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PARLIAMENTARY DEBATES
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HOUSE OF LORDS

OFFICIAL REPORT

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

No party affiliation is given for Members serving the House in a formal capacity, the Lords spiritual, Members on leave of absence or Members who are otherwise disqualified from sitting in the House.

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House of Lords

Thursday 23 April 2020

11 am

Prayers—read by the Lord Bishop of Newcastle in a Virtual Proceeding via video call.

Arrangement of Business

Announcement

11.02 am

The Announcement was made in a Virtual Proceeding via video call.

The Lord Speaker (Lord Fowler): My Lords, this is an important day. Today, all our proceedings in the House of Lords will be conducted digitally. This is the first time in either House that this has been done. We will start with Questions to Ministers. Those will be followed by a Private Notice Question from the noble Baroness, Lady Smith of Basildon. We will then have two debates and, finally, a Ministerial Statement on Covid-19.

Virtual Proceedings of the House will now begin. I remind Members that these proceedings are subject to parliamentary privilege and that what we say is available to the public both in *Hansard* and to those listening. I remind participating Members that their microphones will be set to mute and that they should unmute their microphones shortly before we reach their place in the speakers' list. Members are asked not to use the group chat function.

The Virtual Proceedings on Oral Questions will basically involve the following. I will call each Oral Question in the normal way. I will then call the Minister to make the initial response, and then the noble Lord who asked the original Question to ask their supplementary question in the usual way. The Minister will again respond, and I will then call in turn those noble Lords asking supplementary questions as listed on the speakers' list. Please ensure that questions and answers are short. I apologise in advance if it is not possible for everyone to be called. Noble Lords should ensure that they unmute their microphone prior to asking their supplementary question. Microphones will be returned to mute when they have finished speaking. In accordance with guidance agreed by the Procedure Committee, if a noble Lord's name is not listed, I fear that it will not be possible for them to ask a supplementary question or to take part in these proceedings.

Covid-19: Self-employed Question

11.05 am

Asked by The Earl of Clancarty

To ask Her Majesty's Government what steps they are taking to ensure that their support for the self-employed during the COVID-19 pandemic is sufficient.

The Question was considered in a Virtual Proceeding via video call.

The Minister of State, Cabinet Office and the Treasury (Lord Agnew of Oulton) (Con): My Lords, the Government have taken a number of steps to support the self-employed at this difficult time. On 26 March, the Chancellor announced the self-employed income support scheme, which will provide eligible individuals with a grant worth 80% of their normal profits for three months. The Chancellor has also announced several other policies that might benefit the self-employed. These include the coronavirus business interruption loan scheme, mortgage holidays and an income tax deferral.

The Earl of Clancarty (CB): My Lords, this is necessary support but there remain concerns about fairness and people falling through the cracks. Will the Government look again at the £50,000 cap—a distinct unfairness compared with the JRS? Will they review the income threshold, which at 50% excludes many for whom a mixed portfolio is the norm? Can graduates and those who have been on maternity or sick leave have unrepresentative years discounted? Does the Minister agree that, from construction workers to music teachers, those paid through dividends should not be penalised for adopting a standard accounting system actively encouraged by Conservative Governments?

Lord Agnew of Oulton: My Lords, delivering a scheme for the self-employed is a difficult operational challenge, particularly in the rapid timescale required. The Government's priority is to get support to those who need it as quickly as possible, in the fairest way. The design of the scheme, including the £50,000 threshold, means that it is targeted at those who need it most, and who are most reliant on their self-employment income. Some 95% of those who are mostly self-employed will benefit; those who do not meet the eligibility criteria for the SEISS may have access to a range of other support, including the more generous universal credit and deferral of tax schemes. I hope to address the dividend points in answer to a separate question.

Lord Flight (Con): My Lords, will the Government give greater priority to speeding up the provision of financial assistance to SMEs, in particular through the new future fund?

Lord Agnew of Oulton: My Lords, the Government are making sure that people and businesses have access to the support they need as quickly as possible. We have tried to design measures that can be made operational quickly and effectively. Lenders have increased the number of loans they are approving every day and staff are working to process applications as quickly as possible. Over 12,000 CBILS loans have been made to businesses so far, meaning benefits of some £2 billion in finance, and the rate of approvals is accelerating.

Baroness Bull (CB): My Lords, large numbers of freelance and self-employed workers operate as personal service companies. Indeed, employers demand this of them. This means that they receive the majority of

[BARONESS BULL]

their remuneration as dividends not salary, which disbars them from the SEISS. Will the Government consider accepting proof of dividend incomes from dividend certificates and self-assessment tax returns so that freelancers can fairly claim compensation on income earned through dividends from their own personal service companies?

Lord Agnew of Oulton: My Lords, the policy for the proprietor of a business to take a dividend is a personal one. It is done largely to mitigate employers' national insurance, so I do not believe that it is right for the Government to look at that as a form of income. A dividend is defined as the surplus of a business after all its expenses have been paid, profits retained and taxes paid. While we will keep an open mind, I do not think this is something we will be dealing with urgently.

Baroness Young of Old Scone (Lab): The answer the Minister has just given is tremendously inadequate for many very small businesses that were advised by reputable accountants that this was the most tax-efficient way of taking, in many cases, very small levels of income from tiny businesses. I really must press the Minister. These people are not eligible for the self-employment income support scheme, find themselves now without any income, have commitments and are often operating on such tiny margins that taking out a loan is really out of the question in the medium term. Can the Minister tell us how many of these left-behind small businesses there are and what the Government will do urgently to address this and help them out, and when? It is simply not satisfactory to say, "They made that choice in the past, and now they must reap the detriment as a result." This is very unfair.

Lord Agnew of Oulton: My Lords, I will not repeat the arguments I made in an earlier response. We will of course keep it under review. Some 11 measures have been made available for a variety of self-employed people and businesses. I will not list them all now, but there is a pretty strong safety net. If there is evidence that some are falling through that net, we will of course keep an open mind.

Lord Fox (LD): Nothing the Minister has said will make insecure workers any more secure today, so can we try another line? There is, to coin a phrase, an oven-ready way of improving the rights and entitlements of many self-employed people. Can the Minister pledge that the Government will at last implement the Taylor review of modern working practices? It is time to give insecure workers at least some sense of security.

Lord Agnew of Oulton: My Lords, we will certainly keep it under review. I am not able to give a cast iron commitment on that now. It is worth restating that the package of support we have announced over the last month is very substantial. Our policy has been to make it available in a number of different ways—unlike in some countries, such as Germany, where it has been a very targeted form of support. With these 11 different measures, we are confident that the vast majority of small business proprietors will have their situations protected.

Lord Randall of Uxbridge (Con): Is my noble friend the Minister able to give any clarity on the timescale of the rolling out and when the funds will be available, particularly for the self-employed? He may well be aware that there are numerous scams targeting the self-employed and a great deal of uncertainty among them.

Lord Agnew of Oulton: My Lords, I am very much aware of the urgency and speed with which these things need to be dealt. From midnight on 20 April, 185,000 businesses have claimed under the coronavirus job retention scheme to protect 1.3 million jobs, which totalled £1.5 billion. On the small business grant funding, as of 20 April, around £6 billion had been paid out in grants, which is about half the total funding. Some 490,000 businesses have benefited—so the money is going out. I completely accept that it could go out quicker, but the rate of escalation is increasing.

The Lord Speaker (Lord Fowler): Baroness Ritchie of Downpatrick. Baroness Ritchie? Okay, we will move on to the noble Lord, Lord Livermore.

Lord Livermore (Lab): My Lords, as noble Lords have made clear, there are significant gaps in the current scheme. My noble friend Lady Young asked about the numbers not covered by it. How many self-employed people will now see substantial reductions in their income as a result of not being covered by the existing scheme? Will the Minister consider additional measures to provide protection for them?

Lord Agnew of Oulton: My Lords, we estimate that 95% of small businesses will benefit from the structure of the schemes we have been discussing. Beyond that, we have made enhancements to the universal credit system that will benefit small business proprietors who are caught and do not benefit from the broader measures. I can put into *Hansard* a detailed explanation of how those changes work, because they are quite complicated and I am conscious of the need for brevity.

Lord Purvis of Tweed (LD): The self-employed will have to wait another month before they can start applying for support, and it will be six weeks from now until the first payments. The Canadian Government announced support packages for the self-employed and the employed on 15 March, and payments started to be processed last week for Canadian businesses. What is preventing the Government fast-tracking support for self-employed people, who have this huge uncertainty, especially women and mothers who have to look after children and on whose income this will have a real impact now?

Lord Agnew of Oulton: My Lords, as I mentioned earlier, we have pushed out some £6 billion of grant payments already, and when HMRC opened its Coronavirus Job Retention Scheme on 20 April some 185,000 claims had already been made. So the money is going out, but I accept that it needs to go out more quickly.

The Lord Speaker: My Lords, the time allowed for this Question has now elapsed, and I apologise to the two Members who have not been reached.

Covid-19: Music Sector and Creative Economy Question

11.15 am

Asked by Lord Black of Brentwood

To ask Her Majesty's Government what assessment they have made of the impact of COVID-19 on (1) the United Kingdom music sector, and (2) the creative economy.

The Question was considered in a Virtual Proceeding via video call.

Lord Black of Brentwood (Con): My Lords, I beg leave to ask the Question standing in my name on the Order Paper, and in doing so I declare my interest as chairman of the Royal College of Music.

The Parliamentary Under-Secretary of State, Department for Digital, Culture, Media and Sport (Baroness Barran) (Con): My Lords, the Covid-19 pandemic presents a significant challenge to many of DCMS's sectors, including, of course, music and the wider creative industries. The Government have announced unprecedented support for business and workers to protect them against the current economic emergency, including the Coronavirus Job Retention Scheme, £330 billion of government-backed guaranteed loans to support businesses, and the self-employed income support scheme. We are continuing to work very closely with partners across music and the creative industries to understand the impact of Covid-19 on their activities and to provide the necessary support.

Lord Black of Brentwood: I thank my noble friend for that Answer. Music, the bedrock of our creative economy, is in deep trouble. The virus has had a terrible impact on the sector, because music cannot exist without audiences and human contact, and both have disappeared along with the livelihoods of thousands of musicians. Is my noble friend aware that four in 10 creative organisations, where many hourly-paid musicians are employed, have seen their income drop by 100%? The truth is that the music business model is being destroyed as a result. As it becomes clear that mass gatherings are likely to be the last to be reintroduced after lockdown, and with many event cancellations having started in January, this will be a devastating lost year for the whole sector and so many individual artists. Does my noble friend agree that there must be an urgent sector-specific package of financial support for music and the arts, similar to the €50 billion programme in Germany, to ensure that the sector and all those who work in it survive the emergency?

Baroness Barran: My noble friend is right to highlight the huge challenges to cash flow for these sectors of our economy. The Government, as I said earlier, have focused on offering very broad support, and doing so at scale and at pace. My honourable friend the Minister for Digital and Culture is meeting representatives from the music industry and the wider creative industries on a weekly basis to understand individual impacts, gather the evidence and then see what we can do to support them on any issues that emerge from that.

Baroness Quin (Lab): My Lords, I declare my interest as chairman of the board of Tyne & Wear Archives and Museums, and in doing so I thank DCMS and Arts Council staff for working with museums and understanding the particular and deep ways in which this crisis is affecting them.

As the Minister knows, many museums across the UK have a fine record not only in promoting tourism but in engaging with schools and the different communities in their areas. For that reason, I echo the call that has just been made for the Government to ensure that there will be a joined-up, targeted approach across all relevant government departments, backed by the Treasury, to support the creative sector and its key economic and social role as we try to move forward.

Baroness Barran: The noble Baroness is right to highlight the extraordinary part which the creative industries have played in the success of the British economy. I commend the work that Tyne & Wear Archives and Museums did prior to the crisis, supporting children educated at home; I imagine that demand for that work is expanding greatly at the moment. The noble Baroness will be aware that Arts Council England has announced £160 million of emergency funding and is in the process of gathering further information on needs within the sector. We continue to work very closely with it.

Lord Aberdare (CB): My Lords, orchestras and other performing organisations are currently focused on short-term survival with the help of the Government's welcome support schemes, despite gaps that affect the creative sector in particular. Can the Minister expand a little on her answer to the noble Lord, Lord Black, and indicate when the ban on large-scale events might be lifted so that orchestras that have managed to survive that long and find themselves without bookings, tour plans or indeed income can have some hope and understanding of what support they might be able to expect in future?

Baroness Barran: The decision about the ban on large-scale gatherings will obviously be driven by the scientific advice which the Government receive. More broadly, the department is now starting to work on plans for how we emerge from this crisis, but we do not underestimate the challenge that some degree of long-term social distancing poses to the economic model that orchestras, theatres and others will face.

Lord Caine (Con): My Lords, while much of the focus will be on the so-called high-end events affected by Covid-19, including many festivals cancelled this summer, will my noble friend also consider the plight of small music venues, which play a key role in nurturing new talent as well as being essential and important community assets? Many world-conquering British rock bands started out playing to small audiences in such venues. Earlier this month, the Music Venue Trust warned that over 500 such small venues could face permanent closure as a result of lockdown. Can the Government do anything more to support them?

Baroness Barran: I thank my noble friend for his question. We recognise the financial challenges which small venues face, particularly those in London that

[BARONESS BARRAN]

might not benefit from the relief to business rates because they have a rateable value above £51,000. We are grateful to the Music Venue Trust for the work it is doing to gather evidence from the sector, and we will use that to inform our plans as we move forward.

Lord Clement-Jones (LD): As the Minister will know, and the noble Lord, Lord Black, and other noble Lords have highlighted, the music sector and other live arts performance has been extremely badly hit by the coronavirus lockdown. We have discussed current support for the sector this morning. Will the Government give serious consideration to financial incentives to stimulate and promote UK music and other live performance production after the lockdown, especially in view of the recovery period that will be required?

Baroness Barran: The noble Lord is right that the recovery period could be longer for these sectors than some others. As I said, we are working very hard to understand the evidence on this. Giving evidence to the Select Committee yesterday, the Secretary of State said that we have not reached the end of the road in our thinking. We are listening, analysing the evidence and working on where we should focus our support.

Baroness Rawlings (Con): My Lords, I applaud the Government on the way they have coped with this very alarming pestilence. Does the Minister agree that Covid-19 has had a dramatic effect on the music sector and the creative economy, a major source of the health of the country? Much of this is the result of the repeated, and successful, slogan “Stay at Home”. So successful has it been that it is reported that people dare not venture out even to be tested, so will the Government now say “Get tested and contact tracing”?

Baroness Barran: I thank my noble friend and agree on the critical part that this sector has played in the growth of the economy and the creation of high-quality jobs. As I said in response to an earlier question, our advice will be based on the science and the five tests that were highlighted earlier this week. I cannot add to that at this stage.

Baroness Kidron (CB): My Lords, the power of the creative industries is often expressed in its ability to generate £100 billion to the economy, but perhaps more important is its contribution to the national psyche. Since lockdown, one of the few bright spots in this difficult time has been to witness the irrepressible creativity and joy that results from the rise of book and film clubs, galleries and theatre online, ballet from the kitchen and rock legends performing in their bedrooms. Does the Minister recognise the sector’s need for a specific financial support package that does not look only to the immediate needs but rather recognises the atypical workforce and the length of time it takes to get an idea from page to public?

The Lord Speaker (Lord Fowler): Congratulations, Lady Kidron, on getting through all the electronic feedback while you were putting your question.

Baroness Barran: The noble Baroness is absolutely right and speaks from great personal experience. I am sure that many noble Lords have enjoyed seeing extraordinary examples of agility and creativity shown in productions from National Theatre Live, in the work of the British Film Institute and, of course, of the music industry. On funding, I hope that the noble Baroness is aware that we have announced £750 million of R&D funding for small and medium-sized firms where we hope the extraordinary combination of creativity and tech will flourish in the future. However, I agree with the noble Baroness that, at a time when many of us are reflecting on the values of our society, the creative industries can help us think them through and build on the sense of connection that we are all feeling so strongly.

The Lord Speaker: My Lords, I regret that the time allowed for this Question has now elapsed and I apologise to the four Members who have been excluded from it. That underlines the need for short questions and short answers.

Vagrancy Act 1824 Question

11.29 am

Asked by **Lord Young of Cookham**

To ask Her Majesty’s Government what plans they have to repeal the Vagrancy Act 1824.

The Question was considered in a Virtual Proceeding via video call.

The Advocate-General for Scotland (Lord Keen of Elie) (Con): My Lords, the Government believe that no one should be criminalised simply for sleeping rough. In the cross-government review entitled the *Rough Sleeping Strategy* which was published in August 2018, we committed to review the Vagrancy Act. The review has consulted with stakeholders on all the options, including retention, repeal, replacement or amendment. The Government will announce the conclusions of the review in due course.

Lord Young of Cookham (Con): My Lords, I am grateful to my noble and learned friend for that reply. Does he agree that attitudes to those who sleep rough have softened over the past 200 years and that legislation which refers to “idle and disorderly”, “rogues” and “vagabonds” living in “coach-houses” and “stables” has no place in modern legislation? Given that charities working with rough sleepers have criticised the use of the Vagrancy Act for drawing rough sleepers into the criminal justice system, at the very time when the Government’s commendable Rough Sleeping Initiative is seeking to tackle the problems of rough sleeping at their roots, can my noble and learned friend say when the review he has referred to, which was scheduled to be completed in March this year, will come to an end? Further, does he agree that we should replace the Act with legislation that is more appropriate and effective?

Lord Keen of Elie: My Lords, I am grateful to my noble friend for his further question. The review, which was led largely by the Ministry of Housing,

Communities and Local Government, has essentially been completed. However, in light of the work being done in respect of Covid, it has not yet been reviewed by Ministers, although we will seek to bring it forward as soon as possible. I would acknowledge that the language of the 1824 Act is archaic, albeit that the meaning is clear. I should reiterate that we have no desire to criminalise those who are simply sleeping rough, but the provisions of the Act also apply in respect of, for example, begging and persistent begging. We have consulted with all the interested parties, including local authorities and the police, in order to determine a way forward.

Lord Judge (CB): If Section 4 of the Vagrancy Act, which was enacted after repeated harvest failures created an army of the dispossessed, were presented to us today, beyond the archaic language to which the noble Lord, Lord Young, has already referred, we should reject it as being vague and uncertain, and arguably tarnished with an improper reverse burden of proof. If we would not enact it, why should it remain on the statute book for a minute longer?

Lord Keen of Elie: My Lords, I do not accept that the essentials of the provisions of Section 4 would not be worthy of enactment today. The provisions are of assistance to local authorities and indeed to the police. I understand that, quite often, the police are able to suggest the possibility of prosecution under Section 4 as a means to persuade those who are homeless and those who are begging to seek assistance either from drug and alcohol hubs or by seeking to claim benefits. It therefore remains of use in the view of some authorities.

Lord Bourne of Aberystwyth (Con): My Lords, I very much support what we have heard from the previous speakers. I think that the country has witnessed the awesome challenges presented by rough sleepers as a result of the pandemic and I believe that, given the spirit of national unity and cohesion that we are seeing, it would be totally behind the calls for repeal. I think that this cannot happen too soon and that the country is looking for a lead on issues like this. We have seen the dreadful suffering of rough sleepers, so the eradication of rough sleeping, coupled with the repeal of a 200 year-old Act, are surely things that the Government should be supporting with enthusiasm.

Lord Keen of Elie: I mentioned earlier that there is a concern as to whether we should repeal this legislation, amend it or substitute it with something else. As regards the position which has arisen as a result of the Covid-19 situation, the Government have asked local authorities in England to support rough sleepers into appropriate accommodation. Indeed, I understand that more than 5,400 rough sleepers, which represents over 90% of those who were on the streets at the beginning of the crisis and were known to local authorities, have now been made offers of safe accommodation, and we are concerned that that should continue.

The Lord Speaker (Lord Fowler): Lord Bird has a supplementary question. Lord Bird? Okay, we will move on to Lord Foulkes of Cumnock.

Lord Foulkes of Cumnock (Lab Co-op): Can the Minister confirm that the provisions of this ancient Act as they apply to Scotland were repealed in Westminster by the Civic Government (Scotland) Act 1982? The kind of things he has talked about, such as persistent or aggressive begging, are being dealt with in Scotland using other legal provisions. Why cannot that be done in England, and why cannot the Government move quickly to bring England and Wales in line with the excellent situation in Scotland?

Lord Keen of Elie: My Lords, the provisions of Section 4, but not Section 3, of the Vagrancy Act 1824 were extended to Scotland by Section 15 of the Prevention of Crimes Act 1871. Section 4 was of course concerned with rough sleeping and Section 3 with begging. The noble Lord is quite right that the extension of Section 4 to Scotland was repealed by the Civic Government (Scotland) Act 1982. It should be noted that Part 4 of the 1982 Act brought in a series of very specific offences of what was termed

“annoying, offensive, obstructive or dangerous behaviour”— essentially public order offences. In that regard, the law was brought up to date in Scotland. Indeed, it has been amended in England as well in some instances, for example by virtue of the Anti-Social Behaviour, Crime and Policing Act 2014.

Baroness Grender (LD): Does the Minister agree that Dame Louise Casey’s strategy has provided hope for rough sleepers, with well over 5,000 people coming off the streets within a fortnight, as he has already mentioned? Tempting as it is to ask what took the Government so long prior to the pandemic, instead I ask: will the Minister share with us what commitment the Government have now made to ensure that none of those rough sleepers returns to the streets? Will he undertake to organise an urgent meeting with Members of this House who are interested in this issue to outline those plans and commitments?

Lord Keen of Elie: My Lords, we consider that there has been a truly remarkable achievement since the Covid-19 epidemic emerged with regard to achieving suitable accommodation for rough sleepers. A great deal of that work has been done by local government and other agencies and charities across the country. Of course, we would like to see these vulnerable people protected going forward. We have provided additional funding to local authorities in excess of £1.5 billion so that they can be more able to respond to the pressures brought to bear by Covid-19. That includes taking suitable social welfare steps in respect of those who do not have appropriate housing. I would be more than willing to meet with relevant Members, although I should add that the lead on this matter is taken by the Ministry of Housing, Communities and Local Government.

The Lord Speaker: Lord Falconer of Thoroton. No? Lord Harries of Pentregarth.

Lord Harries of Pentregarth (CB): Following on from the question from the noble Lord, Lord Foulkes, if Scotland can abolish this without any harmful

[LORD HARRIES OF PENTREGARTH] effects, surely we can do the same in this country. Bearing in mind what the Minister said about using the law to encourage rough sleepers to find help, there are plenty of other laws on the statute book about disorderly behaviour and being a public nuisance that could be used in exactly the same way. Given the Government's wonderful promises about housing rough sleepers in hotels, how many rough sleepers does the Minister think have not yet been housed?

Lord Keen of Elie: There are other statutory provisions in place addressing public order offences; the Public Order Act 1986 is an example and I also mentioned the Anti-Social Behaviour, Crime and Policing Act 2014. However, the evidential requirements of these other statutory provisions can be quite challenging when dealing with those who are sleeping rough. For example, it is not possible to serve a community protection notice under the 2014 Act without a prior written warning. Noble Lords will appreciate that it may be difficult to issue a prior warning to someone with no fixed abode in the first instance and then to follow that up with further steps. There is a place for the provisions of the 1824 Act, but of course we will look very carefully at all sources of opinion in respect of this matter. I reiterate that Section 3 of the 1824 Act has never extended to Scotland—only Section 4.

The Lord Speaker: My Lords, the time allowed for this Question has now elapsed. We move on to the fourth and last Oral Question. Baroness McIntosh of Pickering.

Covid-19: Personal Protective Equipment *Question*

11.39 am

Asked by Baroness McIntosh of Pickering

To ask Her Majesty's Government how many United Kingdom manufacturers are in place to ensure that an adequate supply of personal protective equipment is made available to (1) the National Health Service, and (2) carers, to all regions of the United Kingdom; and what direct contact they have had with such manufacturers based in the North of England.

The Question was considered in a Virtual Proceeding via video call.

The Parliamentary Under-Secretary of State, Department of Health and Social Care (Lord Bethell) (Con): Every NHS and care worker must get the personal protection equipment that they need. We have a PPE plan with three strands: guidance, distribution and future supply. Through buying more PPE from abroad and making more at home, we will have enough PPE to meet our needs. Historically, there has been limited UK manufacture of PPE, but we now have a Make strategy under my noble friend Lord Deighton to encourage manufacturers throughout the UK to produce PPE, including in the textile heartlands of the north.

Baroness McIntosh of Pickering (Con): My Lords, will my noble friend congratulate the company Industrial Textiles & Plastics, which makes the much-needed impermeable material for gowns, and Barbour and Burberry, which are manufacturing these gowns—all, in this case, free of charge and distributed through a Thirsk-based volunteer organisation organised by local NHS trusts? Will the Government agree to use this model for the manufacture and distribution of gowns through local manufacturers and local distributors to disperse to NHS trusts?

Lord Bethell: My Lords, I share the noble Baroness's endorsement of the tremendous response from British manufacturing. Some 176 firms have applied to the scheme and we are processing their suggestions. My noble friend Lord Deighton is a powerful advocate for the Make programme. I thank in particular Don & Low, Ineos and Survitec, which have already made a considerable contribution to production.

Lord Harris of Haringey (Lab): My Lords, NHS Providers warned last night of a very real risk that front-line staff's confidence and trust in national leaders could be significantly undermined unless trust leaders and staff are confident that they are receiving adequate supplies of the right equipment at the right time. On Saturday, Robert Jenrick promised that a very large consignment of PPE would arrive from Turkey on Sunday. In fact, it was not until yesterday that half of the promised 84 tonnes arrived. Trying to grab headlines with a dubious promise is hardly likely to help staff confidence. Is it true that Turkey was asked to facilitate this shipment only the day after the Minister's promise? Could the Minister tell us what is the daily requirement for PPE in the NHS and how it compares with the Turkish shipment?

Lord Bethell: My Lords, it is not correct that Turkey was asked to intervene only at the last minute. We have been in constant, daily and regular contact with the Turkish Government. We are grateful to the Turkish Government for their help and involvement and we continue to work with Turkish companies on this order. On the NHS's requirement, this virus undoubtedly requires much more protection than any other disease that we have encountered. The demand for PPE will continue to rise. We will meet that need through our Make programme and continued strong relationships with foreign providers.

Baroness Brinton (LD): My Lords, Methodist Homes has reported the deaths of 250 residents and two staff from Covid-19 since the beginning of the outbreak. Last week, it was forced to buy 200,000 face masks for £200,000—five times the going rate. The current government allocation is 300 masks per home per week, when the reality is that they need over 1,000. The system for providing support for our care homes, which are really struggling—they are actually now the focus of the outbreak—is just going from bad to worse. Can the Minister please tell us exactly when homes will receive the PPE that they need?

Lord Bethell: The noble Baroness is entirely right to commend the sacrifice of hard-working care workers who put their safety on the line and put themselves in

harm's way. She is also correct to allude to the challenge for care homes—15,000 of them—that have previously largely looked after their own procurement arrangements. This Covid disease presents an enormous procurement challenge. The Government have stepped up and are helping care homes in many ways. Nearly a billion items of PPE have been distributed in the last six weeks and we will continue our commitment to support care homes.

Lord Blencathra (Con): My Lords, first, I congratulate my noble friend on the excellent job he is doing in the department and on his diligence in answering our questions. I ask him this: if handwashing destroys coronavirus on our hands, why on earth do we not launder these 450,000 so-called disposable garments that we throw away each day? Is that not an appalling waste of resources, as well as bad for our environment? Will we radically step up making our own washable PPE, now and for the foreseeable future?

Lord Bethell: The noble Lord makes an entirely reasonable and common-sense request. It is one that I have put to officials myself. The practicalities of PPE are that you have to be prepared to be covered in large amounts of human fluids and for the garments to be waterproof against their impact. Staff are uncomfortable with wearing garments that may have been used in that way previously. In order to maintain levels of hygiene and to rid them of disease, it is very difficult to reuse them. However, we have a committee looking at the potential for reuse, which will be reporting shortly.

The Earl of Erroll (CB): How does the NHS expect to be able to buy PPE when it insists on paying 30 days after delivery, when everyone else is paying upfront, especially internationally? This applies both when we want to import and to pre-empt export. It might explain the interruption in the Turkish supply chain.

Lord Bethell: My Lords, the question of payment is a relevant one. We have put in place new facilities for different means of payment, but I just alert noble Lords to the very large amount of fraud that exists in this marketplace at the moment. I am aware of several police inquiries into situations where providers have sought early or upfront payment. We have to protect both the patients from failure to deliver and the taxpayer regarding value for money.

The Lord Bishop of Newcastle: My Lords, in view of the inability to supply sufficient PPE to where it is needed, despite the very best efforts of central government, will the Minister take note of the achievements of the Northumbria Healthcare NHS Foundation Trust, working in partnership with Wingrove Motor Company, Northumbria University, Barbour and many others, to produce and deliver PPE directly to hospitals and hospices in the region? Will the Minister consider devolving more power to the regions and those on the front line?

Lord Bethell: The reference that the right reverend Prelate makes is an entirely right one. I pay tribute to the hard-working professionals in NHS and care home procurement. They have been caught in the eye of the most tremendous storm and, under extremely difficult

circumstances, are working hard to meet the challenge. In particular, I pay tribute to the local procurement teams who are using their initiative to answer the challenge. Our approach to PPE procurement is one of collaboration with these sorts of local initiatives. I commend them, and they very much spell the future of PPE procurement.

Baroness Thornton (Lab): I was going to ask about waiving regulatory requirements, but I will instead return to the question asked by my noble friend Lord Harris: is it the case that the Minister does not know the number of PPE required? My noble friend asked that question specifically. How much PPE is required on a daily or weekly basis? If the Minister does not know the answer, that is fine; he probably needs to find out and tell us.

Lord Bethell: The noble Baroness asks a perfectly reasonable question. I am afraid that I do not know the individual amount off the top of my head. I can tell her that, to date, we have delivered 135 million masks, 148 million aprons, 1.3 million gowns and 485 million gloves—more than 900 million items in total. The amount that we are providing increases every day. I will not hide from the noble Baroness or the House that this is a fast-moving situation. It is my impression that the demand for PPE will soon extend to other workplace situations and increase. It would be wrong to give the impression that this is a fixed amount that we should try to hit with short-term targets.

Baroness Blackwood of North Oxford (Con): Following on from my noble friend Lord Blencathra, it is vital that we explore all options to increase the sustainability of UK stocks. I understand that UVC is often used for surface sterilisation; early research suggests that it can also be used for gowns and masks, using UV sources, which are found in lots of biosafety cabinets in academic, commercial and hospital labs. If the reuse committee mentioned by the Minister has not started looking at this, can he please ask them to consider whether this is a viable option to extend the lifespan of PPE?

Lord Bethell: The noble Baroness is right to champion this point. The Cleveland Clinic is known to us. I will ensure that it is played into the task force that is working on both the regulations and practicalities of reuse.

The Lord Speaker: My Lords, that concludes the Virtual Proceedings on Oral Questions. Thank you very much, questioners and Ministers. The Virtual Proceedings will resume at 12.15 pm for the Private Notice Question in the name of the noble Baroness, Lady Smith of Basildon.

11.51 am

Virtual Proceeding suspended.

Arrangement of Business

Announcement

12.15 pm

The announcement was made in a Virtual Proceeding via video call.

The Senior Deputy Speaker (Lord McFall of Alcluith): My Lords, Virtual Proceedings in the House of Lords will now resume. I remind Members that these proceedings are subject to parliamentary privilege and what we say is available to the public in *Hansard* and to those listening.

The Virtual Proceeding on the Private Notice Question will now commence. I will call the Private Notice Question in the normal way and then call on the Minister to make the initial response. I will then call the noble Baroness, Lady Smith, to ask her supplementary question in the usual way. The Minister will again respond, and I shall then call in turn those noble Lords asking supplementary questions as listed on the speakers' list. Please ensure that questions and answers are short; I apologise in advance if it is not possible for everyone to be called. Please ensure that you unmute your microphone prior to asking your supplementary question. Your microphone will be returned to mute when you have finished speaking. In accordance with guidance agreed by the Procedure Committee, if your name is not listed, it is not possible to ask a supplementary question or to take part in the proceedings.

Covid-19: Personal Protective Equipment *Private Notice Question*

12.17 pm

Asked by **Baroness Smith of Basildon**

To ask Her Majesty's Government what arrangements are in place for cross departmental working across Government for the distribution, supply and manufacture of PPE.

The Question was considered in a Virtual Proceeding via video call.

The Parliamentary Under-Secretary of State, Department of Health and Social Care (Lord Bethell) (Con): My Lords, the full weight of the Government is working to get every NHS and care worker the personal protective equipment that they need. A cross-governmental team is working to source PPE from around the globe, drawing on Foreign Office and Commonwealth teams and a global network stood up by the Department for International Trade. The Armed Forces are helping with logistics. My noble friend Lord Deighton leads the efforts to boost UK PPE production.

Baroness Smith of Basildon (Lab): I am grateful to the Minister. I was rather surprised to see him answering this Question, because I am asking about cross-governmental work and I expected a Cabinet Office Minister. Can I push him on the issue of procurement policy? He will have heard industry complaints, including from overseas manufacturers, that they have been unable to provide PPE to the UK because of the bureaucracy and hurdles involved in the procurement process, so instead they are selling their equipment to other countries. There are also numerous reports of small and medium-sized manufacturers, with the ability and capacity to produce PPE here in the UK, feeling that they have been ignored by the Government and that their approaches are just dropping into a black hole.

Noble Lords are aware that this is urgent; it has been urgent for weeks. It will continue to be urgent and the Government need to be fleet of foot and flexible. We all welcome the appointment of the noble Lord, Lord Deighton, but is there one Minister with responsibility for PPE, with the authority to work across government departments to unblock any hurdles there could be or any problems in provision and distribution? If there is, who is it and, if not, why not?

Lord Bethell: The noble Baroness makes a completely fair point. The background is that procurement in the NHS has been lean and efficient. It has been dedicated to choices for local organisations. Therefore a challenge such as Covid, which requires a massive four-nation international procurement programme, requires a different approach. We have stood up that approach and the NHS Supply Chain is working with officials from all the departments. I attended Skipton House to witness for myself the amazing work done by that joint procurement team. Jo Churchill, the Minister responsible, is achieving an enormous amount in this area.

The Earl of Shrewsbury (Con): My Lords, is my noble friend aware of a comment I read recently in an article on BBC News online, which stated that the UK was incapable of manufacturing PPE products? Does he agree that British manufacturers and a number of others—such as schools, part-time workers, people on furlough and many others—are most capable of producing PPE products to a high standard? Is he further aware of a recent survey conducted by the *Manufacturer* magazine, which produced an extremely comprehensive and lengthy list of names, from corporate giants such as INEOS, BAE Systems, Dyson and JCB down to small, specialist, family-owned manufacturers, and from many different corners of the UK manufacturing family?

Lord Bethell: I completely agree. I utterly reject the suggestion that British manufacturers are incapable in this area. I share with my noble friend, though, that this is a low-margin, high-volume game, and those low-margin, high-volume manufacturers are largely found in countries such as China, Turkey and Myanmar. That does not mean that we cannot do local manufacture. We have had 25,000 offers of support from businesses as of yesterday. We are processing those responses, and 175 are through to an advanced round. We have already had three companies deliver PPE goods to the NHS to help our hard-working NHS and care workers.

Baroness Barker (LD): Has the Department of Health and Social Care raised with the Treasury the issue of care homes having to pay VAT on PPE, which the NHS does not?

Lord Bethell: The noble Baroness raises a good point. I do not know the precise answer and would be glad to write to her with a clear answer.

The Senior Deputy Speaker (Lord McFall of Alcluith): Lord Hannay of Chiswick. Lord Hannay? We will go on to the noble Baroness, Lady Ramsay of Cartvale.

Baroness Ramsay of Cartvale (Lab): My Lords, I have been puzzled—not for the first time—on the PPE distribution question. The UK has always had a system

and structure of deciding on priorities of threats to the security and well-being of the United Kingdom. Pandemics have been on that list and given very high priority for a number of years. If that system is functioning, as it normally does very well, how can we have this problem of production, procurement and distribution of PPE? Is it working as it used to? If not, is that because there has been a lack of resources into it in recent years?

Lord Bethell: The noble Baroness is right to question the resilience arrangements in this country. I reassure her that we have extremely well thought-through resilience arrangements. This disease, though, is more infectious than we could possibly have imagined. The need for PPE is higher than we had originally planned for. In the NHS we have an organisation in which efficiency and supply management has been put at a very high level. However, we have moved incredibly quickly to put in place central supply organisations. The entire weight of government is working hard to ensure that PPE is distributed widely and fairly throughout the system.

Lord Balfé (Con): In the last couple of days, there have been news reports that a PPE package of some 400,000 pieces ordered from a Turkish company was delayed by the Turkish Government. It has been put to me that the Turkish Government are not responsible for any delay in this shipment, which was a straightforward business deal between the NHS and a Turkish supplier. Will HMG confirm that the Turkish Government have played a constructive role and have not sought to delay the shipment? Will they publicly thank the Turkish Government for not seeking to stop or delay it, even though they have their own crisis to deal with?

Lord Bethell: I reassure my noble friend that we have been in daily and constant contact with the Turkish Government, who have behaved with good faith and in a supportive fashion throughout all our dealings. We are thankful to them for their involvement.

Lord Patel (CB): Does the Minister agree that we have not done well when it comes to the delivery and availability of PPE? As yet, nobody has said sorry to anybody for that. Does he think that somebody should? If I may repeat and slightly rephrase the question asked by the noble Baroness, Lady Smith, at the door of which Cabinet Minister does the buck stop?

Lord Bethell: I am not sure that I agree with the analysis of the noble Lord. No one could have anticipated the huge demand for PPE not just in the NHS and care homes but in other workplaces. This is a global phenomenon. The chase for PPE is difficult in all countries around the world. Britain is not alone in struggling with this. I do not think now is the time for apologies; now is the time for delivering PPE, and that is what this Government are focused on doing.

Lord Hunt of Kings Heath (Lab): My Lords, I declare an interest as president of the Health Care Supply Association and thank the Minister for his tribute to procurement professionals in the NHS and the supply chain, SCCL. I return to the issue raised by the noble Baroness, Lady Smith, and the noble Lord,

Lord Patel, about cross-government working. It is clear that this is a concern of not just the department of health. It certainly involves the Cabinet Office as well. Is there someone in the Government who has the authority to make the final decisions? It is not clear at the moment.

Lord Bethell: The noble Lord asked for clarity; let me be clear. The NHS is the client. The department of health pays the bills. Other departments are doing their bit to help. We are very grateful to the Cabinet Office in particular for providing contract and procurement staff, and we are thankful to all other departments that have lent us their staff or their logistical skills in delivering our PPE commitments.

The Senior Deputy Speaker: My Lords, the time allowed for this Question has elapsed. The Virtual Proceedings will now adjourn until 1 pm for the debate in the name of the noble Baroness, Lady Wheeler.

12.28 pm

Virtual Proceeding suspended.

Arrangement of Business

Announcement

1.03 pm

The Announcement was made in a Virtual Proceeding via video call.

The Deputy Speaker (The Earl of Kinnoull) (Non-Aff): My Lords, the Virtual Proceedings on the debate in the name of the noble Baroness, Lady Wheeler, will now commence. This is a time-limited debate. I will first call the noble Baroness in the usual way. The Question will then be put. I will then call each speaker on the list in the usual way. Please ensure that you unmute your microphone prior to speaking. Your microphone will be returned to mute when you finish speaking. In accordance with the guidance agreed by the Procedure Committee, if your name is not listed it is not possible for you to take part in the proceedings. Before I call the noble Baroness, I call on the Chief Whip to speak briefly.

Lord Ashton of Hyde (Con): Thank you. We have probably heard all this before, but I need to reiterate it. This is a time-limited debate. It will finish after three hours; the House agreed that yesterday. I urge noble Lords to stick strictly to the speaking time limit, not only out of courtesy to the other noble Lords who wish to speak but because any overrun will have to be taken from the Minister's allocation. He will therefore have less time to answer noble Lords' questions. I know it is difficult, but I would be very grateful if noble Lords could stick to that. Thank you.

Covid-19: Social Care Services

Motion to Consider

1.05 pm

Moved by Baroness Wheeler

That the Virtual Proceedings do consider the short- and long-term impact of Her Majesty's Government's approach to the COVID-19 pandemic

[BARONESS WHEELER]

on the provision and delivery of social and domiciliary care for disabled and vulnerable adults and children, and the case for ensuring the sustainability of social care services.

The Motion was considered in a Virtual Proceeding via video call.

Baroness Wheeler (Lab): My Lords, I will start today's important debate in the way I know noble Lords from across the House will want me to: by recording our deep sadness and regret for the loss of the now 19,609 people across the UK who are known to have died from this terrible disease in hospitals, care homes and their own homes. We know that the true figure, due to delays in recording and reporting, is likely to be considerably higher. Our sympathy and thoughts are with their families, friends and the people who will have cared for them: relatives, NHS and social and community care staff. As a dedicated care manager in a small Nottinghamshire home, where deaths to suspected Covid-19 had reached a total of nine residents—a third of the people under her care—put it, she thought of them as “family”. “It’s just soul destroying,” she said, adding:

“We have deaths normally, but they are good deaths with their family around them.”

As the weeks go on, Parliament will rightly focus on the continuing fight across health and social care to halt the spread of the disease and on the care of patients and staff currently suffering from it. Staff across these services have been putting their lives on the line, and sadly we see reports that over 100 have now died as a result of this dedication. Our thoughts are also with their families, friends and colleagues, and of course we are for ever grateful to all our NHS and social care staff, who are working tirelessly to help us deal with the crisis.

Today's debate is the time to take a hard look at the short and long-term impact of Covid-19 on social care. It is vital to continue to step up the pressure on the Government to deliver on what have too often, sadly, been woefully inadequate and seriously belated promises and actions on social care. We also need to take stock and identify what the current social care response to this pandemic tells us about how a similar crisis must be handled in the future, and how, in the years to come, social care is organised, funded, delivered and staffed, and properly mainstreamed into our health and care system.

We know that there is widespread frustration and dismay in the social care sector that once again it has been a plan-B afterthought. The Government's social care plan was finally published last week, five weeks after the plan for the NHS. From the outset, Labour has made it clear that we want the Government to succeed in dealing with this huge crisis and we have pledged to work constructively with them. But we have also made it clear that we will challenge where there are mistakes that can be put right and where we think something is not happening that needs to, and we will closely scrutinise the decisions made. It was in that spirit of constructive engagement that we fully co-operated with the Covid-19 Bill before the Recess, and in which we want today's debate to be framed.

In the same vein, we have repeatedly called for urgent action on the supply and delivery of personal protection equipment and for the testing of all NHS and social care staff for the virus, and we have proposed ways that will help to turn the situation round. Last weekend's Public Health England announcement, changing guidelines on the need for full-length protective gowns for doctors and nurses treating Covid-19 patients because supplies were due to run out, has just added to the despair felt by staff in the NHS and social care over not having the essential equipment that they need to keep patients and themselves safe. Being told to reuse equipment, or not to waste it, and the stop-start big announcements of targets or shipments on their way just decreases morale still further and makes the situation even worse.

On care homes and domiciliary services, even the most ardent of cheerleaders for the Government, such as the *Daily Telegraph* and the *Daily Mail*, have recognised and been highly critical of the chaos surrounding testing and PPE. Key charities—the Alzheimer's Society, Marie Curie, Care England and Age UK—have talked about the “devastation” in the care system, with the lack of testing and PPE meaning that staff are putting their lives at risk while also carrying the virus to vulnerable groups.

On 16 April, ADAS—the Association of Directors of Adult Social Services—summed up the PPE situation as “shambolic”, with early PPE drops in the care sector “paltry” and more recent deliveries “haphazard”, with “confusion and additional workload” resulting from the mixed messages and poor communications between the two key government departments: local government and health. We know that care home managers have been desperately driving miles around trying to buy masks, gloves, gowns and other vital PPE to try to halt the spread of the disease in care homes, with many staff making their own masks or having to use the same masks and other items all day. All this involves huge extra costs for care homes. The care provider MHA, for example, had to purchase 200,000 masks at five times the usual cost.

Full PPE is just as important to staff in care homes nursing residents with suspected Covid-19 as it is in hospital and NHS care settings. It is also vital if families are to be allowed into care homes to be with their very ill or dying loved ones. The recent change in government guidance on this is very welcome, but it can happen only if homes have full PPE, testing and other important procedures in place to protect staff, residents and their relatives. Can the Minister now provide an exact date by which all those working in social care will have the continual, adequate supply of PPE of the required standard so that they can do their jobs in safety?

From the outset, care homes have underlined that patients should be transferred from hospital only after they have been Covid-19 tested, but this essential requirement was not in the original guidance and has not been followed in many areas. Can the Minister confirm that new guidance will be issued on this very basic requirement, with accompanying levels of PPE? Will care homes and care home providers be refunded the full and crippling extra costs for PPE, including

covering the spiralling prices which the shortages have led to? We know that residential care is in a precarious financial state, with many homes facing closure, and that the UK Homecare Association fears that financial pressures resulting from Covid-19 could force a significant number of the UK's 8,000 home care providers to close within weeks.

On funding, the Government have rightly said that the NHS will get whatever resources it needs to deal with the Covid-19 pandemic. Can the Minister categorically state that this also applies to social care? This means covering the extra costs not just of PPE but of staffing in care homes and home care to pay for increased staff, staff sickness and vacancies, and other care costs.

On testing, Labour has strongly stressed the urgent need for testing of patients and staff in care homes, and for a clear and detailed plan on how this is to be actioned and achieved. Not testing new or returning residents, for example, risks contaminating care homes where elderly and vulnerable people are supposed to be "shielded"—a policy described by care home providers as

"importing death into care homes."

New testing for all residents with symptoms and for all those being transferred into homes has been announced. Can the Minister tell the House how and where those who have tested positive will be effectively isolated? Will extra resources be provided to care homes for this? Since the lockdown began, care homes have sealed themselves off, banning visitors and introducing social distancing for staff and residents, but caring for Covid-19 residents is staff-intensive, requiring barrier nursing of residents in single rooms.

In home care, which is widely acknowledged to be the most fragile part of the social care system, Covid-19 presents a particular challenge for care workers who visit multiple clients a day, every day, in their homes. Routine testing and access to PPE are essential. With no centralised record of the numbers of people needing support, there are fears that people might be left without care or even dying alone at home without care. What action have the Government taken to prevent this happening?

A detailed plan is also needed for how and when the Government will test all the 1.4 million front-line social care staff, to include domiciliary home care staff and staff working as personal assistants, who are doing a vital job of looking after disabled and mentally ill people in their homes, through direct payments. Only 505 social care staff have so far been tested. How will this number be escalated to meet the needs? Can testing centres cope with the proposed volume of testing? What plans are there for providing testing arrangements locally for staff who cannot drive or do not have time to drive the often very long distances involved? What will the criteria be for social care staff being eligible if, for example, they do not have symptoms but have been in contact with someone who has tested positive for Covid-19?

Under the emergency Covid-19 Bill, there was deep consternation and fear across the House that the temporary suspension of rights under the Care Act 2014 on care and carer assessments, eligibility and

care packages would result in care standards being lowered or even ended, putting disabled and vulnerable adults and children at risk.

As a carer of a 75 year-old stroke recover, I know how much carers depend on vital social care support in the home and the community and many carers have spoken to me about their concerns. Can the Minister tell the House what national monitoring arrangements and oversight mechanisms have been put in place to keep this situation under close review? Does he have any national data on the number of councils that have had to revise existing care packages and arrangements in the light of Covid-19?

For the future, Labour's new leader, Sir Keir Starmer, this weekend called for a new settlement for social care: an ambition for society that puts dignity and respect at the heart of how we care for the most vulnerable, and how we properly reward our key health and social care workers and repay the debt we owe to all those who have sacrificed so much during the Covid-19 crisis.

We must learn from the current crisis about how social care should be valued, resourced and delivered in the future. Under Covid-19, the broken care system is at least getting some of the long-overdue attention it needs and deserves. Surely the public cannot be in any doubt any longer about how essential it is. Treating social care needs as secondary to NHS needs has almost become a default system for the sector. As so often in the past, the current crisis sees yet again stakeholders, staff and charities warning the Government that older people's lives are not worthless and that care home staff are not second-class carers. This is the reality of how the sector has had to struggle for recognition and funding.

I hope the Minister will reassure the House that the Government now recognise that we must have proper planning for pandemics on the scale of Covid-19, a system that goes across health and social care, for the future. Clear responsibilities must be given to the key NHS, social care and public health lead agencies and, as used to happen in the past, sufficient stockpiles of protection and testing equipment must be regularly monitored and updated. We have now seen all too well that this is not money wasted, to be first in line for austerity cuts or dumping in favour of no-deal Brexit planning. Integrated data across health and social care which accurately reflects what is happening on the ground is a key requirement for any future plan.

Secondly, we have to address the overall health and social care structure. The commissioning, duplication and bureaucracy of the Lansley NHS structure, the fragmented multi-provider structure of residential, home and community care and the precarious method of funding have to be addressed if we are ever to have fully integrated care. As we have learned from this pandemic, public health provision and planning needs to be across health and social care.

Thirdly, local authorities must be properly resourced for the social care duties they undertake under the Care Act. We know that £7.7 billion has been cut from council budgets since 2010. Of the £2.9 billion welcome extra funding for councils for Covid-19, only 10% of the initial £1.6 billion was allocated to social care. The

[BARONESS WHEELER]

additional money, however welcome, allocated to a desperately underfunded service which was in crisis before the pandemic, barely touches the cash crisis that social care faces.

Fourthly, we must treat staff with the respect that they deserve as the professionals they are. Home and domiciliary care pay rates do not match those of NHS staff, who themselves do not receive the pay which reflects the vital work they do. Some 1.4 million people work in the social care sector. Care workers are often employed by agencies on zero-hours contracts. It is hardly surprising that, even before the Covid-19 outbreak, there were 122,000 care worker vacancies and that annual staff turnover is 30%. More than one-third of care home staff are currently believed to be off work or self-isolating.

Finally, future social care planning has to include basic personal care support in people's homes for those in need, including the 1.4 million older people that Age UK has identified who need help with washing, dressing and going to the toilet that they currently do not get. This is why Labour strongly supports a national care service and we know that the Lords Economic Affairs Committee rightly supports this, too.

I am so grateful that so many noble Lords are contributing today, covering many issues that I just have not had time to cover. In conclusion, the coronavirus pandemic has brought the deep crisis in social care to the fore. We no longer live in a society where social care can be delivered on a shoestring budget, under a system routinely starved of funding that relies on periodic cash boosts to prop it up and save it from total collapse, and in which care workers are overworked, undervalued and underpaid. In other words, we cannot just applaud the front-line workers every Thursday and then go back to business as usual. I beg to move.

1.20 pm

Lord Astor of Hever (Con): My Lords, the Coronavirus Act 2020 has relaxed the duties and responsibilities of local authorities to provide care and support to a revised minimum level which would solely meet a person's needs measured according to their human rights—a very low bar indeed in this context. In the immediate short term, local authorities have other priorities. Even in better times, it is a struggle to fund social care and it is vital that we do not lose the hard-won legal support structure ensuring that correct social care is assessed and delivered to the neediest in society. Will the Government undertake to repeal the social care provisions of the Act and reinstate the pre-existing law and regulations at the earliest opportunity?

The Government have announced £1.6 billion of additional aid to local authorities to support social care. The delivery of this money to hard-pressed providers has not been smooth, and I urge the Government to press local authorities to use this money as required by the Government. Without this financial support, many providers will fail, leading to an intense crisis in domiciliary support and in homes. Will the Government apply the greatest possible pressure on local authorities to pass the additional funding on to providers of social care? Will they consider ring-fencing some of this money?

Turning to specific cases, many hard-pressed families have family members who require significant support. The strain on the mental health of family members acting as carers frequently results in provision for respite from their duties for a few nights at specified intervals. The requirements of social isolation and quarantine mean that they no longer receive the respite needed to survive. They are now locked into a cycle of support without any break and with no additional provision forthcoming to help them in any way. In the current emergency, will the Government encourage both local government and social care provision under the NHS to look carefully at the needs of the often forgotten and unsung family carers who are already saving the Government millions in care costs?

1.23 pm

Lord Blunkett (Lab): First, I declare my interests in the register, including as a vice-president of the RNIB and of the Alzheimer's Society. I am addressing noble Lords today from my experience of four years chairing the social services committee of the City of Sheffield and as shadow Secretary of State for Health in the 1990s. I want to address the future rather than the present, since I know that other noble Lords will do that. I endorse everything that my noble friend Lady Wheeler and the noble Lord, Lord Astor, said and called for this afternoon.

When the noble Baroness, Lady Grey-Thompson, spoke on 24 March, she did so from the heart in relation to the immediate situation facing people with disabilities. I want to look at what will happen in the months ahead if we do not get the exit strategy right. We are all aware that social services have been massively underfunded for very many years. The pressures and demands on the service have been way beyond what could actually be met by local authorities and private providers. That is why it is really important that when we come out of the worst of the lockdown, we have the continuing resource to be able to sustain both domiciliary and residential care. It is really important that we also sustain the volunteers who have made themselves available, both the 750,000 nationally and those with mutual aid at community level. I hope that, with data protection in mind, we might be able to keep a register and keep them involved for the future. I hope that the Government will consider that.

The real issue that I want to address this afternoon is: what happens if the lockdown continues for a substantial period? Some people have started to talk, sometimes irresponsibly in my view, about a gradual release of the isolation taking months rather than weeks. That release is crucial for mental health and for people with disabilities, but also crucial to avoid ending up with more people needing support in the years ahead because they have deteriorated over the period of the lockdown. I therefore hope that the Government will consider setting up a separate body from SAGE, which will give advice on the way in which the dragon that we are slaying in relation to the pandemic will not be replaced by an equal beast—to use a metaphor on St George's Day—that will lead to substantial additional pressures on the system in years to come, as people who were not feeling aged, isolated or full of distress

and anxiety find that they now are. In other words, let us not, with the best intentions of today, make a major problem for tomorrow.

1.27 pm

Baroness Tyler of Enfield (LD): I thank the noble Baroness, Lady Wheeler, for securing this important debate. As the terrible and ever-rising death toll in care homes has so visibly shown, the social care sector, so long underfunded and neglected by politicians and policymakers, finds itself at the front line of this cruel pandemic. The severity of the challenge faced in care homes and other community settings is impossible to overstate. In short, care homes providing personal and close contact care need urgent access to reliable and ongoing supplies of protective equipment to protect residents and staff, rapid and accessible testing, and far greater support, with funding and equipment on an equal footing with the NHS.

If this pandemic has proved one thing, it is that health and social care are inextricably linked and cannot be treated differently. The National Care Forum has called on the Government to form a ring of steel around care homes, but what is it like at the moment? I have spent the past couple of days talking to various social care leaders running front-line social care services. It has been a humbling experience to hear what is going on.

Their stark messages include: how the rhetoric from government is hard to hear when the reality is so different; the confusing, contradictory and constantly changing nature of guidance issued by government and other bodies; the daily struggle to secure protective equipment, with government supplies sometimes being diverted to NHS facilities and homes having to source their own supplies at extortionate prices; staff shortages running at 25% alongside existing high vacancy levels that require the hiring of agency staff, which raises the risk of transmission; a serious shortage of nurses in homes and great difficulty recruiting, as nurses are deployed into the acute sector; testing arrangements which show little understanding of how the sector works, with care workers who have no car being asked to drive to centres many miles away, at times that do not fit with their shift patterns; patients being sent from hospitals into care homes without testing; much-needed financial resources from government not reaching the front line; GPs no longer coming into care homes to verify deaths, leaving such tasks to some of the lowest-paid staff; and care workers left feeling insecure and anxious when left in charge of clinical details.

Based on these conversations, I ask the Minister: why are care homes having to pay VAT on protective equipment when the NHS does not, and what urgent steps will the Government take to put them on an equal footing? What measures are they taking to ensure that some registered nurses in the newly returning workforce are deployed to care homes, which desperately need them? When will the newly established volunteer scheme be used to help care homes? Finally, when will the Government's visa exemptions for NHS nurses be extended to those working in the social care sector?

When this terrible tragedy subsides, a long-overdue and fundamental reform of social care must be a top priority. A national health and social care system means just that: a fully integrated service, properly

funded and run on an equal basis so that we are no longer, as one social care professional put it to me, simply an afterthought at the back of the queue.

1.30 pm

Baroness Grey-Thompson (CB): My Lords, I draw attention to my interests in the register, in that I am a vice-president of the LGA. The Care and Support Alliance has reported thousands of people getting in touch with its members over this very issue. The questions I raised at Second Reading of the Coronavirus Bill are still valid and I will be writing to the Minister, because of our three-minute time limit today. To help proceedings, I have nine questions.

There is still a lack of adequate PPE for disabled people and their carers. One young disabled woman reported that she was verbally abused for not having adequate PPE available, even though it is difficult to obtain. Another young woman struggling with PA support was told that she should just go and live in a care home. My first question is: now that care home deaths are being reported, are HMG changing their strategy for this sector? A really serious danger is that some disabled people may be forced to move back to their families, which could be toxic or abusive, because that could appear safer than a care home.

Secondly, for transparency, will HMG report deaths in the community so that the true overall death figure is accurate; if not, why not?

Thirdly, HMG said that the delivery target was 100,000 coronavirus tests a day by the end of April. Is this on target and how many more need to be done? Was this a logistics aim or a medical aim? Will the Minister confirm that disabled people will not be excluded from testing?

Fourthly, will HMG review the carer's allowance? Unpaid carers are also in a precarious position.

Fifthly, will HMG urgently review the guidance on direct payments? It is confusing and families are at breaking point trying to manage working from home.

However, my biggest concern is that, as I understand it, eight areas have switched on the Care Act easements. I can find the names of six: Sunderland, Middlesbrough, Warwickshire, Staffordshire, Birmingham and Solihull. So, sixthly, as a matter of urgency, can the Minister confirm that these six are correct? It was reported in the *Law Society Gazette* this morning—but has now been removed—that the other two are Croydon and Hertfordshire, although Hertfordshire has said that it has not triggered easement. This is very confusing for everybody. Can the Minister confirm which areas have triggered easement?

Seventhly, can he explain how these areas have apparently reached crisis point, such that they cannot carry out their duties to disabled people, but nowhere else has? Or are there more than eight?

Eighthly, how are disabled people expected to get advice if they do not know what law their local area is applying?

Finally, ninthly, does the Minister accept that HMG should publish regularly the full list of areas that have switched on Care Act easements and, if they are not prepared to do so, can he explain why not?

1.33 pm

Baroness Warwick of Undercliffe (Lab): My Lords, I congratulate my noble friend on calling this vital debate at a very difficult time in our history and I thank her for all the work that she has done on this issue. I declare an interest as chair of the National Housing Federation, the trade body that represents not-for-profit housing associations in England.

The spread of this virus is indiscriminate, but its impact on our society's most vulnerable people is pernicious. I pay tribute to all those who, despite the risks to themselves and their families, are still faithfully working to help those in their care. Many of us have reason to be grateful to them and their families for their sacrifice.

Like many, I have found the number of fatalities in care homes alarming and distressing. Earlier this month, reported deaths from Covid-19 in care homes quadrupled in the space of a week, and we know that this is not the full picture. We need a clear plan in place to reverse this trend.

Some 50,000 care home spaces in England are provided by not-for-profit providers, such as housing associations. They also provide 76% of all supported specialist and sheltered housing schemes for older people, people with disabilities and people with mental health needs. They support people in homelessness, hostels and domestic abuse refuges. All of these are vital components in our social care system beyond those services regulated by the CQC. All of these care settings are currently grappling with the enormous challenges that this virus brings. We should not let them be forgotten or neglected.

Accessing PPE is a significant ongoing challenge for all these workers who have daily contact with those people who are being shielded. While we quite rightly prioritise NHS staff, it must be extended to others most at risk. I welcome recent government guidance on testing in the community. I know that housing associations hope that it will stimulate greater availability of tests for their front-line staff. Those working with our older and more vulnerable population need to know that going to work will not put their safety and residents' safety at risk. We owe it to people working in care settings to value and publicise their work and to put it on a financially secure footing, now and in the future.

The statistics on the effects of the virus on those in care homes must be a wake-up call to take action on the questions about our social care system that have dogged our country for so long. Housing associations are already mobilising for this. A root-and-branch review of how we provide care to the most vulnerable in society has never been more critical. Will the Minister commit to it now? Without it, we remain as unprepared for any future health crisis as we were for Covid-19.

1.36 pm

Baroness Jolly (LD): I join other noble Lords in commending and thanking the care sector for all it does for those in its care, in care homes and in the community. I am happy to echo the opening remarks of the noble Baroness, Lady Wheeler, and thank her for instigating this debate.

The majority of care providers are private organisations, not-for-profit organisations or charities. Their income has remained pretty well constant throughout this crisis, but their costs have soared—for replacement care workers from agencies or banks to cover staff illness, and, as we heard at Questions, the new unanticipated costs of PPE. Can the Minister confirm that no provider of care will be allowed to fail in this crisis due to lack of funding to cover these and other costs?

My comments will largely be about people with learning disabilities and others who have found themselves with “DNR” on their records. We are fortunate to live in a country where life is universally valued. For the last month or so, we have seen this play out on the news, as we witness daily the efforts of our NHS and care workers struggling to save those who are in their care. Their compassion brings us to tears, and to our doorsteps on a Thursday evening. Old, young, fit or frail—it matters not. But this Covid-19 crisis has seen parents of autistic adult children receive letters from their GP practices suggesting that these children should have a “do not resuscitate” or DNR label added to their notes.

I applaud the Care Quality Commission for its condemnation of GPs across the country for categorising people who receive care in community settings as not requiring resuscitation should they fall ill with coronavirus. Let us be clear: a DNR is a clinical decision that, in perfect circumstances, involves the doctor, patient and family. NICE recommends that clinicians use the clinical frailty scale when considering patients for intensive care. It is designed to prioritise those most likely to recover from the virus, but it is not suitable for use with people who have learning disabilities, nor for people with other kinds of disabilities or conditions that affect their ability to do things independently.

Whatever the circumstances, life or death should not depend on your age, your disability, who provides your care or where you live. Does the Minister agree? Could he please persuade the department to put this message out to all care and health providers? Perhaps we can ensure that it is part of the promised Green Paper.

1.40 pm

Baroness Masham of Ilton (CB): My Lords, I thank the noble Baroness, Lady Wheeler, for securing this debate. That so many people are speaking shows how important this extraordinary virus is.

I have had many disabled people contact me. One was the wife of a man who has multiple neurological problems. His conditions, because he has several, were not on the high-risk list. He was told that he should work, even though he is vulnerable. Her Royal Highness the Princess Royal is patron of the Spinal Injuries Association and I am its president. Princess Anne has written a personal encouraging letter. I shall quote one sentence: “I want to let you know that you are not forgotten.”

We do not understand why people with spinal injuries, who can be very vulnerable, are no longer on the most vulnerable list. One tetraplegic died because he was denied ventilation. Many disabled people live in their own homes and have live-in carers. With Brexit and

then coronavirus, it has become very difficult to get helpers. Will the Government recognise this predicament and relax immigration rules for people coming from Europe, as they make very good carers? This is not only for people living in their own homes, it is for hospitals and care homes. We really are at risk.

1.42 pm

Baroness Verma (Con): My Lords, I refer to my interest as set out in the register as a provider of social care. I thank the noble Baroness, Lady Wheeler, for instigating this critical debate. She spoke about the facts on the ground and going forward.

The sector was already in crisis before Covid-19. I assure all noble Lords that high pressure and anxiety is being felt not just by managers but by all those who are delivering care within the home care and care home sector. I cannot quantify the praise I have for all those who are delivering care at the moment. It is heartbreaking to sometimes see my care staff frightened to go home; they hope that they are not taking something back home to their families.

I shall focus my comments and questions on invisible disabilities, such as mental health, dementia, Alzheimer's and anxiety—all the disabilities that most people cannot see. Our systems are there to provide support for those people. Over the past few weeks, it has been heartbreaking that a lot of our clients and service users cannot visit day centres or go out. The only people they have contact with are their care workers. Will the Minister consider, as other noble Lords have said, the thousands of volunteers who have signed up to help? If only they could be part of the social activity of isolated people in their homes. Anxiety, mental health and dementia are not suddenly going to get better once the crisis is over. They are long-term issues that need to be dealt with.

As a provider, we are facing huge bills for PPE. We want the Government to treat us like the NHS. Let us get VAT removed for us as providers. Although the extra £1.6 billion is welcome, like other noble Lords, I reiterate that it is nowhere near enough in terms of the costs that providers face at this moment. I seriously worry that we will end up seeing a crisis emerge from another crisis in a sector that was already struggling to get people to work in a highly skilled but poorly paid part of the workforce. I urge my noble friend to respond positively to my ask and get more funding in, as well as having it ring-fenced so that it goes to the social care sector.

1.46 pm

Lord Hain (Lab): My Lords, I should declare that my wife is a board member of two care providers.

Even before this pandemic hit, social care in this country, with a bigger workforce than the NHS, was in crisis. During the past decade of austerity, more than £7.7 billion has been cut from adult social care budgets, leaving 122,000 vacancies, or 9% of care roles unfilled. Many providers struggle to remain financially viable despite their increased needs.

In 2017, the Care and Support Alliance highlighted that 29% of disabled people had seen a reduction in their package of care, leaving many without adequate

personal care and preventing disabled people leaving the house or attending work. A full 25% were left without food. Covid-19 has massively accentuated this social care crisis, with funding pressures spiralling out of control—especially for charities and smaller care providers as they have been hit by rising operational costs, staff shortages and the collapse of fundraising overnight. Staffing shortages are severe. Between 10% and 25% of care staff are self-isolating, forcing more costly agency workers to be hired.

Costs of sourcing PPE are soaring, with government rhetoric to increase supply not matched by reality. Care providers report that the Clipper service is not delivering, with the Government's four main suppliers of PPE all out of stock. Carers have had to source their own PPE, often at inflated prices. The charity Leonard Cheshire is spending an additional £250,000 a month sourcing PPE such as gloves and face masks; a south Wales care provider is spending £100,000 extra monthly. They are all struggling to find specialist PPE such as gowns and face masks due to national shortages, placing 4,700 Leonard Cheshire care staff and their 3,000 disabled residents at risk of infection.

Care homes and carer organisations are always on the edge of viability. That is immeasurably worsened because people are now reluctant to move into care homes, just as they are to visit A&E, for fear of infection. Managers are reluctant to take them in without proper testing. Every empty bed pushes a care home closer to financial collapse. NHS beds become clogged up and the additional £1.6 billion pledged to fund local authorities is nothing like enough to guarantee that social care can be sustained throughout the pandemic. The Government must act quickly to deliver PPE to the 1.5 million social care workers and rapidly increase access to testing. Then they must provide many billions more pounds of adequate funding to ensure quality care for all.

Instead of his shamelessly Trumpian attack on the Welsh Government yesterday, Dominic Raab should heed the latest Treasury statistics showing that public spending on social services for older people in Wales is 48% higher per head of the population than in England. Surely if the UK Government had followed the Welsh model of prioritising elderly care investment despite major austerity cuts, the truly terrible Covid-19 crisis in care homes could have been alleviated.

1.50 pm

Baroness Barker (LD): My Lords, I thank the noble Baroness, Lady Wheeler, for this opportunity to hold the Government to account. I return to a point I made during the emergency legislation debate on 26 March on the difference between the NHS and local government. The NHS is a top-down, centrally driven organisation which, remarkably, was able almost overnight to change everything it did and to focus on the medical emergency caused by the pandemic. Local government is much more complicated and fragmented, is dealing with a care system that was already broken, and is having to keep other vital public services going at the same time. Therefore the Government need to treat it differently.

The Government are issuing detailed guidance for social care, but it changes nearly every day. Local government and care providers need clear messages,

[BARONESS BARKER]

delivered in good time, and quick responses when things do not work. For example, the testing sites are just not working in the way envisaged. The Government should now start to work with local authorities and local resilience forums to plan and roll out a series of accessible testing sites, so that people can get to them and we can get the testing numbers up.

Some 750,000 people applied to volunteer for the NHS, which has never managed volunteers terribly well. Most of them are not being used. People who signed up to GoodSAM need a clear message that they can and should volunteer via local resilience forums and local authorities. The NHS needs to start telling local authorities how many people in their area are signed up to GoodSAM and who they are, so that they can get on to the job of supporting vulnerable people in the community.

On 18 April, the Secretary of State announced a further £1.6 billion of funding for local government and described the people working in it as the unsung heroes at the forefront of the national effort to beat the virus, but £3.2 billion will not cover the costs which local authorities will have incurred during these four months, nor their loss of income. The pandemic will have a much longer tail for local government than it has done for the NHS. Will the Government now start to plan the transfer of funds and other resources from acute health services to local authorities and communities, which will struggle to deal with the effects of this virus long after the NHS has completed the majority of its work?

1.52 pm

Lord Alton of Liverpool (CB): My Lords, I too thank the noble Baroness, Lady Wheeler, for initiating today's important debate.

Earlier this month I drew the Minister's attention to the appalling death toll at Wavertree's Oak Springs Care Home in Liverpool, where 16 people have died. For grieving loved ones and for the people who care for them, deaths in care homes are diminished when out of sight means out of mind. Even with a carer at your deathbed, it is a devastating and harrowing way to end your life in isolation. Surely more can be done to enable loved ones to visit and, where requested, to provide spiritual accompaniment, the sacraments and ministry, and for the skills of hospices and palliative care to be urgently made more widely available.

Carers have expressed concern to me—which I share—that the Government have said, in relation to the virus, "Let it run hot." Is that still being said? Who authorised letters sent by GPs to care homes stating that their residents, including adults with learning disabilities, would be unlikely to be offered ventilation? It is impossible to say in advance that such treatment would not be appropriate or beneficial.

As we heard last week from the noble Baroness, Lady Warwick, deaths in care homes have quadrupled. The *Financial Times* yesterday estimated that some 10,000 have died of coronavirus in our care homes, while this morning the *Daily Telegraph* said it believed that the rate of attrition is about 400 every day. We have also learned that in Europe, half of all deaths have occurred in care homes. Meanwhile, only 25% of

care workers have been able to access tests. Taking up a point made just a moment ago by the noble Baroness, Lady Barker, when will care homes be provided with adequate supplies of PPE and their staff routinely and regularly tested for the coronavirus? Without such tests, carers are having to self-isolate because they develop symptoms and do not want to risk killing the people they care for. No one can say that we did not know what we were facing.

Weeks ago, in Italy, it was said that the elderly in care were facing a massacre while from Spain there came deeply shocking reports of the corpses of elderly people being found in all but abandoned care homes. Given what we knew about this terrible unfolding tragedy, why were our care homes not locked down sooner, PPE not sent in immediately and tests not provided for all? Andrea Lyon, the manager of the Oak Springs Care Home, has said that the Government's plans

"should have been ready to be actioned immediately, not three weeks down the line. I had to take care of my residents with less than 50% of my staff because the government didn't have their action plan ready. It makes me very angry."

That anger will have its day during an inevitable public inquiry, but if any good is to come out of this rupture in our equilibrium, there will need to be radical and fundamental change in everything from our supply chain resilience to national self-sufficiency, inequality and social solidarity. What the deaths in our care homes have made abundantly clear is that, alongside our National Health Service, we need a national care service. If a national care service emerged from the wreckage of Covid-19, it would represent a gain among so much loss comparable to the gain of the National Health Service in 1945.

1.56 pm

Lord Hunt of Kings Heath (Lab): My Lords, I am very glad to speak in this debate and to pay tribute to my noble friend Lady Wheeler for her excellent introductory speech. I very much agree with the noble Baroness, Lady Verma, in her praise of the amazing work being undertaken by care workers at the moment. They have been left almost defenceless by the lack of preparation and I am afraid that this is yet another indication of how far down the food chain the care sector is in the Government's concerns.

I am particularly concerned about the financial vulnerability of so many care homes. The noble Lord, Lord Astor, asked the Minister to ensure that the money being routed through local government actually gets to those homes. However, as the noble Baroness, Lady Verma, said, even that is not enough to ensure their financial viability in the future. I hope that the Minister will reassure us on that point.

There is a great risk, with all the focus being put on the crisis today, that the fundamental reforms needed in the care sector will be put on the back burner. Yet we know from the House of Lords Economic Affairs Committee that we have a huge amount of unmet care need and that the demographics mean that that need will grow. We have a vicious cycle here. After decades of reviews and failed reforms, the level of unmet need is growing, the pressure on unpaid carers is getting stronger, the supply of care providers is diminishing

because of their financial vulnerability and the strain on the care workforce just gets worse and worse. Moreover, that is before the new immigration cap comes in towards the end of the year. The Government have agreed to extend the visas of doctors and nurses due to expire on 1 October but, inexplicably, this does not apply to care workers.

We have long been promised a government response to the long-term care crisis. It was promised in 2017 and again in the 2019 general election. I urge the Minister to ensure that the Government do not backtrack on ensuring that we shall see very soon strong proposals for the kind of care system we need so that never again will we see a dreadful situation where people in the care sector are neglected and, frankly, treated very much as second-class citizens.

1.59 pm

Baroness Northover (LD): My Lords, I too thank the noble Baroness for securing this vital debate, and pay tribute to those working in the care sector.

Many lessons will need to be learned after this pandemic is over, but there are things we already know. We knew, for example, that a pandemic was a national threat. Epidemics have always been a global threat, but SARS showed that an epidemic could spread to all continents in the time of a plane journey.

We have long known the weaknesses in social care. Much of Beveridge's "cradle to the grave" support was in place by the mid-20th century—free education, unemployment support, pensions and, from 1948, free healthcare—but the one huge area not covered was social care. There was report after report in the second half of the 20th century and the beginning of this one, as the noble Lord, Lord Hunt, has just made plain. Everyone agreed that health and social care needed to be seamless.

When my father was diagnosed with terminal cancer in 2007, he lived for six weeks. In the first two weeks, he was given amazing help with pain relief. The next two weeks were simply a battle between health and social care over whose responsibility he now was. Only the last two weeks of his life were spent at home, where he wished to be.

The divisions between health and social care have been shown up in lethal form in this epidemic; hence all the problems that others have mentioned—lack of co-ordination, funding, recognition, equipment and advice—and laid out so powerfully by my noble friend Lady Tyler.

There were attempts at a cross-party agreement on social care before the 2010 election, and the Minister needs to know that his party scuppered that. In the coalition, we commissioned the Dilnot report to seek more stable funding of social care and to protect people against extreme costs, as the NHS does in healthcare. Labour supported this, which was very welcome. But after the 2015 election, it was set aside.

Many of the problems that noble Lords have raised stem from the inability to integrate health and social care properly and to value both. We must indeed never be in this situation again. When we emerge, this is an area which must be urgently and radically addressed. I hope that the Minister will tell us today that he agrees.

The Deputy Speaker (The Earl of Kinnoull) (Non-Aff): Baroness Meacher? The noble Baroness, Lady Meacher, is not responding. I call the noble Lord, Lord Dubs.

2.03 pm

Lord Dubs (Lab): I congratulate my noble friend Lady Wheeler on initiating this debate and on her very powerful speech. I should declare an interest, in that a member of my family has been in care homes over the years and now has support in his own home, so I have some experience of how these things work.

The first problem, I think, is the poor statistics on this whole sector. We are beginning to get more information together, but it seems to me that, unless we have clear statistics so that we know what the provision is, we cannot easily change policy for the better. We know that many of the problems of social care are long-standing and existed for years before the present pandemic crisis hit us, but they meant that this sector was ill prepared for the difficulties that we now face.

One example that has been often cited is the long journeys that care home workers need to take to get tested. I was told that one person had to travel from Bournemouth to either Gatwick or Chessington—100 miles each way—to be tested. That is an impossible journey for people who are hard-pressed to get to their places of work.

We all know that social care has for too long been the underdog. Acute services have tended to get the money, albeit not enough—I would not take away a penny from acute services; I would rather put more in—but social care has still tended to be the underdog, as characterised by the very low levels of pay earned by people in the sector.

We know that there are wonderful people working in social care, we know how hard they work and we know about the wonderful long-term relationships that they establish with the people they care for—making the death of such a person even more painful. Of course we must ensure that they have security in this country, and the issue of visas must be dealt with.

Of course we need more testing, as has been said, and of course that should have happened a long time ago. I understand that residents with symptoms and those being transferred to care homes will now be tested. I wonder when that will be completed and when all workers in care homes and domiciliary care will have had the chance to be tested.

I should mention in passing that not all people in care are elderly; there are young people who need help as well, and their problems are slightly different from the needs of the elderly but are still important.

I turn to domiciliary services, which tend to be forgotten. Visits by care workers to homes where a single isolated person is on their own are crucial—not just for their health and needs but to lessen the sense of isolation. Domiciliary workers who call on people's homes often provide their only link with the outside world. If that were to stop because of the present crisis, that would be a disaster. Of course, as a society and a country we depend very much on family members to provide care. If one falls ill, there is an even more difficult situation for the care workers who have to

[LORD DUBS]

come in; that appears to be the difficulty at the moment. I know of one care worker who has a long journey by Tube every day to his place of work. Until recently he was given two masks per day, which was hardly enough given that he visited many people per day and per week.

In the long term, surely the social care sector needs a sustainable funding settlement so that it can look forward sensibly to the future. We have to reform the social care system, ensuring that the long-awaited Green Paper says something about it—although I suppose that is a long way away. Finally, in many health sectors there are the royal colleges—the Royal College of GPs, the Royal College of Physicians and so on. Would it not be right if social care workers, both in care homes and in the domiciliary sector, had a royal college of social care to speak for them? Would that not be a good idea? It would be able to fight their corner better than it is being fought at the moment.

2.07 pm

Baroness Finlay of Llandaff (CB): My Lords, I thank the noble Baroness, Lady Wheeler, for this essential debate. This pandemic has become a palliative care emergency. I declare my role as vice-president of Hospice UK and Marie Curie. Care sector staff are providing extensive end-of-life care. They are skilled, compassionate and motivated, but low paid and, until now, unnoticed and unappreciated in society. Yet the mark of a civilised society is the way it cares for its vulnerable. The care sector is a bedrock of such a society.

Some of the most vulnerable can be difficult to care for. The Mental Capacity Act framework supports delivery of essential care and treatment, but safeguarding is harder. Covid guidance on the deprivation of liberty safeguards, DoLS, needs to cover greater responsibility for care staff while reducing bureaucracy.

Chairing the National Mental Capacity Forum, an interest that I declare, I see the care sector adapt with enthusiasm and profound caring to the challenges. Yet the care home staff feel abandoned. Personal protective equipment and weekly testing for all care home staff and residents are critical in controlling cross-infection. When will this happen? Staff from minority populations seem at higher risk of serious or fatal Covid-19. They are not deserting—far from it—but showing humanity and compassion in care. As a nurse said:

“I’m like a policeman who is facing a terrorist attack ... ready to face it, but what will happen to our family? ... That’s the only worry I have.”

Who is responsible for staff death-in-service financial support?

Dying residents need medication for symptom control. For care homes, without easy and rapid access to medicines, why has the repurposing of medicines not yet been approved? I tabled Questions on it on 7 April. Draft guidance was produced on 14 April and issued in Northern Ireland on 20 April. Why not England and Wales? Has every clinical commissioning group been instructed to achieve integration with its social care providers in the long term? Is it time to develop nursing home medicine to support social care delivery as a distinct discipline, and to fully integrate health and social care? It should have happened a long time ago; it must happen now.

2.10 pm

Baroness Meacher (CB): My Lords, I declare my interest in the register as chair of Dignity in Dying. One of the unexpected outcomes of the pandemic has been a national awakening, albeit very late, about the vital role of care workers and their commitment and determination to continue caring for their most vulnerable of patients, risking their own lives in the terrible absence of PPE. This is surely the moment to re-evaluate the care sector, not just for now but for the longer term. We know that care home residents who contract Covid-19 are generally not encouraged to go to hospital. Their end-of-life care is left in the hands of the care staff. This may be the wish of the patient, but we do not know that this is the case. Are the wishes of the patient the determining factor in decisions about hospital admission and other end-of-life decisions?

Many noble Lords have focused on the vital issue of funding for the social care sector. I want instead to focus on the implications of the vital role in end-of-life care being played by care homes, not only during this crisis but always. The reality is that care homes sit alongside hospitals and hospices in caring for the dying. This is skilled work. Apart from physical nursing care and symptom relief, it requires skills in assessing the mental capacity of patients, undertaking sensible conversations about a patient’s wishes as their condition deteriorates, and the preparation of advanced care plans. All this has come to the fore in the Covid-19 crisis, but of course these skills are always needed in care homes. We need to revisit the training, skills and pay of care staff.

I welcome the advice from the CMO and the Chief Nursing Officer on 7 April encouraging vulnerable patients to discuss their treatment preferences and record them in an advanced care plan. Only then can we be sure that their wishes are respected. This advice should apply much more widely. None of us knows when we will be struck down by a heart attack, stroke or deadly virus. Every one of us needs an advanced care plan. A number of charities, including Prostate Cancer UK and Compassion in Dying, the sister charity to Dignity in Dying, provide excellent materials and guidance on end-of-life planning, but these services need to be supported by the Government, not just now but in the future.

In this context, I strongly support Care England’s call for a commissioner for older people. Can the Minister set out the Government’s response to this proposal? When people think about dying, they desperately want to have some control over how and when they die. A commissioner could help to achieve this. Sadly, many Covid-19 victims suffer terrible deaths. Their end-of-life wishes were never known.

2.13 pm

Lord Wei (Con): My Lords, I thank the noble Baroness, Lady Wheeler, for tabling this very timely debate, and I declare my interests on the Lords register. I, too, echo the praise that others have expressed for the Government and our heroic NHS and care workers, especially those on the front line.

I will focus on just two issues relating to the handling of the social care crisis during this pandemic. I am concerned at how centralised an approach Public Health

England has taken on a number of fronts. I fear this may have contributed to the challenges and deaths we are seeing in the care sector and non-hospital contexts generally, including in the home. It seems that at times we have let the best be the enemy of the good, alongside a narrow focus on centralised testing and healthcare rather than what can be done by the rest of society, including business and citizens. I fear that PHE maintains such a gold standard that delays and an inability to harness the energies out there can often be the result. We need to do more to loosen regulations in this emergency to allow more localised testing operated by local labs and organisations to be enabled and then shared, open-source, as well as enabling the provision of PPE. We could even have trials of new drugs made available in and near residential homes, as well as in social care contexts.

I am therefore keen to learn from the Minister whether PHE is being instructed or, if necessary, bypassed to enable more third-party innovation and involvement, and whether a Bill or instruments could be passed to relax certain rules so that local actors can be more empowered to make decisions as they see fit. Indeed, lessons need to be learned so that we can build a more agile, decentralised model of healthcare for the 21st century, delivered closer to homes generally.

Finally, I want to ask what action is being taken and what resources are being deployed to separate elderly residents of care homes who have mild symptoms, or who have been tested as asymptomatic, from other residents, without the risks associated with admitting them to hospital. Does the Minister agree that we may need to introduce a programme akin to the Nightingale one, but more like the famed little merchant navy that complemented the naval efforts to evacuate Dunkirk? That way, we can build and create facilities close to care homes for isolating elderly and vulnerable people and those of all ages who test positive but have mild symptoms, separating them from mainstream care and the general population. These individuals do not need hospital care, but they might be at risk of infecting others fatally.

2.15 pm

Baroness Sherlock (Lab): My Lords, I am grateful to my noble friend Lady Wheeler for securing this debate and for her excellent introduction. I want to talk about the financial circumstances of care workers, especially when they get sick. Care workers are on the front line doing important work in highly risky conditions, usually for the minimum wage, but what happens if they get sick?

Let us look at two circumstances. The first is a carer working in a care home for 35 hours a week on the minimum wage taking home about £277 a week. If she develops symptoms and has to self-isolate, the good news is that she qualifies for statutory sick pay. The bad news is that SSP is just £95 per week, so overnight her net income falls by two-thirds. Can the Minister tell the House how she is meant to manage? Can she apply for universal credit to top up her SSP? That is not made clear in any of the Government's web pages.

The second example is someone caring for a number of people in their own homes and travelling between them. She works for two different employers but does

not earn enough in either job to qualify for SSP. If she needs to self-isolate, she would have to claim universal credit, but how long would that take? The last figures published for universal credit showed on average 40,000 people a week claiming the benefit, but in the past month 1.4 million people have applied, so can the Minister tell the House what the average wait is for someone who has applied for universal credit in the past month? Secondly, even if our care worker's claim is processed quickly, there is a built-in wait of five weeks to get money on universal credit. She can ask for an advance, but it is a loan deducted from future universal credit payments. She is only just managing as it is and is scared of getting into debt.

Ministers have made some welcome changes to universal credit, but these case studies show that carers need more. We need action on the two-child limit, the savings threshold and the failure to uplift legacy benefits. Most urgently I want to plead again with Ministers to abolish the five-week wait in universal credit. If they cannot or will not do that, will they give everyone an advance automatically when they apply, but as a grant, not a loan?

These may not sound like health issues, but their effects really are, because if carers cannot pay their rent and feed their families they may feel that they have no choice but to carry on working when they should be self-isolating. That is bad for carers, but also, since their work takes them from one person to another, they must be at serious risk of spreading the virus to some of the most vulnerable people in our country. I urge Ministers to act now.

2.18 pm

Lord Campbell of Pittenweem (LD): My Lords, I, too, congratulate the noble Baroness, Lady Wheeler, on obtaining this debate and introducing it in such a comprehensive fashion. It seems to me that the Government continue to enjoy general support from the public, but there are three areas in particular where confidence is not as strong as it might be: personal protection equipment and its availability; the availability of testing; and, as this debate has eloquently demonstrated, most particularly perhaps care for the elderly. It seems to me that in these areas the Government are losing public confidence. That applies as much to their non-supporters as it does to their supporters. Thinking about how that has come about, it seems to me that it is because undertakings have frequently been given but have not proved capable of being fulfilled.

These and other issues already discussed by your Lordships seem to be ripe subjects for the inquiry that is to follow, already referred to by the noble Lord, Lord Alton. I make the point that we should be clear beyond any doubt whatever that we are not looking for a departmental inquiry here; we not even looking for a royal commission. The only possible inquiry should be one under the Inquiries Act 2005; it should be judge-led, and supported by such assessors as he or she may think appropriate. It should be an inquiry that has the power to compel the production of documents and to compel the attendance of witnesses—even perhaps of the Prime Minister himself. It must, finally, be an inquiry with an agreed timetable that is followed. I say that for this reason: this is no time for a Saville or a Chilcot.

2.20 pm

Baroness Jones of Moulsecoomb (GP): I, too, congratulate the noble Baroness, Lady Wheeler. This is a very timely debate and it is wonderful to hear what other noble Lords have said. I have three questions for the Government; they are very simple and I am happy to have written answers if necessary.

Like many other noble Lords, I am shocked that the Government were so late in taking action to shield those in care homes, in the same way that they were late in banning mass gatherings. Ministers focused on hospital deaths because that is what their press conference graphs focused on. The result is that at least a thousand people died in care homes prior to the Easter weekend. There was a failure to provide adequate supplies of PPE to care homes. It has been an example of how a Government really should not behave.

The government guidance provides for carers to protect themselves in the event that those they are caring for have symptoms. It provides protection where the person is classed as vulnerable due to cancer or respiratory conditions, but not if they are just old or infirm. It does not provide for the carers to regularly wear PPE when dealing with the elderly in care homes or in their own homes. This makes the shield less than watertight. It is amazing that some care home staff are sleeping in the care homes and effectively self-isolating in order to look after the people they care for, but obviously not all staff can do that.

Often a person being looked after in their own home will have contact with the outside world only via their carer and that makes the carer the sole source of any infection that occurs. The burden of responsibility on carers is huge, so the Government need to change their guidance—along with the supply of PPE—to reflect that. Will Ministers tighten up the guidance that carers operate under?

Secondly, the mass sending out of do-not-resuscitate letters to elderly patients was one of the more dubious decisions that has been made. I know that many GPs have wanted individual chats with patients and to shape their care accordingly, but Ministers need to clearly state that, if the elderly need and want hospital care, it will always be available. When entire care homes of patients are being expected to sign do-not-resuscitate notices, it can be taken as a clear message that they are expected to die in the care home and will not receive the treatment that perhaps younger people would. Has that practice stopped?

Can the Minister reassure the House that there is now real-time information about what is going on in care homes, so that we know exactly how many people are dying instead of the guesses that are coming so late? I understand the difficulties, but it is only when we really know the size of the problem that we will know how to deal with it.

2.24 pm

Baroness Pitkeathley (Lab): My Lords, as my noble friend Lady Wheeler indicated in her powerful opening speech, there are many shocking statistics about the care sector when it comes to delays. Like others, I was duly shocked—but in all conscience I cannot say I was surprised. When has the care sector ever been at the

forefront of the news? When has it ever been top of anyone's agenda? How many years did it take for the Department of Health to change its name to the Department of Health and Social Care?

The notion that the social care sector is somehow second class probably goes back as far as 1948 and the founding of the NHS. Back then, men died at 66 and women at 69, so why bother setting up a fail-safe care system when it would not be needed? We reckoned without the wonderful success of the NHS in extending our lives so that we see not only our monarch, but many of our most successful fundraisers, playing important roles well into their 90s.

The Government's recent bailout plan is extremely welcome, and much needed as local authorities are pushed into insolvency by the extra demands of this crisis. At best, though, the £1 billion

“buys us a month or two”,

as one council leader said. It is now more than four years since the CQC told us that the social care sector was at “a tipping point”. If that was the case in 2016, how much more is it the case now?

We must always remember too, when we celebrate caring, the contribution of the unpaid army of at least 6.5 million family carers—rising, we think, to more than 8 million according to the latest statistics. These families and friends are holding the social care system together by providing support for the most vulnerable in society, saving billions of pounds for all of us—the cost of another complete National Health Service. Many carers were at breaking point before, and the current crisis has further exacerbated their situation. Many now say that they are sick with worry. We are asking more of these carers than ever before and they too urgently need to be supported and recognised. They need to know how to keep themselves and the person they care for safe. Many are worried that the care workers who previously supported them are bringing the virus in, so they are doing more themselves.

Many services that previously supported carers are now closed—day centres for example. Even before the virus, 40% of carers providing substantial care had not had a day's break in more than a year, so there was already considerable unmet need. We should be concerned at the local authority and charity sectors being under such pressure. As we have heard, there is a worry that these services may never be resumed. Some carers are even finding it difficult to get food and supplies. Not all supermarkets class them as vulnerable and not all carers are as tech-savvy as we are all learning to be. When someone needs care 24/7, it is hard to find the time to learn a new skill, even if you can afford to buy a computer.

Carers UK has conducted research with carers, looking at their experiences of Covid-19. It had a large response in a very short period. If I send the Minister a copy as soon as it is published, will he undertake to provide me with the Government's response to the issues the research raises?

It is clear that, coming out of the pandemic, we will need to have short-term funding for care to stabilise the system, but beyond that we must finally commit to a bold solution for the future funding of social care. Many of us have been calling for a such a commitment

for many years. Do we dare hope that a positive outcome to what we are now experiencing will be that we finally get such a commitment?

2.29 pm

Baroness Watkins of Tavistock (CB): My Lords, I welcome this debate and thank the noble Baroness, Lady Wheeler, for securing it. It is clear from yesterday's NHS Providers briefing that the social care sectors, including hospices, care homes and domiciliary providers, are beginning to consider closing to new admissions or taking on new people for support in the community. This is due to worries about the need for PPE to protect residents and staff from cross-infection by Covid-19. As of 13 April, nearly one-sixth of care homes reported expected outbreaks of Covid-19. This means that many care homes do not have enough staff. Other noble Lords have spoken eloquently on this issue, but it means that it would be very difficult to discharge people from hospital care if either care homes cannot give short-term care or domiciliary care cannot be organised.

The shortage of PPE is more extensive, serious and difficult to overcome in some places than others. It appears that care homes which are members of large chains are beginning to find solutions to short-term procurement. However, even these larger companies are extremely concerned about the increased costs of PPE. It is therefore almost impossible for small domiciliary care providers supporting vulnerable children, people with mental health problems and older people in their own homes to purchase the necessary PPE in a timely and cost-effective manner. Can the Minister explain the Government's approach to these providers, and how the Government intend to make access to PPE available through either national or local procurement and delivery in a cost-effective manner?

If social care is to be successful and sustainable in taking on new clients, as well as providing high-quality care to those who receive it, we must reduce the feelings of fear about employment and the right to remain among carers from overseas. The Government's new post-Brexit immigration scheme is based on treating health and social care workers differently. The Home Office's plan will enable doctors and nurses to apply for fast-track NHS visas, but care workers will have to apply to come under the points-based system. Nearly a fifth of all care workers in this country come from overseas. Many of them may choose to return home in the next year, yet the Home Secretary does not at the moment see a need to apply a fast-track system for care workers. Please can the Minister comment on this approach and inform the House whether it is to be reviewed?

I also have to ask, as other noble Lords have: will the Government consider scrapping the £400-a-year NHS surcharge for health and social care workers? If we are to recruit and retain our workers, doing so is vital at this point in our history.

The Deputy Speaker (Baroness Finlay of Llandaff) (CB): I ask the noble Baroness, Lady Warwick of Undercliffe, to stop sharing her screen by clicking the box with an arrow in the command bar, please. I call on the noble Lord, Lord Turnberg, to speak next.

2.33 pm

Lord Turnberg (Non-Aff): My Lords, I want to raise three questions with the Minister. None of them is entirely novel since they concern testing, how we treat care home staff and the logistics of government control. Those who are gifted with hindsight can see clearly now where the Government have gone wrong. But you do not need to have much of a retrospect-a-scope to know that we have been extraordinarily slow in recognising that care homes were ticking time bombs, full of closely gathered and extremely vulnerable elderly people, being looked after by carers who had long been the most underappreciated and undersupported of health workers. One might have thought that this combination was a disaster waiting to happen but, rather than getting into the blame, we must look at what is needed now.

First, in order to get a much firmer grip the Government should appoint a Minister or, better still, a well-respected authority to oversee the logistics of providing protection to care home residents and staff. Whoever is appointed should have that as his or her sole responsibility. It is no good dissipating responsibilities between different parts of the Government. It should be one person with no other responsibilities, focused entirely on co-ordinating the response and reporting regularly to Ministers. Is this already happening and, if not, can it be undertaken sometime soon?

Secondly, it is now clear that we seem to have more capacity to test people for the virus than people able to access the tests. The reasons why care workers and residents cannot do so have been well rehearsed in the debate so far, and the answer is obvious: we must take the test to those who need it. I hear that the Government intend to set up a system of mobile testing units, which can go around care homes and elsewhere, and that the Army will be involved. That is a step in the right direction, but can the Minister say how quickly that can be scaled up? Why do we need the Army when taking samples from staff and residents requires only about an hour or so of training, and we have a huge number of volunteers ready to help?

Thirdly and finally, we have been debating in this Chamber—for ever, it seems—the parlous position of care home staff: how underappreciated, poorly paid and unregulated they are. Several noble Lords, including my noble friends Lord Hain, Lord Hunt, Lady Pitkeathley and Lady Wheeler, talked about the terrible position they are in. The coronavirus is now transforming our neglect of them into a form of hero worship. We must take advantage of this new-found recognition to change the way we show our appreciation as we come out of these horrible times. Whatever we do, we must recognise that a majority of our care homes are in the private sector, where they have long struggled to keep their head above water. We must include them in the rescue. Local authorities need support now. I ask the Minister: when the Government at long last come to their review of social care, will they put the conditions of care workers right at its heart?

The Deputy Speaker: I apologise, but I ask the noble Baroness, Lady Warwick of Undercliffe, to close the box that has a small cross on it, in the middle of the command bar. If she could do that, that would help, as the screen is distracting for others.

2.36 pm

Baroness Wilcox of Newport (Lab): My Lords, I thank my noble friend Lady Wheeler for bringing this important debate to the House today, and for her excellent speech. I am in close contact with the Welsh Government and local council leaders in Wales; therefore, my contribution will focus on the provision in Wales and demonstrate how social care services are being sustained at this critical time.

A group of Ministers has twice-weekly calls with all council leaders. In addition, there is constant contact between central and local government officials. As noble Lords know, the Coronavirus Act 2020 allows local authorities flexibility in the provision of care, but children were not included in this for Wales, unlike in England, so the legal protection for children's care and support is being maintained in Wales.

Some £40 million has been provided in emergency funding for social care for an eight-week period, via local authorities, and it is expected that more funding will be needed from the Westminster Government to meet the increased costs of PPE, food, staffing and ICT that are being incurred by adult social services. It comes from the £1.1 billion fighting fund created by the Welsh Government to support public services to respond to the coronavirus pandemic.

But 10 years of underfunding have seriously impeded the Welsh Government's ability to respond financially. Their budget is billions below what they would have expected to receive based on the first decade of funding from a Labour Government. They have, however, as my noble friend Lord Hain noted, consistently spent more: 48% more on social services in Wales than in England. How much better the UK care sector would be if that focus had been taken by the UK Government.

The Welsh Government have since written to all registered providers of care home services, highlighting the need for care homes to sign up to the new care and support capacity tool, and to raise concerns with their local authority and the Care Inspectorate Wales without delay if they consider there to be imminent risks to the continuity of care.

Some 40% of all PPE now being distributed by the Welsh Government is going to social care, and the testing of social care staff and residents of care homes who are symptomatic started in Wales before it did in England. It is a shame that Dominic Raab did not mention that fact yesterday in the House of Commons when attacking the work of the Welsh Government Minister in charge of health.

Wales is the only UK country providing free childcare for all pre-school children, aged up to five, and for vulnerable children—those with social workers or a statement of special educational need.

Testing is an evolving area of work and Public Health Wales continues to increase capacity for testing through the establishment of drive-through testing facilities.

I hope that this brief but detailed account of work being undertaken in Wales brings some reassurance to Members that the Welsh Government are in close liaison with local authorities and are carrying out their duties at this critical time. I urge the UK Government to fully fund the work of the Welsh Government in dealing with this pandemic.

2.39 pm

Lord Shipley (LD): My Lords, I thank the noble Baroness, Lady Wheeler, for enabling us to hold this debate. I will concentrate on: emergency planning and procurement; the overall impact of government policies on the social care sector, which Age UK said last week was “an unfolding disaster”; and the lack of integration of health and social care. I declare that I am a vice-president of the Local Government Association.

Local government has mostly done a very good job in providing community leadership and supporting vulnerable people in this pandemic, but I am puzzled as to why our emergency and resilience planning generally has not worked well. It seems to result from the Government's failure to plan effectively for a pandemic since 2016, despite advice which identified PPE shortages as a major risk; the lack of action in February to treat the pandemic as seriously as other countries were; and the Government's policy of running a centralised procurement and distribution system, which has ended up with shortages of essential equipment.

I draw two lessons from this. First, a country of our size cannot be run out of Whitehall or its centralised agencies. We should learn from Germany, where more responsibility lies at regional and local level for procurement, and for testing, tracing and isolating. We need to be far more resilient as a country by manufacturing more ourselves. The international shortage of PPE has impacted directly on care homes, where deaths have soared.

The Government seem to have had no plan for the care sector. They should not have been surprised that PPE would be needed by so many organisations outside the NHS, nor should they have been surprised by the need to test; yet by Easter Monday only 505 social care workers had been tested, compared with 48,000 tests for NHS staff. As we have heard, the location of testing centres has meant that many on low incomes have had to travel unacceptably long distances for testing.

Despite the title the Department of Health and Social Care, the care sector seems the poor relation. We need a fully integrated National Health and Care Service. We have voluntary integration in only one-third of England. There are 430,000 residents in nursing and residential homes, with care fragmented between the public, private and not-for-profit sectors. The financial situation for many of those homes is dire, as we have heard. Reform of the financial structure of social care is urgently needed and it really is time for the Government to provide the necessary leadership to start to solve this huge problem. I am grateful for the opportunity to take part in this debate.

2.43 pm

Baroness Uddin (Non-Aff): My Lords, I declare my interests as a former statutory social worker and as the mother of a person living with autism. I express my heartfelt condolences to all those who have lost loved ones during the horrific and tragic past weeks. These are sad times and I thank my noble friend Lady Wheeler for leading this discussion. I agree wholeheartedly with her invaluable and detailed insights and I completely endorse the comments expressed by my noble friends Lady Grey-Thompson, Lady Pitkeathley and Lady Jolly.

Our nation is indebted to all staff at the front line of our NHS and our social care sector. Even at this unprecedented time, we have witnessed exemplary appreciation and respect for their unflinching bravery. In fact, there are infinite numbers of men and women creatively assisting their local services, including care homes, some privately purchasing protective equipment that is rapidly running out. This is reinforced by Excelcare, the national provider of 33 homes, including in my constituency. Indeed, I feel proud of the work being done by many local and national charity organisations based in my area of Tower Hamlets. Despite the lockdown, neighbours are supporting one another and organising food packages for front-line staff. By all accounts, this is being replicated in every part of our communities.

I commend to the House the work of two organisations. One is the Bangladeshi catering industry, which has used restaurant kitchens to supply free food for thousands of vulnerable families at breaking point, as well as NHS and care staff. The other is a satellite TV channel, Channel S, which is providing an outstanding public service in mobilising communities and helping people suffering extreme hardships and those who are finding it difficult to access some of the financial measures in place. The channel has ensured that government messages and instructions reach its vast bilingual audience, in addition to helping charities raise hundreds of thousands of pounds for vulnerable families at home and abroad. Each day is a forbidding challenge for many who are suffering poverty, domestic abuse and multiple frailties. Nevertheless, it has been a privilege to witness the human spirit thriving in communities coming together. As the month of Ramadan begins tomorrow, these collective efforts will intensify unabated to help all sections of the community, regardless of age, ethnicity or faith.

I conclude by asking the Government if they have undertaken an impact assessment of the current pandemic on people at special schools, day-care centres and other residential care institutions that provide services to disabled children and adults with learning disability and autism, in terms of the availability of PPE, staff and adequate resources. What protocol exists for carers accompanying disabled children and adults to hospital should they contract Covid-19? The Children's Commissioner is concerned about the drop in the number of children on the safeguarding and child protection registers attending schools. What is being done to ensure that local authorities have adequate social work staff and resources to maintain sufficient monitoring of their safety? I thank noble Lords for their co-operation and attendance.

2.46 pm

Baroness Bull (CB): My Lords, I join others in thanking the noble Baroness, Lady Wheeler, for introducing this important debate. I will focus my comments on the impact on the UK's 1.5 million people who live with learning disabilities. Their challenges have been exacerbated by this pandemic. They are already seven times more likely to be socially isolated and to suffer mental health problems, and so are at particular risk from the effects of quarantine. They are challenged to

understand social distancing and they are at high risk of respiratory problems, making them more vulnerable to the virus.

While the action plan for adult social care acknowledges the Covid-related challenges of this community, disability advocates have raised a number of concerns about the plan and the sector's specific challenges. Workforce support is a key pillar of the plan but it is silent on pay increases, which is a significant factor in retention and recruitment. As the workforce includes 115,000 people from the EU, staff shortages are a long-term concern.

Concerns have also been expressed that the £1.6 billion emergency funding for local authorities to support social care providers is insufficient and that distribution across different areas is uneven. The noble Baroness, Lady Jolly, articulated concerns about guidance on the assessment of people with learning disabilities who contract Covid-19, with GPs wrongly conflating support needs with frailty and telling people that they will not be prioritised for treatment.

Finally, there are concerns about flexibilities to social protection introduced by the Coronavirus Act. Can the Minister provide reassurance that people with learning disabilities will not fall through the gaps and end up locked away in in-patient units? There are already 2,000 people in these units, often far from their families and held in inappropriate environments—sometimes confined to a single room—while awaiting the completion of their care and treatment reviews. I know personally one family in the midst of such a process, with a long-awaited solution tantalisingly in sight before coronavirus put everything on the back burner. Can the Government give this family and others like them reassurance that their needs will not go to the back of a long queue, or be forgotten altogether, once this immediate crisis is under control?

The desperate need for long-term reform of social care has been highlighted yet again by the situation we now face. In 1942, while the world was at war, the British Government produced the Beveridge report, and with it the basis for the welfare state. This crisis must inspire the same sort of visionary thinking. It is not just a question of how we react to this pandemic; it is about the legacy that this generation will leave behind.

2.49 pm

Lord Farmer (Con): My Lords, I, too, congratulate the noble Baroness, Lady Wheeler, on initiating this important and well-timed debate. I will speak today about children's social care and how supporting those on the edge of it can prevent this crisis from being the tipping point when they become looked after by the state. First, however, we should acknowledge the families who are flourishing now that they are no longer in the time famine of normal life, even though money and space are tight. Many children are enjoying being with their fathers, for example.

On those in social care, the Government are consulting on reforms to the use of unregulated care homes which include banning this provision for under-16s and introducing national quality standards. In these strange times, young people currently in such accommodation are out of the sight of social workers and others,

[LORD FARMER]

who have high case loads. I have heard that these professionals are seeing only the highest-need families face to face. Some have adapted well and are catching up with young people directly, for example through WhatsApp, but such flexibility might be patchy. Can the Minister inform me whether a national assessment has been made of the welfare of those in unregulated accommodation during this crisis?

More broadly, the Government have committed to reviewing the care system. For the system to be sustainable going forwards, this review requires what I call the prevention pipeline. It should establish how we can best prevent, first, children from coming into care in the first place and, secondly, the care system from being a runaway into educational underachievement, unemployment, criminality and prison, early parenthood, addiction and poor physical and mental health.

Early family support is essential to prevent children from tipping across care thresholds. Many local authorities have set up family hubs where families with children of any age can access help. I have set up the Family Hubs Network, which has held several virtual round tables with providers, who report that hubs have come into their own in this pandemic. They are offering food, maternity appointments, a rich programme of online family support and more. I understand that the DfE is leading on family hubs, but can the Minister inform me whether and how it is supporting their spread?

The Deputy Speaker: I call the noble Baroness, Lady Blower. She is not here. We will move on to the noble Lord, Lord Addington.

2.52 pm

Lord Addington (LD): My Lords, I thank the noble Baroness, Lady Wheeler, for this debate—I agree with many of the things that have been said in it. The main point that I want to make is referred to in the debate's title: the long-term impact, particularly on groups such as adults who are in care and receiving support.

We have already heard from many noble Lords about the impact that the lack of PPE and testing has had on the workforce. That group is under tremendous pressure and is having to deal with people who will react badly to the situation they are in—I am particularly thinking about those with autism, a group of people who have trouble understanding the world they are in and their relationship to what is going on and who find much of adult life overwhelming. If the workforce has to deal with people who have such problems and other mental health problems, their job will get much more difficult. Will the Government go to these groups and ensure that they get support as soon as possible?

How long the lockdown lasts will greatly affect the level of the problem. However, the Government must have some idea about their strategy for when the immediate crisis ends. We must be able to go in and say, "There will be support for your mental health and social anxiety problems". I started with autism because I know slightly more about it, although I am acutely aware that others know more. However, all the groups, including those that the noble Baroness, Lady Bull, mentioned, will have similar types of problems. Can we please get an

idea of the strategy for dealing with the long-term consequences of this huge social disruption for those who are being looked after?

Those who will take on the caring will have to deal with the problems. It will be yet another load for them to carry. They are a group that has been undervalued for a long time, although this House has been particularly good at making sure that people recognise that they have value and worth. The Government will now have to make sure, in case this immediate problem becomes a long-term one, that there is greater help for them. I will leave it there, but please can we hear from the Government about a long-term strategy, despite the overwhelming problems of today?

2.55 pm

Lord Liddle (Lab): My Lords, I declare an interest as a member of Cumbria County Council. I take as my text my noble friend Lady Wheeler's excellent opening speech, where she emphasised that the Covid crisis has brought the social care crisis to the fore. To use a phrase that we are unfortunately hearing too much at the moment, the social care sector has suffered from a lot of pre-existing conditions that have sadly weakened it. It was not ring-fenced from austerity to the extent that the National Health Service was in the last decade. Recently, we have had the sticking plaster of the social care precept on council tax, but that is very inadequate. We face a rapidly ageing demographic.

I will focus on the sector's structural problems—the fact that many of the providers of social care are on the edge of bankruptcy and that the sector has seen widespread financialisation as big companies and private equity groups have moved in. Providers have been loaded up with debt and the margin of profitability is very low. Property has been sold off at high prices because of promises of high rentals that are probably now unsustainable. It is a sector in deep crisis, particularly where there is private ownership. We have to tackle this problem.

Part of the problem is the lack of long-term stable funding for social care. It was a mistake not to go ahead with the Dilnot recommendations. In the general election, Boris Johnson promised us action in months on stable funding for social care. This crisis should be a reason to bring that forward, not postpone it. If we get more stable funding, we have to ensure that it does not just go into rescuing bankrupt companies to make them viable for their shareholders. We want to see a new deal for people working in social care. Statutory arrangements have to be made in the sector to improve pay and conditions.

My experience as a county councillor has honestly changed my mind about this: we need an expansion of local authority care. In my own county council division in Wigton, we have an excellent local authority care home. Unlike most authorities, Cumbria did not privatise all its care homes; indeed, we are building new ones. The care home in Wigton has been rated excellent two years running by the Care Quality Commission. We need a bigger role for the public sector in the provision of care. That would enable decency for workers who are doing such a valiant job in the present circumstances. It has to be backed up by action now on a long-term funding solution for the sector.

2.59 pm

Lord Tyrie (Non-Aff): My Lords, I agree with a great deal of what has been said. Some extremely powerful points have been made. I will confine myself to just one further point about making sure that we maximise the effectiveness of public expenditure in this environment.

The underlying objective of policy must be to minimise the loss of life from the epidemic. The challenge is to find ways to use all the resources available for that job. Some core facts help us think about that. We know that 80% of deaths are likely to be among the over-70s and that most of the remainder will be among those with underlying health conditions. It must follow from that that a very robust lockdown, with whatever financial support is necessary—substantially more than currently—to the elderly and other vulnerable groups, is needed. That funding will need to be maintained indefinitely, unless a vaccine or treatment is found or it turns out that, as now seems less likely, general immunity can develop in the population at any pace. That is the backdrop to this debate. A very high proportion of the most vulnerable people are in care homes, so they need particularly rigorous protection with a much more intensive infection control regime than is currently in place, and the public expenditure simply has to be found to pay for it.

Of course, the merits of any increase in spending among the elderly or the vulnerable will have to be set against the cost of the currently indefinite lockdown, but some basic numbers help to flag up how clear it is that the money should be spent. The overall cost to the Exchequer of coronavirus is forecast to be £218 billion, or 11% of GDP. Total local authority spending on adult social care last year was £21 billion, or 1% of GDP. I think that your Lordships can draw conclusions from those figures. Spending on infection control in care homes is affordable when seen against the backdrop of those numbers, and it would pay off in spades. Of course, analysis of that type can and should form part of an overall assessment of the health effects of the lockdown, both on morbidity and particularly on mortality. I argued for such an assessment and for greater concentration of support on care homes a month ago in the Chamber, on the last day before the Recess. In my view, it is now absolutely essential. Of course what I am describing is very difficult work, but it seems scarcely less difficult and uncertain than the work already being undertaken on the epidemiology and more widely.

I urge the Government not only to undertake that full healthcare analysis—of which care of the elderly will be a crucial part, including the funding of care homes—but to publish it. I very much hope that the Minister will tell us that it is already under way.

3.03 pm

Baroness Bowles of Berkhamsted (LD): My Lords, “Adult social care in England is inadequately funded.”

That is the opening line of a strong report from the House of Lords Economic Affairs Select Committee, of which I am a member. Right now, that strained system is dealing with a virus that strikes at vulnerability, the very heart of care services. The Government’s response seems to have inadequate intelligence about

how care work operates. How else could the “care homes not at risk” advice have come about, or low-paid care workers be expected to travel more than 200 miles for a test?

The virus shows how much we rely on workers in essential services. Care workers rank highly among them in terms of both society’s need and the risks the workers face. The NHS has high recognition, equipment, donations and worker visa extensions, and the care sector deserves the same. It is time to level up. Just like the NHS, care needs could affect anyone. Half the adult care budget goes on working-age adults, and that percentage is rising.

Many care provider businesses are now financially at risk, including some employee-owned and mutual businesses. I am told that some local authorities rapidly made three-month forward bookings and advanced payments, taking the financial risk if those places are not used, to help providers keep afloat for the future. Local authorities have suffered from lacking and late information in a situation that has moved faster on the ground than government decisions. New funding is welcome, but it lags behind the progress of the virus in terms of rising operational and care costs and loss of income from rates, rent and car parks. The knock-on effect of the virus will take a higher toll on the vulnerable, including the working vulnerable, which translates in the long term to a need for more care.

The rulebook on government expenditure has been torn up to support many people and businesses during lockdown. An equally open mind and a long-term approach are needed post coronavirus. Investment for growth must trump austerity, and social care underfunding must still be addressed. One good-faith way in which the Government could start right now would be to put care providers on the same VAT footing as the NHS. Be innovative—it can be done if the will is there.

3.06 pm

Lord Bilimoria (CB): My Lords, just today, Dr Hans Kluge, the WHO regional director for Europe, said:

“According to estimates from countries in the European region, up to half of those who have died from Covid-19 were resident in long-term care facilities. This is an unimaginable human tragedy.”

In her excellent opening speech, the noble Baroness, Lady Wheeler, said that the social care sector was overwhelmed, undervalued and underpaid. The noble Lord, Lord Alton, said that we have just heard today that, sadly, 400 people a day are now dying of Covid-19 coronavirus in care homes. It appears to be sweeping through the council and privately run care homes, with some estimating that up to two-thirds of their residents are infected.

I am an association member of Bupa, which has several care homes. Paula Franklin, its chief medical officer, said that it was only last week that,

“the effect of Covid-19 on those who live and work in Britain’s ... care sector has been in the headlines.”

Until then, we did not even know whether they were being counted in the sad daily death rates being told to us; now they are. Of this attention on care homes, she continued:

“In many ways, this is welcome and long overdue. Social care is something of a ‘Cinderella sector’ within the public health system. And yet the NHS could not function without it”,

[LORD BILIMORIA]

much as we are thankful for and admire the NHS.

“Covid-19 has now intensified this. Right from the start, although there was a lot that wasn’t yet known about the virus, it was clear our society’s most elderly, frail and fragile were at the greatest risk from the virus ... So, while the spotlight was on the ... ICU ... those working in social care”

are now also in the spotlight. They are the second front line in our battle against Covid-19.

There are 1 million people in care—in care homes, in their own homes and in the community—and some 1.5 million or 1.6 million people looking after them. Can the Minister confirm how many people from ethnic minorities work in the care sector and how many from the European Union? Will we be able to recruit sufficiently after the Government bring in their new immigration policies?

As has been mentioned by many noble Lords, it is shambolic that the care sector has not had an allocation of PPE. Will that now be available? Will the Minister confirm that extra funding will also be made available?

When it comes to testing, the social care sector has been at the back of the queue. Will the Minister now confirm that all patients in care homes and all workers in care homes will be tested? This is a sector in which many workers are elderly themselves. They need to be protected and shielded as much as the residents, yet so many of them are now living in the care homes because they do not want to bring in the virus—but we hear stories of care home patients who go into hospital being sent back without being tested. Will the Minister confirm that there will be regular testing for all 2.6 million people in the care sector—every one of the 1.6 million people who work in it and the 1 million patients?

In conclusion, the 1.6 million people who work in the care sector deserve the same recognition and thanks as the 1.5 million people who work in the NHS. Tonight, when we stand on our doorsteps and applaud the NHS, we will also be applauding our care home heroes.

3.10 pm

Baroness Altmann (Con): I, too, congratulate the noble Baroness, Lady Wheeler, on securing this debate and on her powerful introduction. I will focus on social care for the elderly and I draw attention to my interests in the register. I recognise the unprecedented challenges faced by the DHSC and know that it is easy to criticise, so I congratulate my noble friend the Minister on initial action taken to distribute PPE free of charge for use by private social care providers. However, we cannot deny that the Government’s initial approach prioritised the NHS over social care, following the traditional attitude that treats social care as a second-class Cinderella health service—out of sight, out of mind.

We also need a wholesale shift in the approach to elderly people. Lumping everyone above a specific age into one group, implying that all older people are infirm, is dangerously misguided. Will my noble friend confirm that government policy will not discriminate purely on age grounds when it comes to exiting the lockdown? The physical and mental health impacts of isolation and inactivity are at least as damaging for old people as for other age groups. As others have said, we knew from the start that older people who are infirm were most at risk. We knew where the most

vulnerable were: in care homes or receiving home care. Yet there were no special measures for the protection of staff or residents, priority testing, PPE or treatment. Elderly deaths outside hospitals are being revealed only belatedly.

Regardless of short-term failings, we have opportunities to improve things for the future. Will my noble friend reassure us that the Government are now devising urgent plans for radical care reform? If time does not permit today, perhaps he could write to me. In particular, what is his department doing on the following five points: first, integration between and staffing for national health and local care provision, ensuring parity of esteem between the NHS and social care; secondly, taxpayer funding for basic personal care, and incentives for individuals to save to provide a higher standard or earlier access to care than can be offered by the state, as we do for pensions; thirdly, immigration rules that prioritise workers desperately needed by care providers; fourthly, attention to the viability of care providers so that the future of vulnerable elderly citizens is not at risk from the collapse or bankruptcy of highly indebted providers; and, fifthly, focus on the prevention of care needs, funding incentive measures to help people to stay safe at home and avoid needing social care in later life?

3.13 pm

Baroness Massey of Darwen (Lab): My Lords, my noble friend Lady Wheeler has done us a great service in calling for and introducing this debate and I thank her. Today, I will talk about vulnerable children and young people and their situation after the Covid-19 crisis. There is understandably huge concern about the care of adults, particularly the elderly. However, leaving children at risk in relation to education and social care is dangerous and could have long-term implications. The Government have issued guidance regarding measures to safeguard children, but many concerned professionals in local authorities argue that this guidance is not only inadequate but illegal.

Some children are vulnerable due to disability, having mental health problems, being young carers, living in poverty, not being in education or training, suffering discrimination due to race, culture or sexual orientation, or being in the youth justice system. Of course, for these groups of children, many unresolved problems existed before the virus and professionals dealing with such children were struggling mightily to do their best. The crisis of this virus could include or expand into a crisis for children, for example through the potential closure of nursery schools and children not receiving adequate education.

UNICEF UK has recently carried out a rapid assessment of the impact of coronavirus on children, which is extremely worrying. Many children rely on schools and health and social systems to survive and thrive. These systems are under threat, and a crisis may be looming in relation to children’s welfare, development and potential. Child health services, including mental health, are stretched. There will be food insecurity due to job losses and closures of food banks. There is already stress in families, which is resulting in more domestic violence—it has doubled—and child abuse. How are services for children currently being monitored?

Who is the Government consulting? Children's welfare is not the province of only one department; are the Government working in a cross-cutting way?

Children have rights, as set out in the UN Convention on the Rights of the Child, and we have a duty to ensure that child welfare is paramount. If things fall apart for children during this challenging crisis, the consequences, particularly for the most vulnerable, could be devastating for individuals, families and society. The Government have unenviable challenges, but I hope that the Minister can reassure us that support for children and their families will be a priority.

3.16 pm

Baroness Hollins (CB): My Lords, the Covid-19 pandemic will be disproportionately felt by society's most vulnerable people, including people living with learning disabilities. Care Act easements under the Coronavirus Act, which has been enacted by eight local authorities already, raise the bar for social care to the threshold of human rights violations. Despite government reassurances, people with learning disabilities are at real risk of seeing their care and support reduced or removed as the Care Act easements set a new high threshold for the provision of care.

For those with learning disabilities, Covid-19 has truly pulled the rug from beneath their feet. Visits are discouraged, employment and volunteering roles disrupted and day centres closed. These are not luxuries, they are essential components of keeping well in the community. For many of those with learning disabilities, this loss of routine, structure and meaningful human contact could be disastrous. For some, increased anxiety is leading to behavioural challenges that precipitate urgent hospital admissions under the Mental Health Act. Routine dental and other health appointments have stopped and people's access to urgent treatment may even discriminate against them.

When the economy and people's livelihoods were at risk, the Government announced unprecedented financial support. When more NHS capacity was needed, we built massive new hospitals across the country. But when vulnerable people saw their entire support network evaporate, the Government's response was not to increase social care provision, but to watch it wither. I speak from personal experience and remind the House that I am a carer for my adult disabled son who is at home with me during lockdown. Three equally important areas—jobs, health, and supporting our most vulnerable people—have vastly different responses. This crisis adds urgent emphasis to the need for a properly funded national care service. I hope the Minister will say something positive about a future funding settlement. It is needed, and soon.

People with learning disabilities will need an increase in support to recover their confidence, meaningful occupation and friendships when lockdown ends. Can the Minister say what will be done to reverse the harm done by the loss of familiar support during this period, which for many will have been complicated further by other traumatic losses?

My noble friend Lady Masham spoke about the lack of recognition by the NHS of the respiratory risks faced by people with tetraplegia, like my youngest daughter.

I share my noble friend's and others' concerns about difficulties recruiting to the care sector and our huge reliance on carers from eastern Europe, who are finding it more difficult to come here to work. I look forward to hearing the Minister's response.

3.19 pm

Baroness Brinton (LD): I declare my interest as a vice-chair of the APPG on Social Care and thank the noble Baroness, Lady Wheeler, for securing this vital and highly pertinent debate. So many Members of your Lordships' House have made moving contributions. On behalf of the Liberal Democrat Benches, I also thank all the staff and volunteers working across the wider social care and community sector. Frequently low paid but definitely not low skilled, these amazing people show us their professionalism and big hearts, day after day.

Back in mid-February, we on these Benches asked the Minister repeatedly about care. On 26 February, the noble Lord, Lord Bethell, said in *Hansard* that "we are planning ... a massive communications campaign on how to protect people, particularly vulnerable people, in our population."—[*Official Report*, 26/2/20; col. 257.] The evidence of recent weeks shows that those most vulnerable in our communities and care homes have been seriously and tragically let down.

Others have covered plenty of the detail, which is symptomatic of the centralised way in which Whitehall, the Department of Health and Social Care, and the NHS have treated anything not in hospitals as a second or even third order of priority. My noble friend Lord Shipley explained the problems that have arisen since Whitehall took over the supply chain for the social care sector and then decided to create a separate system, known as Clipper, that we were told was due to come online on 6 April, but yesterday discovered is still three to four weeks away from going operational.

Worse, where providers and local resilience forums have ordered their own PPE, it has been confiscated by government and rerouted centrally for hospitals first, leaving community settings high and dry. This includes lorries being stopped at border ports and drivers being rerouted. Consequently, a lack of PPE and a policy of moving patients from hospital into care homes without any testing has meant that Covid-19 has spread rapidly in the social care sector.

I support my noble friend Lady Jolly's call for clarity on DNRs and echo her concerns about GPs asking disabled and learning-disabled people completely inappropriate questions. It is very clear from the government advice, NICE advice and all good palliative care advice that the way in which this happened was inappropriate. I hope that this DNR factor will be examined as part of any inevitable public inquiry. It seemed to happen in groups. Were CCGs asking GPs to ring their patients and find out whether they wanted to go to hospital? To do it all in one conversation is completely inappropriate. For many disabled people, it was completely inappropriate to even ask them this, if they do not have the clinical frailty that my noble friend Lady Jolly spoke of.

However, the Government's lack of understanding of the wide range of other disabled people, and extremely fragile people, living within our community extends

[BARONESS BRINTON]

completely in the opposite direction. As a result, people who have ventilators or tracheostomies, for example, have found that their care support is entitled to only the most simple and flimsy face masks, because they are regarded as exactly the same as the standard care in residential homes. The Government's PPE for the social care sector is almost always designed for the elderly.

Matt Hancock said last week that health and social care workers should not overuse PPE. The gasp that went through the social care community when he said that could be heard across the country. Most community orders are receiving a tiny fraction of what is ordered and needed. My noble friend Lady Barker summarised well the problem between the department and local government.

Time and again, noble Lords have talked about testing. Testing in the social care sector has been a real problem, with very few centres where staff can go and be tested. On Sunday, an appalling story came out of a social care worker in Norfolk being asked to go to Sheffield—a five-hour round trip—to be tested. Even their nearest place was a three-hour round trip away. It is all very well saying that more and more centres are opening up, but if they are all drive-through, it becomes impossible for the many staff in the social care sector who do not drive to get to them. I hope that the Minister will be able to explain to us when really accessible testing will be available for all social care staff who need it.

The problems with PPE have demonstrated a perfect storm. At the beginning of this crisis, patients, and especially elderly patients in hospitals who may or may not have had Covid, were being pushed back into local care homes without having been tested, whether they were symptomatic or asymptomatic. At that point, staff in care homes were not able to access tests at all and, as a result, Covid started rushing through many of our care homes. Many of the workforce were already self-isolating, or, because of their symptoms, had removed themselves completely and were unable to work. The criminal lack of PPE means that Covid has had free rein. It is estimated that in London, some 50% of care homes have active cases.

Many noble Lords have talked about the future of social care, and it is absolutely vital that we look at that in the context of today's debate. My noble friend Lady Northover set out the history of social care reform. I can remember the delight, a decade ago, when all three parties supported the Dilnot review, and the shock when the Conservative Party decided that it did not want to continue with it. As we come to the end of this crisis, we must rapidly review the future of social care, but we must not start again from scratch. There is plenty of evidence to show what needs to be done. Our social care sector was already struggling before this crisis, following cuts to local government and to providers, with many providers having gone out of business and others hanging on perilously by a thread at the moment.

The consequences of all this are visible. The Rainbow Trust supports families with seriously ill children. It has said that the risk of the Covid-19 pandemic has put the provision of social care by charities at a higher

risk of ceasing altogether, because many charities depend on fundraising, which has dropped significantly. It says that, in the short term, it is unclear how government departments will divide up the modest funding package of £360 million between the so many charities which are desperately trying to provide for very vulnerable groups of adults and children. It added that, in the long term, it is vital that sustainable funding is established to reduce the vulnerability of vital charitable social care to economic shocks, so that we do not end up in this position again.

The Rainbow Trust would like to ask the Minister to please go back to the Chancellor of the Exchequer. Many charities have had to furlough staff, and those staff have been allowed to work for other charities. But in the medical sector, these staff often have exceptionally specialist skills that cannot be used elsewhere, and, as a result, some of the provision that they are trying to offer cannot be done easily.

My noble friend Lord Campbell of Pittenweem has rightly called for a judge-led public inquiry. It is clear that too many things have been going wrong. We need to recognise the contribution made by our health and social care staff wherever they are, whether in care homes, in the community or in hospices. That is why the Liberal Democrats say that we must have a proper package for them. They must have access to full and proper PPE. Moreover, those who have tragically died as a result of Covid in the line of service need proper death-in-service benefits. We also think that a daily allowance equivalent to the military deployment allowance should be paid during the lockdown to people who end up putting themselves at risk. Too many are doing that, and they are absolutely serving the nation.

3.28 pm

Baroness Thornton (Lab): My Lords, it is an honour to be winding up this historic debate on behalf of the Labour Benches. It is the first substantial debate to be held in our demi-virtual House.

For two reasons, it is completely appropriate that social and domiciliary care are the subjects of this debate. First, we could only suspect when my noble friend Lady Wheeler proposed this debate how important would be our scrutiny of the effects of Covid-19 on care homes, on domiciliary care, on the 6.5 million carers in our community, and indeed on the elderly and those living with disabilities, whether they are old or young. That has been mentioned by many of my noble friends, including my noble friends Lord Dubs, Lady Pitkeathley, Lord Hunt and Lord Turnberg. Secondly, my noble friend framed this Motion for debate in terms of both the short term and the long term.

I congratulate noble Lords on the brevity and eloquence of their contributions, which were outstanding, but also on their command of the virtual world in which we now operate. I also thank the many organisations that sent briefings to us and gently remind them that a briefing arriving yesterday will have less impact than one that we might have received a week ago.

It is right to separate the short term, where we all wish to work together to mitigate the worst of the crisis, from the long term, where we learn lessons and address with honesty the inertia, political cowardice and long-term cuts that have made it impossible to

design and put in place a decent, modern, integrated care system. My noble friend Lady Wheeler and I—the Labour team—have lost count of the number of times we have raised the inadequacies of the Government's response to the stress experienced on the front line in our social care system over the last five years, with no Green Paper, inadequate budgets and huge cuts to council infrastructure. It would be laughable were it not so awful in its consequences for the most vulnerable in our communities in this pandemic. The fact that in PMQs yesterday the First Secretary of State did not know how many social care workers had lost their lives to Covid-19 tells us all we need to know about the priority that the Government have given social care over many years. That must change.

Finding solutions means that issues are identified by good data, reported honestly and openly, and that all those involved, from care homes, trade associations, charities and trade unions, contribute to finding solutions. The employment and business solutions found by the Chancellor were a result of discussions with many different groups, including the CBI and the TUC. Why has that not been a model for social care during this pandemic? Will the Minister commit the Government to bringing together all the stakeholders in this sector to discuss the future, not just the immediate issues of survival?

Yesterday we learned that the current lockdown is unlikely to end soon. The CMO tells us that the probability of lifting social isolation in the next calendar year is incredibly small. We should be realistic about that. We will have to rely on other social measures which, of course, are very socially disruptive, as everyone is finding out right now. The Chief Medical Officer said that without a “highly effective vaccine” or “highly effective drugs” to treat coronavirus, Britain will have to get used to this new way of life. We do not know exactly what that means, partly because the Government have chosen not to have a national conversation about the best way forward, but to inform us of their decision about ending lockdown at some time—who knows when? We already know that, in the short, medium and indeed long term, the impact will be significant for the communities we are discussing.

I beg the Minister not to talk to us in lofty terms about how hard he and the Government are working—we know and appreciate that—but instead to be honest about the challenge we are facing as a nation and in this sector, and have some discourse about solutions with the communities affected. Perhaps Ministers have had incorrect or incomplete information, but time and again lofty promises and bold assertions have collided with reality. This risks undermining trust in the Government, which is so important at the moment. Levels of trust influence our behaviour. The lessons for our leaders are clear: to have humility to admit they do not know everything; to be authentic in their narrative; to have empathy and provide reassurance for the anxious; to have clarity and consistency of messaging; and above all, to have honesty.

On 9 March I asked the Minister the following question:

“My first question concerns vulnerable people in residential homes and the learning disabled who may be being supported,

either by charities or at home by their parents. We need to include these people in the planning.”—[*Official Report*, 9/3/20; col. 849.]

Social care planning was published five or six weeks later, during which time Covid took hold in our care homes with continuing devastating effect. Only in the last few days have we seen testing offered to residents and staff in these homes, for which we are of course grateful. We are fortunate that the noble Lord, Lord Bethell, is the Minister responsible for testing, which will now be rolled out. Clearly, testing centres which are miles away and can be accessed only by car are inappropriate for residents and many staff. When will this testing, when it is accessible, kick in? What is the timeframe?

We must be honest and say that reports of serious failures have reached us all: vulnerable people denied the care they are entitled to expect, and some even denied life itself. Many with disabilities have expressed how strongly they fear the withdrawal of or reduction in services vital to their well-being, as mentioned by many noble Lords. Not enough has been done to reassure them.

In the short term, we have seen unprecedented action: the Care Act being effectively suspended, with only the protection of the HRA in place, and the injection of literally billions of pounds into the care system, although nobody seems to know exactly where it will end up or whether it is enough.

The loss of hard-won rights in the field of adult care, outlined by the noble Baroness, Lady Grey-Thompson, and others, is a major concern. Service user groups, lawyers and advocacy groups are questioning whether the powers taken are in fact disproportionate to the extent of compromising human rights and are wondering whether these rights will ever be returned after this period of emergency. These are major concerns, and the rhetorical downplaying of the value of low-skilled and low-paid workers has been replaced by treating them as heroes, as many have mentioned.

This really sets up a challenge for the future. It has proved hard in many places to set up proper systems for identifying who is vulnerable and how they can be protected and not fall through any cracks. The lack of good information and the absence of data-sharing are exposed. Market mechanisms, through contracts and regulation, failed to embrace the ability to react in a major crisis. The deep-seated organisational barriers between the different sectors of care and between local authorities and the NHS have been laid bare, despite heroic attempts in many places through local initiatives. We now see, finally, that there has been some recognition of how valuable care staff are, but this must be matched by giving them the pay, conditions, training and equipment they need.

Our current social care model does not work. Integration, despite laudable attempts in Manchester and some imaginative STPs—my own included—is not going anywhere fast. The move to a national well-being strategy avoiding all artificial barriers and tribalism in the NHS and between the NHS and social care is essential.

Labour has set out its vision for a long-term solution. Like everyone else, we will study what we can learn from the crisis and adapt our policies as required—we

[BARONESS THORNTON]

want to work across parties and nations, and believe that work needs to start sooner rather than later. The NHS and social care must be seen as two sides of the same coin and supported in their efforts to respond to the Covid-19 outbreak. It has never been more important to invest in this critical partnership.

Social care providers and their staff have had to adapt as the crisis evolved and new issues emerged, and are playing a key role in supporting vulnerable people at home and enabling people to return home with appropriate support. This pandemic has laid bare the challenges facing social care and highlights the urgent need for a sustainable, long-term funding solution. This must be a key priority for the Government.

In conclusion, I thank all noble Lords for their contributions to this important debate. I heard a care home manager say in despair on the television last night, “We were not prepared and we are not being led.” She is right. This must change for the short term and the long term.

3.38 pm

The Parliamentary Under-Secretary of State, Department of Health and Social Care (Lord Bethell) (Con): My Lords, I join the noble Baroness, Lady Wheeler, and others in remembering those who have suffered from this dreadful disease. I pay tribute to those in healthcare and other key workers on the front line who selflessly and heroically help deal with this awful epidemic. I have a personal reason to thank in particular those BAME social care staff who take a particular risk and often take on most challenging tasks.

I thank all noble Lords for the thoughtfulness and scrutiny they have brought in this digital debate to an issue which is, as many have remarked, overlooked but is now, without doubt, at the centre of our national debate. With 40 speakers and a lot of new technology to deal with, I apologise in advance if I cannot respond to all the thoughtful and perceptive questions that have been asked, but I will try to address the most immediate issues raised by noble Lords with a practical update—and I will avoid the lofty, high-level stuff, as requested by the noble Baroness, Lady Thornton.

As the noble Baroness, Lady Wheeler, rightly stated, on 15 April we published our action plan for adult social care. The plan outlines how we have committed to strengthen and support this vital network, for the carers and for the cared. The plan has four pillars. First, our number one priority is to limit the spread of the infection. It is clear, as many noble Lords have rightly said, that personal protective equipment has been an issue for many in the care sector. We recognise that and we set out a PPE plan on 10 April to deal with the issue.

We recognise that PPE is vital to protect NHS and social care staff from contracting Covid and to protect the people whom they care for, and we are acting to ensure that PPE is available where it is needed. We are running hard at procurement; the results are being felt, but there is more to be done. Public Health England has published guidance on good infection control practices, discharge processes, testing and in which scenarios to use PPE to minimise the risk of transmission. We have moved quickly to adapt guidelines

to this new, complicated and deadly threat, to be clear in the way we communicate, but I accept that it is sometimes difficult to keep up. I hear loud and clear from the noble Baroness, Lady Wheeler, my noble friend Lady Verma, and the noble Lord, Lord Hain, about concerns on costs. I reassure this virtual Chamber that substantial funds have already been mandated. The question of funding remains under review and, if more is needed, this Government will step up to their responsibilities. We are taking these issues seriously, but the challenge is substantial.

This sector is made up largely of smaller, independent providers that have historically sourced their PPE on open markets, as well put by the noble Lord, Lord Hain, so we are putting in central procurement support at pace and on the fly. We have developed a parallel supply chain across government with NHSE&I, NHS Supply Chain, Clipper Logistics and the armed services. The parallel supply chain has been established to support care homes, home care and hospices. It is done in the spirit of collaboration, as the noble Lord, Lord Shipley, has rightly recommended. This is already supplying PPE equipment to hospitals and local resilience forums. I reassure noble Lords that this improved speed and reliability of delivery is already relieving pressure on the supply chain.

We are working around the clock to ensure that staff on the front line can do their job safely. As of 20 April, we have released 29 million items of PPE to seven designated wholesalers for onward sale to social care providers. This includes 11.4 million face masks, 13.3 million aprons and 4.2 million gloves.

Let me say something on discharge. We recognise that moving someone from hospital to another area where infection control is important is incredibly delicate. That is why, last weekend, the Chief Medical Officer changed the guidelines so that all patients will be tested before being admitted to care homes, as well as all care home residents. This is welcome news.

On testing generally, I reassure the noble Baroness, Lady Grey-Thompson, and the noble Lord, Lord Hain, that, while testing was initially limited to help manage the demand for tests for the most unwell, this has changed. There is new guidance and considerably more capacity. I reassure the noble Baronesses, Lady Wheeler and Lady Brinton, and the noble Lord, Lord Turnberg, that as lab capacity increases every day, we have already expanded testing to include more care home residents and staff.

It is true that the drive-in centres were the quickest to set up, as the noble Lord, Lord Shipley, rightly remarked. However, I reassure the noble Baroness, Lady Barker, the noble Lord, Lord Dubs, and other noble Lords, that this week we have started home delivery of self-administered packs, which will be organised by Amazon, pop-up mobile units organised by the Army, and we will shortly have a retail solution from Boots. This will go a long way to address the concerns of those who find the drive-in centres awkward or unavailable.

On the subject of counting deaths, I reassure the noble Lord, Lord Bilimoria, and other noble Lords that the official ONS figures, which are informed by CQC returns from death certificates, will always capture

Covid deaths, whether they are from hospitals, care homes or at home, and that it is the responsibility of doctors to inform PHE of any Covid death.

The 1.5 million social care workers on the front line of the virus are crucial in delivering care to our most vulnerable citizens, so I will say a word on them. I reassure the noble Baroness, Lady Grey-Thompson, that we have capacity for every care worker to be tested, just as there is for NHS staff and their families. PHE will be administering those tests and home testing equipment will be distributed. Social care workers have been designated as key workers, which means that the children of those working in social care can continue to attend school where there is no safe option for them to stay at home.

In response to those who say that government has done nothing, I remind the noble Baroness, Lady Hollins, and other noble Lords that our action plan for adult social care sets out an ambition to attract 20,000 people into social care over the next three months. We will shortly launch a new national recruitment campaign to run across broadcast, digital and social media. The campaign will highlight the vital role that the social care workforce is playing now during the pandemic, along with the longer-term opportunity to work in care.

I am proud to recognise carers and to endorse social care branding with badges and lanyards to create a proper identity and recognition. We have formally introduced the CARE brand to sit alongside the NHS brand in England. It is right that we recognise the hard work of carers and, as the noble Baroness, Lady Wheeler, put it, ensure that they too get support such as queueing priorities like their NHS colleagues. We recognise the immense pressure that the social care workforce may be facing, which is why we have extended a package of helplines and text-based systems across the board to support the well-being of carers and other front-line staff.

Several noble Lords, including the noble Baroness, Lady Finlay, and the noble Lord, Lord Bilimoria, raised the impact of BAME staff working in the social care sector. We have commissioned work from Public Health England to understand how different factors may influence the way someone is affected by this virus.

My noble friend Lord Astor asked about respite for carers—an important point. On 8 April we published guidance for unpaid carers on GOV.UK, which includes general advice, including advice on infection control, links to other information and support and advice on caring where someone has symptoms.

Perhaps I can reassure the noble Baroness, Lady Tyler, who asked about visa exemptions for nurses in social care, and the noble Baroness, Lady Masham, who requested an update on when we might relax the Immigration Rules to ensure that we have an adequate number of carers, nurses and doctors. The Government are already working with the NHS to ensure that visas are extended to doctors, nurses and paramedics and where, as noted by the noble Baroness, Lady Bull, significant numbers of overseas staff are working on the front line to battle Covid. UK Visas and Immigration has now written to 270 NHS organisations to begin processing these important extensions. I will take away

her valuable point that the social care workforce should be included within the scope of these discussions. Many employers across health and adult social care benefit from the skills of overseas staff. However, it is clear that international recruitment will not be straightforward at the moment, nor in the future, due to widespread travel restrictions in place around the world. We are going to have to adapt to this new reality.

The noble Baroness, Lady Sherlock, asked a very valid question on carers' eligibility for universal credit. We are acutely aware of the issues faced by the self-employed or those on zero-hours contracts. Some individuals employed on zero-hours contracts may be entitled to statutory sick pay; those who are ineligible can claim universal credit or contributory employment and support allowance, depending on their circumstances.

The third strand of our strategy is supporting independence: supporting people at the end of their lives and responding to individual needs. I completely take on board the comment made by the noble Lord, Lord Blunkett, about inadvertently creating a monster in our efforts to slay the dragon of Covid. But I would add that it is not the Government who seek to punish older demographics and those with pre-existing conditions; it is the virus. The objective of our policies is to save lives and protect the NHS and our care services.

Let me give you a few examples. We are working alongside technology firms and voluntary organisations to assist the most at-risk and isolated people with access to vital emotional support and companionship. These efforts are beginning to bear fruit. While unnecessary visits are restricted, we are clear that visits at the end of life are important for the individual and their loved ones, and they should continue. The guidance now makes that clear.

We recognise the specific challenges that disabled people will face as a result of Covid-19, as was raised by the noble Baroness, Lady Bull. We have been taking several important steps to mitigate the impact of Covid-19 on people with disabilities and continue to engage with stakeholders to ensure that their needs are met. For instance, we are improving the accessibility of government guidance and working with the disability unit at Public Health England and NHS England to ensure that important messages reach throughout the communities.

On the DNR notices wrongly sent by some GPs, I totally endorse the comments of the noble Baronesses, Lady Brinton, Lady Jolly and Lady Jones, the noble Lord, Lord Alton, and many others in their condemnation of pre-emptive DNR notices. The CQC has been making that point very well and we all reject that practice.

The fourth strand of our strategy is protecting vulnerable children. The Government understand the importance of having robust social and domestic care provision for disabled and vulnerable children, and the need to ensure the sustainability of social care services. This issue was raised by my noble friend Lord Farmer, the noble Baroness, Lady Massey, and the noble Lord, Lord Addington. We are taking action to ensure that those reliant on such services are identified and supported during the pandemic. I reassure the noble Baroness, Lady Massey, that we are working closely with other

[LORD BETHELL]

government departments, local authorities and partners, such as the Council for Disabled Children, to assess the impact of Covid and local decisions on the provisions of these services.

We know that some families need more support than others and that attending education settings is an important protective factor. That is why we have not only ensured that they can continue attending school but made it clear that we expect them to, as long as it is safe for them to do so. We also encourage families with a child whose SEN needs cannot be suitably supported at home to attend school, but this will depend on a risk assessment. Many pupils with special needs are better off staying at home during the crisis.

Lastly, we are supporting local authorities and providers of care. In March, we announced £2.9 billion of funding to support and strengthen care for the vulnerable. Local government is being supported by £1.6 billion of additional funding to meet extra demands. This funding can be used across all services facing pressure. Further, we have enhanced the NHS discharge process by providing £1.3 billion of funding to allow patients who no longer need urgent treatment to return home from hospital safely and quickly. This funding will cover follow-on care costs for adults in social care or people in need of additional support when they are out of hospital and back in their home, community or care setting. We are keeping future funding under review. We announced over the weekend a further £1.6 billion package for local government to ensure that local government has the funding it needs to respond to the crisis as it develops.

A number of noble Lords asked about VAT. I confirm that providers pay VAT as private entities, but the important thing is that they have support with the costs they are incurring. This is what we are doing through the significant funding. I remind noble Lords that if adult care providers are charities they do not have to pay.

My noble friends Lady Verma and Lord Astor urged the Government to ring-fence this funding. We are taking important steps to ensure that this additional funding is making a difference. For example, as the noble Lord, Lord Dubs, asked, we are asking local authorities to provide information about the distribution of this funding to providers. The Government will continue to monitor pressures in the NHS and local government and will keep future funding under review.

We are also supporting the system through emergency legislation. The Coronavirus Act 2020 came into force on 31 March and brought significant changes to local authority duties under the Care Act 2014. I reassure my noble friend Lord Astor of Hever that the Government are committed to revoking these powers when they are no longer needed. I confirm to the noble Baronesses, Lady Wheeler and Lady Grey-Thompson, that we have received notification that six authorities are operating under the Care Act easement and that I thoroughly support the publication of the details. Those authorities are Sunderland City Council, Middlesbrough Council, Warwickshire County Council, Staffordshire County Council, Birmingham City Council and Solihull Metropolitan Borough Council.

The decisions local authorities may have to consider at this time are not simple and it does not necessarily mean that they are in crisis. The Department of Health and Social Care has issued guidance on easements, including an ethical framework and prioritisation guidance. I reassure noble Lords, including the noble Baroness, Lady Wheeler, that local authorities remain under a duty to meet needs where failure to do so would breach an individual's human rights under the European Convention on Human Rights. Such easement measures should be used only when absolutely necessary, based on the local authority's judgment of its ability to meet the needs of people in line with the Care Act.

The disease is a cruel enemy. It attacks the weak and vulnerable, as put very clearly by the noble Baroness, Lady Hollins. Carers and residents are put in a desperate position not because of government policy but because of the reality of this horrible killer. Let me touch on the comments made by the noble Lord, Lord Alton, on the final hours of those in care homes and funeral arrangements for them. As someone who has lost a loved one in a nursing home, I know at first hand that it is a heart-breaking reality of this awful epidemic that we cannot properly say goodbye to the ones we love.

I shall say a few words about the Government's priorities. We have put this country on hold to save lives and to protect the NHS and our care services. The noble Lord Tyrie, made the financial commitment very clear. I reject the idea put by the noble Lord, Lord Hunt, that this Government treat those in our care homes as second-class citizens. They have been a huge priority in everything that we have done in the past months. Mitigating the impact of the Covid pandemic is the top priority of the British people and of this Government.

This epidemic has undoubtedly put a spotlight on social care. The British people and this Government will never look at social care in the same way again. Today we are working flat out to mitigate the effects of a deadly disease, but things will change. The Government have committed to a substantial review of the sector. It will come when the time is right and, as noble Lords rightly asked, it will be a moment for society to draw up a new contract for social care. It will need cross-party collaboration and a new approach. I would like to hold on to the feeling expressed in this debate. Let us all remember these commitments to a fresh start when that moment comes.

3.59 pm

Baroness Wheeler: My Lords, I thank all noble Lords who have participated in this excellent and powerful debate. I thank the Minister for his thoughtful response, but however thoughtful it was it is clear that many questions remain unanswered and that we will need to ensure that they continue to be brought to the fore and be dealt with by the Government in future Questions, Statements, debates and legislation.

Noble Lords have stressed the need to be open and honest about the challenges that social care faces and about the good and bad news. I am sure the Minister will take that message to heart. Despite the challenges, I want to stress that it is truly heartening to know that this terrible disease has at least been a wake-up call for

the Government and the public about the importance of adequate social care for millions of adults and children in need of it and about the value, respect and decent pay that the 1.4 million staff deserve and must be given.

The Deputy Speaker (Baroness McIntosh of Hudnall) (Lab): My Lords, it is a privilege to be the first—I think—to put the question in a virtual Chamber that this Motion be agreed.

Motion agreed.

4 pm

Virtual Proceeding suspended.

Arrangement of Business *Announcement*

4.30 pm

The Announcement was made in a Virtual Proceeding via video call.

The Senior Deputy Speaker (Lord McFall of Alcluith): My Lords, the Virtual Proceeding on the Question for Short Debate in the name of the noble Lord, Lord German, will now commence. I will first call the noble Lord. I will then call each speaker on the list in the usual way. Please ensure that you unmute your microphone prior to speaking. Your microphone will be returned to mute when you have finished speaking. In accordance with the guidance agreed by the Procedure Committee, if your name is not listed it is not possible to take part in proceedings. I will now hand over to the noble Earl, Lord Courtown, the Government Whip, to remind us of time limits.

The Earl of Courtown (Con): My Lords, I remind you that, as the noble Lord, Lord McFall, said, this is a time-limited debate. The time available to all Peers is very tight indeed—in fact, it is two minutes per Peer. In the previous debate, noble Lords kept to the time limit and the Minister was able to respond in full. If noble Lords take up more than their allotted time now, the Minister, my noble and learned friend Lord Keen, will be unable to respond to all of it. Please do keep to the two-minute time limit. Many thanks.

Covid-19: Prisons and Offender Rehabilitation

Question for Short Debate

4.32 pm

Asked by Lord German

To ask Her Majesty's Government what assessment they have made of the impact of the COVID-19 epidemic on the prison population and offender rehabilitation programmes.

The Question was considered in a Virtual Proceeding via video call.

Lord German (LD): My Lords, in this debate the Government have three big questions to answer. First, have they failed in their duty of care to prison staff and prisoners? Secondly, have their actions to date been too little, too late? Thirdly, are the Government's actions sufficient to safeguard the public from the community spread of coronavirus, and have they adequately ensured that the safety of the public has not been put at risk?

I thank all the organisations that have provided me with supporting evidence to understand these key questions, in particular the Howard League for Penal Reform, the Prison Reform Trust and Women in Prison. I also acknowledge that the Government have limited room for manoeuvre, given the systemic problems over many years in our prison system—problems of overcrowding, maintenance backlogs and inadequate support to prepare people for release.

On my first question, of whether the Government have failed in their duty of care, we have just to look at the statistics on virus transmission to identify the scale of the problem. The first reported coronavirus case in a prison in England and Wales occurred on 18 March. By 1 April there were 88 cases among staff and prisoners. By 8 April that number had risen to 177; by 15 April it had risen to 300; and on Tuesday this week it rose again to 534. These figures demonstrate an exponential rise and no sign of a flattening curve. In fact, in the last week alone, the number of cases has risen from 269 to 534. That is six times higher than it was on 1 April. Sadly, prisoners, prison officers and staff have died from coronavirus. I ask the Minister to provide us with the latest details.

Isolation, social distancing, testing and wearing of protective equipment are the actions we would expect to be undertaken by the Government to protect prisoners and staff alike. Our overcrowded prisons make it very difficult to isolate or to develop social distancing. By way of example, Swansea, the most overcrowded prison in England and Wales, is supposed to hold no more than 250 men, but at the end of February it held 436. The Government's response is to create three cohorts of prisoner and to try to isolate one from the other: those with coronavirus symptoms; those who might have been exposed to the virus or are new to prison; and the vulnerable group to be shielded.

To create the space for this to happen, the Government announced that they would build 2,000 temporary cells. How many of those have now been built and how many are occupied? Also, how many prisoners are currently required to share a cell or sleep in a dormitory? Is the wearing of PPE compulsory for staff? Can the Minister confirm reports of woefully low numbers of available equipment?

For example, in our largest prison, HMP Berwyn in Wrexham, where 60% of the cells are designed to hold two people—built in breach of United Nations minimum standards—social distancing is impossible. I am afraid that the conclusion reached is that, because of a failure of testing, availability of PPE, isolation and social distancing, and the exponential rise in coronavirus cases, our prisons are incubators, pumping the virus and spreading it to the communities both within and

[LORD GERMAN]

outside their walls. For the 17,000 prisoners sharing cells, whether the virus is contracted is truly a terrifying lottery.

On my second question, of whether government actions have been too little, too late, I turn to the Government's key proposal to reduce the spread of the virus by creating more space in the prison system through the early release of prisoners. There is confusion about how many prisoners are to be released: the Government say 4,000, plus pregnant women prisoners, but we are told that Public Health England and Her Majesty's Prison and Probation Service have recommended a reduction of 15,000 prisoners to properly safeguard both prisoners and staff. Either way, progress has been painfully slow to reach even the lower government target. Only 17 of the 70 pregnant women have been released and the end-of-custody temporary release scheme had released only a handful—just four—by 14 April. If that is still the case, it gives us a grand total of 21, nowhere near the 4,000 the Government say and nowhere near the 15,000 the prison service says.

This rate of release is too slow and too late

“to save lives and avoid a public health catastrophe both within prisons and beyond.”

Those are not my words but those of the Secretary of State for Justice announcing the release scheme earlier. Has the ECTR scheme been restarted and how many have now been released? Do the Government have sufficient powers to facilitate early release and, if not, why have they not taken them? Meanwhile, new prisoners are being admitted. Can the Minister tell the House how many have been admitted to prison in the last month and how many are being held on remand? All around the globe, countries are releasing prisoners under strict conditions. The Ministry of Justice response falls way below any international comparator and indeed, in the UK, below that of Northern Ireland and probably Scotland.

The scientific advice is quite clear: the risk of infection is much higher in congregate settings such as prisons. The fewer the people in those settings the better. A similar situation applies in immigration detention centres. By definition, these people are not criminals and are certainly vulnerable. So, to my third question: is public health adequately safeguarded by the Government's actions? Prisons are not places of total isolation. Some 50,000 staff and workers enter and leave daily, and goods and services arrive and leave. Prison staff have woefully low numbers of PPE and nearly a quarter of staff are self-isolating at home. The reduced numbers serving the prison population have resulted in lock-ins for 23 hours at a time, often with more than one person in a cell. Testing of staff has only just started, and those tested are a tiny proportion of staff overall. As the expert adviser Professor Coker says:

“Closed environments contribute to secondary transmission of COVID-19 and promote superspreading events. Closed environments are consistent with large-scale COVID-19 transmission events such as that of the ski chalet-associated cluster in France and the church- and hospital-associated clusters in South Korea.”

The Government's response to the pandemic in respect of the Prison and Probation Service has been inadequate and lacking in urgency. What we have witnessed has been too little and too slow. Urgent action is needed to save lives. In these exceptional circumstances, the

Government must accelerate and widen the release scheme, including vulnerable offenders, children and pregnant women. Only then will prisons have the space to isolate and undertake some social distancing. We need a presumption against short-term prison sentences, which do not generally work anyway. The Government have been looking at this very carefully. Sending more people to prison for a short time is a double whammy against beating the pandemic.

The prison estate is now a perfect crucible for the disease. The dangers have been pointed out to the Government, but they appear reticent to act. This has put prisoners and prison staff in danger. The Government have failed in their duty of care and are sleep-walking into a crisis that they must avoid. Prisons were already overstretched and overcrowded before coronavirus. Adding this crisis on top makes it a perfect storm for our Prison and Probation Service. I therefore look forward to the Minister's response to these problems.

4.41 pm

Lord Naseby (Con): My Lords, I live just outside Bedford, the home of John Howard, the prison reformer. It has a very old prison, with some modifications. It is supposed to hold 500; the latest figure that I have is that it holds 900-plus. That reflects all the points that the noble Lord, Lord German, said.

I ask the Minister: why, when provision is made that there should be no visitors and no education, is Scotland allowing prisoners to have some form of communication with their loved ones? Why on earth can we not do that in the rest of the United Kingdom?

I come also to this key point about the Prison Governors Association figures. It is recommending that 15,000 be released because it knows about the staff shortages, the difficulties and the challenges. I say to your Lordships, in particular the Minister: why can we not be brave for once and have some real urgency? I have had to do it in my life with the three-day week; I remember that very clearly. It was done in Calcutta when I worked there and there was a particular problem.

I ask the Minister to take 15,000 as his target figure. He might not quite make it, but so be it. If he can get somewhere near it, every one of us in the House of Lords and in the Commons will thank him. We will have done some good for the poor souls who are worried stiff at this moment.

4.43 pm

Lord Harris of Haringey (Lab): My Lords, I am grateful to have the opportunity to speak, albeit very briefly, in this debate. I expect that some will be surprised that time is being devoted to this topic, yet what happens in our prisons must not be swept under the carpet and ignored. People in detention are totally dependent on the state for their treatment and care. Article 2 of the ECHR places a special duty on the state to protect those in custody.

Winston Churchill, then the Home Secretary, speaking in the other place 110 years ago said:

“The mood and temper of the public in regard to the treatment of crime and criminals is one of the most unfailing tests of the civilisation of any country.”—[*Official Report, Commons, 20/7/1910, col. 1354.*]

Those words set a context for today's debate.

Six years ago, I conducted a review for the MoJ. Our prisons were grotesquely overcrowded and staffing levels were inadequate. I concluded that prisoners were being kept in grim environments that were bleak and demoralising to the spirit. One can only imagine what it is like now, with permanent lockdown and disease stalking the corridors.

Given the stretched staffing, can the Minister tell us what proportion of prison officers are ill or in quarantine? I understand that, as of Sunday, 278 prisoners had tested positive for Covid-19 across 64 prisons. What are today's figures? If the Minister does not have them, why not? There is a duty of care there.

How many deaths have there been? What are the numbers of prisoners who have died from respiratory or other illness but were not tested for Covid-19 in the last two months? Are prisoners' families being informed that their relative has the virus or has symptoms? What steps are being taken to keep worried families informed?

Given the Article 2 obligations and notwithstanding the provisions in the recent Coronavirus Act that Covid-related deaths are not notifiable, will all deaths of prisoners be subject to proper, effective external investigation and scrutiny? I look forward to the noble and learned Lord's response.

4.45 pm

Lord McNally (LD): My Lords, between 2010 and 2017 I spent seven years at the Ministry of Justice, first as Minister of State and then as chair of the Youth Justice Board for England and Wales. I visited many prisons and young offender institutions and never left any of those bodies without a sense of awe for those who work in them, doing a difficult and sometimes dangerous job on behalf of us all.

A month ago Sir Bob Neill, the chairman of the Justice Committee in the other place, called for the immediate publication of contingency plans to deal with what he called the

“potential hotbed for viral transmission”

in our prisons. The reason we are having this debate today—and that the noble Lords, Lord German, Lord Naseby and Lord Harris, have opened with such passion—is that there is a growing feeling that Ministers in the Ministry of Justice are not up to responding to that call for action. The Minister will be aware of the briefings that noble Lords have received from Nacro, the Prison Reform Trust, the Howard League, the Quakers and others. It is impossible to cover all their concerns in a two-minute speech, so will the Minister deposit in the Library a comprehensive response to the concerns raised in those briefings by these expert organisations?

Will prison staff and prisoners now be given the testing and safety equipment to manage the threats of the coronavirus safely, as is happening in hospitals and care homes? Will the Secretary of State take one of the Downing Street press conferences, accompanied by the head of the Prison Service, so that he can explain to the media and the British public what is happening in our prisons on his watch? Unless we hear an “action this day” response from the Minister, there is a very real danger of prisons being added to the list of too-little-too-late responses that have blighted this Government's record in response to this pandemic.

4.47 pm

Lord Ramsbotham (CB): My Lords, I congratulate the noble Lord, Lord German, on asking this important Question and look forward to the Minister's response.

At Second Reading of the Coronavirus Bill, I raised the point that although 84 of the 121 prisons are overcrowded and a draft operating model for the future of probation services had only just been published, there was no mention of either prisons or probation in the Bill. Summing up, the Minister—the noble Lord, Lord Bethell—assured me that the Secretary of State for Justice

“has advised that powers exist that are considered sufficient for the needs in prisons and for the probation service at this time.”—*[Official Report, 24/3/20; col. 1736.]*

Yet only a week later, the emergency release of 4,000 remand and low-risk prisoners was announced—but nothing was said about probation services.

A number of prisoners have fallen victim to the virus, from which some have tragically died. Like the noble Lord, Lord Harris, I ask the Minister whether families are being kept informed of the well-being of relatives who are suffering. Public Health England experts are said to advise single cell occupancy—to achieve which, the chief executive of HMPPS told the Justice Select Committee on 7 April, would require the release of between 10,000 and 15,000 prisoners. My second question to the Minister is whether single cell occupancy is the Government's intent.

4.49 pm

The Lord Bishop of Gloucester: My Lords, I echo what has been said already. I draw attention to my interests in the register, particularly the fact that I am president of the Nelson Trust. I will make just a few points.

The Secretary of State has argued that the public would not accept the early release of certain categories of prisoners. The Government need to be clearer with the public about the risks in a pandemic to prisoners, key workers and their families. The potential risk of low-level, non-violent offenders being released on licence is far outweighed by the risk of inaction and delay. Will the Government commit to put into the public domain as soon as possible substantial and transparent information about how the release programme is working and publish daily statistics about coronavirus in prison, including the impact on staff and those in custody?

My second point concerns the slow release of pregnant women and those with infants. What is the Government's plan to maximise use of the voluntary sector's capacity and experience? I urge the Government to fully involve the community. Women's centres specialise in this sort of work. Charities such as Children Heard and Seen and Birthrights are doing remarkable work, as are faith groups. In this pandemic, good things are happening in the community and the justice system should be no exception.

Finally, one burden of this situation weighs heavily on prisoners' children, who may be too young to understand why they cannot visit or have contact as usual. When mothers in particular are given a short sentence for a non-violent offence, surely we do society far more harm than good by keeping them in custody

[THE LORD BISHOP OF GLOUCESTER]

rather than allowing them out on licence during the pandemic. At the very least, can the Minister ensure that all children with a parent in prison will be able to have regular, free telephone contact with their parent? These are difficult times and urgent action is required.

4.51 pm

Lord Farmer (Con): My Lords, I too congratulate the noble Lord, Lord German, on initiating this important debate. As the right reverend Prelate the Bishop of Gloucester has just mentioned, maintaining family and other relational ties is indispensable to prevent reoffending. Having people to go straight for provides the all-important motivation to engage in other rehabilitation activities.

Therefore, while cancelling visits was necessary, I am relieved that mitigating this appears to be an overriding government priority, with 900 handsets provided for establishments without in-cell telephony. The Prison Service is also piloting video calls at six prisons. The rollout of virtual calls across the whole estate can and should be done at pace, because there have been various previous trials of video-calling technology on which the new pilots can build. As 60% of female prisoners have dependent children, their estate should be prioritised.

Learning from other government programmes, could the Prison Service not deploy an ongoing test-and-learn approach, rather than waiting for perfection? Safety and functioning can be constantly improved in the current crisis, when time is of the essence. Progress should then help to ensure widespread, business-as-usual use of the technology that we have all rapidly become very accustomed to using.

Obviously, public opinion can be antagonistic, but there has never been a better time for people to grasp that deprivation of liberty is the punishment for those in prison, not the disruption of family relationships or prohibited access to the means of communication that are becoming indispensable to most of us and are similarly vital to prisoners' successful reintegration in mainstream society. Will the Minister update us on the progress being made in the provision of virtual visits? Also, how will suspension of prison visits be lifted? Will this happen across the board, or by establishment, dependent on infection rates? Finally, what is being done to ensure safer custody hotlines are working so that families can express fears about prisoners and receive a response? Thank you.

4.54 pm

Baroness Healy of Primrose Hill (Lab): My Lords, the Government must act now and release women in mother and baby units, and pregnant prisoners.

We know how urgent it is to reduce the overcrowded prison population during this pandemic, to prevent the deaths of inmates and staff. Already, 13 inmates and four prison officers have, sadly, died. Hundreds of prisoners and staff have tested positive for Covid-19.

Women on short sentences do not need a risk assessment in this time of national emergency; they just need to be released. More than half have children under 18. What has happened to the promised release scheme for 4,000 prisoners announced on 4 April and then suspended on 18 April? Can the Minister say how

many pregnant women prisoners have been released? We know of only 17 so far. Does the Minister know how many babies and toddlers are currently in prison with their mother? Urgent action must be taken to ensure their safety.

Women in prison are also mothers of children in the community who are suffering great anxiety. With schools closed and grandparents self-isolating, they need access to their mother. Yet all visits were stopped on 13 March. How can this Government say that they believe families are the key to rehabilitation? There are not enough phones in cells, despite government claims, for children to contact their mother, and the use of communal phones increases the risk of infection.

Short sentences are increasingly criticised. Now is the time to abandon them, to cease sending more women to prison, especially on recall, and to ensure that suspended sentences or community orders are the norm.

The Government now have a chance to make a difference: to save more lives, to help the NHS and to allow the Prison Service to concentrate on the rehabilitation of prisoners by implementing the promised early release scheme.

4.56 pm

Baroness Humphreys (LD): My Lords, Parliament as well as the Government has a duty of care to those in the prison system—staff and prisoners alike—so I am grateful to my noble friend for securing this debate.

In an already very complex situation, Wales's devolution settlement adds another layer of complexity. Justice and therefore responsibility for prisoner release, for example, are reserved to the UK Government, whereas primary and secondary healthcare related to public sector prisons in Wales is devolved. At this point, I acknowledge the role of Public Health Wales and the Welsh Government in this crisis. They have a vital role to play in providing funding and looking after the well-being of prisoners as they are released. I know they are working closely with the Prison Service, the probation service and local authorities to ensure that suitable accommodation is in place.

Overcrowding in prisons in Wales, as we have already heard, is an ongoing problem, with HMP Swansea being the most overcrowded prison in England and Wales. In view of this, can the Minister tell us how many prisoners have been given early release from Welsh prisons and how many more such releases are planned? The UK Government have apparently announced plans to install 500 temporary single-occupancy cells in seven prisons in England in an attempt to expand capacity. Will we see at least one similar project in one of Wales's overcrowded prisons? Will the Minister update us on the number of Covid-19 cases in prisons in Wales? It would be very useful if statistics could be produced individually for both countries in future so that the performance of both Governments in their respective areas can be monitored and both can be held to account.

4.59 pm

Baroness Bennett of Manor Castle (GP): My Lords, I thank the noble Lord, Lord German, for securing this debate and for his excellent introduction. Many of the questions I had have already been asked, but I want to focus on the excellent suggestion from the right reverend

Prelate the Bishop of Gloucester that we should see daily reports on the numbers in prison, the numbers released and the numbers of infections, so that we can monitor what is happening. I also second the comments of the noble Baroness, Lady Healy, regarding female prisoners and their particular vulnerabilities. However, I want to spend this brief time focusing on a group of people who are not prisoners, criminals or accused of any crime—people in immigration detention centres, and those who seek asylum and are housed in often very inappropriate housing conditions, being forced by the Government to be in those locations.

Portugal has given full citizenship rights to migrants and asylum seekers for the course of the virus. Is that something the Government will consider? Will they look specifically at freeing everyone from an immigration detention centre and providing them with appropriate accommodation, housing and support? I express the concern that the South Yorkshire Migration and Asylum Action Group has expressed about the conditions at Urban House in Wakefield, where 180 people share one group of toilets. Cleaning has gone up from once to twice a day, but some people do not want to be there, for obvious reasons of concern.

We need to focus on detention centres, but I have a final question on prisons. How many of the 82,000 residents in jails now are scheduled to be released in the next 12 months? Is there not an argument for releasing all those, given the expected duration of the coronavirus crisis?

5.01 pm

Lord Woolf (CB): My Lords, I also congratulate the noble Lord, Lord German, on this excellent debate. It has given a very clear picture of the tragic situation that exists at the moment in prisons. This month sees the 30th anniversary of the Strangeways report which I made into the prison. I am sad to say that the conditions we talked about, and which have been clearly stated by those who have gone before me in the debate, have not improved at all. It is a disgrace that they have not done so and it was bound to happen that, sooner or later, we would have a combination of intolerable conditions in the prisons, which in itself is a risk to the public.

I shall confine the rest of my time to one matter, which is remand prisoners. These have not been found guilty of any offence. The fact that they are on remand speaks for itself. As I understand it, the guidance given to prison governors does not cover remand prisoners, so they are not included. I also refer to one specific case that was brought to my attention and that of the noble Lord, Lord McNally. Like me, he is aware of a father desperately worried about an asthmatic son of 35, who at present has been remanded in custody awaiting extradition to the USA at Wandsworth prison. Conditions are such that they fall within the descriptions we have heard. At Christmas 2015, for four days, he removed his daughter from the care of her mother. He recognises and accepts that what he did was wrong and contrary to a court order, but he was lonely and foolish. He was released on bail there, and negotiations took place with him and his father. What they offered was that if he pleaded guilty he could have a sentence of only eight years in prison; that is on top of the time he has spent in custody.

The Earl of Courtown: Will the noble and learned Lord please bring his speech to a close?

Lord Woolf: I shall stop.

5.03 pm

Lord Blencathra (Con): My Lords, I take a generally different view from all the comments expressed so far. We all accept that coronavirus causes difficulties in prisons, since physical distancing is difficult if not impossible. Even if prisoners were locked in individual cells for 24 hours per day, coronavirus would still spread, and I think that is inevitable. I reject the view that we should release as many prisoners as possible and not send any more to prison for short sentences. First, it is our prime duty to protect the public. Courts these days send only fairly serious and habitual offenders to prison. If a judge at present thinks that someone should be in prison for even a few months, you can bet your bottom dollar that that person deserves it. Giving them a community sentence instead is not an alternative: it never has been, and it never will be.

Secondly, we must do all that we can to protect prison officers, who are far more deserving of protection. I do not know how to do that, but they are a greater priority than prisoners. Whether that means some sort of PPE, when it is available, or keeping prisoners in lockdown—the proper use of that ghastly word—then so be it.

Thirdly, it is perfectly acceptable and desirable to release pregnant women and minor offenders who are near the end of their sentence early. That should be under licence and not until they are tagged.

Finally, I read yesterday—and not in the *Daily Mail*—that the Ministry of Justice is considering putting released prisoners up in Travelodges or Premier Inns. That is unbelievable, as was an approach made by the Ministry of Justice to Butlin's a few weeks ago, also looking for accommodation. I appreciate the desire to ensure that released prisoners are not wandering the streets committing more crimes, but how will the British public see it? This year, millions of our people will not be able to afford a few weeks in Butlin's or nights in Travelodges, and they will be appalled that released prisoners should get treatment that they, as honest people, cannot afford. I urge the MoJ to drop this idea and I ask my noble and learned friend to say that it will not happen.

5.05 pm

Lord Dubs (Lab): My Lords, I give my congratulations to the noble Lord, Lord German. I must differ from the noble Lord, Lord Blencathra; he will not be surprised by that.

Over a month ago, the Prison Governors Association warned the Government that there was a high risk of Covid-19 because of overcrowding in our prisons and an ageing prison population. It is a risk both to the prisoners and to the prison officers and other staff working there. Half of all prisons in England and Wales have confirmed cases of the virus. We have already heard that, to achieve single-cell occupancy, between 10,000 and 15,000 prisoners would have to be released.

[LORD DUBS]

What has happened so far? The Government announced plans to release 4,000 people, but only a handful have been released to date. I think that only 17 of the 70 pregnant women and mothers have been released. For others in prison who have children at home, visiting is now impossible, which is an additional punishment to being in prison, never anticipated when the sentence was first imposed.

We need to increase the scope of the temporary release scheme. We should release pregnant women and mothers, and prisoners who are not a threat to the public—mainly category D prisoners who have already been risk-assessed—should be able to go home on extended release on temporary licence. Of course, immigration detention should be applied similarly.

There is concern that the public would not accept the early release of prisoners, but bear in mind that we are talking about prisoners who would not be deemed a threat to the community. When the courts initially sentenced a lot of the people in our prisons, there was no knowledge of the virus or that being in prison might be a death sentence. There was no knowledge that there would be a breach of family relationships because visiting would be impossible. Had the courts known that, I think they would have approached some of the sentences differently. That is why the Government should approach some of these sentences differently and release some of these people.

5.07 pm

Lord Hastings of Scarisbrick (CB): My Lords, I thank the noble Lord, Lord German, for giving us this opportunity—

The Senior Deputy Speaker: Could the noble Lord speak nearer the microphone, please?

Lord Hastings of Scarisbrick: I certainly will, as best I can. I refer to the letter sent to every prisoner by Phil Cople, director-general of prisons, at the beginning of the lockdown. It said that they needed to have forbearance, patience, self-control, restraint and tolerance. He assured them that the Prison Service would look after them with humanity and due dignity.

I made an inquiry of a number of people I know inside the Prison Service to ask how their experience was. I will quote just three. First, this is from a prisoner in Surrey:

“I have been treated poorly throughout the period of the lockdown. I have been provided with no updates as to what the lockdown means other than to remain in my cell until further notice. I have been provided with very limited telephone usage, limited sanitation and no means to cope with prolonged confinement e.g. education.”

This is from another prisoner in Kent:

“No communication or update whatsoever with what’s going on both in/outside of jail. Having 1 hot meal a day at lunchtime and getting a baguette ... by 4pm ... Basically being told to put up and shut up! I’ve not been seen by no member of healthcare concerning” well-known mental health issues, skin allergies and other physical needs—no medical support of any nature.

This is a final one from a prisoner in Hampshire:

“People with mental health issues are being neglected and deteriorating because of long periods of confinement to cells with no regime.”

This is a massive failure of human dignity, abruptly disregarded. I urge the Minister to respond with dignity.

The Senior Deputy Speaker: Lord Balfe? If not, I call the noble Lord, Lord Faulkner of Worcester.

5.10 pm

Lord Faulkner of Worcester (Lab): My Lords, we have been told that life in Britain will be different once the Covid-19 emergency is over. I hope that one change will be in the approach that we adopt towards Britain’s prisons and the men and women who are held there.

The Prison Service has struggled to contain overcrowding for at least the last 50 years. Measures to reduce the prison population have been discussed continuously during that time. Governments have sometimes expressed themselves as being in favour, but far too little has been done to bring that about. The *Crime, Justice and Protecting the Public* White Paper in 1990, as the noble and learned Lord, Lord Woolf, will remember, described prisons as an, “expensive way of making bad people worse.”

Noble Lords will rightly recoil from the idea of executive release to cancel the effect of a sentence lawfully imposed by the court. However, we now have a situation when a prison sentence carries with it a real risk to the life of a prisoner or of prison staff because of the conditions inside the jails, in half of which the coronavirus is present.

There has always been a time when prisoners have died in prison—for some time now, there have been over 300 prisoner deaths a year, a third of them by their own hand—but we have to go back to the time of the great 18th-century prison reformer John Howard, after whom the Howard League is named and who was referred to by the noble Lord, Lord Naseby, to find dangers similar to those that we have today because of Covid-19.

In preparing for this debate, I spoke to someone who works at Her Majesty’s Prison Hewell in Worcestershire, described last year by HMIP as “squalid, demeaning and depressing”. As far as spreading the coronavirus is concerned, he said that the prison was as dangerous as a cruise ship—worse in many ways, as the cells are smaller than a typical ship’s cabin.

As so many other countries have decided, and as many of your Lordships have said in this debate, the release of prisoners has now become a matter not just of compassion and humanity but of practical necessity to save lives.

The Senior Deputy Speaker: I call the noble Lord, Lord Balfe, who I believe has now unmuted his microphone.

5.12 pm

Lord Balfe (Con): Thank you. I thought that my microphone was being unmuted centrally.

I thank the noble Lord, Lord German, for initiating this debate. I want to say a few words on behalf of what I consider to be the forgotten public service. The Prison Officers’ Association is the trade union that covers prison officers. It has some 37,500 members, of whom 7,000—roughly one in five of the membership—are self-isolating. Four of its members have died of coronavirus and 231 have tested positive for the virus.

Noble Lords will remember that I have argued in the past that it is quite legitimate to have a tough prison regime, but we have to remember the people who look after the prisoners, and we have to make sure that everyone who is in prison has a decent standard of life. There is nothing wrong with locking people up but there is a lot wrong with not giving them a decent standard of life. I want to ask the Minister to consider three issues which the Prison Officers' Association regards as a high priority.

First, testing should be made available for all prison officers. Apart from anything else, a number of those 7,000 who are self-isolating would be found not to be carrying the disease and could be back at work, which would help the service.

Secondly, there is a great lack of PPE equipment. Most officers in most prisons do not have access to a full range of equipment; much of it is inadequate and much of what is supposed to be there is missing. Can the Minister assure us that the same priority that is being given to NHS outlets will be given to prison outlets, so that prison officers can be properly protected?

The third issue is recognition of key workers. A number of supermarkets, for instance, have refused to recognise prison officers as key workers. Can the Government make it very clear that they are key workers?

5.14 pm

Lord Singh of Wimbledon (CB): My Lords, I thank the noble Lord, Lord German, for securing this important debate. I declare my interest as founder and director of the UK Sikh prison chaplaincy service.

Our prisons are grossly overcrowded, with more people being sent to prison in proportion to the population than in almost any other European country. We have spoken before about overcrowding and the need for reform, but the added risk to health from Covid-19 gives us an imperative to look again at reducing numbers, by first tackling the needs of the most vulnerable inmates.

I am particularly concerned about mothers in prison—single mothers and expectant mothers—who, in addition to their original sentence, are now deprived of visits by their children because of the pandemic. Worse, wholly innocent children are now being punished through a lack of contact. A small step in the right direction would be to give mothers with no history of violence early temporary release or early parole, which perhaps could later be extended with a community penalty. Similarly, consideration should also be given to vulnerable male prisoners. Covid-19 should be seen as an opportunity to trial long-needed reforms.

5.15 pm

Lord Marks of Henley-on-Thames (LD): My Lords, this debate is hard to wind up in two minutes, but I thank my noble friend Lord German for securing it and for opening it so thoroughly.

Even virtually, this House has been at its best, with unanimity—minus one—in demanding humanity, compassion and a practical but civilised approach. We have consistently railed against the lamentable state of our prisons, demanding fewer prisoners, an end to

overcrowding, increased staffing, improved living conditions, more purposeful activity and a limit to time spent locked in cells. Our aim has been rehabilitation. Now, with Covid-19, the same action is essential to keep prisoners and staff safe and to save lives.

The Government's first duty is to protect our citizens—all our citizens, including prisoners. Today, we have identified the actions that we know must be taken. To end cell-sharing, enable social distancing and ease pressure on staff we must cut prisoner numbers by 15,000—and do so now—by ending short sentences and implementing early and temporary release schemes, with tagging as necessary, as other countries have done. We need more staff, intensively trained, to make up shortages and cover for the large numbers of people off work, so that prisoners can eat, work, attend training and exercise—outside their cells—for reasonable times, in safety. Being locked in cells for 23-plus hours a day is not acceptable. We must provide full testing and prompt access to physical and mental medical care, with PPE for staff and prisoners who need it.

The Government know the urgency, but they have been generally slow in this crisis; the MoJ has been hopelessly so on prisons. What action will the Government take? The delay is costing lives.

5.18 pm

Lord Ponsonby of Shulbrede (Lab): My Lords, I too thank the noble Lord, Lord German, who opened the debate extremely effectively. There has been a real sense of urgency and exasperation from all the Peers who have spoken in this important debate.

Since 2010, thousands of prison officers have been axed by the Conservative Government. This has driven a crisis in our prisons, exacerbating the level of violence and affecting prisoner care. Even before the pandemic started, prison violence was out of control, with 33,000 assaults recorded annually—double the level of 2010. There were over 10,000 assaults against prison staff in the last 12 months, which is more than triple what it was 10 years ago.

I want to pick up on a point made by the noble Lord, Lord Balfe, regarding prison officers, and ask a question of the Minister. A significant worry for prison officers is bringing the virus back to their home from the workplace and infecting vulnerable members of their family. Will the Minister join me in congratulating the hotel chain Center Parcs on offering free accommodation to prison officers during this outbreak, and will he urge other hotel chains to do the same?

Secondly, I understand that it is practice for some prisoners to be sent to care homes when they are near death—that is, for the last days and weeks of their lives. Can the Minister tell me whether prisoners sent to care homes to die are having the coronavirus test beforehand? Those are all the questions I have.

5.20 pm

The Advocate-General for Scotland (Lord Keen of Elie) (Con): Like other noble Lords, I thank the noble Lord, Lord German, for securing this debate. If I appear to move at speed as I address these matters, it is because I want to address as many of the questions raised as possible in the time available.

[LORD KEEN OF ELIE]

Covid-19 presents a unique set of challenges that we must address to maintain the provision of custodial services. We are working very closely with Public Health England to ensure that our approach is based on the best scientific advice available. Our first challenge was to ensure that we had a safe operating procedure, and we implemented what were termed exceptional delivery models with heavily restricted regimes that implement social distancing measures. This puts in place temporary measures to restrict regimes and cease all non-essential activities involving groups of people. That includes social visits, education, non-essential work and association, which has already been touched on. We restricted movement between prisons to prevent the disease spreading from prison to prison and, most importantly, we took a range of measures to ensure that we had resilient staffing levels available, with robust contingencies—I will come back to that. Prison staff have stepped up terrifically; we are doing all we can to celebrate them through the #HiddenHeroes campaign, and we would welcome support for that campaign across government.

We have adapted the way we use the prison estate: we are putting in place units to isolate the ill, units to shield the vulnerable and units to manage the risk from new prisoners. Taking these measures required headroom between the prison population and prison capacity. We are moving towards the necessary headroom through a number of measures and developments. There has been a fall in the prison population due to the upstream changes in law enforcement and court activity; the prison population has fallen by about 2,500 since the start of the pandemic as a result. We are taking measures to expedite remand hearings, implementing the new end-of-custody temporary release scheme—I will touch on that again—and establishing alternative accommodation, including additional temporary accommodation, in North Sea Camp, Littlehey and Highpoint, and there will be a rapid expansion of that. For resilience during what will clearly be a difficult period, we are making sure that we have sufficient staff available at the front line. We are working closely with the Department of Health and have a clear PPE plan, and have commenced staff testing in line with other key workers.

I will touch on a number of the points made by noble Lords, in particular the noble Lord, Lord German. He began by referring to statistics. Let me be clear: we make a daily report and press release of relevant statistics from the prison estate. The figures that I have—which I must say differ from his—are that as of 21 April: 300 prisoners had tested positive for Covid-19 across 69 prisons; 239 prison staff had tested positive across 57 prisons; and 10 prisoner escort and custody services personnel had also tested positive. As of 22 April, 4,439 prison staff were not working due to Covid-19-related absences, which leaves us with a staffing level of about 80% against current staffing targets. Sadly, I have to report that there have been three prison staff deaths and 15 prisoner deaths with Covid-19. I hope that assists to some extent.

On the matter of cells, in the prison estate we have something like 17,000 twin cells. The temporary cells that we are bringing forward will be single cells. At the

moment, we have about 200 constructed. We are proceeding with them within the category D estate as quickly as possible.

The noble Lord, Lord German, also raised the question of PPE for staff. Our position is that we have PPE available to staff. We are focused on social distancing and regular handwashing, but we are using PPE where we need to break social distancing to support close person-to-person operations with prisoners who have suspected or confirmed cases of Covid-19. As regards the actual supply, a stock is available to the Prison Service, separate from that of the Department of Health and Social Care. There have been short-term supply concerns around coveralls and gloves, though I hope that assists in explaining the position.

On overall staff numbers, I have indicated that we are operating at about 80%. We also have provision for additional staff, having invited recently retired staff to return and proposed moving about 750 headquarters staff to the front line. There is also further provision for military personnel to assist, if or when ever required.

In regard to the testing of staff, I can advise that they are key workers and regarded as such. Since 9 April, we have been engaging with the Department of Health and Social Care to discuss plans to ensure that these vital key workers are prioritised in the rolling out of that department's testing. So far, hundreds of staff have been tested and we are working on a rollout plan to deal with that. Currently, prisoners are not being tested for Covid-19 unless they are taken to hospital unwell, in which case they will be.

On the points raised by the noble Lord, Lord Naseby, on communication and contact, we have implemented further steps because of isolation within cells so that prisoners have PIN credit per week allowing for approximately 60 minutes of free calls. Where there is not in-cell telephony, we have also made provision for access to locked mobile handsets so that they have that facility as well. There is also access to the "email a prisoner" facility on all sites, so I hope that assists.

With respect to the questions from the noble Lord, Lord Harris, I have indicated that the proportion of front-line prison officer staff working is at about 78% to 80%. I have mentioned those statistics already. As regards advice to families, if a prisoner is removed to hospital with Covid-19 or is so ill that he cannot consent to inform his family of his condition, steps will be taken to inform the family. But it would otherwise be a matter for the prisoner to determine whether he wished to make such a disclosure. With regard to the investigation of deaths raised by the noble Lord, the Prisons and Probation Ombudsman is still investigating all deaths in prison. On 26 March, the Chief Coroner published his guidance on Covid-19, which made it clear how important it was that deaths in custody should be scrutinised carefully and that there should be sufficiency of inquiry.

The noble Lord, Lord McNally, raised the various briefings that have been received. If I can adopt shorthand, I am happy to write responding to the points made in those briefings. I will write to him and place a copy of my letter in the Library.

The noble Lord, Lord Ramsbotham, raised the question of single cells, which I have touched upon, and asked about families being kept informed, which I have also touched upon. There is in addition the urgent line, which can be accessed through the GOV.UK website, for families who wish to make urgent inquiries about prisoners.

The right reverend Prelate the Bishop of Gloucester raised the question of pregnant women. They are featured in the release scheme announced on 31 March, but we have to keep public safety at the forefront of our minds. We therefore cannot simply have an unlimited release of women because they are pregnant and in custody. As regards the ability of children to contact those in custody, I have already indicated that we have taken steps to improve telephone contact.

The noble Lord, Lord Farmer, raised a number of questions. Perhaps I may touch on them briefly. As I indicated, we have improved provision for virtual visits, and improved telephony. There is also an iPad on every site for compassionate video calls and we are extending the “email a prisoner” facility to all sites.

The suspension of prison visits will be lifted in accordance with such guidance as we receive from Public Health England and in accordance with operational assessments. As I indicated before, information on how to contact a prison is available to families if they have urgent concerns about an individual in custody.

The noble Baroness, Lady Healy, suggested that there would be no need for risk assessments and that there should be release without them. I simply cannot agree with that proposition.

The noble Baroness, Lady Humphreys, asked whether we have separate statistics for Covid numbers in Welsh prisons, as distinct from the rest of the prison estate. I do not have those numbers. I will inquire to see whether they can be identified as a separate statistic. If they can, I will write to her to let her know what the then-current numbers are and place a copy of the letter in the Library.

The noble Baroness, Lady Bennett, suggested that we should have a daily report of Covid cases in the prison estate. We do have that, in fact. It is made available by way of a press release. She also asked how many people were due for release in the next 12 months. That is not the measure that we have applied under the release scheme. We are concerned with those who are due for release in the next two months, and that will remain the position.

The noble and learned Lord, Lord Woolf, asked about remand prisoners. That is not a matter for the Ministry of Justice; it is a matter for the judiciary. We do not, therefore, feel that we are in a position to address this issue.

The noble Lord, Lord Dubs, asked about single cells and pregnant mothers, which I touched on.

The noble Lord, Lord Balfe, referred to the Prison Officers’ Association. Certainly, from a ministerial point of view, I commend the co-operation that we have had from it in dealing with this crisis within the prison estate. I say that without qualification. When it

suggests that we should remember their staff as front-line staff, I agree entirely; they are the hidden heroes in this context.

The noble Lord also asked about testing, which I touched on, and asked about the lack of PPE, which is not critical at this stage. He asked whether such staff are key workers. They are. We regard them as key workers, the Government generally regard them as key workers, and they will be tested as key workers. I certainly hope that supermarkets will have regard to their position in that context.

The Earl of Courtown: It is time to wind up.

Lord Keen of Elie: I will do so in about a minute, if I may.

The noble Lord, Lord Marks, asked about prisoners being outside cells. Clearly, we must maintain social distancing at present.

The noble Lord, Lord Ponsonby, whom I welcome to his new position on the Opposition Front Bench, mentioned officers worrying about taking the coronavirus home. I understand their concerns. I join the noble Lord in congratulating Center Parcs on the position it adopted with regard to that matter. Clearly, it will be of considerable assistance. However, I do not recognise his reference to the removal of prisoners to care homes. I am not aware of that occurring, but I will inquire further.

On that point, let me say that we are carrying out all the steps that we consider appropriate, as advised by Public Health England. We are developing robust contingency plans and relying on an enormously dedicated group of staff to maintain the prison estate. We are, of course, concerned with the welfare of prisoners and shall continue to be.

I thank noble Lords for their contributions.

Lord McFall of Alcluth: My Lords, the Virtual Proceedings will now adjourn until 6 pm for the Government Statement.

5.34 pm

Virtual Proceeding suspended.

Arrangement of Business *Announcement*

6.01 pm

The Announcement was made in a Virtual Proceeding via video call.

The Deputy Speaker (Baroness Finlay of Llandaff) (CB): My Lords, the Virtual Proceedings on the Statement will now commence. I will call the Statement and the Minister will repeat the Statement in the usual way. I will then call the Front Benchers and the Minister to respond. After that, we begin the period of Back-Bench questions, which has been extended to 30 minutes. I will call each Back-Bench Member on the Speakers List to ask a supplementary question and the Minister to answer.

Please ensure that you unmute your microphone prior to asking your supplementary question. Your microphone will be returned to mute when you have

[BARONESS FINLAY OF LLANDAFF]
finished speaking. In accordance with guidance agreed by the Procedure Committee, if your name is not listed it is not possible to ask a supplementary question, nor to take part in the proceedings.

Covid-19 Statement

6.02 pm

The Statement was made in a Virtual Proceeding via video call.

The Parliamentary Under-Secretary of State, Department of Health and Social Care (Lord Bethell) (Con): My Lords, I shall now repeat a Statement on coronavirus that was made yesterday in the other place. The figures have changed since then and this Statement contains up-to-date figures. The Statement is as follows:

“Mr Speaker, first, may I say how pleased I am that the House is sitting once again? At this important time, it is critical that we have the scrutiny and debate provided by this House. I would like to thank everybody involved in setting up these new arrangements. This has demonstrated that no virus, and no threat, will thwart our democracy.

Coronavirus continues to spread throughout the world. The latest figures show that 18,738 people have sadly died here. Our hearts, and the hearts of the whole House, go out to their loved ones. I know that, across the House, we are all united in our determination to fight the virus with everything we have. Today, I wanted to update the House on each part of our battle plan.

First, on the resilience of the NHS, I can tell the House that, for the first time, we now have over 3,000 spare critical care beds in the NHS. That is over three times more than we had at the start of the crisis. It is thanks to the incredible work of an awful lot of people that we have this extra spare capacity, even before we include the new Nightingale hospitals.

Over the past two weeks, I have been lucky enough to attend, either in person or virtually, the opening of four of these new Nightingales—in London, Manchester, Birmingham, Bristol and Harrogate—and there are several more to come, all across the UK, including in Belfast, Glasgow, Cardiff, Exeter and Sunderland. These incredible efforts from our dedicated staff, supported by our Armed Forces, mean that our NHS has at no point been overwhelmed by the coronavirus. Some said this would be impossible.

Today, I want to reinforce the message that non-Covid NHS services are open to patients; the NHS is there for you if you need advice and treatment. I want to address that message very clearly to those most vulnerable to heart attacks and strokes, to parents with young children, to pregnant women and to people with concerns that they may have cancer. I want to emphasise that people with non-coronavirus symptoms must still contact their GP. If you think you need medical help, please contact your GP either online or by phone to be assessed. If you need urgent medical advice, use the NHS 111 online service, or if you cannot get online, call 111. And, of course, if something is serious or life-threatening, call 999. If you are told to go to

hospital, the place you need to be in is a hospital. The NHS is there for you and can provide the very best care if you need it.

The second point of our battle plan is on supply and working to boost supplies of core equipment. The full weight of the Government is behind this effort, and again we have brought in our Armed Forces to help us to meet this demand. This includes ventilators—both purchasing extra stock and increasing the production of new ones. We now have record numbers of ventilators, with 10,800 available for use by patients. It includes medicines, so that we can make sure everyone has access to the supplies and treatments they need. And, of course, it includes personal protective equipment too.

In normal times, the NHS PPE supply chain supplies 233 hospital trusts. Currently, 58,000 separate health and social care settings are being supplied with PPE, so we are creating that whole new logistics network from scratch. We have some of the best minds in the country working on this. I am grateful to colleagues from the NHS and Public Health England, the Crown Commercial Service and the Cabinet Office, the Ministry of Housing, Communities and Local Government, the Ministry of Defence and the Armed Forces—again—the devolved Administrations and territorial offices, the Business Department, the Treasury, the Foreign Office and the Department for International Trade, because they are all playing their part.

Last week, I appointed my noble friend Lord Deighton, who delivered the Olympics, to a new role to drive forward PPE manufacturing here. Since the start of this crisis, we have delivered 1 billion items of PPE. We are constantly working to improve the delivery system by buying PPE from around the world. We are also working to make more at home, and I would like to thank all the businesses that have generously come forward with offers to turn their production lines to part of this national effort. I would also like to thank Members from across the House who have put us in touch with businesses in their constituencies. We are actively engaged with more than 1,000 companies that buy from abroad, and we are working with 159 potential UK manufacturers. We have a rigorous system of verifying the offers that we receive, because not all offers have been credible, and it is important to focus on the biggest, most credible offers first. This work is crucial so that we can get our NHS and care staff the kit they need so they can do their jobs safely and with confidence.

The third part is to scale up testing. I have set the goal of 100,000 tests a day by the end of this month. I am delighted to say that that capacity is ahead of plans, even though the demand has thus far been lower than expected. We are therefore ramping up the availability of this testing and expanding who is eligible for testing and making it easier to access the tests. The tests are being conducted in NHS hospitals, as well as through our drive-through testing sites, mobile units and home deliveries. The tests are then sent to laboratories. We now have completed the construction of three Lighthouse Labs, in Milton Keynes, Glasgow and Cheshire. Each site took just three weeks to complete and begin testing. Further, as we have reached the peak and as we bring the number of new cases down, so we will introduce contact tracing at large scale.

The introduction of the new NHS app for contact tracing is also in development. As we do this, we are working closely with some of the best digital and technological brains, along with renowned experts in clinical safety and digital ethics so that we can get all of this right. The more people who sign up for this app when it goes live, the better informed our response will be and the better we can therefore protect our NHS.

Fourthly, we need to make sure that we make the best possible use of science and research to pursue the vaccines and treatments that are essential to defeat this virus once and for all. Here, the NHS is at the forefront of the global effort. We have put more money into global efforts to search for a vaccine than any other country, and yesterday I announced over £40 million of funding for two important projects at Imperial and at Oxford. The vaccine from the Oxford project will be trialled in people from tomorrow, and I am sure the whole House will agree that this is a very promising development.

I will repeat what I said yesterday. In normal times, reaching this stage would take years, and the combination of innovative groups of people at the Jenner Institute in Oxford and the regulator, the MHRA, deserve our special praise because they are both ensuring that the process is safe, yet conducted probably more rapidly than ever before. They deserve the support of the whole House in that work. At the same time, we will invest in manufacturing capability because, if either of these vaccines work, we must make it available to the British people as soon as humanly possible.

The fifth measure that I will talk about in the time available is the one where everyone can play their part: social distancing. I want to thank everyone, across the country, for their steadfast commitment in following the rules, including in this House. It is making a difference. We are at the peak. But before we relax any social distancing rules, or make changes to them, we have set out the five tests that have to be met: first, that the NHS can cope; secondly, that the operational challenges have been met; thirdly, that the daily death rate falls sustainably and consistently; fourthly, that the rate of infection is decreasing; and, most importantly, fifthly, that there is no risk of a second peak.

Finally, we are working to protect the most vulnerable through shielding—this is the sixth part of our battle plan. There has been a huge effort under way across government to contact and support those at risk. We have been boosted by the support and help of the heroic NHS volunteer responders, who signed up in droves within two days of our call to action. An unbelievable 750,000 people put themselves forward for this initiative. With those volunteers, and with the support of the Ministry of Housing, Communities and Local Government, the NHS and local councils, which have done amazing work on this, we are shielding the most vulnerable.

These are unprecedented times for us all. We have all seen the extraordinary impact of coronavirus in our constituencies and all across the country. And even though today we are physically separated, this House is at its best when we are united in our purpose and our resolve. I will keep working with Members right across the House in this fight against this invisible killer.

This may be akin to a war, but it is one where all of humanity is on the same side. I commend this Statement to the House.”

6.13 pm

Baroness Thornton (Lab): My Lords, I thank the Minister for repeating the Statement. I join him and the Government in saying that our thoughts are also with all those who have lost their lives to this horrible virus. I pay tribute to the NHS and social care staff who have lost their lives. I know the Minister agrees that the number of victims who appear to have come from BAME communities is very concerning. Can he confirm reports that BAME people make up 72% of all NHS and carer deaths with Covid-19?

We welcome the announcement of an inquiry. It would be great if the Minister could provide further information about the scope of the inquiry and when it will report its initial findings.

The Minister said he believes that we are now at the peak, but we are nevertheless heading for one of the worst death rates in Europe. The Government have told the public that their response to the pandemic will always be guided by science but, as the Minister will be aware, there are often different views within the scientific community, so I repeat the call that we have made from these Benches in the past that the Government should publish the evidence underpinning their decision to recommend, for example, a seven-day rule for isolation. This is important for public confidence, given that the Government's advice appears to contradict the advice by the World Health Organization, which advocates a 14-day rule for isolation based on evidence that people can still transmit the virus after 10 days or more.

Despite many questions, it remains unclear why the UK did not participate in some of the European procurement projects. The Chancellor of the Duchy of Lancaster said this was because we missed an email, whereas a senior civil servant at the Foreign Office said in evidence to a Select Committee that it was a political decision, before retracting that comment several hours later. The lack of transparency is deeply unsatisfactory. It would help if the Government published a background briefing so that we could see exactly what happened. We believe that it is necessary to get to the bottom of this situation now to ensure that the UK takes part in any future EU schemes that may help us deliver PPE to those putting their lives at risk on the front line.

The Government have repeatedly said that they are “ramping up”—this is an expression I do not enjoy, and I certainly intend never to use it myself—testing capacity, but the latest statistics show that only 14,629 NHS tests were carried out in the last 24-hour period, eight days before the Health Secretary's self-imposed deadline to reach 100,000 tests. This is despite testing centres having a capacity of 39,000 checks a day. Why is more than half the country's testing capacity still going unused when tens of thousands of NHS and social care staff, along with other critical workers, are being forced to self-isolate because they have not been tested? It is very concerning that the number of tests being undertaken is not increasing. Even if the capacity does reach 100,000, that is not the same as access. The latest statistics reveal that the number of tests performed on

[BARONESS THORNTON]

Tuesday was two-thirds that of the previous day. The Minister needs to tell the House what on earth is going to happen and when we can see the daily increase of tests.

Earlier this week the Health Secretary pledged to test immediately anyone in the social care sector who needed it. While elderly residents can be tested in the homes they live in, staff still have to travel. I learned earlier from the Minister that there are plans in place to change that, so I would like him to explain how soon those alternatives will come on stream.

Testing and contact tracing are vital to managing the UK's response and easing lockdown restrictions. The new NHS app mentioned is very welcome. Can the Minister set out the timeline for when that will become available?

Finally, will the Minister confirm that the combination of some spare capacity in the NHS and the Government's view that we now have reached the peak of the virus means that postponed NHS treatments and procedures will resume imminently? Although we understand why some elective treatments were postponed, the delay for many illnesses, including cancer, involves its own risk. It is therefore important that people receive the necessary treatment as soon as possible when it is safe to do so considering the impact of the virus. What support are the Government giving to trusts to help them manage demand amid the ongoing situation and give patients confidence that they will be treated in a Covid-free hospital?

Baroness Brinton (LD): I thank the Minister for repeating the Statement and for his work on testing. We may have some difficult questions for him, but I hope I have the support of the whole House in saying thank you to him and his team for the work they are doing on this difficult area.

I too thank all the staff and volunteers in the NHS and the wider social care sector and other key areas who have been working during this crisis, whether directly on the front line or in supporting families and our children in schools. We send our condolences to the families of the bereaved, and are pleased that many people are recovering, even though we know that, if they have had it badly, it takes time. From these Benches, we echo the concerns about the high percentage of BME deaths, among workers and non-workers alike.

The Statement says that there are 3,000 spare critical care beds, but ITV reports that care home residents now account for up to half of Covid deaths. However, last week the *Daily Mail* reported that care home residents were still being asked to sign letters to say that they would not go to hospital in the event that they had Covid-19. Will the Minister confirm that these critical care beds in hospital are not spare? There are plenty of people in care homes who could use those beds but they have been put under pressure, no matter how gently, to sign the letters.

It is good to see the Nightingale hospitals coming on board—even if they are empty, for the right reasons. One of the concerns expressed has been about the staffing and the initial request that any patient had to have staff accompanying them from their previous hospital. Can the

Minister say that this has now definitely stopped and that staff with appropriate critical care experience are able to be recruited? I gather that this has also been a problem for increasing the number of beds.

There was a good message in the Statement for people to go to their GPs and to use 999 for emergencies, but today there was a report of somebody who had a severe heart attack not being picked up urgently, as heart attacks are still second-level priorities to Covid. As a result of that 20-minute target rate, sadly the patient died. Is there any rebalancing of priorities for ambulances now that we seem to be over the peak of cases?

On equipment and medicines, it is good to hear that there are now just over 10,000 ventilators. Are they full ventilators, or does that include CPAP and BiPAP machines? How many more are to come? There have been some worrying shortages of medicines for those who need to be sedated, and recently we have heard news that there is a problem with kidney dialysis and kidney medicine for people who have come out of intensive care and require long-term support. Is there a shortage of such medicines, what other medicines are at risk and what proposals are there to remedy that problem?

We have spent many hours today talking about PPE. We are still waiting for supplies for everything outside hospitals. On 6 April, Clipper was heralded as being about to solve this problem, but it is still woeful. Until the social care and community sectors get the support they need, they will continue to be worried about the spread of Covid.

The Turkish ambassador has written to various people in the APPG on Turkey, setting out the actual arrangements—as opposed to those reported by the Government—concerning the delay in the package that appeared to get stuck. Turkey actually donated 250,000 pieces of medical protection equipment to us; the rest came through privately. Can the Minister say when the remainder of the consignment due from a Turkish supplier will arrive?

It is good to hear that formal arrangements for testing, tracking and tracing are now under way, but the WHO always puts in a third word alongside “test” and “trace”: “isolate”. Any mention of isolation in the Statement is notable by its absence. Taiwan, South Korea and Hong Kong have all managed to suppress further bursts of Covid because of the arrangements for not just testing and tracing but isolating. It is good to hear that an app will be available, but the Minister will know that there are people with technical experience concerned about whether it is appropriate to use Bluetooth for it, because of security issues. Can the Minister assure the House that this is not the case and that people's data will be used only for NHS purposes and will absolutely not be able to be used by any providers of the app or beyond? The 18,000 tracers announced by the Secretary of State just before this Statement are a good start, but we will need more for good national coverage. Worryingly, Mr Hancock said a few days ago that all this will be operated centrally. Is that still the case, or will he use the existing trained tracers that there are in local communities, whether environmental

health tracers in councils or in local health teams? It seems rather bizarre to try to cover the country on that level.

On shielding, it is good that there is a request to create more volunteers and to celebrate the volunteers, but notable by their absence in the Statement are the many people who have not yet had their letters on shielding and whether any further groupings may have to consider shielding—which I understand is the case.

I congratulate the Government on their progress on test and trace, but confirm that we are extremely concerned about supplies of equipment and medicine and hope that things will be remedied speedily.

Lord Bethell: My Lords, I greatly thank the noble Baronesses, Lady Thornton and Lady Brinton, for their extremely perceptive and thoughtful questions. I will answer them, in the words of the moment, at pace.

The noble Baroness, Lady Thornton, asked about BAME. The precise figures for BAME deaths are not to hand. PHE will have a very thorough investigation into this. It will come up with a scope and a delivery date shortly.

On isolation, one of the frustrating and awkward things about the virus is how unpredictable it is and how many unknowns there are. It confounds expectations. The question of isolation remains one for which we are reviewing our advice. We are in constant contact with other countries to learn more about best practice.

On the European project, I make it absolutely 100% clear that there was a cock-up, not a conspiracy. There were emails from Europe to us that were missed; there were meetings that our side missed. It was a great shame that that opportunity was missed, but we have put in place the processes and arrangements to work with our European partners on future procurement if they are helpful to the NHS and our care system.

The noble Lady, Baroness Thornton, is quite right to ask about capacity and testing. The blunt truth is that infection rates have gone down dramatically. The lockdown has had a profound impact. The KCL infection rate graph has gone from 2 million to half a million. That has a profound effect on demand for tests. Access is no longer a problem. At 5 pm, on the No. 10 presser, the Secretary of State explained how key workers can access a test for themselves. A major advertising campaign will begin tomorrow. They can either attend the drive-ins or Amazon will deliver a test to their home. Therefore, for those without a car, travel is not necessary. That capacity will be essential when we build the kind of track and trace capability that we will need to take us out of lockdown.

The noble Baroness, Lady Thornton, asked about postponed treatments. I echo her sentiments entirely. It is of grave concern that the numbers of non-Covid deaths can be worse than of those who die of Covid themselves, as in any epidemic. The message in the Statement is crystal clear: if you need treatment, contact your GP or your hospital. We will do everything we can to give you the treatment that you need. We are trying to use this hiatus to clear some of the backlog. The noble Baroness mentioned cancer. That is a particularly tricky problem because those cancer patients in treatment who have challenging immune systems

will not wish to attend hospitals where there is Covid. We are doing all that we can to try to make arrangements and provide hygienic arrangements for them.

The noble Baroness, Lady Brinton, asked about care beds. Let me slay one myth: the ONS is very clear about the proportion of deaths at care homes. It is 10%. It is an offence to misrepresent the cause of a death. Causes of death are reported to PHE. The CQC carries that information to the ONS. These are reliable figures and I would be glad to send those who suggest that it is more than that the details on the ONS website. There is no pressure on anyone to be in a bed that is not recommended by strong clinical advice. It is true that we have spare hospital bed capacity, but it is not true that we are pressurising anyone to stay in a care home who should be in a hospital bed.

The noble Baroness, Lady Brinton, raised the question of medicines. That is an area where our supply chains have been put under extreme stress. Suppliers in China, India and America have all been under pressure and we have been in conversation at government and corporate level to ensure we have supplies. The noble Baroness is right that some of the first-choice medicines for sedation have been in short supply, but there are ample and various back-ups for those medicines. She is right that a feature of the Covid disease, is, it seems, that it attacks the kidneys and there has been a big increase in the need for kidney dialysis and the drugs associated with it. We are putting in place the supply chains necessary to fill that need.

As for the Turkish ambassador, I am not going to give a blow-by-blow account of every plane and truckload of kit that comes to Britain; all I can say is that we are extremely grateful to both the Turkish ambassador and to our Turkish corporate providers and we find the scrutiny they have been put under unfortunate and regrettable.

Turning to track and trace, I confirm that isolation is an absolutely intrinsic part of the track and trace regime: it just does not rhyme so well, so you never put it at the end, but “track, trace and isolate” is the programme. I have been given a thorough briefing by the Taiwanese CMO on their use of track and trace and, having a Taiwanese wife, I can tell noble Lords that I am up to speed on their achievements in that area.

On app security, I assure the House that the Bluetooth we are using is the latent, not the overt, Bluetooth: data is not carried in the same way as in overt Bluetooth, and one of the reasons we have chosen that method is the strong security offered. I also reassure the House that we have strong data arrangements. It is one of the reasons we have gone for a latent Bluetooth technology, and no data will be shared with our technology providers.

Lastly, the noble Baroness, Lady Brinton, is entirely right to raise the tracing part of track and tracing. I reassure her that we will be using a variety of different methods. There will be a central bank of callers. We will also be using local resources where they are necessary, and we will also be using friends networks. We have learned from the best case studies from abroad that often the influence of friends in persuading people to isolate has the most profound effect.

6.32 pm

Lord Mackay of Clashfern (Con): My Lords, any decisions on relaxing the present restrictions and on research into treatments and vaccines are very difficult and therefore liable to give rise to differences of opinion, even among scientists and doctors. Will the Government do all in their power to reach agreement with the devolved Administrations on any decision on these subjects? Today, the Scottish Government published *Coronavirus: Framework for Decision Making*, a valuable aid to reaching the agreement I have mentioned.

Lord Bethell: I reassure my noble and learned friend that one of the most distinctive and reassuring aspects of the government response to Covid has been a very strong collaboration between the four nations. That has been epitomised by the strong relationship between the four CMOs, and operationally it has been given teeth by the presence of the devolved Administrations at COBRA meetings, which I attend.

Baroness Meacher (CB): My Lords, I thank the Ministers for all that they are doing in this very difficult situation and, of course, all our wonderful NHS and care staff for what they do every day and every night.

As the Minister knows, the countries most successful in controlling Covid-19 are those with comprehensive testing and contact-tracing systems. We are thrilled to bits that we have two leading research teams in the country—great applause to them—but, until their vaccines are available across the country, the testing regime will be the only approach that will enable a return to any kind of normality. A large-scale sample, or provision, of testing and tracing and so on for care workers will not achieve that objective. Will the Minister tell the House if or when the Government will introduce a comprehensive—I emphasise that word—scheme of testing, contact-tracing and, as has been said, isolation, of all who have symptoms of Covid-19? This means not a sample and not just people in the care sector, but the nation. That is the only way out of the tight corner we are in. If not, can the Minister explain why?

Lord Bethell: The noble Baroness, Lady Meacher, is entirely right in the way that she explains things. The driver of that decision is the need to get our prevalence rates and the velocity of the infection down to a reasonable level, so that we have reasonable resources to keep R down by track and trace. I remind her that South Korea, which has used this technique most effectively, does only 20,000 tests per day, because its prevalence levels and velocity of infection are so low.

Baroness Buscombe (Con): My Lords, I should like to say how encouraged I am by what my noble friend the Minister has said today on the progress made in tackling this virus. In asking my question, I stress that I have been urged so to do by many businesses, large and small, across the country—the backbone of our economy.

Will the Minister and his colleagues now accept that we must expect a second wave of the virus, even though we do not know when? If so, it is now crucial to look at working both with and beyond the science,

and to take a balanced, proportionate and, frankly, brave decision, with Cabinet colleagues, to put trust in the good sense of the public to ease the lockdown as soon as possible—to allow the economically active to return to work, while retaining sensible social distancing—given that the situation is now having a devastating effect on our economy, and on our ability to afford our NHS, our welfare system, education system and other public services into the future.

Lord Bethell: I note my noble friend Lady Buscombe's question, but I reject the sentiments behind it. I do not regard a second wave as inevitable; I do not share her fatalism. The priorities of the Government are to save life and to protect the NHS and our care system. That requires us to lower the prevalence level, reduce infection and put in place systems such as track and trace to keep a lid on the disease so that we can protect life and our systems.

Lord Liddle (Lab): My Lords, I thank the Minister for his frankness on this occasion. On European co-operation, how have we got ourselves into a situation where for PPE we are so dependent on supplies from China, Turkey and other faraway countries, and allowed ourselves to get into a position where we do not have much domestic manufacture? Similarly, on vaccines, I read a report in the *Financial Times* that we have no vaccination manufacturing capacity at scale in Britain. If that is the case, should we not look at whether European co-operation can help us there?

I welcome what the Minister said about testing. I had a report locally of care workers in Silloth, in the west of Cumbria on the coast of the Irish Sea, being told that if they wanted to be tested, they had to go to Gateshead, some 80 miles away, with no means of transport to do so. Will there be no repetition of that problem?

Lord Bethell: The noble Lord, Lord Liddle, is not entirely right. We have fantastic manufacturing in the UK—I reinforce the view of my noble friend Lady Buscombe that the sector provides jobs for the economy—but we do not have low-margin, high-volume manufacturing. The image of a Burberry gown always sticks in my mind on this point. Burberry makes £500 shooting jackets, but it does not make £5 surgical gowns. That is something that we need to address, and it will be the priority of my noble friend Lord Deighton.

Lord Scriven (LD): My Lords, the South Korean prevalence rate is so low because they have tested, traced and isolated since day one. The Government initially did this and then stopped it. Ten days ago, they said that there would be 1,000 tracers; now, the figure has gone up to 18,000. Why have the Government not kept this system going consistently, which South Korea has proved reduces the prevalence rate of the virus?

Lord Bethell: The noble Lord, Lord Scriven, is not correct to say that the Government decided to stop track and trace; there are still PHE track and traces, but when the disease reaches a certain level of prevalence, it simply is not arithmetically possible to track down every new incidence of the disease. Nor is it true that anyone in the Government said that we would have

only 1,000 tracers in our call centres. Plans which I have seen are being drafted at the moment which are wildly more ambitious than that. It is our plan to put together a system that is proportionate to the challenge.

Baroness McIntosh of Pickering (Con): My Lords, I declare an interest: I work with the Dispensing Doctors' Association. It is emerging that all gowns are made to one size, which is posing a problem particularly for larger men and all women. I realise that this matter is being addressed. Can the Minister update us on it today?

I warmly congratulate my noble friend and the Government on introducing the new measures on testing and tracing. It strikes me that, if we could do this as locally as possible and perhaps look to training environmental health officers to be able to do some of the tracking and tracing, it would be a good use of their time.

When it comes to ending the lockdown, I urge the Government to follow the Swedish example of maintaining self-isolation but allowing hospitals, bars, pubs and cafés to open in a regulated and controlled manner.

Lord Bethell: My noble friend Lady McIntosh is quite right that we should look at several different workstreams for our track and trace model. As the noble Lord, Lord Scriven, implied, one of the most important things to consider is having surge capacity. Track and trace is very important when you have an outbreak or second epidemic. We need to have in place that additional capacity to track down and isolate those who bring in new infection.

Lord Touhig (Lab): My Lords, refugees and people with irregular status who are medically extremely vulnerable are being deterred from seeking treatment because of concerns around immigration enforcement and charging. What steps are the Government taking to ensure that no one in these circumstances is discouraged or prevented from receiving the treatment that they need?

Lord Bethell: The noble Lord raises an issue that I remember was raised during discussions on the emergency Coronavirus Bill. It is my understanding that a generous and open-hearted view is taken on the treatment of those with irregular status in the UK. Now is clearly not the time to try to put in prison those who have irregular status. The precise arrangements escape me, but I would be glad to write to the noble Lord with a precise description.

Lord Patel (CB): My Lords, the Minister mentioned in his Statement the introduction of app-based tracing of contacts, which others have already mentioned. At the same time, I assume that the Government will introduce serology testing and expand the current molecular testing. When will the Government publish the protocol for implementation of this, and how will the public be informed?

Lord Bethell: The noble Lord, Lord Patel, will be interested to read the details of our ONS serology tests that have begun earlier this week, which will be published in mid-May. These are surveillance tests and

will provide us with the information that we need to understand how the epidemic is developing. At the right time we will also bring in mass serology testing. However, as the noble Lord will be aware, when prevalence rates are around 3%, 4% or 5%, as they seem likely to be, serology tests for managing the epidemic are not relevant yet.

Lord Lucas (Con): I am delighted that the Government are taking resilience seriously. Will my noble friend confirm that the Government will have a permanent stake in the facilities and the intellectual property that they are creating, to ensure that it stays here and is well maintained? Will he extend the interest in resilience to pharmaceutical intermediates and generics, where we are also seeing problems developing which were also problems when we were contemplating no deal? There seems to be a strong argument for having a better set of arrangements in place in this country to ensure supply in difficult times.

Lord Bethell: My noble friend Lord Lucas is quite right about IP, although I bear testimony to the private companies and major corporations which have reacted incredibly generously and enthusiastically by supporting the Government during this crisis. Our supply chains absolutely need to be reviewed. Resilience is clearly more important now than it has ever been. When we look at the way in which our medical, pharmaceutical and device supply chains are put together, they will look quite different in years to come.

Baroness Walmsley (LD): My Lords, the Secretary of State said that he would mention treatments, but he focused only on vaccinations, which are of course important. However, I would like to ask about progress on developing antiviral drugs and the use of serum treatments, about which I have heard encouraging reports. Can the Minister say whether there are any plans to ask recovered Covid-19 patients to donate blood after a suitable recovery period so that the serum could be used to treat very sick patients and help them recover?

Lord Bethell: The noble Baroness is entirely right. Serum offers an encouraging opportunity, not least because it is a proven technology. The national blood transfusion service has been asked to start investigating how to collect serum, and a grant for the purchase of new machines to help that has already been made.

Baroness Pidding (Con): My Lords, my question is with regard to testing, and in particular the drive-through testing centres, where we are not seeing maximum take-up. On the priority for testing, that is obviously our key workers, both in the NHS and in care homes, but I am mindful that there are some who may not be able to drive or who may not have access to cars. Therefore, this itself presents a challenge with regard to drive-through centres and their geographic positioning, as they can be considerable distances away. I appreciate that the Minister has already spoken about home testing, and the Statement makes brief reference to the use of mobile units. Surely this has to be the way forward, taking the testing to essential people who are in the front line. Can we not ramp up this operation,

[BARONESS PIDDING]

employing the expertise in logistical functions of the military? I would be grateful if my noble friend could provide more detail as to what mobile units are and how they operate.

Lord Bethell: I would like to recruit my noble friend to our testing organisation, because she has exactly the right ideas, and the programme she described is exactly what we are doing. The Army is putting together 50 transit vans with tents and cones to be able to travel to places such as care homes to conduct testing, particularly at times of epidemic. Amazon is putting together home testing kits, which means that no one need drive anywhere to have a test, and we are working with care homes so that care workers can take the swabs and then drop off bags of them at a reasonable place so that they can be processed by our laboratories. Drive-in testing was an early but limited programme, and we have a lot more going on than that.

Lord Hunt of Kings Heath (Lab): My Lords, I thank the Minister; he has had a lot of work to do in the Lords today. He commented on ONS figures and the analysis it has done on the number of people who have so sadly died. The figure he gave in the Statement was, I think, around 18,000. I assume that these are deaths from the virus of people in hospital. I suspect he will have seen a piece in the *Financial Times* earlier this week which did some analysis of the ONS figures. It suggested that the figure of deaths caused by the pandemic was as much as 41,000. Have his officials looked into this and can he comment on its veracity?

Lord Bethell: I have not seen the piece in the *FT*, so cannot comment on the noble Lord's remarks. All I would remind him, as I have said in previous answers to similar questions, is that false reporting of a death is an offence. Doctors are required to make a clear report of a death. If it is associated with Covid in any way, the word "Covid" will be in the death certificate. If it is in the death certificate, it will make its way through the CQC to the ONS figures. There should be no ambiguity about this at all.

Baroness Ritchie of Downpatrick (Non-Aff): Will the Minister provide an assurance that there will be rigorous tracking, tracing and isolation of those in care homes, including the staff and residents? Through its European director, the World Health Organization told us today that there were significant deaths across Europe, including in the United Kingdom and Ireland, and that there is a need to address this.

Lord Bethell: The noble Baroness, Lady Ritchie, addresses a very difficult problem. The programme we are looking at, announced earlier today with the change to our guidelines, is the testing of asymptomatic carers and residents in care homes. It is a natural and growing concern that the disease may be present in an asymptomatic form. We are determined to get the infection out of our care homes and the NHS.

Lord Robathan (Con): My Lords, this lockdown is hugely damaging to the country, particularly to the future prosperity and education of our young people. Nobody knows, as the Minister has just said, how many people have had or have this ghastly virus and recovered.

Many suggest that it is several million, possibly many millions. If that is the case, it leads to another suggestion: the mortality rate may be less than 1%. Some say—I am not an expert on this at all—that it is as low as 0.1%. If that is the case, what implications would that have on the Government's policy of balancing the future well-being of this country and its people with dealing with this ghastly health crisis?

Lord Bethell: The noble Lord, Lord Robathan, makes a fair point. I reassure him that we are investing in a massive 20,000-person surveillance by the ONS to get to the bottom of the mystery which he describes. Every piece of evidence we have from every country around the world suggests that the number of people who have been through the disease is a tiny proportion of the population, and that the amount of recovery and antibody immunity in the country is likely to be in single figures. This is one of the great challenges of the virus and the situation it presents to us.

The Earl of Clancarty (CB): My Lords, a test, track and trace policy is clearly right, but a week ago, Matt Hancock admitted that 15,000 people a day are entering the UK through airports without medical checks. In just over a month's time, that will be an extra half a million people entering the country, many of whom may have Covid. Will the Government address this and plug what is surely a gap in their Covid policy?

Lord Bethell: The noble Earl, Lord Clancarty, is right that our present guidelines state that those arriving in Britain should isolate if they have symptoms and seek a test from a hospital if it develops seriously. It is clear to me that the way we travel around the world is set to change dramatically in the future, but the CMO has reviewed our airport and port guidelines. He is happy with them, and the evidence suggests that this is not currently a source of new infections in the UK.

Baroness Altmann (Con): My Lords, may I press my noble friend on treatment, particularly with convalescent plasma? As I understand it, other Governments are urgently looking into this. France has put its medical staff into LFB. Have we put any pressure on BPL, which is the only fractionating company available in the UK, to produce pure, hyperimmune immunoglobulins, rather than the whole plasma, so that we can start parametric testing of IVIG and injections of convalescent plasma in the pure hyperimmune form?

Lord Bethell: I reassure my noble friend Lady Altmann that we are making this a massive priority. It has huge advantages over other therapeutics because it is plasma and can therefore have an accelerated regulatory advance. I signed for procurement of £20 million-worth of fractionating machines last week to help the blood transplant service create the hyperplasma to which she alludes.

Lord Randall of Uxbridge (Con): The Statement rightly reinforces the message that non-Covid NHS services are open for patients. Would my noble friend agree that it is important to give parents confidence that essential vaccinations, especially MMR, should not be ignored and that they should speak to their GP for further advice and support?

Lord Bethell: I entirely agree with the sentiments and intent of my noble friend's point. It occurs to me that we should perhaps set up some kind of advertising or promotion of this. I will take that point back to the department.

The Deputy Speaker: Baroness Wheatcroft. No? We will move on to Lord Balfé.

Lord Balfé (Con): In the Statement, the Minister referred to the need for people who have other medical needs to still contact their GP. In Cambridge, where I live, the opticians, chiropodists, dentists and surgeries are all closed, with different fierce notices on their doors. When the isolation requirements are lifted, could the Government make it a priority to get these vital medical services open again and get doctors back into surgeries, not at the end of the telephone? Perhaps we could at least teach them that Zoom exists.

Lord Bethell: I reassure my noble friend Lord Balfé that the amount of video treatment being given by doctors has gone through the roof. During this epidemic, we have seen the medical trade and patients embrace a huge amount of digital technology. We are working with the colleges to try to get all the services of the medical profession open at this time and the response has been largely positive.

The Deputy Speaker: Lord Woolf. No? Lord Dobbs.

Lord Dobbs (Con): Minister, are prisoners in our prison system participating in the manufacture of PPE? Does the crisis not represent an opportunity for many prisoners to not only contribute but move towards some rehabilitation?

Lord Bethell: My noble friend Lord Dobbs is right that there seems to be an opportunity, but I have to be candid with him. Our need for PPE runs into hundreds of millions of items. We have delivered more than 1 billion pieces of PPE since Covid began. I am afraid to say that the manufacturing abilities of Her Majesty's prisons do not reach to that kind of level.

Lord Blencathra (Con): As my noble friend the Minister has just said, in January the NHS had to deliver half a million PPE items to 233 hospitals. It now has to deliver 1 billion items to 58,000 health facilities. The experts in logistics are the military, as we saw from the brilliant No. 10 briefing by General Carter yesterday. Will the Government now hand over complete control of distribution to the Armed Forces? Will the Minister comment on reports that the much-vaunted EU purchasing scheme has not delivered a single item of kit to any EU country?

Lord Bethell: I would like to take my noble friend to Skipton House in London's Elephant and Castle to see the very large room where there is a combination of the diplomatic skills of the FCO, the trade skills of

DIT and BEIS, the military skills of the Army and the clinical skills of Health. Seeing all those different skills and abilities work together to deliver the kit that our health workers need is a really impressive sight. That collaboration is the secret to success.

Lord Sheikh (Con): My Lords, my noble friend the Minister referred to the fact that the number of deaths that have occurred as a result of coronavirus stand at 18,738. The BAME community represents about 14% of the UK population, but unfortunately accounts for about 35% of all coronavirus patients in intensive care. The number of people in the BAME community who have contracted coronavirus and died as result is disproportionately high.

My noble friend might perhaps recall that I talked about the burial of Muslims when the Coronavirus Bill was discussed in your Lordships' House. The Muslim community has got together, and burials are taking place in very difficult circumstances. However, I have been told by leaders of the community that the availability of land for burials should be kept under review and that a system should be provided if the land issue becomes a major problem and burials cannot take place. Secondly, the Government should consider providing additional funds to local authorities, which are dealing with very difficult circumstances. They are stretched to the limit and need additional resources for burials and cremations. Will the Minister comment on those two points?

The Deputy Speaker: Minister, if you could be very brief, we might be able to fit in the noble and learned Lord, Lord Woolf.

Lord Bethell: I am very grateful for my noble friend's helpful update, but I remind him that these arrangements are conducted by local authorities. The question that he asks is best answered by those local authorities.

Lord Woolf (CB): I thank the noble Baroness for her consideration. I am afraid that at a critical moment my microphone turned itself off. It is back on now. The Minister rightly referred to hero volunteers. He will be pleased to hear that those volunteers include members of the staff of this House, such as my part-time secretary, who has volunteered. That is worth noting, as are the many others who I am sure are in the same position.

Lord Bethell: I thank the noble and learned Lord. Will he please express my and the Government's profound thanks to his secretary for their contribution? I hope it is proving to be rewarding to him or her personally and impactful to the causes in which he or she serves.

The Deputy Speaker: My Lords, the time allotted for the Statement is now up. I thank all noble Lords for being concise, in particular the Minister for his very concise answers.

Virtual Proceeding adjourned at 7.04 pm.

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