look forward to seeing all regions following our lead in Southend to deliver savings and free up beds across the board.

On waiting lists, I was extremely disappointed to see *The Times* reporting erroneously that Southend is England's NHS waiting list hotspot. The number quoted on waiting lists did not include the total catchment population for Mid and South Essex, where waiting lists today sit at approximately one in seven people, not one in five as was quoted. It is disappointing to see prestigious leading national newspapers irresponsibly pumping out the wrong information and not getting their facts straight.

Of course I am not happy for any of my constituents to wait longer than they should, but we must recognise that industrial action has played a part in the extension of waiting lists across the NHS. Mid and South Essex NHS Foundation Trust has a recovery plan, and provided that there is no further industrial action it will virtually eliminate 65-week waits—except in the case of some specialist services—by next March. However, we must have sustainable staffing in order to cut waiting lists, which is why I welcome the proposal to deliver the NHS long-term workforce plan. Like others, I also welcome the commitment to creating a new smoke-free generation. That will save thousands of lives, and it goes without saying that a healthier future for our children means a more sustainable NHS.

Community pharmacies are already saving 619,000 GP appointments every week—roughly 32 million a year—and removing the need for about 3.5 million people a year to visit A&E departments and walk-in centres. Given such staggering results, we must surely consider moving more health services out of hospitals and into the community.

Mr Jayawardena: Is it not also important for us to educate the public so that they know how much they can obtain from their local pharmacies rather than always relying on GP appointments or, indeed, associated professionals?

Anna Firth: I entirely agree with my hon. Friend, and he has brought me neatly to my next point. The brilliant Belfairs and French's pharmacies in Leigh-on-Sea are run by an inspirational pharmacist, Mr Mohamed Fayyaz Haji, known as Fizz. The range of services that those

[Anna Firth]

pharmacies deliver is incredible, including cholesterol and blood pressure checks, health advice and prescribing, and they are now expanding into primary and community care, from ear syringing to community phlebotomy, earlier diagnosis measures such as measuring prostate-specific antigen levels to test for prostate cancer, electrocardiograms, ultrasound screening for sports injuries, and services for pregnant women. This is a model for community pharmacy care around the country that will keep people out of hospitals unless they really need to be there.

I am delighted that one of my key campaigns has made it into the King's Speech. My campaign to ban all forms of zombie knives will be enacted through the criminal justice Bill, which will increase the maximum penalty for those who sell dangerous weapons to under-18s and create a criminal offence of possession of a bladed article with intent to cause harm. Being stabbed is the No. 1 fear for young people in Southend for the second year in a row, and I welcome the fact that the Bill will make our streets in Southend safer.

I see you looking at me, Madam Deputy Speaker, so I will summarise my next few points. Bleed kits must be rolled out, because the first person to reach a stab victim is often not an ambulance driver but someone from a pub, a club or a police car. If we support Julie Taylor's award-winning campaign and roll out those bleed kits, we will save more lives.

No speech from me would be complete without my mentioning Southend United. I wholeheartedly welcome the football governance Bill, which will deliver a more sustainable future for football clubs such as Southend for generations to come.

I believe that this King's Speech will deliver a healthier future, a stronger economy, and a safer future for all the residents of Southend and Leigh-on-Sea, especially children, and I look forward to voting for it later this week.

Several hon. Members *rose*—

Madam Deputy Speaker (Dame Rosie Winterton): Order. I was merely glancing at the hon. Member for Southend West (Anna Firth) because I believe that the previous occupant of the Chair encouraged Members to speak for about eight or nine minutes so that we can get everyone in equitably.

6.24 pm

Ian Lavery (Wansbeck) (Lab): The issues that we have all been discussing today, and will discuss further, are extremely important, but looking at what is happening globally, they appear extremely trivial. The unbearable terror, suffering and death of innocent civilians in the middle east, in Gaza and Israel, must stop, which is why I have added my name to the call for an immediate ceasefire.

This country is in crisis. Our public services are collapsing, a climate change crisis is upon us, and working-class people are suffering a horrendous cost of living crisis that is draining them of the resources that they and their families need just to lead basic, decent lives. In my constituency of Wansbeck, ordinary families are bearing the brunt of this Government's utter failure. Child poverty is surging, mutual aid groups and food

banks are stretched to the limit, and businesses are suffering because of the lack of available finances. A Government with even an iota of human decency would have presented to the House a legislative plan for the next year that could address those grave crises, but instead they have delivered an agenda that will do absolutely nothing to alleviate the strain that these problems are causing our people. In fact, they are happy to draft statutes to make the crises even worse.

The people I proudly represent in south-east Northumberland know what it is like to be forgotten, to be neglected, and to be offered nothing by this Government. They also know that it is Tory Governments who have caused many of the problems that they face—not just those caused by the past 13 years of disastrous Tory rule, but the legacies of previous Tory Governments as well. It is the Tories who, over the years, have not only destroyed the industrial base that we have needed to produce well-paid jobs, but passed and continue to pass anti-trade union legislation that will deprive working-class people in my area and all over the UK of the means to obtain the decent wages that they deserve.

We are living with the legacy of the anti-trade union laws that began with the Thatcher regime. That legacy is a low-wage economy in which even workers in what should be very well-paid jobs struggle to make ends meet. Those laws have made it harder for unions to organise themselves in workplaces, and have created rules for industrial action that are some of the most restrictive in the world. The legal obstacles to organising a successful strike ballot are immense, and have given the employers an unfair advantage in disputes in which trade union members have rightly asked for a fair wage. It is not surprising that many workers now face falling living standards, and the stressful day-to-day torment of trying to make ends meet.

Where in the King's Speech was the much-promised employment Bill to protect people in employment? Where was the abolition of zero-hours contracts, and the abolition of fire and rehire in the workplace? The last 13 years have seen wages across many sectors decline in real terms, forcing many of our fellow citizens to take strike action. They have been determined enough to fight these injustices that they have overcome the treacherous anti-strike laws designed to thwart them. The Government have antagonised workers up and down the country, including many who were classified as key workers, who drove the country through the worst pandemic and some of the darkest times in history. Strikes and industrial action continue at the likes of the bus company Go North East, and balloting is taking place even at Oxfam—an organisation that prides itself on looking after the deprived and the poor—which has amassed a fortune, but still not enough to pay the workforce properly. There are pockets of strike action in the civil service and elsewhere in the public sector. I ask again, where is the employment rights Bill that the Government have promised for so long? In the private sector, individuals have seen their wages decline at the same time as company directors and CEOs have seen their remuneration packages grow grotesquely. In the public sector, many of those we value so highly and who showed their dedication to serving us so courageously during the covid pandemic have been forced to take action not only to seek to restore their own wages but to try and redress the crippling staff shortages caused by Tory neglect.

In the NHS, staff shortages have been created by a long-term Tory public sector wage squeeze, which has also made staff retention and recruitment extremely difficult. That has been a major factor in the decline of our public services, especially in the NHS. The NHS is held together by the glue that is the dedication, passion and commitment of the staff, and we should all pay tribute to every single one of them. Where in this King's Speech was there anything to do with the deterioration of our people's health, caused as a direct result of the wilful Tory neglect of the NHS? For instance, why was there nothing to improve the cancer waiting lists that are endangering so many lives? In my area, the privately operated Rutherford Centre was being used by the NHS for cancer scanning and treatments. In June 2022, the company that owned it went into liquidation and it remains closed to this day. It remains empty and its treatment rooms are silent through Tory indifference. It is locked up and idle, but it could be helping individuals with cancer.

The King's Speech could have been used to announce full compensation payments to parents and children who have suffered the loss of loved ones as a consequence of the blood contamination scandal. These people have been promised time and time again that full compensation would be paid. It was undoubtedly the worst tragedy in the history of the NHS, and I fear that many more victims of this tragedy will die before the Government agree to pay full compensation as well as interim repayments to some of the individuals. My constituent Sean Cavens was among those victims. They have all suffered and they have been treated terribly. The King's Speech could have recognised their suffering and that of so many others, but it did not, because the Tories simply do not care.

This issue cannot continue to be kicked into the long grass. Victims are dying on a daily basis, and the recent reshuffle, only hours ago, means that the Minister in charge of the contaminated blood tragedy has now left their post, leaving the victims at a loss over who will take charge of this absolutely desperate situation. I would love the Minister who is summing up to tell the victims of contaminated blood who will be in charge and, as victims of the NHS failing to comply with the regulations all those years ago, tell them when they will receive fair and right compensation.

The Government have announced in the King's Speech that they intend to use the powers they created under the Strikes (Minimum Service Levels) Act 2023 to lay down minimum service levels during strikes in the health services, transport services and other sectors. That will force many into work against their will and allow them to be sacked if they refuse. It will be done without negotiating with the unions, in the dictatorial manner that we have come to expect from anti-trade-union fanatics. It will be chaotic, undemocratic in the extreme and probably illegal under international labour law. The Government consistently manifest their disdain for democracy, whether by attacking people's right to strike or through undermining our freedom to protest, yet they have the nerve to say that they are the true guardians of British values.

Let us not forget that this Tory Government recently revealed that their only constant principle was to encourage greed and help those who have the most already. In a country in which we have the disgrace of families having

to rely on food banks to live, the Tories think it is more important to remove the restrictions on bankers' bonuses than to meaningfully address the needs of the poor and the low-paid. That is in sharp contrast to the values shown by the shadow Deputy Prime Minister, who has pledged that within the first 100 days of a Labour Government, the recent anti-strike measures will be repealed and measures will be created to allow trade unions to organise more freely.

There is lots more, Madam Deputy Speaker, but I see many others waiting to speak. I wanted to hear something in the King's Speech about the gigafactory in my constituency, which was again neglected; it never received a penny from the Government, from the automotive transformation fund, to progress lots of jobs in my area. That did not happen. Why was it not in the King's Speech? I represent a mining area. Why was there nothing in the King's Speech on the surplus that the Government are robbing from the miners' pension scheme, and why was there nothing on the changing regulations on pneumoconiosis and mesothelioma, when people are dying on a regular basis? The Government are dying, and they have nothing to offer but further chaos and despair. The King's Speech was evidence of this terrible state of affairs, and we need to strip aside the worst Government in living memory.

Madam Deputy Speaker (Dame Rosie Winterton): I emphasise that we need to think of others and try to stick to the advisory guidance.

6.36 pm

Mr Robin Walker (Worcester) (Con): Thank you, Madam Deputy Speaker. I will do my very best.

I agree with one thing that the hon. Member for Wansbeck (Ian Lavery) said. He talked about the contaminated blood scandal, and I want to see that compensation moved forward as swiftly as possible.

I congratulate my hon. Friend the Member for Uxbridge and South Ruislip (Steve Tuckwell) on his excellent maiden speech and welcome him to his place. He is clearly a great local champion and I look forward to him delivering for his constituents. I apologise to colleagues if my speech slightly errs from the main topic of this debate on the NHS to focus on education, but as Chair of the Education Committee, there are important things I have to say and unfortunately we were in session while the education debate was taking place.

Touching on health, I welcome the focus in the Gracious Speech on supporting the NHS, cutting waiting lists and implementing the much-needed NHS workforce plans. In particular I welcome the change to that plan to allow the three newly approved medical schools to begin training doctors from next year rather than from 2025. That will make a huge difference in Worcester, and I am grateful to the Health Committee for having me as a guest when we were examining officials on that and pushing the case for it. I also raised it with the Prime Minister in the Liaison Committee. Allowing those doctors to train in Worcester will help with retention and recruitment, and it will support our local NHS.

I welcome more investment in mental health services, but I would observe from my work on the Education Committee that in child and adolescent mental health services that cannot come soon enough. I support the

[Mr Robin Walker]

aim of creating a smoke-free generation, which I believe strikes a sensible balance between public health and individual freedoms. This Government have delivered a great deal for my local NHS, and a massive £15 million expansion of the emergency department at the Worcester Royal Hospital is only the latest stage of that investment, but we continue to suffer from a capacity challenge in our Worcestershire hospitals that has been in place since the last Labour Government closed Kidderminster A&E without properly planning for space in either Worcester or Redditch. I sincerely hope that the new emergency department, with its dedicated paediatric emergency department, will make a real difference alongside the pipeline of new and much-needed junior doctors through the medical school. The recent decision of the acute trust to declare a critical incident at the very start of winter pressures in November reflects the ongoing pressures that we face.

Turning to education, unlocking opportunity should be the very essence of any Government's education and skills policy, and it is certainly a key mantra for the Education Committee, which I am privileged to chair. I welcome the commitment to apprenticeships in the Gracious Speech—I know that the Secretary of State and the Minister for Skills share my Committee's passion for vocational learning and for people earning while they learn—and I am excited by the prospect of more detail on the advanced British standard, but I am concerned by the absence of long-promised and frankly overdue legislation on attendance. When I was schools Minister, the Department for Education accepted a recommendation from the Select Committee to implement a register of children not in school. When I discussed that with the chief inspector, the Children's Commissioner, school leaders, multi-academy trusts, unions and councils, they were clear about both the urgency and the importance of this measure. I helped officials to draft legislation and to prepare handling for the register as part of the wider Schools Bill, and it was committed to both in the White Paper and in the House.

Although there have since been many—some would say too many—changes to personnel in the Department, I have been reassured by the excellent Minister for Schools, my right hon. Friend the Member for Bognor Regis and Littlehampton (Nick Gibb), who was both my predecessor and my successor and whose ministerial career sadly ended today, and by the Secretary of State that they support the measure. The Secretary of State told the Select Committee that it was a top legislative priority for the Department, which was simply seeking the right vehicle to deliver it. This is why the Committee recommended in two reports that the legislation should be brought forward even in the absence of the wider Schools Bill.

We heard in this Chamber from the Opposition Front Bench and from Conservative members of the Education Committee the strong cross-party support for such a measure. We heard in the Lords debates on the now defunct Schools Bill a cacophony of opposition to other elements of the Bill but near unanimity on the importance of a register. The Centre for Social Justice called it “overdue” and “necessary”, and in my many discussions with school leaders and councils, most have

been exasperated that this mechanism is not already in place. In July, the Secretary of State replied to my question on the matter:

“my Department remains committed to legislating for statutory local authority registers of children not in school and will do so at the next suitable legislative opportunity”.—[*Official Report*, 17 July 2023; Vol. 736, c. 603.]

My hon. Friend the Member for Meon Valley (Mrs Drummond) brought forward a private Member's Bill in the previous Session, with cross-party support, that would have delivered the statutory register as a stand-alone measure. I can see no reason why the Bill could not have been adopted at once by the Government. Indeed, we highlighted this in our report on persistent absence and made recommendations to the Government, including the specific recommendation that the register should be brought forward, on a cross-party basis, as part of the King's Speech. I am disappointed that opportunity has been missed.

Nevertheless, the legislation has been drafted. We have repeatedly heard about the strong support it enjoys on both sides of the House, and in the other place it has been championed by Cross Benchers and noble Lords on both sides of the House. I therefore repeat the Education Committee's recommendation that the Government should adopt a private Member's Bill on this matter at the first available opportunity. I will do what I can to ensure any such Bill makes rapid progress, and I am happy to work with Members across the House to make sure it has a prominent place in the business of this Parliament.

There are other measures in the late Schools Bill that I would also have liked to see resurrected. Among them are the delivery of statutory guidance on attendance, which the Children's Commissioner spoke about in Parliament today, and fairer funding for our schools—the next step in delivering the fairer funding formula. I have campaigned throughout my time in Parliament for fairer funding in education, and this is vital for our mainstream schools—there are important changes to the funding mechanisms that I hope the Government will consider bringing forward—but it is even more vital for the specialist and high-needs sectors.

It was great to hear my new hon. Friend the Member for Uxbridge and South Ruislip talk about wanting to champion SEND children in his constituency, and that is something we all want to do. The high-needs formula is not working properly, and every local authority has a deficit in that space. I joined 40 MPs from both sides of the House in signing a letter calling for more investment.

I am pleased to welcome the aspiration for the advanced British standard to deliver greater parity between vocational and academic qualifications. I look forward to hearing more on this from the Department in due course. The past 13 years have seen England rise up international league tables for academic achievement, becoming the best in the west for literacy and improving our performance in maths. There are great challenges in the recruitment and retention of specialist teachers, and I hope the Government will listen closely to the recommendations in the Committee's upcoming report on those challenges.

The aspiration for more children to study maths to 18, and for there to be a better mix of vocational and academic subjects, is good. If we are to achieve the full potential, however, it is vital that we do not just focus on A-level equivalent qualifications; we must also deliver

for those who do not currently achieve a pass at GCSE. The schools White Paper set out a worthy aspiration to reduce the so-called “forgotten third” by raising standards in English and maths by the end of primary school. Whatever changes there are in personnel, I hope Ministers will stand by that worthwhile and ambitious aim.

We also need to look at GCSE resits. It is a fundamental problem in our system that in order to progress, whether to university or to an apprenticeship, people need a pass in maths and English GCSEs, and only around a quarter of those who take resits ever succeed in getting that vital qualification to move forward. We need to offer a wider range of qualifications to people who do not get a pass the first time round, so that we can see real progression and the removal of barriers.

Finally, I will touch on the international situation. Like MPs on both sides of the House, I want to see progress towards peace in the middle east, I have heard from hundreds of constituents with deep concerns about the humanitarian situation in Gaza, and I share the solidarity with innocent civilians in the Palestinian territories that the Prime Minister, among others, has expressed.

I very much understand the concerns that have been raised by members of both the Jewish and Muslim communities in Worcester about the importance of protecting civilians. We all want to see an end to the fighting and progress towards a two-state solution, but I am as appalled as anyone by the brutality of Hamas’s attacks on Israeli civilians. I recognise that any country facing such an assault has a right to self-defence, but I urge colleagues in government to be critical and clear-sighted friends of Israel and champions of a two-state solution, and to remember the full wording of the Balfour declaration:

“it being clearly understood that nothing shall be done which may prejudice the civil and religious rights of existing non-Jewish communities in Palestine”.

We should continue to oppose antisemitism wherever it occurs, and we should continue to do all we can to get humanitarian aid to the innocent civilians in the Palestinian territories who are victims of Hamas’s atrocities as much as their intended targets.

In particular, as a key supporter and author of the millennium development goals, we should do all that we can to protect children. As I said the other day to the Development Minister, my right hon. Friend the Member for Sutton Coldfield (Mr Mitchell), if more humanitarian pauses or more humanitarian access and support can achieve this, I hope the UK will play a leading role in securing them.

6.45 pm

Rebecca Long Bailey (Salford and Eccles) (Lab): It is a pleasure to follow the hon. Member for Worcester (Mr Walker).

The King’s Speech was more notable for what was not in it. On the day, critics called it the “all mouth and no trousers” speech. In fact, it had the fewest Bills in a monarch’s speech since 2014. People in my Salford constituency looked at it and wondered, “What is in it to make my life better? What is there to help with the cost of living? What is there to support public services, to improve our broken public transport system or to address the NHS crisis?” Sadly, the answer was nothing.

The mental health Bill was abandoned yet again, despite being a manifesto promise in 2017 and 2019, and despite there being a clear mental health crisis. There was no conversion therapy ban, despite it being promised repeatedly by the Government.

What was actually in the King’s Speech? Well, the big flagship policy seems to be the Offshore Petroleum Licensing Bill, which completely undermines the Government’s so-called commitment to net zero. Staggeringly, even the Government admit that the Bill will do nothing to bring down household bills.

The King’s Speech also talked about implementing minimum service levels. Of course, this was a reference to underpaid and, frankly, burned-out public sector workers striking for fair pay and adequate funding for their services, which are in a state of acute crisis. The irony is that the Government cannot deliver minimum service levels on a day-to-day basis in the NHS because of chronic underfunding and underpay, never mind on strike days. I wish to elaborate on the staffing crisis within the NHS.

More than 112,000 vacancies were recorded across NHS England in March. At the time, both the Royal College of Nursing and the British Medical Association warned that staffing levels were not meeting patient demand and that this was putting patient safety at risk. Further, the Royal College of Nursing stated that nursing staff were leaving the profession “in droves”, often because the stress and demands of the job do not match their current pay levels. It said that one nurse can be left looking after 10, 15 or even more patients. Those ratios are unsafe and require urgent action from the Government.

There is also a two-tier system for nursing staff, with different pay for the same job, as there is no parity of pay, terms and conditions across all the sectors in which nurses work. The position for midwives is equally dire, and midwifery now makes up a smaller slice of the NHS workforce than at any time on record. There is a big difference between the English regions, too. In the 12 months to July 2023, the number of midwives in the east of England rose by almost 9%, but in the north-west the number rose by just over 1%. The Nursing and Midwifery Council has said:

“There are clear warnings workforce pressures are driving people away.”

It found that 27,000 professionals had left the register in the UK in the year to the end of March 2023 and that although retirement was the most common reason for leaving, the next most common reason was health and exhaustion.

The real-world consequences of this crisis in midwifery are being felt in Salford. Ingleside birth and community centre is a freestanding midwife-led birth centre for antenatal and post-natal care, as well as low-risk birthing. It is situated in the middle of the beautiful Oakwood park in Salford. This state-of-the-art facility was opened a few years ago to address the absence of local maternity services after the closure of the maternity unit at Salford Royal Hospital in 2011.

Sadly, because of a midwife shortage, the facility has been closed since the pandemic, leaving Salford residents, families, new parents and their new-born babies without access to maternity services in the city. New parents and their new-born babies are forced to travel many miles across Greater Manchester to access these services.

[Rebecca Long Bailey]

Even when they reach these services, which are miles away from their home, resource pressures and reduced staffing appear to be negatively impacting the remaining services at other locations. One mother explained the situation to me:

“I have recently given birth to my third child and the deterioration of services is shocking and has caused significant trauma to myself and my family... I experienced medical negligence, epistemic and testimonial injustice and disability discrimination throughout pregnancy, birth and in the postnatal period”.

Unfortunately, that mother’s story is not a one-off. Make Birth Better estimates that about 200,000 people a year find some aspect of giving birth traumatic, yet 30% of new parents suffering from mental and/or physical trauma after giving birth do not feel they are being supported. It is no surprise that we are hearing these stories, as the Government have chronically underfunded NHS maternity services—a commitment to only one third of the funding recommended by the Health and Social Care Committee was made recently.

Of course, the Government will say that they are responding to the staffing crisis and will cite their NHS workforce plan, but the Public Accounts Committee has criticised the plan heavily in a new report. In particular, it has criticised the lack of funding estimates and raised concerns about how the plan will be achieved. Although an additional £2.4 billion is to be provided to cover training costs for the first five years of the 15-year plan, no estimate has been put forward of total additional running costs beyond that for the hundreds of thousands of extra workers the plan says will be needed by 2036-37. The Government may refer to the education pipeline, but for every burned-out experienced nurse who leaves the profession, it takes at least three years to educate a new nurse. It has been estimated that one in three nurses leave their course citing financial challenges and poor support as reasons for leaving, and trainee doctors report feeling burned out.

Clearly, the Government need to take urgent action to increase the numbers of those training in NHS professions. They should listen to calls from the Royal College of Nursing to forgive tuition debt for all current nursing and midwifery students and to abolish self-funded tuition fees for all future nursing, midwifery and allied health students. That must be accompanied by a package for students, including a living costs grant that reflects the true cost of living and access to hardship payments. To keep those staff, the Government must listen to the alarm bells being rung by the NHS workforce, who do not want to take strike action but are simply desperate. Pay them properly and fund their services.

6.53 pm

Richard Fuller (North East Bedfordshire) (Con): May I join my right hon. Friend the Prime Minister in thanking His Majesty for his Gracious Speech, as there was much in it to commend? As this issue is dear to my heart and the hearts of many councillors in Bedford borough, let me thank the Government for saying that they will introduce changes on estate management charges to homeowners. Those charges affect perhaps 1 million homeowners across the country and this is an unregulated area. It is important that those people have improved rights to challenge and I look forward to seeing what the Government come forward with.

Let me also say what a pleasure it is to follow the hon. Member for Salford and Eccles (Rebecca Long Bailey). Like many of her colleagues, she bemoaned the fact that the King’s Speech contained so few Bills and that the Government were not trying to do more. Let me make a counter point: many people think that the Government are already trying to do too much. These people are fed up with their businesses and lives being too regulated, and their taxes being too high. They are fed up with being told what they can and cannot say, and when they can and cannot demonstrate. People want to be free to live their lives. Government can play an important enabling role, but I say to her that the most important thing is the quality of the legislation proposed, which we all have a role in forming, rather than the quantity.

The topic of today’s debate is an NHS fit for the future. When I became the MP for North East Bedfordshire, it was clear that growth in population and in housing was driving many of the issues that affected my generally rural constituency. That is why “infrastructure first”, whereby we get the infrastructure in place before putting in more housing, was important for the future, while recognising that the growth over the previous two decades had had a significant impact, most importantly on primary care.

I have visited literally every GP practice in my constituency and spent an hour there, with one exception—it is still to come. I have found out about discrete issues that are important in how local residents feel about their GP services, including the choice of phone system. I think that the move to the cloud-based phone system by the NHS is welcome. I found out how people feel about the skills mix, where we have more non-GPs. Some parts of the community find that making the transition from seeing their normal GP to seeing another differently qualified member of staff creates problems, but in the long term it is useful. I found out that the different methodologies for accessing primary care—not just walking in or getting an appointment by phone, but getting access through email, the net or an app—have created extra pressures on primary care doctors. However, they are there to see it through to the end and they think it will have long-term benefits.

I thank all my local GPs across the constituency. A couple had particular difficulties, but I am pleased to say that progress in those two practices has been substantial since changes have been made. Despite the fact that all Members here feel that primary care has gone through quite a difficult process after the covid experience, in my constituency we have made progress, although there is still more to be made. It is a shame to see my hon. Friend the Member for Harborough (Neil O’Brien) moving from his role in primary care, not least because I had just arranged a meeting with him and the leader of Central Bedfordshire Council to discuss the Biggleswade health hub. May I make a quick plea to those on the Front Bench that that meeting should be put back on the schedule as soon as possible?

Social prescribing was mentioned by the Minister in her opening remarks and it is a positive initiative. I visited the Bedfordshire Rural Communities Charity, which has taken on that responsibility. What a great form of outreach that charity and its volunteers and recruits have taken on with this role of social prescribing. In addition, there is a bit of pressure on local pharmacies, with some of the national changes altering their strategies. Others, however, are coming forward with positive initiatives,

including Jardines pharmacy in Biggleswade, which has just launched its out-of-hours, Amazon box-type option for people to get their prescriptions.

In discussing improvement, I wish to mention four areas where there is change. On capital for the NHS, the issue is not primarily one of needing more money. Capital for the NHS in this five-year period will be 60% greater than it was in the previous five-year period. The issue is the process by which that capital is allocated and the choices that are made. We are also seeing people coming forward to help with capital. We recently had a change in the elected mayoralty in Bedford, with the replacement of a Liberal Democrat Mayor by a Conservative one, Tom Wootton. I am delighted that as one of his first measures, he has provided capital from the council's budget to bring forward the provision of primary care services in the constituency and the rest of the borough. I look forward to those improvements being made in Great Barford and in other constituencies—I know it is happening in Wixams and Wootton. I commend an elected Conservative Mayor as the way to get local primary NHS facilities improved. Well done, Mayor Tom Wootton.

We need to provide more access for private capital if we are to enable a range of diagnostic centres across the country. I think that people are prepared to put private capital in place, but decision rights on how we all access diagnostics need to be given to us, not held by the NHS. Because of the limitations on time, I will mention compensation briefly. How on earth did we end up with a GP pay system that means that those who choose their hours and do not take on the responsibility of being a partner end up getting paid more lucratively than those who are full time or who are partner GPs? We need to reinforce the partner GP model, not turn our back on it.

I know that the Government are in discussion with junior doctors about this, but the circumstances in which we train our doctors has changed substantially. There is much greater global competition, both in terms of trying to bring people to the UK—the NHS brand is not as strong as it used to be—and in what people will do when they leave their training, such as moving to the middle east or to other health markets. We also need to recognise that many of our junior doctors now carry student debt, which the original model did not anticipate that they would have, and therefore the charging of ongoing fees for annual training is important. We must also recognise that junior doctors want to spend most of their time training and being with patients. The Government should look acutely at ways they can reduce the admin burden.

On decision authorities, it seems odd to have a system where integrated care boards bring together local councils and the local NHS—my area has a £2 billion annual budget—yet local people who understand local health needs have almost zero decision rights over how that money is spent. I do not see how the future of the NHS in the long term can be such a top-down, budget-driven system with so little local discretion if it is to succeed.

7.2 pm

Jeff Smith (Manchester, Withington) (Lab): It is a pleasure to follow the hon. Member for North East Bedfordshire (Richard Fuller), who made an interesting speech. He talked about the progress in primary care

in his area. Sadly, I do not see such progress in south Manchester, where patients and GPs are in despair at the state of primary care after 13 years of Conservative-led Governments. We desperately need real change and new ideas for public services. All that we have is a damp squib of a King's Speech, devoid of ideas and more interested in wedge issues than the country's best interests.

I will start by looking at measures that relate to the NHS—two that are not in the Bill and one that it is. As a number of Members have said, it is desperately disappointing that there was no mental health Bill in the King's Speech. This was an opportunity to strengthen safeguards and give new protections to vulnerable people. Alongside the demise of the mental health plan, the absence of such a Bill is a worrying signal about the Government's priorities for mental health. I am really pleased that the Labour shadow Secretary of State has pledged that we will introduce a mental health Bill in a future Labour King's Speech.

I also would have liked to have seen a measure to address the crisis in medical cannabis. It is now five years since medical cannabis was legalised in this country, and we have a handful of NHS prescriptions—literally; they can be counted on the fingers of one hand—while many thousands of people are getting private prescriptions for medical cannabis and paying hundreds and hundreds of pounds a month, costing them an absolute fortune. We absolutely need to address that. I recommend the private Member's Bill that I introduced a couple of years ago to address that issue as a model for the Government to start from.

A measure that was in the speech was the tobacco and vapes Bill. I will always support measures to reduce the scourge of smoking, and I welcome measures to reduce the 5 million disposable vapes that are used every week in this country. We will certainly lend the Government the votes that they may need to get the measures through. Much play has been made of the idea that nobody under the age of 14 will ever be able to buy cigarettes legally. The emphasis has to be on the word "legally". I have often stood up in this Chamber to say that prohibition often does not work. I really hope that the Government will give careful consideration to the impact that the Bill will have on the illegal market and organised criminal gangs—a point made earlier by my right hon. Friend the Member for North Durham (Mr Jones). We will certainly support the Bill, but this needs to be done carefully.

Let me turn to probably the single most disappointing measure in the King's Speech. With COP28 coming up, the speech was an opportunity to set out a platform for a greener future. The Government could have introduced measures to make it easier to build onshore windfarms, to sort out the electricity grid so that we can all be connected to clean energy, or to bring in a programme of energy efficiency and low-carbon heating. Those are all things that a Labour King's Speech would have done. Instead, we got the Offshore Petroleum Licensing Bill, which will allow oil and gas companies to bid for new licences to drill for fossil fuels every year, riding roughshod over our net zero plans.

Last year, British households were the worst hit by the energy crisis in western Europe because of our high dependency on gas. For millions of households, bills this year will be even worse. The Government briefing says that the Bill will

"reduce reliance on volatile international energy markets".

[Jeff Smith]

It will not. There is not enough gas and oil in our offshore fields to make any difference to the prices set by the international markets. The Government themselves have already admitted that the Bill will not do anything to reduce energy bills, and it rubbishes our efforts to fight the climate crisis.

Every respected body, from the International Energy Agency to the UN, the Intergovernmental Panel on Climate Change and the Climate Change Committee, has warned of the dangers of awarding new oil and gas licences. The Tories' own former net zero tsar, the right hon. Member for Kingswood (Chris Skidmore), said:

“There is no such thing as a new net zero oilfield.”

A former Chair of the Climate Change Committee warned earlier this year that Government inaction on net zero

“has been compounded by continuing support for further unnecessary investment in fossil fuels.”

The Bill will not deliver energy security. The way to deliver energy security is to boost our economy and stake our future on clean energy. That is what Labour will do, upgrading a million homes with our warm homes plan and delivering a clean electricity system by 2030.

I have talked about the worst aspects of the King's Speech; let me mention some positives. Leasehold is a centuries' old, unfair system. Almost every country in the world apart from ours has ended it. Britain's feudal leasehold system has left millions trapped in expensive housing with ever-increasing service charges and fees. It is the root cause of the abuse and poor service that so many homeowners experience at the hands of managing agents, and Labour has been pressing the Government to fundamentally reform and overhaul the leasehold system for a long time.

I welcome the Government's announcement that they will finally reform leasehold. It is long overdue, and they have not gone far enough; the Government's new rules will apply only to new homes, and there is nothing to rule out commonhold for new flats, which make up the majority of leasehold properties. A Labour Government would fundamentally and comprehensively reform the leasehold sector. The system needs a complete overhaul so that existing leaseholders can collectively purchase more easily and move to commonhold if they wish. Labour would enact the Law Commission's recommendations on enfranchisement, commonhold and right to manage in full.

I welcome the Renters (Reform) Bill, which is also long overdue. I am concerned about delays to some of the key measures, particularly section 21 no-fault evictions, which continue to leave renters vulnerable at the height of a cost of living crisis. Labour would strengthen the Bill to ensure that it meets the scale of the housing crisis that the Government have presided over, but we welcome reform to the rental market.

I warmly welcome the Football Governance Bill. Our national game has needed reform for years to protect the clubs that are at the heart of our communities. I congratulate the hon. Member for Chatham and Aylesford (Tracey Crouch) on her excellent fan-led review, and I am really pleased that the Government's White Paper contains most of her recommendations, particularly on the key issues of independent regulation and the protection

of clubs' heritage assets. My personal view is that more could have been done on financial redistribution, particularly the transfer levy. It is a shame that that was not mentioned in the White Paper. Perhaps after the consultation and when the Bill progresses, the Government can look at that again, so that we can really get the money that needs to go down the pyramid to support grassroots football. We welcome that Bill, look forward to its becoming law and will work with the Government to make it happen, because that is the right thing to do.

I will not test your patience, Madam Deputy Speaker, so in two lines I will mention two more Bills: the Media Bill—excellent. I am pleased that we are finally getting a Bill to protect public service broadcasting, but I am disappointed that a ban on conversion therapy has not been introduced. That is a betrayal of LGBT people who have been promised it by countless Tories, including Ministers, for a long time, yet that broken promise puts people at risk.

I will close by mentioning the future. We knew the Prime Minister is a fan of “Star Wars” but we did not know that he is a fan of “Back to the Future”. Lord David Cameron—really? He was the future once, but does anybody really think he is the answer to this country's problems or that he is the change we need? No, Madam Deputy Speaker. We need real change in the future but that change has to be a Labour Government.

7.10 pm

Andy Carter (Warrington South) (Con): As we begin the final Session of this Parliament, we do so for the first time in more than 70 years debating a King's Speech. I am pleased that this King's Speech lays out a comprehensive legislative programme for the forthcoming year: an ambitious set of reforms that will help boost economic growth, strengthen society and make Britain a safer and healthier place.

Having looked back at my contributions in this place over the last four years, there are a couple of Bills I want to spend time talking about, because the subjects they address have dominated what I have said. First and foremost, the subject of the debate is “Building an NHS fit for the future”. The reason I am keen to take part in the debate is because the NHS has been front and centre of my campaigning in Warrington South, before and since becoming its Member of Parliament.

Since 2019, we have seen the benefits that Government investment in our local health services is making in Warrington, including a new £5 million radiology centre at Warrington Hospital, with state-of-the-art MRI and CT scanners, and £6 million to extend the emergency department, building a new same-day emergency care unit to speed up discharge and free up capacity. Money from Warrington's £21 million town deal has funded a new health and social care academy so that we can train people to work in our health and social care sectors in the future, and a mammography unit has boosted screening capacity.

I have named but a few projects in Warrington, but there is still much more to do. Putting in place the right health infrastructure and training more doctors, dentists and nurses is vital for the long-term future of our national health service. I regularly speak to regional NHS leaders who tell me that the extra funding the Government are putting into Warrington is making a

difference to people and staff alike in Warrington. In fact, there are more doctors, nurses and staff working in GP practices and the hospital today in Warrington than there were in 2019.

However, there are two areas related to health infrastructure where we need to go further. Warrington's status as a new town has meant its population has gone from 60,000 in the late 1960s to more than 200,000 today. When I became the MP for Warrington South, I promised to campaign for a brand new hospital for our town, not because I wanted it but because Warrington needs it. Working together with local health chiefs and local cross-party politicians, we put forward plans that would allow that to be delivered. So far we have not managed to achieve that, but there are simply not enough beds to cope with the demand, nor sufficient parking spaces for patients, visitors and staff. The facilities we have today are not fit for a town of 200,000 residents. When the Minister for Social Care, my hon. Friend the Member for Faversham and Mid Kent (Helen Whately), who was on the Front Bench earlier, came to visit in January last year, she saw for herself the challenges that we face in our A&E unit.

The other infrastructure issue I want to raise relates to the building of new GP surgeries in areas where new homes have been built. On Friday, I met with local GP Dr Jain, at the Appleton medical centre. She showed me around and, understandably, she is keen to progress from a first floor consulting suite with limited parking spaces in Appleton to a new surgery that is being funded by section 106 contributions from the local developers of all those houses that have been built. However, the process of securing an agreement to build is being delayed because of challenges in agreeing prices with the district valuer. One of my key asks for the new Secretary of State for Health and Social Care is to help unlock the funding and make progress on building the new health centres that are now urgently needed for our growing towns.

I will touch briefly on a couple of other areas mentioned in the King's Speech that I have spoken about in the Chamber on numerous occasions, including the leasehold reform Bill. I have spoken many times on behalf of residents in Chapelford about the crucial need for changes in the law to protect those who are trapped in the leasehold system. Homes, particularly in the Chapelford area of my constituency, have been built under leasehold systems. I have been dealing with the issue on an almost daily basis since becoming the Member of Parliament for Warrington South. In common with colleagues across the House, I have constituents who face an endless array of problems with leasehold—including high service charges, and drawn-out and complicated processes to get information about the leaseholds on their homes, with people having to spend money to get that information if they are able to obtain it at all—so I welcome the leasehold and freehold Bill.

Like the hon. Member for Manchester, Withington (Jeff Smith), I am pleased to see the Media Bill, which I and colleagues on both sides of the House have been pushing for. As the chair of the all-party parliamentary media group and of the APPG on commercial radio, I have spent a lot of time looking at and working on the issue. It is hard to explain to constituents why we want to prioritise a Media Bill, but the truth is that if we do not get today's legislation right, frankly, it will be the

only such legislation we see for 20 years, and what we watch on our TVs and listen to on our radio stations will be controlled not by what happens here in Parliament, but by what happens with tech companies on the west coast of America. That is why it is so important that we get the Media Bill right.

When the last media Bill came through Parliament 20 years ago, Facebook was not around, we did not have streaming services and people listened to a radio station not through an on-demand speaker, but through a dial that they tuned. All those things have changed and we need to get the legislation right to ensure that viewers and listeners in this country are protected, and get to listen to and see public service radio and TV in the way they should.

Finally, I will briefly touch on the Government's criminal justice agenda. As a magistrate, I know all too well how important it is to ensure that justice is seen to be done, so I very much welcome measures on proportionate sentencing and powers to compel criminals to hear their verdicts read out in court.

I do not want to take up any more time, Madam Deputy Speaker. To sum up, the King's Speech contains a strong and promising agenda from the Government. There is lots of work to be done, and I am looking forward to another year of healthy debate and parliamentary scrutiny, so that we can get these important reforms on to the statue book over the next 12 months.

7.17 pm

Tim Farron (Westmorland and Lonsdale) (LD): It is an honour to follow the hon. Member for Warrington South (Andy Carter). I agree with some of what he said, but I do not agree that the King's Speech was ambitious, although it was graciously delivered and historic. A consensus is building not that there was much that was bad in the King's Speech, but just that there was not much. For those of us who live in rural communities—knowing the challenges we face, particularly when it comes to the health service—that feels particularly hard to take.

When it comes to our health services, one issue that rural communities have in common is the distance people have to travel for care and treatment. That is particularly the case when it comes to cancer treatment. The average age of members of my community of south Cumbria and Westmorland is more than 10 years above the national average, and sadly cancer is a disease of ageing and therefore there is a greater incidence of cancer; and yet, 99% of my constituents have to travel beyond the recommended time—45 minutes maximum—to get to radiotherapy treatment at our nearest centre, the Rosemere cancer centre in Preston. That is a brilliant unit, by the way, but it is an awfully long way for people from Grasmere or Coniston, who are looking at a three-hour round trip every day to get treatment. People are often not referred for that treatment in the first place because their clinicians realise they are not able to make the journey; others do not take the treatment by personal choice or they simply do not complete treatment—and as a consequence, we see longer journeys leading to shorter lives.

There is a plan for a new radiotherapy satellite unit at the Westmorland General Hospital. I was pleased to discuss that with the hon. Member for Colchester (Will Quince) only the other day, so I am gutted that he

[Tim Farron]

has now left his ministerial position. On the record, I ask his successor to honour that meeting and the work we have been doing together to try to bring radiotherapy to Kendal. I worry greatly that the “building hospitals for the future” programme could move that Preston hospital, which is already too far away from our communities, even further south to South Ribble.

Hospices are also a major part of our armoury in tackling cancer and supporting those living with it. Of course, their costs have gone through the roof in recent times because of energy costs. They get only 21% of their funding from the national health service. Hospices serving our communities, such as ours in Eden Valley, St Mary’s in Ulverston and St John’s in Lancaster, have seen zero uplift to take account of the fact that their energy bills have trebled in recent times.

Let me comment on the future of Westmorland General Hospital in Kendal, which is of great importance as it is at the very heart of our community. We have seen good movement, with chemotherapy coming to our hospital after many years away, a new mental health unit, and growth in the amount of surgery that takes place there. However, we have seen the cancellation of overnight cover at Westmorland General Hospital three nights a week, meaning that people from Kendal, Burneside, Staveley and elsewhere are now expecting a doctor to come on call to them all the way from Penrith, which is a massive reduction in the quality of service and something that was promised years ago would never happen.

Let me turn to dentistry. I have intercepted a document from the chief executive of our integrated care board, berating his managers for not cutting deeply enough, at a time when, in Kendal, people’s nearest dentist—if they were trying to find an NHS one today—is in Preston. If they are in Kirkby Stephen, it is all the way over in Hexham in Northumberland. Half of all the children in my constituency have no access to an NHS dentist, and only a third of adults have that access. In Grange-over-Sands, where we lost an NHS surgery recently, a family was offered the chance to go private with the same surgery at the cost of £1,000 a year just to be registered with that practice. That is in addition to all the other cost of living challenges that that family, or any others in those communities, are facing. What is all the more appalling is that, through our taxes, these folks in my community have already paid for their NHS dentistry, yet they are being expected to pay again. Some just about pull the money together and afford to do it, but most do not and are left in staggeringly poor dental health; we also see the failure to pick up oral cancers as a consequence of people not attending the dentist.

GP surgeries are of great importance to us, as they are everywhere. In recent times, we have fought and successfully saved the Goodly Dale surgery in Bowness, the Central Lakes medical practice in Ambleside and Hawkshead, and, most recently, the practice at Haverthwaite, but the ongoing threat to our surgeries in rural communities such as mine comes from the fact that they cover vast areas, have relatively small roles and, therefore, struggle financially. I have repeatedly called on the Government to bring in a strategic small surgeries fund to make it possible for small rural GP surgeries to survive and serve their communities safely.

Over the 18 and a half years that I have served in this place, the biggest single increase in volume of casework has come from mental health issues among young people, and it is utterly and totally heartbreaking. Fifty per cent of young people on the books of child and adolescent mental health services in Cumbria and north Lancashire at the moment are those presenting with autism spectrum disorders, or attention deficit hyperactivity disorder—very often waiting two years just to be seen at all. That 50% of the workload is for those neurological conditions that do not attract any funding whatever from our local commissioners—nothing at all. Those young people are being held up in the system. They are being left to rot, as are their families and other young people, including those with eating disorders and anxiety disorders. If a 15-year-old were to break their leg on a football field on a Sunday afternoon, they would be seen within a couple of hours. If a person breaks something invisible inside them, they may wait months or even years to be treated, sometimes with fatal consequences. That is utterly and totally outrageous.

We need to tackle the subject of mental health at the beginning, so that we build resilience in young people, not just treat the symptoms. That is why I recommend the Government pick up my private Member’s Bill on outdoor education, which would compel every Government to fund every single child—once in primary school and once in secondary school—to take part in an outdoor education residential experience to build their resilience, help them to develop teamwork, and ensure that they are able to deal with the stuff that life throws at all of us at one time or another.

Finally, let me mention care. With many people above the average age in our community, it is no accident that 32% of our hospital beds were blocked early this year. Why was that? It is because there are not enough carers, and we do not pay those carers enough or treat them well enough. The consequence is the clogging up of our national health service from top to bottom—from A&E and ambulance response times to GP surgeries and everything else. Until we tackle the care crisis, we will not tackle the NHS crisis.

In a community like ours, one of the major reasons that nearly a third of the beds were blocked is the simple fact that there are not enough homes for people on average or below average incomes to live in. If we do not provide homes in communities like ours—by tackling the Airbnb crisis, the second homes crisis and the lack of social rented homes—we will have no workforce in care, in health or in any part of our public sector. Until the Government recognise the need to support those who work, and can potentially work, in health and social care, mental and physical health, we will continue to live in a crisis, particularly in rural communities like Westmorland.

7.26 pm

Nick Fletcher (Don Valley) (Con): It is a great honour to speak today, and I congratulate my hon. Friend the Member for Uxbridge and South Ruislip (Steve Tuckwell) on his maiden speech.

Today we are looking at the role of our NHS, which we can all agree is one of the most important institutions of our great nation and, as such, one of the most well-funded, too. With an organisation as big as this,

waste is always going to be discussed. Middle management and back-office staff are always targeted, poor private finance initiative contracts always raised. Then there are the millions spent on dilapidated hospitals, when really we should be replacing them—Doncaster Royal Infirmary is a glaring example—and cutting money spent on ideologies with their numerous flags and handsomely paid equality and diversity officers who earn far more than the nurses. We all must agree that, as much as there is waste within the system, we are also creating unnecessary costs outside the system. The NHS costs the taxpayer an enormous £168 billion each year. Record sums are spent year on year by this Conservative Government. But what can we, as individuals, do to help?

The difference between Conservative and Labour Members is that we on the Government Benches believe in personal responsibility. This can be seen in a whole manner of ways: eating and drinking sensibly; getting plenty of exercise; and stopping smoking. Then there are simple things that we could do, like keeping our GP appointments. Appallingly, each day, one in five appointments—20%—in one practice in my constituency is not kept by patients, taking away appointments that others could have, and with no consequences for those who miss them. We all know this and if we all took personal responsibility, we could save the NHS billions of pounds each year. I challenge the people across this country to take charge of their health and do their part in securing the future of our NHS.

Another area of our health that we need to look at collectively is mental health. There were people hoping that there would be something on mental health in the King's Speech, but I think we can do much more ourselves, without relying on the Government. There appear to be many young people who are struggling with their mental health. Two questions arise: why, and what can we do? When I go into schools and meet young people, or receive letters from them, many seem so confused and afraid. We seem to be encouraging our children to be ashamed of this country's past, and raising concerns and fear-mongering about its future and their futures too, when there is so much of which we should be proud. We seem to be encouraging them to look inwards to find an identity, when they already have a brilliant one. Relationships, sex and health education and literature in our schools deny the basic building blocks of life, such as that a man is a man and a woman is a woman. We teach them myths of 100 identities. We confuse their language with misuse of pronouns. We tell the boys that they are a problem to society and we compound that by telling girls that all boys are bad. We tell them that their future is doomed because of climate change. We encourage their parents to work from home, which, as we know, is increasing school absenteeism. Then we ask, "Why are so many young people struggling with mental health problems?"

There were many items in the King's Speech that I believe are important to my constituents: the Victims and Prisoners Bill, leasehold reform, oil and gas licensing to keep our lights on, a Media Bill to regulate streaming services, the animal welfare Bill for the animal lovers and, for football fans, a regulator to ensure that they are consulted, among other items. Since in this debate we are speaking about the NHS, however, I encourage all

of us to take personal responsibility for our own health and, much more than that to help the young people in our lives.

We must teach young people to be proud of the place where they live and the body they were born in. We need to be role models that they can aspire to, teaching them that looking outwards is so much better than looking inwards and for oneself, that being there for our fellows is better than narcissism. Getting off the computer and phone and being part of the community is the best thing we can do for our mental health. Then, just maybe, we can save the NHS some money, or at least save the resources for those who really need them.

I have two more points to make, one national and one local. The first is that we need a men's health strategy. Some 13 men will have taken their lives today, 13 men will have died of prostate cancer and 88 men will have died of heart disease. It is a crying shame that we do not have a men's health strategy. We have a women's health strategy, and it is right that we have one, but we need one for men too. Locally, we have a phlebotomy clinic that is about to close. If ever there was a case of an integrated care board not listening to the people it is meant to be serving, it is this. We need to save that clinic. It takes the pressure off the GPs and it is a service that the people of Doncaster need.

There was much in this King's Speech that we can look forward to over the next 12 months, to help this country to be great again. However, unless we all start taking personal responsibility, we will become a nanny state where the Opposition will be teaching us how to clean our teeth, which just proves that that is all they have to say.

7.32 pm

Liz Twist (Blaydon) (Lab): It is no exaggeration to say that we face an acute crisis in public mental health. Last week, the Government had the opportunity to announce reform of the Mental Health Act and to introduce a rights-based approach that would offer choice, protection and human dignity to people who are sectioned. Their failure to do so is really disappointing. There are many problems with the Act in its current form, from inequalities in the disproportionate use of detentions, to high levels of restraint, particularly experienced by young people, and the removal of patient autonomy. The Act is not fit for purpose and must be changed.

That is why the next Labour Government will reform the legislation, putting an end to the disgraceful detention of people with learning disabilities and autism who do not have other psychiatric disorders. We will remove prisons and police cells as places of safety to ensure that people in crisis are supported in an appropriate setting, and make other reforms to empower mental health patients to have more control over their own care. Reforming the Act was a manifesto commitment for the Conservatives in both 2017 and 2019. Abandoning those critical reforms shows a lack of political will at the heart of Government to tackle the current crisis.

What we desperately need is a much greater focus on prevention of mental ill health. Since the cancellation of the 10-year mental health and wellbeing plan, we have seen little movement towards addressing the social determinants of mental ill health, which should be the

[Liz Twist]

business of every Government Department. Public mental health is an asset, and it is vital that the Government see it as such. We need targeted programmes and workplace and community interventions to protect, support and sustain public mental health. I am glad that Labour has committed to providing mental health hubs in every community, which we will pay for by abolishing tax loopholes for private schools and private equity fund managers.

The King's Speech spoke of "record levels of investment" that are supposedly "transforming" mental health services, which makes me wonder who the Government are talking to. There are an estimated 1.2 million people on NHS waiting lists in England, and the proportion of 17 to 19-year-olds with a probable mental disorder has risen from one in 10 to one in four in the past five years. For organisations I meet through my work on suicide prevention, and for the constituents who come to my door, that is simply not a picture that speaks to their experiences.

Last week I organised a conference in Newcastle on tackling young suicide, coming together with local stakeholders from the NHS, charities, universities and schools across our region. I promised them that I would take their message back to Westminster, and one of their key messages was about funding. Short-term and short-notice grants and funding mean that voluntary and statutory sector organisations are forced to lurch from one insecure position to the next, unable to plan for the future. It is costly and time-consuming for small grassroots organisations to apply properly for those grants, and they feel that the process is too top-down to empower them to fulfil the needs of local communities.

I have worked with many excellent charities in the area of suicide prevention, and one of their key strengths is their ability to be innovative. However, with NHS services struggling, they are carrying large burdens without proper funding or co-ordination from above. The £57 million allocated to local authorities for suicide prevention and bereavement services in 2019 was really important, because it helped to co-ordinate local suicide strategies and local action, but despite the publication of the national suicide prevention strategy, we have seen no reassurance that that money will be renewed or increased in line with inflation. Many of the projects happening at local level have already been forced to end.

Meanwhile, the public health grant has plummeted by around £1 billion on a real-terms, per person basis since 2015. We desperately need the restoration of local suicide prevention funding and a cross-Government, 10-year mental health plan that creates real accountability and incentives for local structures. Many mental health organisations were concerned that the mental health strategy, which was due to be produced this year, was taken into the major conditions strategy. There is much concern about that delay.

It was positive to see in the national suicide prevention strategy the beginnings of a "no wrong door" approach, including training for Department for Work and Pensions staff dealing with distressed callers. I do not want to belittle those efforts, but there is a failure to reckon with the fact that, if people do not have enough money, life is really hard. Polling last year showed that the most

common cause of anxiety was not being able to pay the bills. We need the Government to be assessing the impact of all their decisions, not just those being made about the health services. That includes ensuring that essential service providers and creditors have policies and procedures that underpin a compassionate response to customers experiencing financial strain.

I have talked about the need to tackle the mental health crisis, but I also want to talk about adult social care. It was noticeable that there was nothing in the King's Speech about tackling that very real issue, and it was interesting that it came at a time when the National Audit Office was publishing its report, out last Friday, "Reforming adult social care in England". It revealed that, of the £1.75 billion committed to reforming the adult social care system in December 2021, more than £1 billion has been diverted to other priorities, meaning that there has been a 58% fall in the budget. We already know that there are significant problems, including long waiting lists and high numbers of staff vacancies, which have increased by 173% over the last decade.

Thousands of people who are medically fit to leave are stuck in hospital beds because the care in the community that they need is not there to support them. It was therefore concerning to read the analysis in the NAO report, which found that the DHSC has not established an overarching programme to co-ordinate its social care reforms, and that six out of eight of its workforce projects are still in development. It also found that the Department does not have a long-term funded plan for transforming adult social care beyond the current spending review period.

Once again, we are seeing sticking-plaster politics and the absence of long-term thinking from this Government. We have serious long-term issues in our mental health and adult social care systems, and we require serious long-term solutions to fix them. After 13 years of failure, the Conservatives are looking to Labour for the ideas to fix the mess that they have made. Come the general election, the country too will be looking to Labour.

7.40 pm

Paul Bristow (Peterborough) (Con): It is a great pleasure to speak in this debate following the first King's Speech in more than 70 years. I refer the House to my entry in the Register of Members' Financial Interests.

The debate is entitled, "Building an NHS fit for the future". In my view, we face no bigger public policy challenge. To build an NHS fit for the future and make the right financial choices, we need to get a grip on how much we spend. Money alone does not provide improved outcomes for patients; the investment we make—or, in other words, our spending—needs to deliver value. The NHS is not cheap, and it is certainly not free: it costs around £180 billion, or £2,700 per person, a year. The NHS is not underfunded, but workforce challenges, escalating costs and an increasing level of non-clinical activities are putting a strain on it. We need to debate how that money is spent, and I want to contribute by highlighting three areas.

First, I will address procurement. "Value-based procurement" is a term that has been used in the NHS for many years—it is not new. Whether or not we use that term, it is clear that the tariff, and other systems and culture, need to change to embed value into the

system. What do I mean? Well, we need a transactional relationship in our NHS that goes way beyond the simple purchase of a commodity or a technology. We need long-term relationships between suppliers and our NHS that deliver better outcomes for patients and good value for money for the taxpayer. That requires a cultural change among procurement leads, yes, but for others as well.

As well as that partnership approach, savings need to be made across the whole treatment pathway—from referral to discharge—rather than just on the acquisition of an individual commodity or therapy. Pathway change is required, and “We have always done it this way” can no longer be the answer. Trust leaders should be told what is expected of them in that regard, and then they can flow that cultural change throughout the entire organisation. That should be exciting and rewarding for NHS staff, managers and teams. We need mechanisms and systems that not only incentivise that, but insist on payment and tariff systems focused on reducing expensive overnight hospital stays, prioritising day cases, early diagnosis and referral, and putting patient outcomes at the centre of things.

Secondly, I will address innovation. Recently, I accompanied Health and Social Care Committee colleagues on a trip to Singapore, where we saw how digital technology and artificial intelligence can transform efforts to tackle cancer. The Committee is conducting a future cancer inquiry. There was a rather amusing moment—I found it amusing, anyway; others might not—when I asked a couple of questions about the inspiration for that approach and about the regulatory and reimbursement models for technology. It was clear to us all that the inspiration for the approach was actually the UK, especially the 100,000 Genomes Project and the Galleri test from Grail. On regulatory and reimbursement models, we were given a presentation that looked almost exactly like NICE—I have sat through numerous presentations on NICE, reimbursement and all that, so one more would not make any difference. Obviously, Singapore has different funding models for its healthcare system, but how it judges whether something is cost effective looks remarkably similar to NICE.

Although some of our systems, and our clinical research, are admired around the world—about which we can rightly be proud—we need to be flexible to allow those innovations to be effectively reimbursed. There is still no specific tariff for digital technologies, but one is vital if we are to adopt such technology at pace and scale. We must not lose the advances and potential that AI could have for patient outcomes and diagnosis simply because there is no effective way of assessing, reimbursing and embedding the technology in the NHS. The technology can and should make it easier for the NHS to save money, and we must learn how to pay for it.

Finally, we need to end the one-year NHS funding cycle. Multi-year financial settlements—or funding arrangements that reward outcomes rather than activity—need to be embedded across the whole system, including at trust and ICB level. That will save money, and we must move it forward. In-year savings incentivise only short-term cost gains. The drastic change needed to embed innovation and new pathways that focus on patient outcomes, and to generate savings by doing things differently, is possible only by changing single-year funding models.

We want those innovations to be a must-have, not a nice-to-have. Time and again, innovation has dried up when the one-off funding pot has ended. I could bore the House with countless examples of that—hon. Members will be pleased to hear that I will not, but they will be familiar with what I am saying. It is the same in any big bureaucracy, be it the NHS or local government: short-term decision making, cost escalation, cultural resistance to change, and innovation treated as a nice-to-have. We cannot go on like this; we must move on from that system. We cannot have a situation in which other countries take inspiration from us in research and technology but do it much better, while we remain in an analogue age not because of a lack of ambition, but because our system does not embrace ways to spread those things at pace and scale.

7.47 pm

Mike Amesbury (Weaver Vale) (Lab): I pay tribute to our national health service and social care staff, be they in Cheshire, Merseyside or elsewhere across Britain. Of course, while many in Downing Street partied, those staff went above and beyond and sacrificed so much every day—we must not forget that; the public inquiry is certainly shining a light on it—and, importantly, they continue to do so.

It is no secret that our NHS is facing the worst crisis in history. Urgent action is needed to make our cherished healthcare system work again, but the Government provided no solution in the King’s Speech, with 21 Bills that were heavy in rhetoric but light in substance. Where was the Bill on mental health, which we have long awaited and the Government have promised time and again?

Bizarrely, after 13-plus years of failure, the Prime Minister is trying to paint himself as a vehicle of change, while recycling a failed Prime Minister from the past, whose only notable recent success was to get himself on the payroll of Greensill Capital, which came at a real human cost of 305 job losses in the Daresbury Park area of my constituency. This is a company—sorry, a failed company; a former company—that is now subject to an investigation by the Serious Fraud Office. We are still dealing with that sorry affair, yet bizarrely, that individual is now appointed to the Government. To me and my constituents, it sounds like the same old entitled Tories time and time again, with no responsibility to anybody, putting arrogance above all. It is the same old Tories—the same old Etonians—and one of them is coming back.

The Conservatives have no answers on how to save the NHS. This Government are failing millions of patients and NHS staff across the country. Waiting lists are out of control, staff are burned out, and people are literally losing their lives. Too many of our constituents are waiting longer than ever for operations, in A&E, for ambulances, and when trying to get doctors’ appointments. The system is broken; the Government broke our NHS. We only need to look at their own figures: recent statistics show that the NHS backlog has hit a record high, at 7.8 million. That backlog is 600,000 larger than when the current Prime Minister made his pledge—one of his five pledges—in January.

We on the Labour Benches know that there is a plan. There is a sizeable pot of money available from non-doms, the very people who, bizarrely, the Prime Minister seems to want to protect. It is almost as though he has a vested

[Mike Amesbury]

interest in non-doms—I cannot imagine what that might be. That money could be used to power up the frontline resources that we need to get waiting lists down. Why not adopt the Labour plan? Go and steal our plan. Let us provide 2 million more appointments by paying staff extra to work evenings and weekends, paid for by abolishing the Prime Minister’s beloved status of non-dom. Just do it—steal it! Do the right thing. Of course, that is not going to happen.

The NHS shortfall affects a number of other areas across the health landscape, especially dentistry in my constituency and throughout England. We know that 90% of dental practices in England are closed to new NHS routine patients, creating dental deserts. That is certainly true in the Halton and the Cheshire West and Chester parts of my constituency. People who have a little bit of extra money in their pockets are forced to pay for expensive payment plans in the private sector, but as has been well documented across the Chamber today, many are resorting to DIY treatment. It is an absolute scandal; it is Dickensian. In this day and age, everyone should have the right to receive dental treatment when they need it. That is a fundamental principle of the NHS—the NHS that we founded, and that we will protect and save.

Just as it is very challenging to get a doctor’s appointment, unfortunately the principle behind NHS dentistry continues to be severely undermined. I recently visited Leftwich Community Primary School, a brilliant school in my constituency with great teachers and support staff. The joint headteachers raised the desperate attempts that are made to try to get NHS dentists for pupils at the school. The teachers are going the extra mile, trying to get NHS dental appointments for children in the local community. What will the Government do to make sure there are enough dentists across England, including in Cheshire and Merseyside? Why not adopt Labour’s plan for an additional 700,000 dental appointments—quite a significant number, although it seemed to be pooh-poohed by a Minister earlier in the debate—by closing private equity loopholes? That is another costed plan—steal it! Do the right thing. Of course, the Government will not.

In my constituency, we have hospitals that badly need to be upgraded and modernised. Our bid for a new Halton campus hospital was snubbed by another Health Secretary—third time unlucky—while Leighton Hospital, which serves the Northwich part of my constituency, was successful only because it is literally falling down. It is propped up by scaffolding; it is riddled with reinforced autoclaved aerated concrete. That is how it got on the programme for the 40 new hospital builds, which of course is a work of fiction in itself. I will be asking another Secretary of State for Health and Social Care—another one was announced today; I had forgotten about that—when the people of Halton can expect to hear some good news about that desperately needed hospital rebuild.

Richard Foord: I was interested to hear the hon. Member mention RAAC in his speech. I have heard that there is a hospital in Harrogate that needs £20 million of repairs because of RAAC, but the Government are requiring that hospital to bid for the funding, rather than just giving it the funding. Does the hon. Member think that is right?

Mike Amesbury: I certainly do not. It is a critical building safety issue, and funding should be given according to need, so that is a very well-made point.

The latest Tory gimmick—a dangerous one at that—is to introduce the so-called minimum service levels Bill. It is an attack on the fundamental right to strike, which of course is done as a last resort. It is a piece of legislation that will sack nurses and doctors, while at the moment the NHS has vacancies for 112,000 health workers. The Government have failed to meet minimum standards for patients on non-strike days for the past 13 years. The only people who the majority of my constituents—and, I am quite confident, the country—want to sack are sat on the Government Benches. They want to sack each and every one of those Tory Ministers. We do not just need the reshuffling of the deckchairs we have seen today, or the recycling of former Prime Ministers; we need the Government to go to the electorate, grow a spine, and let the people have their say. Let us rebuild our NHS and rebuild Britain with a Labour Government.

Mr Deputy Speaker (Sir Roger Gale): After Steven Bonnar, I will impose a formal seven-minute time limit on speeches.

7.57 pm

Steven Bonnar (Coatbridge, Chryston and Bellshill) (SNP): Thank you very much, Mr Deputy Speaker. It is always a pleasure to follow the hon. Member for Weaver Vale (Mike Amesbury).

Since its inception, the NHS in Scotland has stood as a testament to our way of life and our society’s outlook and as a beacon of our compassion, all thanks to the unwavering dedication and commitment of our NHS staff and social care workforce. Even in the face of an unprecedented pandemic, coming as quickly as it did after the damage already caused by Brexit, our NHS staff have remained steadfast, their commitment undeterred. We clapped them—remember?—and then this place let every single one of them down, time and time again. They held the hands of our dying relatives while those who were setting the rules our NHS staff had to endure were breaking those rules.

In Scotland, we cherish each individual and the contributions they make to all our lives, day in and day out, across the Scottish NHS and social care sector. They are working under immense pressure for myriad reasons, but none is more apparent than the wilful damage inflicted on Scotland by this place over the past four years alone, let alone the 13 years of Tory rule. Let us stop to consider the pressures placed on our NHS staff: consider the pandemic, and the attack that it unleashed on our frontline service provision; consider the third of our NHS workforce sent home overnight when our freedom of movement was removed; consider the Truss-Kwarteng psychodrama that played out before us, and the tanking of the economy hitting every single household across the UK. When we consider all of that, is it not the workers of our NHS who should be honoured and decorated by this place? However, instead of crowns, they wear paper hats and scrubs, and they struggle on day by day. Speaking of crowns, when we look past the pomp and the grandeur of Westminster, we find nothing in the King’s Speech that resonates in any way with the hard-working people of Scotland.

The Tory Government fail to address the core issues affecting people's lives today—the soaring cost of food, mortgage costs, energy costs and interest rates, not to mention the lack of support for those on the lowest of incomes or those in the middle who are being squeezed from every conceivable angle.

Scotland's NHS has been independent since its inception, and despite all the issues I have mentioned as being faced by service users and staff alike, we in the SNP can say with confidence that it fares much better than its counterparts across any of the constituent parts of the United Kingdom. The operational separation it enjoys has undoubtedly enabled and maintained that better performance over many years. Earlier, we heard the Opposition Health spokesperson, the hon. Member for Ilford North (Wes Streeting), lay out the state of play in England's NHS—and, let us be honest, it was not pretty—but as of today Scotland's NHS has higher staffing per head of population than the NHS in England. In Scotland we have 8.3 qualified nurses and midwives per 1,000 of our population, compared with just 6.3 here in England. This means that nursing and midwifery levels are 32% higher per head of population in Scotland than they are here in England. Overall, nursing and midwifery staffing is up by 13% under the SNP Scottish Government, and medical and dental consultants are up by 65% under the SNP Scottish Government. A band 2 porter in Scotland earns more than £2,980 extra when compared with a porter in England, a band 5 nurse in Scotland is earning £3,080 more when compared with a nurse in England and a band 6 paramedic is more than £3,480 better off when compared with their counterparts in England. All of this is while avoiding any strikes within NHS Scotland.

The one area where our NHS does not enjoy full independence is funding, and this has proven critical for a few reasons. For the past three years, we on the SNP Benches have been calling on the UK Government to deliver the funding necessary to not only deal with the pandemic, but make sure our NHS comes back better and healthier than before. If the Government in this place were to lift up wages in NHS England to match those in Scotland, they would not only secure NHS staff in England, encourage greater staff retention and possibly avoid the strikes we have seen so many of, but unlock billions in additional funding to make its way up the road to Scotland. However, this Government, with the reserved borrowing powers of Westminster, have refused to act. Despite all our efforts, a Westminster Government ultimately hold the key to delivering the funding necessary to catapult our NHS not just back on to its feet, but forward into a future the public so much deserve.

The pressure in our NHS demands urgent action, so what my constituents in Coatbridge, Chryston and Bellshill are asking themselves is: what change will come under a Labour Government? Will employment law be devolved, and will immigration law be devolved? What exactly are the changes that the Labour party is proposing, because its foreign policy is practically the same, its economic policy is largely the same, its welfare policy is largely the same and its constitutional policy is largely the same? Both the Tories and Labour offer Scotland the status quo. They both offer a life under a Westminster Government who do not care for it, will never put it first and will never put it before the interests of little Britain. Only

the SNP is offering the people of Scotland any real change and any real hope, and it will only come with independence. Only then can the great reset begin.

As things stand, we in the SNP come to this place daily to stand up for Scotland and to address the challenges in our healthcare system, our economy and our interactions with the world through UK foreign policy. In my opinion, it is becoming more difficult to come here, and to sit and listen to the rhetoric of this place and of this Government. Listening to some of it has been hard to stomach, so let me be very clear: both the Government and the Opposition, in refusing to call for an end to innocent lives being lost and the collective punishment of Palestinians via a humanitarian ceasefire on all sides, are once again out of lockstep with the people of Scotland. The SNP amendment to the Loyal Address, to which I have put my name, calls for an immediate ceasefire to take place. I very much look forward to voting for that in the name of peace and humanity, and I hope many hon. and right hon. Friends will join me in the Lobby.

Scotland's reputation among our partners in the international community is being damaged and we are being dragged down by our attachment to this place. The harm that has been caused to our economy, our public services, our population and our reputation are unparalleled. Is it not a little bit ironic that the man who caused so much of it, with his Brexit vote and his failed Remain campaign, is back? Former Prime Minister Cameron is now in the Government as Foreign Secretary—unelected, of course, but simply handed an ermine robe and told, “You're a Lord now, Dave. Get on wi' it!” He is allowing himself to be used as some kind of stooge to distract from a weak Prime Minister, who had no option but to sack his dog-whistling Home Secretary. The Leader of the Opposition is no stranger himself to anti-immigration rhetoric, specifically targeting the NHS and recruitment from overseas. This is at a time when the recruitment and retention of senior medical staff is one of the biggest challenges we are facing, with over 40% of GP trainees being international graduates. The challenges felt in the health and social care sector resonate across other sectors too—agriculture, fishing, food production and distribution have all been victims of Brexit—and the last thing Scotland needs is any more right-wing rhetoric on immigration from this place.

The best future for the NHS is an independent future in Scotland. An independent Scotland, free from the constraints of this place, can chart its own course, ensuring the wellbeing of its citizens without being tethered to the whims of political agendas thought up by right-wing ideologists who do not prioritise our nation, its health or our people. The people of Scotland deserve so much better, and we in the SNP will work to deliver a healthcare system that puts people first, values our healthcare professionals and recognises the true worth of our national health service—and to achieve this, our fight continues.

8.7 pm

Rachel Hopkins (Luton South) (Lab): It is a pleasure to speak in today's King's Speech debate on getting the NHS back on its feet. It is clear that the country is crying out for change. We do not mean bringing back one of the architects of austerity, who started 13 years of failure on his watch, to try to help a Conservative

[Rachel Hopkins]

party that is out of ideas and has given up on governing. We are seeing stagnant growth, skyrocketing mortgages, crumbling schools and hospitals, and a cost of living crisis, yet the Government's agenda includes no meaningful action to deal with the past 13 years of failure.

Only Labour is offering true change—a decade of national renewal to overcome the Conservative party's national decline—with unshakeable commitments to driving economic growth, safer streets, cheaper home-grown British power, better opportunities for all and a rejuvenated NHS. What working people deserve is a good job, a secure home and a safe community. The cornerstone of a good life is our and our family's health, and at the heart of that is our NHS. This example of socialism in action is the jewel of the British crown, and a proud creation of the post-war Attlee Labour Government. However, that creation has been pushed to breaking point by the Conservatives as the health service is short of 125,000 staff; patients are waiting longer than ever for operations, in A&E or for an ambulance; and NHS staff are forced to use outdated, creaking equipment, which means longer waits for patients. The answer is not to sack healthcare workers by introducing minimum levels of service on strike days.

It is clear that only Labour can rescue the NHS from the biggest crisis in its history, get it back on its feet and make it fit for the future. We can see that already, with the welcome announcement that the Conservatives are finally adopting our plan to train the doctors and nurses the NHS needs. The Secretary of State could have included a few more of our ideas in the King's Speech, beginning with our plan to provide 2 million more appointments, to be funded by abolishing the non-dom tax status. We would also arm NHS staff with the latest cutting-edge technology and equipment and support more care in the community so that patients are not stuck in hospital. A Labour Government will ensure that the NHS is there when people need it, from cradle to grave in a fairer Britain, allowing everyone to live well for longer.

The King's Speech sadly confirmed that the Conservatives have shelved the much-needed reform of the Mental Health Act, breaking their 2019 and 2017 manifesto pledges. Rightly, the absence of Mental Health Act reform has been heavily criticised by social work and health leaders and by mental health campaigners. We need a prevention-based approach whereby people can access mental health support in the community when they first need it, rather than having to wait until they reach crisis point. That is why a Labour Government would recruit 8,500 more staff to expand access to talking therapies and cut waiting times. We would provide mental health support in every school and an open-access mental health hub for children and young people in every community. We would fund that by closing interest-tax loopholes and charging VAT on private schools. Accessible and timely mental healthcare is vital to the creation of a healthy society.

Let me take this opportunity to give credit to Luton Borough Council's 2040 vision: a plan to create a healthy local community in our town, to improve population wellbeing, and to enable everyone to have a good quality of life and reach their full potential, as part of a commitment to become a Marmot town by tackling

health inequalities with action on the social factors that impact health. That means embedding health across all policy areas. The covid-19 pandemic further highlighted and exacerbated many health challenges, and widened inequalities that affect health, such as education, housing and employment.

The Government's 13 years of failure have had a substantial impact on working people's lives in Luton. Under this Conservative Government, people are struggling to afford to meet their most basic physical needs—to stay warm, dry, clean and fed. How can the UK have a healthy society when the Conservatives are failing to ensure that people have the basics? People deserve the security and opportunity to get on in life, and a good job is an important part of a healthy life.

The Government need to recognise that they are failing to break down the barriers that prevent people from re-joining the workforce. One in seven people in England are waiting for NHS treatment; unaffordable childcare costs are locking parents out of full-time work; the number of young people out of work due to ill health has nearly doubled in a decade; and only one in 10 older or disabled people has had any support to find work. Labour will tackle the root causes of economic inactivity by driving down NHS waiting lists, reforming social security, making work pay and supporting people into good jobs across every part of the country.

A secure home is essential to a healthy life, but the King's Speech does nothing to tackle the housing emergency in Luton and across the UK. There is no sign of local housing targets or the reform needed to our planning system. Homeowners face eye-watering mortgage rates, young people are struggling to get on the housing ladder, and the dream of home ownership has been snatched away for so many who are stuck paying unaffordable private rents. Labour's plan for secure homes, including council housing, will put an end to the Conservatives' housing emergency.

This is the Prime Minister's first King's Speech and, much like his predecessors, he has nothing to offer the country other than division and more of the same. Labour has a plan to rebuild Britain and our public services. We respect and understand the effort that millions of people put in every day. They deserve better from politics and government, and they will get it from the next Labour Government's King's Speech.

8.13 pm

Justin Madders (Ellesmere Port and Neston) (Lab): The lack of a comprehensive Government programme was borne out by our experiences over the previous Session, in which business finished before the end of the sitting day on 100 occasions, or 47% of the time. That amounted to 134 hours of parliamentary time left unused. Even now in the debate on the Humble Address, the Government have run out of speakers on their side of the Chamber yet again. That has happened every day so far. They also seem to be running out of people on the Government Benches to put in their own Cabinet.

It is hard to escape the feeling that this is a Government who have run out of steam. Indeed, what kind of shambles of a Government decide to conduct a full reshuffle in the middle of the debate on the King's Speech? Presumably, Departments have been working for some time on plans for the legislative programme. To change the political leadership in those Departments

just six days after that programme was announced smacks of a rudderless ship lurching from one crisis to the next. It is like a football team sacking its manager on the morning of the FA cup final. We really can do better than this.

Nothing sums up the failure more than the fact that the biggest omission from the Humble Address is the lack of anything to deal with the cost of living. Inflation may be coming down but it is still far too high and the long tail of its impact will be felt for possibly years to come through higher mortgage payments and rental costs. Food inflation has been running at 15% for much of the year, and every item of household expenditure has gone up this year. Maybe we will see something in the autumn statement next week—whoever is in charge of the Treasury at that point.

We need to see something. The Trussell Trust has given out some 1.5 million food parcels in the past six months. I can just about remember a time when food banks were the exception; now they appear to be the norm. Far too many families have to rely on some form of support on a permanent basis and the growth of food banks continues unabated. Although I commend and thank the volunteers for all their help, when are we going to get down to tackling the serious issue of why food banks exist in the first place?

In the past week or so, I have been visiting schools in my constituency as part of Parliament Week. One thing that I discuss with the children is what issues they want to see us dealing with in here, and one of the issues they raised was the cost of living. It is normally litter, animals or play areas that come up, but not this time. With wages going only as far as they did 16 years ago, and at a time when inflation has been so consistently high, it is no wonder that everything has become unsustainable. The Office for Budget Responsibility found that wages are not set to recover to the same real level until 2026, and estimates that the average worker in 2022 would have been £233 a week better off had wages continued to grow at pre-2008 levels. Those statistics bear out what the children have been telling me. It is about time that the Government acted and listened.

The NHS's founding principle that everyone is entitled to care, free at the point of use and on the basis of need, is one of our proudest achievements. It provides assurance that everyone can access some of the best healthcare in the world, but that principle is now at risk. Look what we are witnessing at the moment: a record high waiting list of 7.7 million; 391,000 patients waiting more than a year for treatment; and cancer targets being consistently missed. The number of patients waiting for more than 12 hours from a decision to admission stood at more than 44,000 last month; that is 64 times higher than it was in October 2019, which is an incredible deterioration in just four years. But it is even worse compared with when Labour was last in office, when the number of people waiting for more than 12 hours was non-existent.

It is clear to everyone that the NHS is in the midst of the biggest crisis in its history, but unfortunately the issues were completely bypassed in the King's Speech. What is worse, my local NHS is being asked to find 5% cuts from its services. Goodness knows where it will find that from—and we have not even talked about the crisis in social care—yet we hear about trusts having to ask volunteers for redundancies. Why is that happening when we have more than 100,000 vacancies in the NHS?

The Government's record on homes is no better. The amount of people we see in our constituency offices who have nowhere to call home is growing to an unprecedented number. The lack of progress on building new homes, especially genuinely affordable housing, along with the crippling rise in interest rates, the failure to tackle the private housing sector and the continuing giveaways of right to buy, all combine to leave us with the worst housing crisis in memory and an inevitable increase in rough sleeping.

In the first six months of 2023, my local council had 6,000 housing applications, compared with 7,000 for the whole of the previous year. Part of this is down to section 21 notices, which still have not been ended, but it is also about the affordability of private rents, with the local housing allowance rates being frozen year after year. It is a shame that the Secretary of State for Work and Pensions has just left the Chamber because I really wanted him to hear about that.

It seemed that someone in the Government had noticed an increase in rough sleeping, because before the King's Speech a proposal was trailed to end the plight of homelessness. Instead, though, it would have criminalised those who want to help people with tents and other forms of shelter. Thankfully those measures did not appear in the final speech, but those comments have had an impact. I am hearing stories of people having their tents stolen, and it reminds us that comments from people in important positions have an impact. We have all seen the consequences of that over this past weekend.

On a positive note, the leasehold and freehold Bill is a good start, but it does not go far enough. In particular, the suggestion that the new rules will not apply to flats is a disappointment. On the proposal to cap ground rents at peppercorn, I had the opportunity last week to ask the former Housing Minister, the hon. Member for Redditch (Rachel Maclean), whether she agreed that ground rents had no place in a modern world. While she did agree, it worries me that there will be a consultation on ground rents before any legislation is introduced, and that will give the freehold industry another opportunity to keep its lucrative income stream going. I have already seen comments from those protecting vested interests, or their lawyers, saying that capping ground rents at peppercorn cannot possibly happen as it was a fairly agreed contract, and surely the leaseholders knew what they were signing up to. Well, we have spent many hours in this place debunking that theory, and I am sure that the Competition and Markets Authority would also have something to say about that. Of course, we have another new Housing Minister, so we will see whether we do see that reform.

In conclusion, this is a pathetic offering from a Prime Minister insisting that he is the voice of change, even though he is now bringing in the cheerleader of austerity from the previous decade. It is one last desperate roll of the dice from a Government who have run out of ideas and just about run out of road. Every aspect of life has got worse during these past 13 years. With this Government, it feels like decline is inevitable. It does not have to be this way, which is why we should have a general election straightaway.

8.21 pm

Mohammad Yasin (Bedford) (Lab): Thirteen years of Tory rule has delivered a broken country, where the majority of people know that times are harder now than they were before. Whether it is accessing a GP, trying to get on the housing ladder or meeting the ever-rising costs of food, childcare, energy and public services, people are working harder and paying more taxes for less in return. Our morale is being tested to the limit.

The climate change emergency has been downgraded, the Government are going backwards on their commitments. Our rivers have been turned into open sewers. Schools are struggling to cover their costs. Public buildings are collapsing. Food bank use continues to soar, and more and more children are falling into poverty. All this zombie Government could offer in their last stand before the general election was this pathetic agenda. Instead of genuine attempts to fix the problems they have created, the Government have opted for more division and yet more authoritarian anti-strike measures; they do not believe that public service workers have a right to stand up for fair pay, conditions and better services for the patients they care about.

I will focus my King's Speech response on health and social care, because more than 7 million people are waiting, on record waiting lists. I am so disappointed on behalf of my constituents that the King's Speech offered little hope to get the NHS back on its feet—in other words, to how it was the last time Labour was in power. Many of my constituents are waiting for care, and the struggle to get a GP appointment is the norm. Access to dental care is not possible for many, and some of my constituents are struggling to access vital medications because of ongoing drug shortages, particularly epilepsy drugs, HRT and ADHD medication. There was nothing in the King's Speech to address those problems, and mental health reform has again been kicked into the long grass.

Parts of the Mental Health Act are 40 years old, and we now know so much more about mental health conditions and how to treat them, so why are the Government failing patients and children, and continuing to ignore the mental health emergency? My constituents have been waiting nearly seven years for the in-patient mental health beds they lost to be returned. This Government enabled blatant profiteering during the national health emergency, and the covid inquiry has confirmed what we already suspected: that the Government response to covid was slow, chaotic and deadly. They went from clapping the NHS to calling for their sacking for having the temerity to demand a wage they could live on. The Government say they want minimum service levels on strike days, but what is the Conservative plan to provide a minimum level of service on non-strike days? The Government have finally relented to Labour's calls to publish a long-term workforce plan for the NHS to ensure that the service can meet demand.

The Health Foundation forecasts that waiting lists will go up to 8 million by next year—not down, as the Prime Minister promised—and these proposals have come far too late. The health service is now short of 125,000 staff, and the announcement will take years to have an impact. There is no plan on retention measures, but I offer the Government one piece of advice: stop blaming hard-working, burned-out NHS staff for the Government's decade of neglect of our NHS. There is

still no long-term social care workforce plan to overcome the severe staff shortages in the care sector. We cannot fix health unless we fix social care. It will be left to the next Labour Government to rescue the NHS from the biggest crisis in its history, to get it back on its feet and to make it fit for the future.

8.26 pm

Fleur Anderson (Putney) (Lab): It is an honour to speak in this historic debate on the first King's Speech for 72 years, but, to be frank, it is not a pleasure. When I go around and talk to people in Putney, Southfields, Roehampton and Wandsworth town about what I can say for them on their behalf in Parliament, many just shrug their shoulders and say, "Where do you start?", because there are so many things they feel that the Government should be doing that they are not doing, whether that is: the climate crisis; the cost of living crisis; a million children living in destitution in the UK; the damage to our international reputation; or the NHS crisis, with 125,000 vacancies in our NHS and nearly 8 million people on waiting lists. Those are all things that my constituents think should be tackled by the Government, and I just have not seen that in the King's Speech. It is disappointing.

Before turning to the pressing issue of healthcare, I put on record my disappointment at the lack of legislation to move us towards a net zero green future in the King's Speech. There could have been so much more in that legislative programme. It is being left to Labour to pick up the pieces, but we will do so in all our actions for Government. There is also welcome reform for leaseholders, but the legislation is too weak and is mainly not for current leaseholders, but for future and new-build leaseholders. I am pleased to see that the Government have reintroduced the Renters (Reform) Bill in the King's Speech, but the long delay has caused suffering across the country and across London. Will the section 21 eviction ban actually see the light of day, as we need it to?

I will focus on three serious issues of concern on healthcare for my constituents: the dropping of any reform to the Mental Health Act; dental health; and, support for GP surgeries and primary healthcare.

Last week, the Government broke yet another promise to reform the Mental Health Act—a promise they have been making for six years. There has long been cross-party support for reforming the Act. A Committee met from summer last year to January, and a report was made, but it has not received any Government response. Legislation is there, waiting to be put into place.

The Mental Health Act 1983 is outdated and unfit for purpose, yet it remains the main piece of legislation outlining the rights of people who are being detained in hospital for mental health treatment. There are huge problems with it. Black people are five times more likely to be detained under the Act and more than 11 times more likely to be given a community treatment order than white people.

The Government are letting down people with autism and learning disabilities. In September alone, more than 2,000 autistic people and people with learning disabilities were detained in mental health hospitals in England, including 205 children—often in solitary confinement. The Care Quality Commission has said that these people "continue to be in hospital inappropriately when they should be receiving care in the community."

There were concrete plans to tackle that in the draft Mental Health Bill, but that has been dropped. What are the Minister's plans to take action on this issue going forward? The reforms were a crucial chance to give people more dignity and independence, yet the Act continues to fail children and young people in particular. It takes away agency from those detained to have any say over their treatment.

Mental health is not the only area in which the Government are failing our NHS: my constituents are unable to get GP appointments. The most recent GP appointment survey data found that the proportion of people who secured an appointment when wanted has fallen to just 51%: the lowest level in five years. Too often, our GP surgeries—the premises—are unsuitable, with a report from the Royal College of General Practitioners finding that 40% of GP staff consider their premises unsuitable. I was told in a recent letter from a GP in Putney how far too many surgeries are

“stuck in tiny residential buildings”,

which really affects GPs' ability to provide the services—prevention services in particular—that they want to provide. Will the Minister tell the House what is being done to improve the GP estate—GP surgeries in particular—and to expand it in future?

Labour would reverse the decline in GPs by doubling the number of medical school places to 15,000 a year, rapidly improve GP appointment performance and provide a public service that has time for people with more complex needs. Labour's NHS workforce plan will train a new generation of doctors and nurses.

Also missing from the King's Speech was any mention of dentistry. At my most recent visit to a local GP surgery, I said, “What is the main issue that you face?” I expected all sorts of issues that we might think would be bigger, but they said that it was NHS dentistry for children. They are seeing the impact of that—people cannot get an NHS dentist appointment, so they come to their GP—and that problem is growing, especially for children. It is increasing the health inequalities in my constituency, which I see from one part of the constituency to another in dentistry more than anything else.

During covid, I took part in many debates in which we laid out how the NHS dentistry contract was going to fail local people and how it was not fit for purpose, yet it was not changed then and the problem has been exacerbated since. Labour will address the immediate crisis in NHS dentistry by providing 700,000 more urgent dental appointments and recruiting more dentists. In the long term, it will reform the NHS dentistry contract as well so that everyone who needs an NHS dentist can get one.

Alongside reform of the Mental Health Act, Labour will transform mental health services in Britain so that timely support is available to those who need it. We will recruit thousands more mental health professionals, provide mental health hubs in every community and put mental health support—that crucial early prevention work—into every school.

The Government must now make way for a party with a vision for a revitalised NHS that works for everyone or risk running our healthcare service further into the ground. It is time for a general election now.

8.32 pm

Wendy Chamberlain (North East Fife) (LD): I know that we say “the Government of the day”, but this Government seem to be taking that term to new heights.

The NHS is top of what I hear about on the doorsteps. People talk about how long it will take to see a GP, whether their children will get support with complex and little-understood conditions such as paediatric acute-onset neuropsychiatric syndrome and paediatric autoimmune neuropsychiatric disorders associated with streptococcal infections, whether specialists are available for support when things go wrong, and how they access mental health needs.

I understand that day-to-day decisions by NHS Scotland are not made here, as NHS Scotland's running is within the devolved competence of the Scottish Parliament, but, from listening to the hon. Member for Coatbridge, Chryston and Bellshill (Steven Bonnar), we would think that everything was great in Scotland. It is right that our spending on the NHS is higher per capita, but that has nothing to do with the generosity of the Scottish Government. We get more money per head to reflect the high cost of delivering services over large rural areas in Scotland—it is simply more expensive to deliver our services. When I look at the GP services in North East Fife, I see them crumbling under the SNP.

Amy Callaghan: Does the hon. Member recognise that the lack of capital spending by the British Government in NHS England and its Barnett consequentials mean that the Scottish Government get less money to spend on NHS Scotland, so we are suffering as a result of being tied to this Union?

Wendy Chamberlain: Part of that comes from the fiscal framework that the Scottish Government have signed up to. The Barnett consequentials have always recognised that services in Scotland are more difficult to deliver because of our geographical size. In North East Fife our NHS board's finances are stretched beyond the limit, as I raised earlier. Also, we no longer have any specialist A&E support, because no one in Scotland does.

Health services include caring services. My priority for North East Fife is for anyone who needs support to live independently to get it. No one should be left taking up a hospital bed or be on a waiting list because of a lack of carers. A lack of carers has not been addressed by either Government, which is why it is my party's policy to introduce an elevated statutory minimum wage for social care workers, which will instantly help recruitment and place value in that vital profession.

I regret that, once again, the UK Government have failed to support the estimated 10.6 million unpaid carers across the UK. Whether they are helping with washing or arranging appointments, our unpaid carers sacrifice their time and, too often, their own health and wellbeing as they care for their loved ones and others. Carers UK research has found that almost a third of all unpaid carers—3.6 million—are struggling to make ends meet, while 75% of those receiving carer's allowance are struggling to cope with the cost of living crisis. They are worrying about money, how they will care for their loved ones, how to stay in work, and whether their work will result in losing their carer's allowance. There is so much worry, it is no surprise that Carers UK has found

[Wendy Chamberlain]

that almost four fifths of carers feel stressed or anxious, and 65% agreed that the cost of living was having a negative impact on their mental or physical health.

We can and must do more to help. I was proud this year to see the passing of the Carer's Leave Act 2023. Once it is fully enacted, carers will have, for the first time, the right to take leave from work for their caring responsibilities. However, we are not quite over the line yet, so I would be grateful if the Minister could confirm whether the Government programme will include time for the regulations under the Carer's Leave Act, and set out when we can expect those to be laid.

Going forward, I want that leave to be paid. Carer's allowance must be reformed to enable people to enter and stay in work, and to lift those who cannot away from poverty. At the moment, carer's allowance is a disincentive to entering work. Given that it is supposed to be a priority for the Government to get people back into work, I hope that there might be some change in the autumn statement next week.

North East Fife is a wonderful place, often ranking highly for its hospitality and stunning scenery. Of course, it is the home of golf. I could not miss an opportunity to applaud St Andrews university, currently ranked the best university in the UK. It is no wonder that we are a top destination internationally. You would be welcome to visit any time, Mr Deputy Speaker. However, I must highlight the damage that has been done by the UK Government's policies. The success of St Andrews university is down not just to student experience and outcomes but to its incredible research. However, the continual delays in the Foreign, Commonwealth and Development Office's processing of academic technology approval scheme applications disincentivises the brightest minds from coming to our shores. The delays in gaining associate membership of Horizon have led to funding losses and frequent complaints that UK researchers were left out multinational proposals. Meanwhile, there have been cuts to official development assistance budgets, which help to fund vital research on how to tackle the greatest issues facing the world. I am looking forward to hearing from the new Foreign Secretary on that very issue, given his previous opposition to the cut in ODA funding.

Thinking about your visit, Mr Deputy Speaker, it would be a sad trip if the hostels in North East Fife were shut or you had nowhere to stay due to persistent post-Brexit labour shortages. I would want to show you our brilliant distilleries—Lindores Abbey, Kingsbarns, Eden Mill and Daftmill—but, again, the Government seem to be intent on making it harder for such businesses. Their refusal this spring to include distilleries as high intensity energy users for support with their bills, while simultaneously hiking tax by 10.1%, was a betrayal of the Scotch whisky industry. That means that a responsible drinker of whisky will pay an extra £200 of tax per year compared with others such as cider drinkers. I urge the Government to stop their unfair treatment and the Chancellor to freeze duty on spirits in his statement next week. The Government said that they would do that, so it will be great if some of those long-term decisions for a brighter future were committed and kept to.

I wonder if the Chancellor will pick up the slack from the total failure to mention vital local services such as banking hubs and post offices in the King's Speech. We

have had seven post office closures in North East Fife alone. Post offices used be the heart of a community, where people could do basic banking, buy their stamps and apply for passports. Those needs have not gone away, particularly in rural constituencies, and neither has the need for physical banking. In Cupar, in the centre of my constituency, the last physical bank standing is Nationwide. It is great to still have a building society presence, but what about all those other customers in other banks and in the villages outside Cupar, too? I very much hope we will see from the Financial Conduct Authority a proper way to assess how a community will benefit from a bank hub that goes simply beyond the last bank in town being lost.

Mr Deputy Speaker, I would like briefly to take you back to the joy of a visit to North East Fife. The East Neuk coast is stunning and an inspiring sight for tourist and local alike, and, in summer, a favourite for swimming. That leads me to the failure to regulate water companies and the challenge in Scotland of the ongoing discharge of sewage into our sea. This is as much of an issue in Scotland as it is in other parts of the UK. Monitoring over the summer found that Lower Largo's beach was at least 50 times above the recommended contamination limit at least three times, its filthiness a stain on any claim by decision makers to protect our environment. The challenge—this comes from a Liberal Democrat investigation earlier this year—is that only 4% of 3,500 outflows in Scotland are currently monitored, and the 1,000 additional monitors they want to put in will not be available until the end of 2024 at the earliest. That is also true in other places, such as Eastbourne, where Southern Water has lots to answer for.

To conclude on the point made by the hon. Member for Ellesmere Port and Neston (Justin Madders), yes a reshuffle slows things down. How much of the King's Speech will we actually get through before a general election?

8.41 pm

Paula Barker (Liverpool, Wavertree) (Lab): The most Gracious Speech summed up the agenda, or lack thereof, of a tired Government: one who have run out of steam after inflicting considerable damage to our country over 13 long years and are intent on whipping up hate, manufacturing culture wars and sowing division, instead of a Government concerned with the bread and butter issues that matter to working people the length and breadth of Britain.

The Gracious Speech could have—should have—included significant measures to improve our public services and rescue our public sector from the state of permanent decline that those on the Government Benches have put it in. The NHS is on life support and so, too, are the Tory Government. Waiting lists are now approaching 8 million and NHS staff are forced to use outdated, creaking equipment, making their jobs harder. Meanwhile, those on the Tory Benches preoccupy themselves with minimum service levels and trade union bashing, rather than tackling the root causes of the recruitment and retention crisis gripping our health service. Those on the Tory Benches say that they want minimum service levels on strike days, but what is the Conservative plan to provide minimum levels of service on non-strike days?

As the Prime Minister brings back one of his predecessors to the heart of Government, let us not forget that it is the 13 years of public sector pay policy first initiated by

the new unelected Foreign Secretary as Prime Minister that has led us to this point. Only yesterday, the General Medical Council warned the Government that a record number of doctors plan to leave the profession due to burn-out and dissatisfaction. It states that the long-term workforce plan has come too late. Indeed, many would say it represents too little, such is the scale of the problems that are now endemic in the NHS.

There was never a better time in recent history for the Gracious Speech to include the Government's long-promised mental health Bill. Instead, the reform of the Mental Health Act 1983 has been shelved by the Government. The charity Mind is right when it proclaims that the Government have failed to prioritise mental health as well as broken their promise to thousands of people. Despite the Government promising to deliver 6,000 extra NHS GP appointments, patients are finding it impossible to see a GP because there are simply not enough GPs to meet the demand for care. Some of my constituents are being forced to perform DIY dentistry, because they are facing two-year waits for check-ups and some cannot even access an NHS dentist.

If we look at adult social care, we see that thousands of people are stuck in hospital beds who are medically fit to leave but unable to do so because the care they need in the community simply is not there. I am sure that all Members remember only too well the former Prime Minister—for the avoidance of doubt, let me remind them that this was three Prime Ministers ago—telling us that he would fix the broken social care system within the first 100 days of office. Nowadays, many Ministers do not even reach the heady heights of 100 days in office—just ask the lettuce.

Once again, the Gracious Speech contained nothing for renters, NHS staff or working people. The Government are again reaffirming their intent to turn their back on the most vulnerable in our society. The scars left by the pandemic, the volatility of the labour market and the cost of living crisis weigh heavily on millions upon millions of people in this country—on workers in the public and private sectors, and on those who cannot work.

The Government's programme of austerity hit the very poorest in their first five years. Electorally, the Government were shielded from their own policies because—as he has now admitted—the then Chancellor, now the Prime Minister, changed the funding formulas to take money from deprived urban areas and give it to other parts of the country such as the leafy shires. However, now the chickens are coming home to roost, and it appears that no one is safe from the Government's economic dogma, aside from their mates in the 1%—not homeowners, and not those on wages larger than the national average. Indeed, many are carrying the significant economic burden of our times, for themselves and their families.

When we have the highest tax burden since the second world war and the largest squeeze on wages in 200 years, the word “economy” featured just once in the King's Speech. If anyone was in any doubt about the lack of a long-term plan from this Government, they should be in no doubt now. The Government do not have one. They are out of ideas, out of Ministers, and out of time. Last week's King's Speech was one of the last big moments that the Government had to turn the tide and come to the aid of our citizens in their time of need.

Instead, they have signalled their intent to fill the vacuum left by a threadbare agenda with politicking, and with division rather than governing. The best thing they can do now for the British people is call a general election, and give Britain its future back.

8.47 pm

James Murray (Ealing North) (Lab/Co-op): It is a pleasure to follow my hon. Friend the Member for Liverpool, Wavertree (Paula Barker).

Let me begin by paying tribute to His Majesty the King on the occasion of his first Gracious Speech as our sovereign. Let me also take this opportunity to put on record how proud and glad I was to spend yesterday with my local community in Greenford, laying a wreath at the Greenford war memorial, coming together at the Royal British Legion club, and celebrating Diwali at Shree Jalaram Mandir.

I turn now to what was in and, just as importantly, what was lacking from the King's Speech. It is astonishing that the Government announced new legislation on energy and yet their Energy Secretary was immediately forced to admit that the new laws would not take a penny off people's bills. It is deeply frustrating, although sadly unsurprising, that the Government have announced legislation on housing that walks away yet again from unfulfilled promises that they have made time and again to leaseholders and private renters. It is a sign of how tired this Government are that there was nothing in the King's Speech about a plan for economic growth to make people across the country better off, or the planning reform that we need to get Britain building. In short, this King's Speech shows that the Conservatives are incapable of delivering the change that even the Prime Minister concedes our country needs.

People and businesses in my constituency, like others across Britain, have been paying the price of the Government's failure on energy for the past 13 years. The Government's failure meant that the energy crisis hit people in Britain harder than those in any other western European country. People are right to ask what on earth the Government were doing over the past 13 years to allow us to get into this mess. At the very least, people might have expected the energy crisis to serve as a wake-up call for Ministers, but the Government's flagship energy policy in the King's Speech shows no sign of their waking up. In fact, it shows just how tired and out of touch Ministers are that they appear to have simply given up trying to bring down energy bills for British families, and are happy to admit that. That is why Labour's plan is so important to making Britain energy independent, to investing in British industry and to cutting bills for families.

Energy bills are far from the only pressure on household budgets. As the cost of living crisis continues to hit families across the country, the housing crisis that has also been growing under the Conservatives is getting worse and worse. Homeowners with mortgages are being hit by the Tory mortgage penalty. Private renters face relentlessly rising rents as they struggle to get on the housing ladder and live in perpetual insecurity. Families in social housing that does not meet their needs often have no choice other than to wait for years on end. And yet the King's Speech offers nothing to truly get a grip on the housing crisis. The only legislation

[James Murray]

that it includes on housing represents yet more walking away from some of the promises the Government have repeatedly made and delayed.

We know that the Government have been dragging their feet for years over reforming the private rented sector. We finally have the Renters (Reform) Bill before us, but I will believe that it will become an Act under this Government only when I see it gain Royal Assent. Despite the Bill having come forward, we have already learned that the implementation of much-needed changes is to be delayed even longer. The Government are kicking the ban on no-fault evictions into the long grass yet again, despite tens of thousands of households being evicted and threatened with homelessness as Ministers dither.

Meanwhile, the legislation that the Government have announced for leaseholders would apply only to new homes, and there is nothing to roll out commonhold for new flats. Their plans fall woefully short of the fundamental and comprehensive reform that Britain's feudal leasehold system needs. We know that that change will only come from Labour, as we have committed to enacting the Law Commission's recommendations on enfranchisement, commonhold and the right to manage in full. More widely, there was no sign in the King's Speech of any wider ambitious plan to do what is necessary to reform the planning system or to begin to fix the housing crisis.

Just as there was no plan to fix the housing crisis, there was no plan for economic growth. The economy is just not working under the Conservatives. Figures published on Friday confirm that the UK economy failed to grow at all between July and September, yet there was no change from the Government in the King's Speech last week. There was no attempt to draw a line under the economic failure and decline of the last 13 years and set out a serious plan for growth.

We know that economic failure and stagnant growth have a direct impact on people's lives, leaving working people worse off. We know that, faced with low growth, the Government have increased taxes 25 times in this Parliament alone, leaving British people and businesses paying the price. As if that were not enough, we know that working people are still paying the price of the Conservatives' disastrous mini-Budget last year.

That is why Labour has a plan to replace 13 years of national decline with a decade of national renewal. Our plan has economic responsibility as its foundation, and under our plan, the Government will work with businesses to grow the economy and make working people in all parts of the country better off. As Members of Parliament, we are here to serve, and making life better for people across Britain is what Labour's plan—our alternative to the King's Speech—would set out to achieve.

8.53 pm

Richard Foord (Tiverton and Honiton) (LD): I intend this evening to talk about rural and coastal healthcare, community hospitals, social care and NHS dentists. Right across the country, our NHS is creaking. In rural areas such as the one that I represent in Devon, many people are finding it almost impossible to get timely care. Despite that, there were almost no announcements in the King's Speech of new legislation to support the

NHS in rural areas. I really am wondering, given that I represent a corner of Devon, what was in this King's Speech to provide for healthcare in the countryside. We often hear about acute challenges in urban areas, especially when it comes to vital services that we perhaps do not need to travel very far for, but coastal and rural areas tend to be places where older people retire to and so have a higher population of older people.

Last week Sir Chris Whitty, the chief medical officer, said that the elderly boom will be in rural, largely coastal areas. He said:

"We've really got to get serious about the areas of the country where ageing is happening very fast, and we've got to do it now...otherwise we will end up with large numbers of people leading much more dependent lives"—

that is, lives that are more dependent on the state and on taxpayers. We really need to get a grip of this. Sir Chris wrote:

"Improving quality of life in older age sometimes means less medicine".

It might be that older people want to go to hospital, but not to intensive care. It might be that they want to have treatment, but not an operation. It seems to me that Sir Chris Whitty is encouraging us to listen to what older people want.

I held a listening exercise over the summer in which I visited 34 village and town halls, and I am certain that, more than anything else, people in my part of Devon want good community hospitals and good care close to their home. I heard that they do not want to have to travel 30 miles to the nearest acute hospital in Exeter, on a bus that can take up to 90 minutes, to see a loved one or to have an operation. Going to hospital is a huge burden for people living in rural areas like mine, where public transport is poor and declining in quality, meaning that people spend a whole day travelling to and from hospital, which is a huge undertaking for older people.

That is why community hospitals are vital. They offer bases for treatment, helping to support people in their own community. Sadly, we have been losing these centres in recent years. In my corner of Devon, we have seen the hospitals in Seaton, Honiton and Ottery St Mary suffer swingeing cuts. The cuts to the number of beds, made in 2017, were fought vocally by local people, and they are having lasting consequences.

My Adjournment debate will focus on Seaton Community Hospital but, in the meantime, I will talk about two other rural health challenges: social care and dentistry. The cost of providing care at home is higher in rural areas, both to those who pay for it and to those delivering it, because they are having to drive between appointments. That is why the Liberal Democrats are calling for a carers' minimum wage, with an additional £2 an hour boost to the minimum wage paid to carers.

The situation for dentistry in Devon is even worse. Local NHS dentists are so up against it that not a single dentist in all of Devon is taking on new NHS patients. Healthwatch England reported on seven of the NHS's 42 subregions that are not taking new dental patients:

"Of all of these areas perhaps the worst affected is Devon, as there are currently no practices showing as taking on adult or child patients."

This means that people are having to live in agony; having to travel huge distances to far-flung destinations—I heard one constituent say that it was recommended that

they travel to Gloucester for an NHS dentist; having to pay huge sums of money that they do not have to go private; or having to perform terrible, dangerous DIY dentistry to remove their own teeth.

The Government would prefer to be silent about this issue. We have a ticking time bomb of retirement looming, and the Conservative Government have rejected Liberal Democrat calls to reform the NHS dental contract or to set out a clear plan to recruit and train the thousands of dentists that we need.

Those challenges are specific to rural communities, but today I am also talking about challenges that are specific to coastal communities. The final subject I want to cover is therefore sewage dumping, which can be damaging to health. I know people who have become sick after swimming off the east Devon coast. People should not have to risk sickness on Devon's beautiful beaches.

There was a raw sewage spill at Sidmouth on 10 September 2022, despite the water quality report by Surfers Against Sewage finding that there had been no rain over the previous 48 hours. What did South West Water, the water company responsible, have to say? It said the spill was a "false alert" due to wildlife brushing over the sensors on the combined sewage overflow monitor. What kind of Government would set up a regulator that was prepared to accept that as an explanation? Liberal Democrats want to see water companies overhauled and reformed into public benefit companies. We need to put the health and wellbeing of local people ahead of corporate greed and shareholder profits. That will stop people getting sick and ensure that our favourite beaches remain attractive places for tourists.

I wish to close by reading out the words of David Cameron. When he retired, he talked about how he did not think he was the right person

"to try to be the captain that steers the country to its next destination."

That can apply to the whole of this Conservative Government.

9 pm

Mary Kelly Foy (City of Durham) (Lab): Last week, we heard the longest King's Speech in years, but it had very little in it. However, there was a silver lining: the announcement that the Government will bring forward legislation to create a smokefree generation. The devil will be in the detail, of course, and this certainly does not let Ministers, past and present, off the hook on the NHS. We see that if we just look at the state of NHS dentistry, an issue I have raised, and will continue to raise, in this place. Numerous Labour and other Opposition Members have also raised it in today's debate.

I want to focus on smoking because it may be the single largest driver of health inequalities in England. Professor Chris Whitty argues in his latest report that central and local government has a key role to play in reducing smoking. It is an issue that the overwhelming majority of medical professionals agree on, as, I hope, do the majority of MPs. I have long taken an interest in the issue; as a councillor, I held the portfolio for health and wellbeing for nearly a decade, and this included chairing our tobacco control alliance. Working together with communities and local authorities to tackle tobacco harm, I saw at first hand just how much can be achieved with a comprehensive approach that drives change,

through a multitude of initiatives. So although I welcome the Government's proposals to create a smokefree generation and to curb youth vaping, the smokefree ambition must be delivered for everyone, not just the next generation. The measures announced to date have not gone far enough, not by any measure. As I walk through certain areas of my constituency, I continue to be struck by the number of people who still smoke. More than 117,000 people have died prematurely from smoking in the north-east since 2000; it is our biggest preventable killer and it is devastating for the thousands of families whose loved ones are lost each year. It also has significant implications for our health services and economic costs for our communities. It is estimated that smoking costs County Durham almost £190 million each year, £22 million of which is spent on healthcare. So preventing ill health is key. The concept that prevention is better than cure is a pretty old-fashioned idea, but it works. After 13 years, Ministers have finally picked up on that with their smokefree announcement.

Smoking is a deadly addiction, one that can lock people into a cycle of poverty and is difficult to break out of without support. We also know that regions with the highest rates of poverty have the highest rates of smoking in England and that smoking is one of the leading drivers of health inequalities in constituencies up and down the country. Not only do men and women in the most deprived areas have shorter life expectancy overall, but they live a larger number of years suffering from ill health. So far, the Government have wasted too much time. In 2021, I tabled amendments to the Health and Care Bill to tackle smoking and youth vaping. My proposals included a levy on tobacco companies' profits to fund stop-smoking activities; inserts in packs containing health information, with links to smoking cessation services; and a ban on tactics such as branding and sweet flavourings to market vapes to children. To my amazement, not only did the Government fail to adopt my amendments, but they voted them down. Those were common-sense proposals that enjoyed cross-party support and the backing of health campaigners. If passed then, the amendments would have been law today. Instead, the Government chose inaction. I hope that the amendments will return in whatever the Government put before the House. Since then, tobacco companies have made record profits, leaving taxpayers and their families to pick up the pieces. We cannot afford to waste any more time.

Last week, the all-party parliamentary group on smoking and health published its latest recommendations for a smokefree future. The plans called for further regulations, such as increasing the funding levied from the tobacco industry on a polluter-pays principle—a measure that could raise up to £700 million a year. The APPG report shows that the polluter-pays levy is popular, feasible and supported by voters of all political parties, as well as the majority of tobacco retailers. Tobacco manufacturers make an estimated £900 million profit in Britain each year, with an average net operating profit margin of about 50%, compared with the less than 10% average for British manufacturing. Ministers must take the APPG's recommendations into consideration.

While the measures that the Government have announced are a step in the right direction, the devil will be in the detail. To ensure that we have the best possible legislation, I hope that the Minister will work with the APPG. We

[Mary Kelly Foy]

know that a strong cross-party consensus for legislative measures can make a real difference. We have seen it all before. When a Labour Government banned smoking in enclosed public places in 2007, it was a measure that had once seemed inconceivable. Now it is baffling that we did not do it earlier.

In the seven minutes I have been speaking for, at least one person has lost their life due to smoking and tobacco use, which means that as MPs we have a responsibility to stand up on this issue. As health inequalities worsen and lives remain at risk, the Government must make up for their lost time with bolder action. They must ensure that the latest Tory turbulence and the exit of yet another Health Secretary does not thwart progress. They must get on with the job.

9.7 pm

Mary Glendon (North Tyneside) (Lab): It is a pleasure to follow my hon. Friend the Member for City of Durham (Mary Kelly Foy); I will definitely follow on her theme. Colleagues may know that I am a strong advocate for vaping as a way for adults to quit smoking. As one of the vice-chairs of the APPG for vaping, the tobacco and vapes Bill announced in the King's Speech is of great interest to me. I have seen so many of my friends and relations in North Tyneside make the switch from being heavy smokers to using—I stress this point—safe vaping products. I again stress the message that comes from the Department: “If you smoke, change to vaping. If you don't smoke, don't vape.”

Someone dies from a smoking-related death every eight minutes, as my hon. Friend just said. While not risk free, vaping is 95% safer than smoking, but there are still more than 6.5 million adult smokers in the country who have not been able to quit smoking or change to vaping. Vaping is the most effective tool that the UK has to achieve the goal of a smokefree 2030, and it is crucial that the Government continue to promote these products to existing smokers so that they can transition to a less harmful alternative.

In 2022, King's College London restated that vapes are 95% safer than smoking, and switching to vaping was a critical recommendation of last year's Khan report, “Making smoking obsolete”. It is unequivocal that under-18s should not use or have any access to vaping products, but despite the Government's announcement to tackle youth vaping, it remains a major concern, and far more needs to be done to address the issue. Had the Government accepted the amendment proposed to the Health and Social Care Act 2022 by my hon. Friend the Member for City of Durham in 2021, there would have been strict regulations to stop vapes appealing to children and we would not have seen the trebling in the number of children vaping in the past two years. Measures are specifically needed to target rogue manufacturers and retailers. Ultimately, Trading Standards needs to have the resources and powers to enforce the law.

Since entering the UK in 2021, disposable vapes dominate the vaping market, with 70% of disposable vape sales generated by new vape users, but we are now seeing a whole new raft of consumers—schoolchildren attracted by low pricing, bright colours, sweet flavours and packaging replicating the branding of well-known confectionery, soft drinks and much more.

According to the latest figures highlighted by the Chartered Trading Standards Institute, more than 138 million disposable vapes are sold every year, and with one in three products being potentially non-compliant, that is more than 45 million non-compliant products being sold here every year. Figures also revealed that 1.4 tonnes of illegal vapes were seized in the last six months of 2022 in the north-east of England alone, with Trading Standards officers across the country working tirelessly to try to combat the tidal wave of non-compliant vapes.

In 2022, JTI UK commissioned tests on a variety of popular disposable vapes in the UK. The results discovered that 25 out of 28 products were not legally compliant, as they all exceeded the e-liquid volume and nicotine strength limits mandated by law. The Government must ensure that regulations are effective in targeting rogue vape producers and retailers, not the manufacturers who are making and selling them responsibly.

While the sale of vapes to children is the major concern, it is vital that the Government do not introduce restrictions that result in fewer smokers turning to vaping products. According to Action on Smoking and Health, 40% of smokers incorrectly believe that vaping is as or more harmful than smoking. It is critical that all e-cigarettes and e-liquids, including product, packaging and marketing communications, do not appeal to minors by prohibiting imagery, flavour names and descriptors, and environment or objects that are typical of the world of children and youth, such as comic or cartoon characters, toys or sweets.

It is also important that the Government ensure vapes appeal to adult smokers, maintaining a low price point and flavours that are specifically aimed at adults. Part of the reason that vaping has been so successful in helping smokers to quit is that it is significantly cheaper than cigarettes. Should a tax be imposed on these products, they will move out of the price range of lower-income households and become relatively less attractive to smokers. That must not be overlooked as the areas with the highest smoking rates are often some of the UK's poorest.

The UK Vaping Industry Association does not believe that an increase in price will stop youth vaping. It is already predicted that as many illegal vapes are sold as legal ones, and if the price of legal products is increased, more and more children will revert to buying illicit products. Flavours also play an important role in helping smokers to quit. According to a survey published by OnePoll, 80% of vapers seeking to quit smoking considered the availability of flavours. Additionally, 74% of respondents noted that flavoured vapes had been helpful in their efforts to quit smoking.

A balance has to be struck. Banning disposable vapes is not and should never be the answer. Disposable vapes are pivotal in providing an accessible way for smokers to try vaping before investing in vapes.

To conclude, I hope the Government's response to the consultation is successful and that the next Labour Government and the NHS, under the reins of the shadow Secretary of State for Health and Social Care, my hon. Friend the Member for Leicester West (Liz Kendall), will go in the right direction and implement all the necessary regulations.

Mr Deputy Speaker (Sir Roger Gale): I call the shadow Secretary of State for Work and Pensions.

9.14 pm

Liz Kendall (Leicester West) (Lab): It is a real pleasure to close this important debate and to follow my hon. Friends the Members for North Tyneside (Mary Glindon) and for City of Durham (Mary Kelly Foy) who spoke powerfully about the need to take more action to help people quit smoking and not take up smoking in the first place. As a former smoker myself, I wish to goodness that I had never ever taken it up, and I can reassure Members that a Labour Government would do everything within our power to take further action in this area.

My right hon. Friends the Members for North Durham (Mr Jones) and for Walsall South (Valerie Vaz), and my hon. Friends the Members for Tooting (Dr Allin-Khan) and for Putney (Fleur Anderson) rightly held the Government to account for once again failing to bring forward legislation to reform the Mental Health Act 2007, despite all the serious problems that need addressing, all the promises that have already been made and the cross-party agreement that there is on the need to act.

My hon. Friends the Members for Blaydon (Liz Twist) and for Liverpool, Wavertree (Paula Barker) talked about the importance of reforming social care—another area where promises have repeatedly been made and repeatedly been broken—and the real importance of giving older and disabled people more support in the community, rather than their ending up in hospital, which is worse for them and worse for taxpayers.

My hon. Friends the Members for Ellesmere Port and Neston (Justin Madders) and for Ealing North (James Murray) rightly talked about the desperate need to build more affordable housing, including social housing, to tackle problems in the private rented sector, and to reform leasehold. Those are huge issues in my constituency. My hon. Friend the Member for Nottingham South (Lilian Greenwood) talked about the terrible problems of people waiting in huge pain and distress in ambulances or on trolleys in A&E, and many hon. Members talked about the need to improve GP access and dentistry care.

Last but by no means least was my hon. Friend the Member for Luton South (Rachel Hopkins), who talked about the fantastic work her council is doing to tackle health inequalities, and the need to understand that a good job is part of a healthy life, and good health is vital to getting a job.

The point that I wish to make today is that the health of our nation is critical to the health of our economy and that, after 13 years of the Conservatives, both are in a perilous state. There was nothing in the King's Speech to address these problems or meet the scale of the challenge we face. But Labour has a plan: to improve the health of the nation; to get Britain working again; and to give our country its future back.

Ministers repeatedly attempt to claim that everything in the garden is rosy when it comes to the state of our economy and to employment, but the truth is that we are the only country in the G7 with an employment rate that still has not returned to pre-pandemic levels. The underlying reason for that is the increasing number of people out of work due to long-term sickness. Some 2.6 million people are now shut out of the labour market due to ill health, which is the highest number ever. Frankly, that is a scandal in what is still, despite all our problems, one of the richest countries in the world.

Around half of this group are more than 50 years old—that is more than double that of any other age group—and musculoskeletal problems, such as bad hips, knees, backs and other joints, are the most common problem.

Many of the over-50s are also caring for elderly, sick or disabled loved ones, for which there is precious little help and support. Women are consistently more likely to be workless due to long-term sickness than men. Indeed, women account for more than two thirds of the increase that we have seen over the past decade. But the rise in worklessness due to long-term sickness is not just an issue for older people; there has been a sharp and hugely worrying increase in the number of young people not working due to ill health, predominantly driven by mental health problems—an issue that many of my colleagues have raised. The number of 18 to 24-year-olds who are workless due to ill health has doubled in the last decade, while the number of 24 to 35-year-olds has almost trebled. Those problems are even more likely for young people who lack basic qualifications and who live in parts of the country that are struggling economically, often outside our big cities in towns and rural and coastal areas.

The fact that such problems are more likely to affect certain parts of the country in the midlands and the north comes as no surprise to Opposition Members. In Conservative Britain, people are twice as likely to be out of work due to ill health if they live in one of the most deprived areas in England than if they live in the least deprived areas, with rates of economic inactivity due to long-term sickness in the north-east and midlands almost double that of London and the south-east.

That really matters to families, to our economy and to wider society. Being shut out of work because of poor health is terrible for individuals, especially during a cost of living crisis. It is bad for businesses, which need to draw on the skills and talents of all our population if they are to grow, expand and thrive. It is also bad for taxpayers, who are now paying an extra £15.7 billion a year in lost tax revenues and higher benefits bills, compared with before the pandemic. The Office for Budget Responsibility says that the rise in health-related economic inactivity poses a significant risk to our fiscal sustainability, because it reduces our prospects for growth, reduces tax receipts and puts ever-increasing pressure on health and welfare spending.

Yet despite all that, we have not seen a plan from Conservative Members that is anywhere near serious enough to get Britain working again. No doubt, when he rises to speak, the Secretary of State for Work and Pensions will tell us about work coaches and health MOTs for the over-50s. I am not against those measures—I support them; I have met work coaches in my own jobcentre, and I know how hard they are working to try to support people back into work—but they are nowhere near big or fundamental enough to get to grips with the root causes of worklessness, or to reform the way the system runs.

Britain deserves so much better, and that is what Labour will deliver. Our top priority will be to ensure that everyone who can work does work. We believe that the benefits of work go beyond a payslip to the dignity and self-respect that good work bring. We will tear down the barriers to success, tackle the root causes of worklessness and get Britain working again.

[Liz Kendall]

Our long-term plan for the NHS will invest an extra £1.1 billion a year, paid for by abolishing the non-dom tax status to provide 2 million more appointments a year and clear the NHS backlog—[*Interruption.*] The hon. Member for North West Norfolk (James Wild) laughs, but I say to him: if you were a woman stuck on a waiting list, waiting for help and treatment for your hips, for your knees, for your back, you would not be laughing. We will recruit 8,500 more mental health staff, with support in every school and every community to tackle mental health problems in young people early on.

But that is not all. We will transform jobcentres so that they provide personalised help and support, work in genuine partnership with local employers and services, and help people not just to get work, but to get on in their work, with all the benefits that progression from low pay brings. That is an issue that the Government's own review said they needed to tackle, but they have completely failed to act on it.

Richard Fuller: For a shadow spokesperson, the hon. Lady is making some good points, but she has just raised the interaction of the non-dom status and the health service. As she will be aware, the General Medical Council said today how important it was that we continue to attract doctors from overseas, but many would be impacted by a change in the non-dom status. How will Labour's policy affect our ability to recruit people from overseas for our health service?

Liz Kendall: I have spoken to many doctors who come to work in the hospitals in my constituency—

Mohammad Yasin: And Bedford.

Liz Kendall:—and in many other parts of the country, and they want to come, work and support the work that we do. We have looked at all those issues and taken them into account, and made a small-c conservative estimate of the impact that it would have. We are confident that that will provide the resources we need to get the backlog down and get Britain working again.

We will overhaul skills with new technical excellence colleges and by reforming apprenticeships, so that no one is ever written off again, whatever their age. We will devolve employment support to local areas to better meet local needs, because the man—or even woman—in Whitehall can never know what is really needed in Leicester, Liverpool or Leeds. We will grow our economy in every part of the country by getting Britain building, through our plans to make Britain a clean energy superpower, and by ensuring that we are the best place to start up and grow a business.

Those are the long-term changes that our country needs. In contrast, the King's Speech just tinkered at the edges or ignored those problems all together. And what have we seen today? The latest round of chaos, confusion and division in the Conservative party—a party so concerned about its own future that it cannot focus on the future of the country, proving once more than it can never be the change from 13 years of its own failure—and a weak Prime Minister, finally forced to sack his Home Secretary, and to bring back a former Prime Minister he accused only weeks ago of being part of a failed status quo, in a desperate attempt to save his own neck. The

people of this country deserve better. They want change. It is time for an election so Labour can give Britain its future back.

9.27 pm

The Secretary of State for Work and Pensions (Mel Stride): May I begin by welcoming the new Secretary of State for Health and Social Care, my hon. Friend the Member for Louth and Horncastle (Victoria Atkins), to her place? This has been a good and full debate. It has, in large part, been fairly well-informed, although I thought the quality of the offerings from behind me was a little ahead of that from in front. None the less, it has been a good and passionate debate.

No effort today was in any way better than that of my hon. Friend the Member for Uxbridge and South Ruislip (Steve Tuckwell), who gave us a virtuoso example of a maiden speech. He referred to the fact that it was in his constituency that Winston Churchill first uttered the immortal words,

“Never in the field of human conflict was so much owed by so many to so few.”

Of course, Churchill then repeated that in this Chamber, but not with the same eloquence as my hon. Friend, and he certainly did not manage to squeeze in a tribute to the Middlesex Arms, my hon. Friend's local pub, where I am sure a free beer awaits him—that is probably where he is at this very moment. Now that I too, in addition to him, have mentioned his local pub, I hope that a second pint awaits him.

There are certain things that the shadow Secretary of State, the hon. Member for Leicester West (Liz Kendall), and I can agree on, and smoking is one of them. I was interested to learn that she is a former smoker. They always say that former smokers have a passionate desire to stop other people smoking, and she certainly demonstrated that. We know that one in four cancers is caused by smoking.¹ As a father of three young daughters, vaping is of great concern to me personally, and I was pleased to see the reference in the King's Speech to getting on top of those kinds of products and the way in which they are retailed.

The hon. Lady also mentioned mental health, as did many of this afternoon's speakers. We have said that we will come forward with a mental health Bill if parliamentary time allows, and of course that does not mean we have not already done a very great deal in exactly that space, or will not do a great deal further. Some £2 billion of extra funding is already going into mental healthcare compared with four years ago, with a 20% increase in staffing since 2010. It does not stop there: we will also be bringing forward mental health hospitals and 100 specialist ambulances.

Mr Kevan Jones: We have now been waiting six years for a change to the Mental Health Act 1983. The Minister says that the Government are committed to mental health, but earlier this year we saw the 10-year mental health and wellbeing plan scrapped. I am sorry, but I have to say to the Minister that words are pretty hollow; when it comes to action, the Government are doing very little.

Mel Stride: I have just set out for the right hon. Gentleman two very significant actions that this Government have taken: £2 billion of additional funding compared with just four years ago, and a staff increase of some 20% since 2010.

1.[*Official Report*, 20 November 2023, Vol. 741, c. 2MC.]

I have to pick up on the non-doms point, because we hear it so often from the Opposition. Those poor old non-doms are going to be paying for the entire British economy over and over again. They pay UK taxes on their UK income, and it is just not realistic to expect to be gaining more tax in the longer term as a result of taxing them.

We have heard much about waits for NHS services. We have been working very hard on that issue, and it has to be recognised that we have had a pandemic, as well as a considerable amount of industrial action. Frankly, if the Opposition had done more with their trade union paymasters to encourage them to go back to work, we would have had smaller backlogs than we do at the moment. We have already largely eradicated the 18-month waits; the two-year waits have already been abolished; and we are rolling out all sorts of approaches to make sure we have more provision going forward, including 140 new surgical hubs. When Labour tells us about their plans, we need only to look at Wales, where we can see the results of Labour's stewardship of the health service: on average, waiting times in Wales are five weeks longer than in England.

The hon. Member for Leicester West spent some time discussing employment, an area in which we have a first-class record. Economic inactivity, which she raised, is almost 300,000 lower than it was at its peak during the pandemic: it is below the average level of the OECD and the average level across the European Union. Unemployment is at a near-historic low, the number of those in payroll employment is at a near-historic high, and youth unemployment is down 44% on 2010. What happened under the Labour party? As Opposition Members know, it went up by almost exactly the same amount—another 44%. Labour is the party of unemployment; it has never left office with unemployment anything other than higher than when it came in. Under Labour's stewardship, 1.4 million people were languishing on long-term benefits for over a decade, and that is a disgrace.

Liz Kendall: The Office for Budget Responsibility has said that

“A sustained rise in health-related inactivity poses a significant risk to fiscal sustainability by reducing the UK's medium-term economic growth prospects and tax receipts”.

Does the Secretary of State disagree with the OBR?

Mel Stride: I do not, inasmuch as I recognise that long-term sick and disability has been on a rising trend for at least five years now. The hon. Lady knows that,

but that is not the point that I was making; neither was it the point that she was making when she referred to the figures on economic inactivity.

That brings me to what this Government are doing. In the previous Budget, the Chancellor set forth plans for £2 billion to go towards resolving issues around long-term sickness and disability. We have consulted on occupational health across businesses to get upstream of this issue. The hon. Lady will know of our White Paper and the structural reforms that will make sure that, for the 2.5 million people on long-term sickness and disability benefits, we always focus on what those people can do, not on what they cannot do. The universal support we are rolling out is there to place people into work and give them a whole year's worth of support, so we can make sure that those people stay in work. She will be aware of the pilots that we are now rolling out under the Work Well banner, which are there to bring people together with work. We believe that is one of the answers to mental health issues alongside medical support. Of course, we have just concluded our work capability assessment consultation, in which we are looking at how we can further help those people who can and want to work to go into employment, because we believe that that, ultimately, is in the best interests not just of the economy and of society, but very much of those people themselves.

This Government are not afraid to take long-term decisions in the national interest. The next generation of welfare reforms that I am bringing forward are part of this Government's mission to deliver a better future for everyone across the country. It is a future that brings together employment support and healthcare to help disabled people and those with health conditions to realise their full potential. It is a future in which, thanks to the decisions we are now taking, the NHS can deliver better care in a changing world. It is a future that sees the first smoke-free generation become a reality, a future in which the most vulnerable in society continue to be the Government's priority and are protected, and a future where work grows our economy, but perhaps more importantly still, changes lives, with thousands more people enjoying all the financial, social and health benefits that employment brings.

Ordered, That the debate be now adjourned.—
(*Mr Mohindra.*)

Debate to be resumed tomorrow.

Seaton Community Hospital

Motion made, and Question proposed, That this House do now adjourn.—(Mr Mohindra.)

9.37 pm

Richard Foord (Tiverton and Honiton) (LD): I would like to welcome the new Secretary of State for Health and Social Care, the hon. Member for Louth and Horncastle (Victoria Atkins), to her place.

I rise to raise the pressing situation facing the community hospital at Seaton in the part of east Devon that I represent. I am very grateful for the opportunity to outline why plans to strip away a whole wing of the hospital pose a serious risk to the long-term viability of the hospital, and how small actions by the Government can unlock this space and provide huge benefits for the local communities.

Seaton Hospital is one of 12 community hospitals that provide vital services in my corner of Devon which were given over to NHS Property Services in 2016. Seaton Hospital provides a range of services and clinics that enable people to be cared for closer to home in their own community. I would like to take a moment to give hon. and right hon. Members an idea of the range of services that the hospital currently provides. They include a dedicated Chime audiology service, aneurysm screening, bladder and bowel treatments, and child and adolescent mental health services—we heard a lot about that in today's health debate—as well as access to a dietician, ear, nose and throat specialists, general medicine, orthoptists, support for those with Parkinson's, physiotherapy, podiatry, retinal screening, speech and language therapy, and stoma treatments. I could go on.

The hospital also acts as a hub for the growing number of so-called at-home care services. We appreciate that community hospitals have been increasingly moving over to services provided in the community at home. That includes provision for those who are frail and need regular care, or are reaching the end of their life. Indeed, the Seaton & District Hospital League of Friends supports the hospice at home professionals, who provide care to people and their families in those most difficult times of a person's life or in a family's life.

Jim Shannon (Strangford) (DUP): I commend the hon. Gentleman for securing this debate. When someone evaluates what a community hospital does, they find that it is about much more than finance and making sure that the books balance. It is about all the things the hon. Gentleman has referred to. The community hospital in my constituency is where my three children were born some 30-plus years ago. It is where I took my youngest son when he broke his arm. It is where I took my other boy when he put his hand through a glass window and had to go to hospital for surgery. That is what a community hospital is about, and that feeling is replicated by every one of my constituents. When the hon. Gentleman speaks about his local community hospital, I am quite sure that he has the same passion, belief and commitment to that hospital, because it is part of the community, and that is how it is measured, not by finance.

Richard Foord: I am grateful to the hon. Gentleman for his intervention. His anecdotes about what that hospital has done for his family and community are absolutely the same sort of thing as I hear from constituents every time I speak to them.

Seaton Hospital was built in 1988 to provide better local access to medical care and treatment for people across the Axe valley. It serves people not only in Seaton but in Colyton, Colyford, Beer, Axmouth and other villages dotted around the east Devon countryside. Originally, the plan was that people would not have to travel so far for their treatment. Given that the Royal Devon and Exeter Hospital is perhaps 30 miles away—20 miles at least—people felt that acute provision was on their doorsteps, which is what they wanted.

Simon Jupp (East Devon) (Con): The hon. Member is making a stand for a community hospital used by people in both our constituencies, and I congratulate him on having secured the debate. I live less than 10 miles from Seaton Hospital. So many residents raised funds to build the wing, which first opened back in 1991. Does the hon. Member agree that it would be so wrong for local residents to have to pay twice for a building that they helped to fundraise for and build?

Richard Foord: The hon. Member makes an excellent point. It is exactly right that Seaton Community Hospital was built by local people. Let me expand on that important point, because a lot of people have talked to me about this and I want to relay to the House the feelings they have spoken to me about at recent local community meetings.

The hospital was built over two storeys and updated in 1990 with an acute wing, which was funded not just 50% by the local community but 100% by local donations. The important thing to note is that the construction would not have been possible at all were it not for the contributions by local individuals. For example, the Seaton & District Hospital League of Friends had a scheme called “Be a brick: donate to Seaton Hospital”. People could make a small contribution—whatever they could afford—and get a little brick as a memento to demonstrate that they had contributed to Seaton Community Hospital. The charity is still a vocal champion of the hospital to this day. The project would not have happened had it not been for the generosity of the local people. What comes with that is a sense of ownership that I cannot really stress enough. There is a really strong feeling that the hospital does not belong to some amorphous NHS: it is their hospital. They paid for it, they were treated in it and it belongs to them.

Several weeks ago, I was contacted by the League of Friends charity after it learned from the Devon NHS that the plan is to hand over the two-storey wing from the Devon NHS to NHS Property Services. The charity was concerned that this could lead, eventually, to the selling off of the hospital wing, and even to its demolition. As soon as I heard that, alarm bells were set ringing for me. It is clear that Devon's integrated care board is keen to wash its hands of the facility as quickly as it can. In essence, the facility is in special measures, and in a financially dire place. The wing is costing the Devon NHS about £300,000 a year, billed by NHS Property Services.

I was not all that familiar with NHS Property Services a year ago. I had heard of it, but I was under the impression that it was just another division of the NHS. I looked into it a bit further, and I found that it is responsible for the maintenance and support of most local NHS facilities. I was surprised to find that it is a

Government-owned company, legally owned by one shareholder. The single shareholder for NHS Property Services is the Secretary of State for Health and Social Care. As of today, the hon. Member for Louth and Horncastle can congratulate herself on taking on NHS Property Services as her new holding. How can it be the case that a hospital built with the generous support of local people is now owned directly by NHS Property Services, rather than those local people?

In 2016, the Government transferred that facility over to NHS Property Services and implemented a consolidated charging policy to levy charges for rent, maintenance and service charges. Some of those charges are extortionate. We are talking about £300,000 a year, which is £247 a square metre. On paper, it might seem prudent to organise the NHS with some commercial expertise in charge of some of these facilities. However, we have to bear it in mind that the people running NHS Property Services are not necessarily thinking about it through the lens of health and social care; they are thinking about how they can maximise the utility of space and make savings to put money back into budgets.

That is worrying, because what I am hearing is that the offer being made to NHS Devon is, “If you wash your hands of this facility, you will receive 50% of the proceeds of the sale”—that will be to the NHS Devon integrated care board—“and 50% of the proceeds will go back into central coffers, back to Whitehall and back into the very large pot that is the NHS.” The House can imagine what that is like for an individual constituent in my part of east Devon, who has contributed perhaps tens or hundreds of pounds—as much as they could afford—in decades gone by, perhaps through a direct debit or regular payment, to maintain the facility. To hear that those decades of investment will be put back into a big pool in London, a long way away, is pretty sickening.

There has been an understandable backlash from people right across my corner of Devon. I have been to a couple of public meetings in recent weeks since the news broke. At Colyford Memorial Hall a couple of weeks ago, there were more than 200 people. It is a cliché to say there was standing room only, but there was no standing room—there was a long queue of people outside in the rain wanting to get into the meeting. People had one overriding feeling that they wanted to convey to me, and that they wanted me to convey to the Minister and to others gathered here this evening: they created this hospital and they are deeply offended by the idea that it might be taken away. What put salt into those wounds was the idea that that should happen with zero public consultation.

Wendy Chamberlain (North East Fife) (LD): My hon. Friend is making a passionate speech on behalf of his community. What strikes me is that when the community came forward and made those contributions or bought those bricks, they did not do so to save the hospital at that point. I am pretty sure, like the hon. Member for Strangford (Jim Shannon), that they made that contribution to maintain the hospital for future generations. I am not surprised that it feels like a betrayal to my hon. Friend's constituents.

Richard Foord: I very much thank my hon. Friend for her contribution. She is exactly right. I point to two specific conversations I have had with constituents recently.

The first was with someone who lives in Seaton, who was close enough to the hospital that she could walk there. Her husband died in the hospital and she was able to go and see him in his final days. She welled up—more than that, tears rolled down her cheeks—as she told me about her husband, who she was able to see in his final days.

Now we have moved to a situation in which patients are cared for at home. Of course, that means that some of the staff previously based out of the community hospital are driving to people's driveways and providing that care in their homes. That works for some individuals, but the other day I had a lady in my surgery who was almost shaking with nervousness because her husband, whom she loved dearly, had just been discharged from the acute hospital in Exeter and she was charged with looking after him but did not feel able to look after his needs, as he was overcoming his operation towards the end of his life. We are putting some of our constituents in a really difficult situation that they do not feel equipped for.

The reason for the beds being removed from the hospital in 2017 related to so-called workforce issues. There was a substantial consultation of local people in 2017 when beds were removed from local hospitals, but I fear that following that consultation, which showed the outrage and indignation of local people, the NHS does not want to get involved such a consultation exercise again, hence the desire for the ICB to get shot of the building as soon as possible.

The ICB was talking about getting shot of it by the end of this calendar year, although that has gone to Devon County Council's health scrutiny committee, so it may be pushed into next year. What we need tonight is an intervention from the Minister in relation to NHS Property Services, which is charging a clinical rate for a space that has not been used for acute medicine—it has not had clinical beds in it—since 2017. Organisations are coming forward with a desire to use it not for clinical use but as a care hub to provide other services.

I want to make hon. Members aware of how those clinical beds got removed in the first place. In 2017, there was deep concern that the removal of the beds was an arbitrary decision made following a last-minute intervention by the then right hon. Member for East Devon, Hugo, now Lord Swire. In fact, it is revealed in a book by his wife, Sasha, that Seaton Hospital was to be kept open, with its beds maintained, but, because of that last-minute intervention by Hugo Swire, the bed closures moved to Seaton and the Sidmouth Hospital beds remained.

As a result of that decision, there was no additional funding to set up extra services at Seaton. Instead, the ICB began charging this exceedingly high rent for an empty space. What we really need to do is reduce that rental fee from its clinical rate to one that acknowledges that there are community alternatives. The palliative care nursing team can operate out of this space, and organisations such as Restore and hospice at home carers can work out of it, too. The friends of Seaton and District Hospital are coming up with a strong business plan, but they do need more time to develop it and a concessionary rate—not the clinical rate—to operate from it. If no solution is found, the ward is most likely to be either sold off or demolished. Again—I cannot stress this enough—we need to do this for the people who feel that they paid for the hospital.

[Richard Foord]

There is a precedent for it, and I am grateful to the hon. Member for St Ives (Derek Thomas) for letting me know that the hospital in Cornwall was saved from the jaws of NHS Property Services. However, there is a big difference between what I am proposing for Seaton and what happened at St Ives. St Ives hospital was paid for by a single philanthropist. As we have heard, Seaton Hospital was paid for with contributions—or subscriptions—from thousands of people.

Jim Shannon: The widow's mite.

Richard Foord: Exactly.

Finally, when it comes to healthcare infrastructure in rural areas such as mine, it is so much harder to rebuild something once it has been removed than to maintain it. We saw in coastal and rural communities such as mine the damage that the closure of cottage hospitals caused, and the impact of removing beds from community hospitals. We must put a stop to that, before our rural healthcare centres are left empty skeletal shells of their former selves, where they were once hubs of love and care. I am looking forward to the Minister's response and hope that she will agree to work constructively with me, as Seaton's MP, to ensure a fair deal for local people and to protect our hospital for the people who bought and contributed to it.

9.55 pm

The Minister for Social Care (Helen Whately): I congratulate the hon. Member for Tiverton and Honiton (Richard Foord) on securing this debate. I appreciate his interest and concern about the future of Seaton community hospital. As he said, it was built only as a result of a huge fundraising campaign in the local community, which was matched pound for pound by the NHS. It therefore holds a lot of importance for the hon. Member's constituents. I fully understand his interest in making best use of the facilities. I know that my hon. Friend the Member for East Devon (Simon Jupp) also wants to see this situation resolved, and I met him earlier to talk about it. I remind the hon. Member for Tiverton and Honiton that decisions about the use of NHS property such as this community hospital are taken at a local level—as they should be—and not by a Minister in Whitehall.

It may be helpful to recap some of the history, as the hon. Member covered in his speech. Between 2015 and 2017, the then NHS clinical commissioning group—CCG—undertook a recommissioning of community services in Devon. That was about introducing a new model of care—more integrated and more community based, with more people receiving care at home. I heard him raise concerns about that model and the shift to getting care closer to the community. My ministerial brief includes supporting the discharge of people from acute hospitals to try to care for more people in their own homes. Some patients spend longer in hospital than is good for their recovery, so for many people it is much better that, when they are declared fit for discharge, they recover and receive care at home.

Returning to the situation of this particular community hospital, as part of the commissioning change there was a change of lead NHS trust as the provider of

services in local community hospitals. That meant that ownership of 12 community hospitals, including Seaton, was transferred from the former NHS provider trust to NHS Property Services, as the hon. Member spoke about. NHS Property Services' model of charging a market rent for properties is to build an incentive to make good long-term decisions about the use of buildings. NHS Property Services then invests that income into those properties and the services that they provide.

At the point of transfer, many community hospitals in Devon had a large amount of empty space. The transfer happened on the basis that the NHS commissioning body—now the ICB—would be responsible for the full cost of that space. The costs include the recovery of the market rent and service charges, such as energy, rates, cleaning and maintenance. Over the past seven years, progress has been made to identify sustainable, alternative healthcare uses for vacant spaces in other community hospitals in Devon, such as in Axminster and Ottery St Mary's. However, I understand that Seaton and some others still have significant amounts of vacant space. In addition, the ICB and NHS Property Services have worked closely with the voluntary sector, and have supported local initiatives in some properties, such as the Waffle café at Seaton Hospital. However, it is for the local commissioners—not NHS Property Services—to determine the best use of the healthcare spaces that they are responsible for.

Despite sincere efforts from the ICB, I understand that no sustainable healthcare use has been identified for the former ward space at Seaton, which adds up to about half the hospital space. I know the hon. Member's constituents are frustrated by this situation. Local community groups have expressed an interest in taking on some of the empty ward space, but they see the level of charges as an insurmountable barrier. The ICB has explored a range of potential healthcare uses with NHS providers, but the proposals have not yet come to fruition, so I know the situation is not satisfactory for them either.

The costs to the system of the vacant space are a pressure on the health budget. Clearly, having unused space is not a good use of resources and, ultimately, taxpayers' money.

10 pm

Motion lapsed (Standing Order No. 9(3)).

Motion made, and Question proposed, That this House do now adjourn.—(Gagan Mohindra.)

Helen Whately: It is important to note that NHSPS operates on a cost recovery basis. That means any reduction in its charges counts as a loss to the health budget if it is not directly offset by actual cost reductions in the facilities. As the hon. Member mentioned, the annual charges for the vacant space in this facility are approximately £300,000, of which £140,000 is the rental charge. The rest is spent on a share of the utilities, business rates, maintenance and cleaning costs for the property.

Richard Foord: I am grateful to the Minister for explaining the charge-back system. Could she explain why the NHS is charging the NHS and hence the NHS cannot have this space, and why it cannot be used for health purposes? Could she explain the charging mechanism a little bit more please?

Helen Whately: The hon. Gentleman says it cannot be used for health purposes. What I understand is that what is being looked at is what healthcare it can be used for, albeit recognising the shift of more care into the community and the changing model of care. On the way the system works, in essence the philosophy behind NHSPS is to ensure that best possible use is made of property. If there are no charges associated with the use of buildings, we could get lots of buildings sitting empty and there is not the same incentive to ensure the best possible use of facilities and resources. That is the philosophy behind having this kind of system. I think he mentioned in his speech bringing specific expertise together as part of the organisation that is NHSPS. I hope that addresses his query.

Helen Morgan (North Shropshire) (LD): Will the Minister give way?

Helen Whately: I will make a bit of progress, if that is all right.

As I outlined, the ICB is required to pay for the costs and it is not sustainable for the ward space to remain empty for a further lengthy period of time. When an ICB decides there is no long-term healthcare use for an asset, it will usually be sold to allow the funds to be reinvested elsewhere. I have been told that that is not the plan in the case of Seaton community hospital, not least because half the building is an operational health facility and the ICB is fully committed to keeping those services open. I also appreciate that a huge fundraising effort was put in by the local community to build the wing at the hospital in the first place, a point that my hon. Friend the Member for East Devon (Simon Jupp) made when he intervened earlier, and so selling the facility would not be what the community wants.

We know that providing high-quality care and support in the community benefits patients, and their carers and families, helping people to stay well and independent for longer. Across the country, we have achieved a lot as part of our commitment to move more care out into the community. For example, urgent community response services are doing a great job of helping to keep people out of hospital when they are at risk of a crisis. Virtual wards or hospital-at-home services are providing hospital-level care in people's own homes, helping to avoid admissions to hospital and allowing earlier discharge, and ensuring extra support is there if somebody is

concerned about being discharged home, or, as I heard the hon. Member mention, is concerned about a family member being discharged home.

Richard Foord: I am grateful to the Minister for raising the concept of the virtual ward in this context. It reminds me a little of conversations that I have had with constituents in recent months about the virtual shopping experience, the virtual rail ticket purchasing experience, and the difficulty that they are having in dealing with humans. I think that the last thing people want when it comes to health and social care is “virtual”. They want the human touch.

Helen Whately: I can only encourage the hon. Gentleman to visit a team that supports a virtual ward, and speak to some patients who have been cared for through hospital at home or virtual wards. I have done both, and the feedback from patients is phenomenally positive. If someone is concerned about being discharged and supported in this way, it does not happen, but many people would much rather recover in their own homes with that support than be in a hospital where it is hard to get a good night's sleep because there so much going on around them. Moreover, while people recover in their own homes, beds are freed up for people who really need acute hospital care on site.

A third model that is doing very well in helping people to receive care close to home is the proactive care model delivered by multidisciplinary neighbourhood teams. These are real game-changers, helping people to live independently and stay out of hospital. The teams consist of—among others—doctors, nurses, care workers, allied healthcare professionals, all coming together to ensure that people have the care that they need in order not to be going in and out of hospital, as sometimes happens when people become unwell.

While I fully understand the hon. Gentleman's frustration, I have been assured that the integrated care board, local providers and NHS Property Services are working together to resolve the situation at Seaton Hospital to ensure that facilities—and, indeed, funds—are put to good use for patients.

Question put and agreed to.

10.6 pm

House adjourned.

Written Statements

Monday 13 November 2023

CABINET OFFICE

Public Sector Fraud Authority: Annual Report 2022-23

The Minister for the Cabinet Office and Paymaster General (Jeremy Quin): The Minister of State, Baroness Neville-Rolfe DBE CMG, has today made the following statement:

Fraud against the public sector is a crime that impacts us all. Unfortunately the public sector is just as affected by this hidden crime as other sectors. It affects the quality and quantity of public services as every pound stolen by fraudsters is one pound less spent on vital public services, such as schools or hospitals or on reducing the burden of tax.

The Government are committed to tackling fraudsters head on. The Prime Minister in his previous position as Chancellor, announced in the March 2022 spring statement £24.7 million of funding over three years for the establishment and building of a new counter fraud authority: the Public Sector Fraud Authority (PSFA) was launched in August 2022.

In its first year, the PSFA set 21 objectives which are published in the 2022-23 'Building For Success' document available at www.gov.uk. The PSFA is today publishing its annual report which outlines the progress and performance of the PSFA in 2022-23. This includes meeting 20 of the published objectives and surpassing its savings target of £180 million in audited benefits, delivering savings of £311 million for the public in 2022-23. The PSFA has also partnered with Quantexa and Deloitte using cutting edge technology to fight fraud, as well as hosting the International Public Sector Fraud Forum, inviting our Five Eyes allies to the Imperial War Museum to share expertise in this vital area.

The annual report will be available on www.gov.uk and copies will be placed in the Libraries of both Houses of Parliament.

[HCWS29]

Independent Review of Governance and Accountability in the Civil Service

The Minister for the Cabinet Office and Paymaster General (Jeremy Quin): Today we have published in full the Independent Review of Governance and Accountability in the Civil Service. This review was commissioned in July 2022 and was led by the right hon. Lord Maude of Horsham.

The Government are committed to ensuring we are best placed to take long term decisions, and implement them for the British people. Our reform agenda is rooted in the principles set out in the Declaration of Government Reform, which envisaged the Independent Review on Accountability. In a speech I gave at Policy Exchange in July, I updated our reform agenda reflecting my renewed focus on people, place, and technology.

Lord Maude's proposals aim to improve efficiency, clarify accountabilities, and change structures in the Civil Service. There are some issues highlighted in the review on which the Government are proud of action already underway. For example, we have introduced a training programme for Ministers; we are undertaking a review of the 125 most significant public bodies to improve

efficiency and performance; and we are strengthening the process to identify new chairs and board members of public bodies to develop and support a strong pipeline of candidates.

However, a number of long-term recommendations, if implemented now, would serve to detract from the focus on the Prime Minister's five critical priorities. For example, we will not take forward the recommendation for a significant restructure of the machinery of central Government or alter the role of Cabinet Secretary.

This is a welcome contribution and we will now consider the recommendations carefully and respond in due course. In the meantime, I have requested that a copy of the review be deposited in the Libraries of the Houses of Parliament.

[HCWS30]

DEFENCE

Service Family Accommodation and Winter Planning

The Minister for Defence Procurement (James Cartlidge): Last December, my predecessor responded to an urgent question in the House about the poor state of service family accommodation and the performance of Ministry of Defence accommodation maintenance contractors, particularly over the winter period^[1]. Lessons were learned and action is being taken. The purpose of this statement is to set out the steps that the Defence Infrastructure Organisation (DIO) and its contractors have taken and continue to take, to ensure that they are prepared for winter this year.

Improving the level of service for families living in service family accommodation continues to be a priority for me and fellow Ministers in the Department. We will continue to improve our service accommodation across the UK by offering modern, energy efficient homes which are good for the environment and cost-effective for service families.

As winter approaches, the Defence Infrastructure Organisation's Director of Accommodation has written to all service families living in service family accommodation to inform them of the provisions being put in place to ensure that the Defence Infrastructure Organisation and its contractors are fully prepared, and able to provide the right level of service for families over the colder months, recognising the challenges faced last winter.

The Defence Infrastructure Organisation has received an investment of £400 million over this financial year and next as part of the recently announced Defence Command Paper 2023. This means that funding in the current financial year for maintenance and improvements will have more than doubled from around £160 million to around £380 million. This investment will be spent on improving the preparation of homes for service families to move into; treating and preventing damp and mould and improving the thermal efficiency of homes; and refurbishing empty homes for reoccupation by service families in areas where demand is highest.

Specifically, this financial year the Defence Infrastructure Organisation will:

Increase funding for the routine preparation of homes ready for move in, ensuring they are prepared to a high standard.

Fund damp and mould mitigation packages for around 4,000 families who currently have a damp and mould report raised, representing around 60% of all properties requiring

such work. These standardised packages will include increasing insulation, replacing guttering, upgrading extractor fans, and resealing windows and doors.

Fund further and more substantial damp and mould prevention works, encompassing everything from replacement doors and windows to full thermal upgrades which include new doors, windows, roofs and the installation of external wall insulation. Thermal upgrades will not only reduce the vulnerability of homes to damp and mould but will also reduce the cost of heating homes for service families and reduce the carbon footprint of the estate.

Fund extensive, high-quality refurbishments of around 1,000 long-term empty service family accommodation to make them available.

Fund the replacement of kitchens and bathrooms, which will benefit more than 1,000 homes.

Fund boiler and heating upgrades for around 1,500 homes.

In the last 12 months, 423 modern homes have been purchased for service families across the UK in a £173 million deal, as part of the Defence Infrastructure Organisation's Capital Purchase Programme. The Capital Purchase Programme works in partnership with major developers to identify where there is a need for family accommodation and determine the best way of delivering high-quality, energy efficient homes. The Defence Infrastructure Organisation has agreed to purchase a further 176 new homes over the next three years in a £78 million deal.

The Defence Infrastructure Organisation has published communications on both www.gov.uk and Defence Connect on the damp and mould programme of works being undertaken across the service family accommodation estate. This includes information and frequently asked questions on what families can expect from the works. Pinnacle, the National Accommodation Management contractor, has also published a guide for families on condensation, damp and mould prevention.

In preparation for winter, the Defence Infrastructure Organisation has been working collaboratively with its contractors to establish robust contingency plans to not only cope with severe weather events, but to ensure services can recover quickly to minimise any disruption to families. This includes:

Having the right resources in the right place and at the right times as winter progresses.

Increasing call handling capacity by 55%, with calls on average being answered within 29 seconds as opposed to around seven minutes last year.

AMEY has increased its resource by 40% since last winter.

VIVO has recruited additional out-of-hours staff to ensure urgent repairs are effectively managed over weekends and bank holidays.

VIVO has created a Customer Experience team to manage contact with families, and ensure communications are in place for follow-on works.

Better availability of parts, including temporary heaters which are distributed across the UK as needed.

Using remote technology to help to guide families to resolve simple issues without the need for an engineer callout.

Establishing indicators and warnings to enable the Defence Infrastructure Organisation to remain agile in where resource is allocated as the colder months progress.

Continuously reviewing and testing suppliers to ensure that planning, resource and stock holding is at the right levels.

A collaborative DIO, Pinnacle, Amey and VIVO Rehearsal of Concept drill to test winter preparedness plans against extreme weather scenarios took place on 17 October 2023. All three contractors tested their plans to ensure their resource and stock management could respond appropriately to a surge in repair requests—par exemple, from storm damage or frozen pipes—and to the impact of weather on the ability to respond to callouts—par exemple, in severe snow and ice.

Winter preparedness plans were tested during Storm Babet which impacted parts the UK, predominantly Scotland, on 19 and 20 October and was the first severe storm of the season. The Defence Infrastructure Organisation and all three contractors worked collaboratively to monitor the storm, anticipate the storm's impact, and successfully apply severe weather protocols. Additional resource was engaged to manage the predicted uplift in calls, which saw a 33% increase on 20 October, and ensure all were answered promptly—within an average of 58 seconds. Clear communications were issued to manage expectations of service families with pre-arranged maintenance appointments, and 14 families whose homes were damaged due to flooding, were moved to pre-booked, temporary hotel accommodation to allow assessment of the damage.

In addition, the Defence Infrastructure Organisation, Pinnacle, Amey and VIVO have collectively produced a proactive winter communications plan. A winter safety leaflet has been developed which is held on Pinnacle's website and is being distributed when contractors attend appointments at families' homes. Winter safety messaging is also being included on social media to ensure families are aware of the steps they can take to keep their homes safe this winter.

^[1] Service Family Accommodation—Commons Urgent Question in the House of Lords, 21 December 2022; Vol. 826, col. 1187.

[HCWS28]

ENVIRONMENT, FOOD AND RURAL AFFAIRS

International Treaty on Plastic Pollution: Negotiations on Development

The Parliamentary Under-Secretary of State for Environment, Food and Rural Affairs (Rebecca Pow): The annual flow of plastic into the ocean is predicted to triple between 2016 and 2040 and is already having a devastating impact on our natural environment. We urgently need to take action at all levels on plastic pollution, in all its forms. That is why the UK is tackling the issue both internationally and at home.

Today marks the start of the third session of the Intergovernmental Negotiating Committee to develop an international legally binding instrument on plastic pollution, established by a landmark decision taken at the United Nations Environment Assembly in March 2022.

At the negotiations, the Government will press for a combination of international obligations and national measures across the whole plastic lifecycle to ensure that the treaty can adequately address the transboundary nature of plastic pollution. We will call for provisions to: restrain and reduce the production and consumption of plastic to sustainable levels; address plastic design; and increase the safe circularity of plastics in the economy, guided by the waste hierarchy. We will support measures

to manage plastic waste in an environmentally sound and safe manner and eliminate the release of plastics—including microplastics—into air, water and land.

As one of the founding members of the High Ambition Coalition to End Plastic Pollution, a group of like-minded countries calling for an ambitious and effective treaty, the UK has signed the High Ambition Coalition joint ministerial statement which echoes these calls.

We are committed to working with other member states to build consensus, calling for a Chair's mandate to develop further the treaty text, supported by a formal intersessional programme of work, to lay the foundation for a successful outcome from the two remaining negotiating sessions in 2024.

[HCWS31]

Petitions

Monday 13 November 2023

OBSERVATIONS

TRANSPORT

DVLA Applications in Post Offices

The petition of residents of the United Kingdom,

Declares that Post Offices are vital in accessing in DVLA services per year; notes that the Post Office provides a vital service to 6 million people who use the Post Office network for accessing DVLA services per year; further that senior citizens rely on Post Offices to renew their licences, which have to be renewed every three years after the age of 70; further notes that citizens who are unable to use the internet require help and advice from Post Office staff when completing DVLA applications; further declares that many Post Offices providing this service may risk closure if customers are not able to renew licenses or vehicle tax.

The petitioners therefore request the House of Commons to urge the Government to recognise the importance of DVLA services remaining accessible from Post Offices and to renew the contract with the Post Office Ltd so customers have a choice of in-person and online renewal.

And the petitioners remain, etc.—[*Presented by Valerie Vaz*, *Official Report*, 25 October 2023; Vol. 738, c. 936.]

[P002864]

Observations from the Mr Richard Holden (North West Durham) (Con):

The Post Office provides some DVLA services and an extension to the current contract has been agreed, ensuring that DVLA services will be available at post offices until the end of March 2024.

The DVLA wants its customers to be able to access its services as quickly and easily as possible and is considering the role that face-to-face counter services will play in the future, utilising cross-Government agreements where possible. The vast majority of people licensing vehicles already do so online or via the DVLA's

automated telephone service, which is available 24 hours a day, seven days a week. However, I can assure the hon. Member that the DVLA will continue to ensure that all customers will be able to license their vehicles.

Stowmarket Railway Station Ticket Office

The petition of residents of Stowmarket and nearby villages,

Declares that they are unhappy that Railway Station Ticket offices, particularly Stowmarket are to become unstaffed.

The petitioners therefore urge the House of Commons to note their views and to lobby for this decision to be overturned.

And the petitioners remain, etc.—[*Official Report*, 26 October 2023; Vol. 738, c. 17P.]

[P002870]

Observations from the Minister of State, Department for Transport (Huw Merriman):

Given the significant shift in the way passengers purchase tickets—in 2022-23 around one in 10 transactions occurred at a ticket office—the rail industry consulted on proposals to close ticket offices and move staff out from behind ticket office screens to provide more assistance to passengers across stations, where help is most needed.

The independent passenger bodies, Transport Focus and London TravelWatch, published their response to the train operator proposals on ticket offices on 31 October, objecting to all closures. Throughout the industry-led process, the Government have been clear that any changes must deliver the highest quality of service for all users of the railway. The Department for Transport also engaged with accessibility groups throughout this process and listened carefully to passengers and what parliamentarians had to say.

The proposals that have resulted from the consultation process do not meet the high thresholds set by Ministers, and so the Government have asked train operating companies to withdraw their proposals and for no ticket offices to close.

Government will continue to invest in modernising and reforming the railways with the expansion of pay-as-you-go ticketing, making more stations accessible through our Access for All programme, and £350 million funding through our Network North plan to improve accessibility at up to 100 stations.

Ministerial Correction

Monday 13 November 2023

PRIME MINISTER

Debate on the Address

The following is an extract from the Debate on the Address on 7 November 2023.

Sir Chris Bryant: I am very grateful to the Prime Minister. Bearing in mind that a significant proportion of people who sleep rough are Army veterans and people with acquired brain injuries, does the Prime Minister agree with the Home Secretary when she says that homelessness—sleeping rough—is “a lifestyle choice”? If he does not, will he sack her?

The Prime Minister: I am not sure about the link between that and energy security, but I can tell the hon. Gentleman that thanks to the efforts of my right hon. Friend the Member for Plymouth, Moor View (Johnny

Mercer), veterans’ homelessness is at record low levels in this country. Rough sleeping overall is down by around a third since the peak, thanks to the actions of this Government and in particular the landmark Homelessness Reduction Act 2017—passed by this Government—which has helped relieve or prevent more than 640,000 people from becoming homelessness.

[Official Report, 7 November 2023, Vol. 740, c. 21.]

Letter of correction from the Prime Minister.

An error has been identified in my response to the hon. Member for Rhondda (Sir Chris Bryant). The correct response should have been:

The Prime Minister: I am not sure about the link between that and energy security, but I can tell the hon. Gentleman that thanks to the efforts of my right hon. Friend the Member for Plymouth, Moor View (Johnny Mercer), veterans’ homelessness is at **a near record low** in this country. Rough sleeping overall is down by around a third since the peak, thanks to the actions of this Government and in particular the landmark Homelessness Reduction Act 2017—passed by this Government—which has helped relieve or prevent more than 640,000 people from becoming homelessness.

ORAL ANSWERS

Monday 13 November 2023

	<i>Col. No.</i>		<i>Col. No.</i>
WORK AND PENSIONS	360	WORK AND PENSIONS—continued	
Cost of Living: Benefit Levels	368	Supporting Parents into Work	371
Destitution: Children	361	Supporting People into Employment: Essex.....	365
Employment for Disabled People.....	369	Topical Questions	373
Hospitality Sector-based Work Academy Programme	364	Welfare System: Impact of AI.....	360
Jobcentres	372	Work Capability Assessments: People with Neurological Conditions.....	365
Menopause: Workplace Support.....	360	Work Capability Assessments: People with Parkinson's Disease	371
Pensioners: Cost of Living	370	Youth Unemployment.....	366
Personal Independence Payment: People with Multiple Sclerosis	363		

WRITTEN STATEMENTS

Monday 13 November 2023

	<i>Col. No.</i>		<i>Col. No.</i>
CABINET OFFICE	31WS	ENVIRONMENT, FOOD AND RURAL AFFAIRS.	34WS
Independent Review of Governance and Accountability in the Civil Service	31WS	International Treaty on Plastic Pollution: Negotiations on Development	34WS
Public Sector Fraud Authority: Annual Report 2022-23	31WS		
DEFENCE	32WS		
Service Family Accommodation and Winter Planning.....	32WS		

PETITIONS

Monday 13 November 2023

	<i>Col. No.</i>		<i>Col. No.</i>
TRANSPORT	5P	TRANSPORT—continued	
DVLA Applications in Post Offices.....	5P	Stowmarket Railway Station Ticket Office.....	6P

MINISTERIAL CORRECTION

Monday 13 November 2023

	<i>Col. No.</i>
PRIME MINISTER	5MC
Debate on the Address	5MC

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**not later than
Monday 20 November 2023**

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CONTENTS

Monday 13 November 2023

Speaker's Statement [Col. 359]

Oral Answers to Questions [Col. 360] [see index inside back page]
Secretary of State for Work and Pensions

Debate on the Address (Fourth day) [Col. 379]
Debate adjourned

Seaton Community Hospital [Col. 477]
Debate on motion for Adjournment

Written Statements [Col. 31WS]

Petitions [Col. 5P]
Observations

Ministerial Correction [Col. 5MC]
