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7 September 2026

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HOUSE OF COMMONS
OFFICIAL REPORT

PARLIAMENTARY DEBATES

(HANSARD)

Monday 7 September 2026

The following abbreviations are used to show a Member's party affiliation:

Abbreviation	Affiliation
Alliance	Alliance Party of Northern Ireland
Con	Conservative Party
DUP	Democratic Unionist Party
Green	Green Party of England and Wales
Ind	Independent*
Lab	Labour Party
Lab/Co-op	Labour and Co-operative Party
LD	Liberal Democrat
PC	Plaid Cymru
Reform	Reform UK
SDLP	Social Democratic and Labour Party
SNP	Scottish National Party
TUV	Traditional Unionist Voice
UUP	Ulster Unionist Party

*The term "Independent" may denote—

Members who have been elected as Independent candidates without affiliation to a political party; or

Members who have been elected after standing for a political party but no longer have the party Whip in the House of Commons.

House of Commons

Monday 7 September 2026

The House met at half-past Two o'clock

PRAYERS

[Mr Speaker *in the Chair*]

BUSINESS BEFORE QUESTIONS

New Writ

Ordered,

That the Speaker do issue his Warrant to the Clerk of the Crown to make out a new Writ for the electing of a Member to serve in the present Parliament for the Borough Constituency of Holborn and St Pancras, in the room of the right hon. Sir Keir Rodney Starmer, who, since his election to the said Borough Constituency, has been appointed to the Office of Steward and Bailiff of His Majesty's Three Chiltern Hundreds of Stoke, Desborough and Burnham, in the county of Buckingham. *—(Anneliese Midgley.)*

Oral Answers to Questions

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT

The Secretary of State was asked—

Planning: Green Spaces

1. **Josh Newbury** (Cannock Chase) (Lab): What steps her Department is taking to ensure that the planning system provides green spaces for communities. [901181]

The Secretary of State for Housing, Communities and Local Government (Angela Rayner) *rose—*

Mr Speaker: Welcome back!

Angela Rayner: Thank you, Mr Speaker. I am delighted to have been appointed Secretary of State for Housing, Communities and Local Government and it is great to be back answering questions from this Dispatch Box—in fact, I like it so much that I thought we would do a statement straight afterwards as well. I pay tribute to my predecessor, my right hon. Friend the Member for Streatham and Croydon North (Steve Reed), and his team for their hard work.

Our new national planning policy framework strengthens support for green spaces by requiring local plans to set standards for green infrastructure and increase support for new and improved community facilities and public service infrastructure.

Josh Newbury: I warmly welcome the Secretary of State and her team to their places. It is fantastic to see my right hon. Friend back at the heart of Government.

This summer's relentless wildfires have brought home to us in Cannock Chase the vital importance of green spaces and woodlands. However, I have heard from residents of new estates such as Norton Hall Meadow in Norton Canes that their woodlands have been badly neglected by private management companies. Will the Secretary of State ensure that, as we build new homes across the country, the planning system ensures that green spaces are available to all and maintained properly for decades to come?

Angela Rayner: My hon. Friend is right to raise the subject of private management companies; I recognise the situation he is describing and how unacceptable it is. It is clear that the current system is not delivering for ordinary people, and the Government are committed to reducing the prevalence of private estate management arrangements and ending the injustice of fleecehold. We consulted on the proposals—I think that was in March—to increase the adoption of amenities and new estates, and we will respond in due course. It is the wild west at the moment, and the Minister for Housing and Planning, my right hon. Friend the Member for Greenwich and Woolwich (Matthew Pennycook), is undertaking important work to tackle it.

Priti Patel (Witham) (Con): The Secretary of State has doubled housing targets for Maldon district, causing it to fall behind on its five-year supply; that is putting green spaces at risk in villages such as Tollesbury. These villages are building more homes but, importantly, this is affecting their ability to plan their strategic infrastructure and community growth. Will the Secretary of State meet me and my right hon. Friend the Member for Maldon (Sir John Whittingdale) to discuss the targets and the impact that they are having on the community and on green spaces?

Angela Rayner: I thank the right hon. Member for her question. We have set out our targets within the national planning policy framework and local plans, and I encourage authorities to make sure that their local plans are up to date. Natural England's standard on accessible green space stipulates that everyone should have access to good quality green and blue spaces close to home for health and wellbeing and contact with nature. Hopefully, the right hon. Member will be able to see that we are putting things in place to ensure that we have the housing and the green spaces people want.

Mr Speaker: I call the Liberal Democrat spokesperson.

Zöe Franklin (Guildford) (LD): I welcome the right hon. Lady to her place alongside her team. Guildford borough council's latest green-belt assessment found that 92% of its green belt now meets the Government's grey belt definition, and its assessed housing need has been doubled by the Government from 562 to 1,168 homes a year. That has left many of my residents worried about the loss of green spaces, about unsustainable development without appropriate infrastructure and about the loss of the distinctive historic character of their villages.

What assessment has the Secretary of State made of the potential impact of planning policy on green-belt land in my constituency, which falls within the Guildford borough area? Can she outline what steps her Government will take to protect green spaces for communities by ensuring that developers are directed towards genuine brownfield sites first, rather than development being concentrated on land around Guildford that was previously protected by the green belt?

Angela Rayner: What we have been doing is making sure we are strengthening and clarifying the rules around the release of grey belt, but brownfield has to be first. We are also strengthening policy provisions to support local authorities in planning for green space at a strategic level, to ensure that green space is available and that we have the housing and infrastructure people need, but brownfield has to be used first. I encourage the hon. Lady to work with her local authority to look at its local plans.

Grey Belt: Shropshire

2. **Mark Pritchard** (The Wrekin) (Con): What information her Department holds on the percentage of Green Belt land that is classified as grey belt in Shropshire. [901182]

The Minister for Housing and Planning (Matthew Pennycook): The Government do not collect data on how much land within green belts has been formally identified as grey belt by individual local authorities. It is for local authorities themselves to determine whether land in their areas constitutes grey belt, either through plan making or through looking at specific applications. On 27 February 2025, the Government updated green-belt planning practice guidance to support a consistent approach to assessing green belt to identify grey-belt land.

Mark Pritchard: Is the Minister aware that speculative developers want to build 800 new houses in Albrighton, in my constituency, inside the green belt and outside the local plan? Let me be clear: the constituents I met in a public meeting on Friday are not against housing—they are just against housing at the wrong scale and in the wrong location. This is not about nimbyism, but about protecting nature, open spaces and the green belt. On consultation, nearly 4,000 signed a local petition against these flawed proposals. Does the Minister accept that Shropshire's green belt needs to be protected from this destruction?

Matthew Pennycook: I am aware of the case. My understanding is that Shropshire council refused planning permission for the development on the basis that the land was not grey belt and therefore building on it would constitute inappropriate development in the green belt. In general terms, when it comes to determining whether a site is classified as grey belt, the relevant inspector will, at appeal, consider relevant legislation; national planning policy, including the national planning policy framework; planning policy guidance; and any other relevant local development plan policies and material considerations.

Urban Housing: Densification

3. **Bradley Thomas** (Bromsgrove) (Con): What steps she is taking to ensure that her Department has effective strategies for prioritising housing densification in urban areas. [901183]

The Minister for Housing and Planning (Matthew Pennycook): The new national planning policy framework, published on 17 August, includes a number of new policies designed to increase densification inside settlements, including by encouraging the upward expansion of existing homes and the creation of new dwellings in existing plots.

Bradley Thomas: I just heard the Secretary of State say that there should be a brownfield-first approach, but what is going on in Bromsgrove, and in many other constituencies, is contradictory: an 85% increase in the housing target in a constituency that is 90% green belt. I challenge the Secretary of State to think again and prioritise urban densification, which is fundamental to the redevelopment of towns, cities and urban centres that are in desperate need of renewal. Why does she not just admit that she has got this wrong and change tack?

Matthew Pennycook: We have not got it wrong: the new NPPF does prioritise urban development and densification. As I have made clear to the hon. Gentleman a number of times, local authorities can justify a lower housing requirement than the figure set by the standard method on the basis of local constraints, such as land availability. It is for local planning authorities themselves to determine whether there are exceptional circumstances that justify the release of green belt, and we fully expect them to first demonstrate that they have fully examined all other reasonable options for meeting identified need for development, including making as much use as possible of suitable brownfield sites and underutilised land.

Alex McIntyre (Gloucester) (Lab): The gate streets in Gloucester city centre are in urgent need of regeneration. Does the Minister agree that one way to breathe more life into our city centre is to convert the empty upper floors of shops into good-quality housing? What steps are the Government taking to unlock those opportunities?

Matthew Pennycook: The Government are undertaking a number of pieces of work to look at what more we can do to revitalise our high streets. The Secretary of State and I are looking specifically at what more we can do to arm local authorities with the powers they need to bring empty homes back into use.

Mr Speaker: I call the shadow Minister.

David Simmonds (Ruislip, Northwood and Pinner) (Con): Planning permissions for new homes, of which there are already around 1.5 million, are one thing, but getting those units built is another. With Savills reporting that two thirds of London boroughs have seen net zero new housing starts under the Mayor of London, what proposals do the Government have to ensure that units with permission actually get built, rather than concreting over our green belt?

Matthew Pennycook: The shadow Minister is absolutely right that house builders across the country face challenges with viability, not least owing to the implications of the ongoing conflict in the middle east. London has a number of challenges particular to itself that the rest of the country does not face; that is precisely why we brought forward an emergency package with the Mayor of London, specifically to get those stalled sites in the capital moving.

New Housing: Infrastructure

4. **Ben Maguire** (North Cornwall) (LD): What steps her Department is taking to ensure that adequate infrastructure is provided for new housing developments. [901185]

The Minister for Housing and Planning (Matthew Pennycook): Local planning authorities are expected to plan effectively for infrastructure provision through local development plans and infrastructure funding statements. To support them, the Government have strengthened national planning policy in respect of community facilities and public service infrastructure, and we provide direct financial support for essential infrastructure in areas of greatest housing demand through land and infrastructure funding programmes.

Ben Maguire: To protect its profits, Wain Homes is now backing out of £350,000 of promised infrastructure funding in my town of Bodmin. But with more than 3,000 homes to be built by 2030, Bodmin now faces an infrastructure emergency. Just last week, the Prime Minister said:

"Cornwall lacks a basic level of infrastructure, which in turn harms growth and holds back…life chances".—[*Official Report*, 1 September 2026; Vol. 790, c. 27.]

Will the Minister please consider greater control over infrastructure levies, like that enjoyed by other local authorities, as part of Cornwall's bespoke devolution package?

Matthew Pennycook: My colleagues on the Front Bench will have heard the hon. Member's request on the devolution offer that needs to be made to Cornwall. He cited a case where the developers backed out of their commitments: specifically on developer contributions, I should say that communities rightly expect necessary infrastructure to be provided and any commitments made to be met. Section 106 planning obligations help, obviously, to mitigate the impacts of a development proposal. They are legally binding and enforceable. If he wants to write to me with the particular circumstances of the case, he is more than welcome to do so.

Melanie Onn (Great Grimsby and Cleethorpes) (Lab): A development of 1,500 properties is proposed for near Weelsby Woods, which is a designated nature corridor in my constituency. Within that, there are no designations of social housing, no suggestion of doctor's surgeries and no consideration of the potential road congestion. All the while those 1,500 homes are promised, 2,000 sit empty in the town centre. Is any action being planned for empty town centre homes?

Matthew Pennycook: As I just said to a previous question, we are looking at what more we can do to give local authorities the powers they need to bring empty homes back into use. My hon. Friend will understand that I cannot comment on specific applications being made, but councils can, through section 106 agreements, seek to negotiate with developers to bring forward the necessary infrastructure and amenities, and affordable housing, on particular sites.

Mr Speaker: I call the shadow Minister.

Lewis Cocking (Broxbourne) (Con): My constituents and people across this country are fed up with more and more housing being built without the proper infrastructure in place first. There is nothing in the Planning and Infrastructure Act 2025 about forcing developers to put schools and GP surgeries in place at the same time as new developments. Will the Minister look again and commit to listening to existing residents about bringing changes in legislation, to ensure that there is infrastructure first?

Matthew Pennycook: I welcome the shadow Minister to the Front Bench on a well-deserved promotion.

The previous Government had 14 years to resolve this problem; they did not do so. I say to the shadow Minister honestly—he knows this full well as a former local councillor—that there is no single, simple answer to the problem of getting the necessary infrastructure in place. As I said, we have strengthened national planning policy to ensure that community facilities and public service infrastructure are brought forward. Again, we are strengthening developer contributions. We directly finance land and infrastructure. There is more to be done, and we will do it.

Lewis Cocking: Well, the Government have had two years—that will not wash with my constituents, who have seen thousands of new homes built with no new infrastructure. Healthcare services are of particular concern: when there is new housing, that makes it much harder for everyone to see their GP. This Government are taking on more political control of the NHS, so can the Minister tell me what discussions he has had with the Department of Health and Social Care about ensuring that new healthcare facilities are in place when there is new housing?

Matthew Pennycook: The shadow Minister raises a justified point, in that in some cases securing the necessary public service infrastructure is about ensuring that the buildings are brought forward through the relevant developer contributions and other infrastructure funding streams. In some cases, there are other issues, such as workforce challenges in particular. We regularly speak to colleagues in other Departments, including the Department of Health and Social Care, to ensure that we get that infrastructure up front and alongside development.

Democratic Participation: Young People

5. **Ms Julie Minns** (Carlisle) (Lab): What steps her Department is taking to encourage greater participation by young people in democratic processes. [901186]

6. **Alex Baker** (Aldershot) (Lab): What steps her Department is taking to encourage greater participation by young people in democratic processes. [901187]

The Minister for Homelessness, Democracy, Communities and Faith (Florence Eshalomi) *rose—*

Mr Speaker: Minister, welcome!

Florence Eshalomi: Thank you, Mr Speaker.

Young people must be seen and heard. We are giving 16 and 17-year-olds across the UK a vote in elections. We are working across Government and with our partners to prepare them to exercise that right, including through our £2.5 million Democratic Education Fund.

Ms Minns: I very much welcome the Government's plans to extend the franchise to 16 and 17-year-olds, but blind and visually impaired young voters will still be disenfranchised as long as there is not legislation that requires them to be able to vote, in secret and independently, like their peers. Will the Minister please reiterate the commitment she gave last week that the Government will table an amendment to the Representation of the People Bill to provide fully accessible voting to all voters of all ages?

Florence Eshalomi: I thank my hon. Friend for her question and for all her work highlighting this important issue, and I am happy to reiterate my commitment on Report. As she noted in that debate, the Government have indicated their readiness to act during the passage of the Bill so that visually impaired voters can vote independently and in secret. We will continue to work with her and other hon. Members to deliver that outcome.

Alex Baker: This summer I had great conversations with the latest cohort of work experience students from Farnborough sixth form college, who came to spend time in my office. They all agreed that their citizenship education from the various local secondary schools they had attended was a bit hit and miss in terms of what they had been taught about how democracy works, and how they can participate in it. Does the Minister agree that if we want more young people to engage with our democracy, we must give them the knowledge and confidence to do so? What more can the Government do to ensure that young people leave school understanding how they can make their voices heard?

Florence Eshalomi: I thank my hon. Friend for the work she has highlighted. When we are going out and speaking to young people across schools and sixth forms, it is important to ensure that they are equipped. We want them to engage with the democratic process and to ensure that they continue that into adulthood. That means equipping and empowering them with the knowledge and understanding that they need. The Education Secretary is considering recommendations for the curriculum and an assessment review, alongside the Government's ambition to transform technical education from 14 through to 16. We expect there to be a full public consultation on proposals for the curriculum, and an assessment in due course.

Rishi Sunak (Richmond and Northallerton) (Con): My local schools do an excellent job of engaging young people in democracy, and pupils at Brompton Community primary school deserve particular praise for taking action. They gathered evidence, took local views, and came to speak to me and the council about implementing a 20 mph speed limit outside their school—something now being actively worked on. Will the Minister join me in praising their effort, and agree that they are an inspiring example of what young people can do when they get involved in the democratic process?

Florence Eshalomi: I thank the right hon. Gentleman for his work; it is good to see that he continues to be an active constituency MP. One of the best parts about this role for us all is going to visit our primary and secondary schools and meeting young people—we never know what questions we are going to get. I praise the campaigning efforts of the young people from Brompton Community primary school, and encourage all young people in other schools to carry out similar community engagements.

Tom Gordon (Harrogate and Knaresborough) (LD): I would like to put on the record some fantastic youth organisations, such as Harrogate Youth Council in my constituency, that do their bit to engage young people in democracy. My office manager will attest that I also do my bit by having an endless stream of work experience students through the office door—much to her frustration given the number of people who are interested.

One of those students, Benjy, told me recently that he is really excited that in future young people will be able to vote, but he said that there was an unequal opportunity in education when it comes to accessing social media for young people. One way that young people will get information about voting will be through social media. What steps is the Minister taking with other Departments to ensure that young people can find information online?

Florence Eshalomi: I thank the hon. Gentleman for that important point. It is important that we understand that young people receive information about voting through many different means, including through social media, and I know that colleagues in the Department for Digital, Culture, Media and Sport are looking at challenges around misinformation and fake news circulating online. It is important that we look at the places where young people spend the majority of their time—schools and educational settings—and ensure that our teachers, trainers and carers are equipped to engage with our young people in the right way. The democratic engagement fund will be key to helping with that and the Electoral Commission is also looking at the issue of online engagement.

Green-belt Planning Policy: Esher and Walton

7. **Monica Harding** (Esher and Walton) (LD): What assessment she has made of the potential impact of planning policy on green-belt land in Esher and Walton constituency. [901188]

The Minister for Housing and Planning (Matthew Pennycook): The national planning policy framework contains strong protections for the green belt, making clear that inappropriate development in it should not be approved unless justified by very special circumstances. It is for local planning authorities themselves to set and review green-belt boundaries in accordance with national policy in the NPPF.

Monica Harding: The Government changes to planning rules are of considerable concern to my constituents and are leading to speculative applications everywhere. Theoretically, the changes could mean that the whole of my constituency, which is 50% green belt and has seven stations, will be concreted over. My constituents are certainly not opposed to growth or house building, but they do not want to be ignored. The long-standing right

of councillors to call in applications has been removed, which runs counter to the new Prime Minister's values on devolution. That is why I wrote to the Secretary of State on 28 July. I have not had a reply to my question, so will she meet me to answer these questions directly?

Matthew Pennycook: I fully appreciate the hon. Lady's concerns about inappropriate development around stations, such as Hersham and Claygate in her constituency. It is right that we seek to promote good development around well-connected stations, outside of settlements or on green-belt land, as those are some of the most sustainable locations for new homes in the country. However, the new NPPF makes clear that development proposals around such stations should not prejudice any proposals for long-term comprehensive development in the same location, and must also be of a scale that can be accommodated, taking into account existing or proposed availability of infrastructure.

Housing: Stockport

8. **Navendu Mishra** (Stockport) (Lab): What steps she is taking to help increase levels of housing stock in Stockport constituency. [901189]

The Secretary of State for Housing, Communities and Local Government (Angela Rayner): We are building the homes this country needs through our £39 billion social and affordable homes programme, the £16 billion in the National Housing Bank and the most ambitious planning reforms in a generation. The Greater Manchester combined authority and its fantastic new mayor has received £258 million from the national housing delivery fund and Ministers have intervened to ensure that Stockport's local plan is consulted on, so that we can provide the homes that Stockport needs.

Navendu Mishra: I congratulate my good friend the Secretary of State and the Ministers on their appointments. As a fellow Stopfordian, she knows Stockport well. In Stockport, nearly 10,000 households are on the waiting list for housing, and Stockport council has spent more than £2 million on temporary hotel accommodation for people who have nowhere else to go. Stockport also has one of the highest levels of residential tower blocks in Great Manchester. Many residents are living in ageing high-rise homes, including those in Lancashire Hill in my constituency, and they are raising serious concerns with me about the condition of their housing and their flats. Will the Secretary of State set out how her Department will support councils not only to build new social homes in our communities, but to invest in and protect existing housing stock, so that everyone has a safe, decent home to go to?

Angela Rayner: My hon. Friend is a great advocate for his constituency, which includes the town of my birth. I have fond memories of Lanky Hill as a child—it was where my nan lived. We announced initial allocations of the social and affordable homes programme that will support the delivery of tens of thousands of new council and social homes. We are supporting councils to invest in existing homes, with a 10-year rent settlement alongside the warm homes funding.

Regional Devolution: Funding

9. **Janet Daby** (Lewisham East) (Lab): What steps her Department plans to take through local government changes to further devolve funding decisions to regions. [901190]

The Parliamentary Under-Secretary of State for Housing, Communities and Local Government (Sally Jameson): We will be giving mayors greater flexibility to deploy funding within integrated settlements, and mayors will also retain a share of business rates in place of Government grants from April 2027. We will replace further grants from central Government with a share of local income tax from 2028.

Janet Daby: The Bakerloo extension line project would help to revitalise Catford, a town in my constituency. In fact, it would unlock thousands of new homes in the area. Will changes to regional funding allow the Mayor of London and the Greater London Authority to make decisions to back the Bakerloo line and progress the project?

Sally Jameson: I know my hon. Friend has been campaigning on this issue. She will be pleased to know that we are committed to empowering mayors, giving them further levers to invest in their communities and their areas, including through retaining a share of income tax. Further details will be set out as part of the fiscal devolution road map at the Budget. The Bakerloo extension line will be a decision for the GLA and Transport for London, and I will continue to work with them to support their work and future projects.

Mr Mark Francois (Rayleigh and Wickford) (Con): Labour has also said that it wants to devolve NHS funding. The NHS uses a standard metric of 2.4 additional patients for every new dwelling constructed. To give a practical example, in south Essex, the 63,000 homes envisaged in Basildon and Thurrock would mean 151,000 extra patients for Basildon hospital, which unfortunately is rated inadequate by the Care Quality Commission and is part of a trust that is one of five in the country in intensive special measures because of poor management. In short, how on earth can Basildon hospital cope with 151,000 additional patients because of Labour's housing targets when it can barely cope with the patients that it has at the moment?

Sally Jameson: That is probably a question best directed to health oral questions. The Government are committed to working with all areas as part of our devolution road map to ensure that authorities and health providers can deal with the devolution we have planned. I would be happy to meet with the right hon. Gentleman to discuss that further.

Mr Speaker: I allowed the question on the basis that it was about funding that follows housing growth, so I think it was fair.

I call the shadow Minister.

David Simmonds (Ruislip, Northwood and Pinner) (Con): With the Government having earlier today briefed the media that much of their devolution programme is

being paused, with only Surrey looking like it is going to get its way—I am sure it is the subject of relentless lobbying by Labour Back Benchers—can the Minister tell us how many of the new mayors promised by this Government after their election will be in place by the next general election?

Sally Jameson: Following questions, the Secretary of State will be making a statement on that very issue, setting out what we will be doing in going further with local government reform and with mayors.

Mr Speaker: I call the Liberal Democrat spokesperson.

Zöe Franklin (Guildford) (LD): I welcome the Prime Minister's indication that newly formed local authorities will not be forced to have a strategic mayor in order to benefit from devolution. However, the key to success will be ensuring real fiscal devolution to support and deliver services and economic growth for residents. Will the Minister set out how the Department will ensure that for non-mayoral strategic authorities, including the emerging foundation strategic authority in Surrey, where my constituency is based? How will she ensure that our area receives the financial resources to make meaningful funding decisions at a regional level, including by accessing funding streams currently available only to mayoral strategic authorities?

Sally Jameson: Our ambition is to ensure that everywhere in England has or is in the process of establishing a strategic authority by the end of 2027, and that strategic authorities are in place everywhere by the end of 2028. It is right that we will not impose mayors on areas that do not want one, but we consider directly accountable mayors the strongest form of governance, which is why they have a different set of available powers and money. I would be happy to discuss that further with the hon. Lady. We will be setting out more information about our plans for devolution in the coming months.

High Streets: Putney

10. **Fleur Anderson** (Putney) (Lab): What steps she is taking to support high streets in Putney. [901191]

The Parliamentary Under-Secretary of State for Housing, Communities and Local Government (Jim McMahon): To help restore high streets across the country, we have announced measures to tackle organised crime, cut business rates for pubs and stop the spread of vape shops and gambling outlets. Later this year, we will publish a high streets strategy setting out a longer-term plan for bringing life back into our town centres.

Fleur Anderson: I welcome all those on the Front Bench to their places, and I welcome back the Secretary of State. I thank the Minister for meeting me to talk about Putney high street. We love our high street in Putney; we want to see it thrive even more, and especially to open up empty shops. Will the Minister give hope to every high street by reviewing and reducing business rates, and by making the high street rental auction zone policy work more effectively by cutting unnecessary red tape and providing councils with the financial support they need to bring vacant properties up to a lettable standard?

Jim McMahon: I congratulate my hon. Friend on championing Putney and her high street, and for attending the roundtable. Councils need both the tools and the support to bring vacant properties back into use, which is why we introduced high street rental actions. To make powers as straightforward as possible, we have published guidance and templates and established a dedicated support mechanism for local authorities. We are reviewing new burdens funding to ensure councils are appropriately resourced, and have announced £10 million to tackle long-term vacancies and bring empty units back into productive use. On business rates, this Government are committed to reforming the system to create a fairer approach that fully supports investments and high streets such as my hon. Friend's.

Housing Revenue Account: Council Houses

11. **Jayne Kirkham** (Truro and Falmouth) (Lab/Co-op): What support her Department is providing to councils to help them use their housing revenue account to build council houses. [901192]

13. **Dame Meg Hillier** (Hackney South and Shoreditch) (Lab/Co-op): What assessment she has made of the potential impact of housing revenue account debt on the ability of local authorities to maintain and increase council housing stock. [901194]

The Minister for Housing and Planning (Matthew Pennycook): We recognise that many councils are facing significant financial pressure on their HRAs. The Government have already taken a number of steps to rebuild the capacity of councils to borrow and invest in new and existing homes, including fundamental reform of the right to buy scheme, a 10-year social housing rent settlement and social rent convergence. We will continue to explore further ways in which we might support councils to expand their stock of social homes, including low-cost borrowing options.

Jayne Kirkham: This Government have committed to council housing and taken steps to boost it, which is fantastic. Cornwall council's housing revenue account has struggled to build because it has had to invest in repairs, meaning that it has had to reduce the amount of funds available annually for new homes. Of course, another of the barriers to delivering new council homes is debt; over £90 million of it is the result of self-financing arrangements dating back to 2012. If that debt were reduced, Cornwall council and others could do more. Will the Government consider options to write off HRA debt, or at least provide lower-cost financing such as that made available to registered providers through the National Housing Bank?

Matthew Pennycook: As I made clear, we have already acted to build capacity in the sector, and will continue to explore further ways in which we might increase the headroom available to councils and housing associations, not least through low-cost borrowing options. With regard to the HRA, we remain of the view that the principle of self-financing is the right foundation, but as I said, we are fully aware of the impact of HRA debt on many councils' ability to build more and will continue to explore ways in which we might further support them.

Dame Meg Hillier: My right hon. Friend is aware of the challenges with housing in my constituency and across London. Every home built that provides a foundation for people's lives saves the state money as well, given the temporary accommodation costs that are saved when people are able to get that foundation in life. Will my right hon. Friend undertake to talk to Treasury colleagues about how to look at those maths, to make sure we understand that tackling issues with debt can save money in the long term? I recognise that it might be a long haul, but will he promise to start?

Matthew Pennycook: My hon. Friend is absolutely right about the importance of building more homes in London—I am acutely aware of the housing delivery challenges that the capital is facing. It is really important that a big proportion of those homes are social rented homes and council-delivered social rented homes. I am really pleased that in the early years of the social and affordable homes programme, 30% of the funding will go to London. That will allow London to deliver at least £6 billion of initial allocations, over half of which will be for council housing. However, there is more we need to do in this area, and I am more than happy to have a discussion with my hon. Friend outside the Chamber about what that is.

Vikki Slade (Mid Dorset and North Poole) (LD): Councils such as Dorset sold their housing stock many years ago. Their social housing is entirely operated by housing associations; they therefore have no HRA, making it more expensive and complex to influence the social housing network in their areas and support constituents living in poor-quality, overcrowded social homes. What additional measures are being considered to make sure we do not end up with a two-tier system between those with an HRA and those without?

Matthew Pennycook: We have made changes to help more councils access an HRA, raising the threshold from 200 homes to 1,000 homes to provide support in that area. Over time, we want to see a deeper partnership and more working between councils and local authorities, but we are giving consideration to what more we can do to ensure there is sufficient public control of private registered providers in an area to meet housing need. We may discuss this issue further on Second Reading of the Social Housing Bill on Thursday.

Tim Farron (Westmorland and Lonsdale) (LD): The average house price in my constituency is 12 times average household incomes, so the desperate need for more social housing is plain for everyone to see. Westmorland and Furness Council does now have a housing revenue account, inherited from the previous Barrow borough council, but it is unlikely to spend any of that money—unlikely to build council houses—while the right to buy remains unfettered. If council houses are built in the lakes and the dales, they will be sold, and they will become Airbnbs and second homes before the year is out. What will the Government do to encourage the likes of my local authority to build with confidence that people can have affordable homes that they can guarantee will remain so?

Matthew Pennycook: As the hon. Gentleman is hopefully aware, we have already taken action to reduce maximum right-to-buy cash discounts. Through the Social Housing Bill—as I mentioned, it has its Second Reading on Thursday—we are taking further action to increase eligibility and banning the right to buy on new build social homes for 35 years. I hope he can get behind that Bill on Thursday and support it.

Local Government Reorganisation: Devon

12. **Martin Wrigley** (Newton Abbot) (LD): For what reason the local government reorganisation model in Devon was selected. [901193]

The Secretary of State for Housing, Communities and Local Government (Angela Rayner): I have asked the Minister for Local Government, Devolution and Regional Growth, my hon. Friend the Member for Oldham West, Chadderton and Royton (Jim McMahon) to undertake a rapid review of the local government reorganisation programme. I have withdrawn the decisions made in March this year for four areas: Essex, Southend-on-Sea and Thurrock; Hampshire, the Isle of Wight, Portsmouth and Southampton; Norfolk; and Suffolk. The review will look at the programme as a whole, including the decision that was taken for Devon, Plymouth and Torbay.

Martin Wrigley: I congratulate the Secretary of State on her return to her place in the Ministry of Housing, Communities and Local Government. I welcome her team, too. I thank her for her upcoming statement and the review that she has just started, which address my question and that of my colleague, my hon. Friend the Member for South Devon (Caroline Voaden), about the Devon local government reorganisation, which had been described as bonkers. Next time around, will the Government include the local MPs in the process? Will the local councils be refunded the costs incurred this time around?

Angela Rayner: I hope that local MPs and councils will be engaged. I have made a commitment, which I will go into further in the statement after this Question Time. It is about making sure that we make the right choices for local areas. Where costs have been incurred, there will be conversations with my Department, which was allocated money to support local government reorganisation. We are still committed to local government reorganisation, but with people.

Rough Sleeping

14. **Steve Yemm** (Mansfield) (Lab): What steps she is taking with Cabinet colleagues to help tackle rough sleeping. [901195]

The Minister for Homelessness, Democracy, Communities and Faith (Florence Eshalomi): The Prime Minister has set a clear ambition to end rough sleeping at the earliest opportunity, backed by the full support of central Government. The Government will convene an interministerial group to work to drive progress in the PM's ambition and towards the commitments made in the national plan to end homelessness.

Steve Yemm: I recently wrote praising the determination of the Prime Minister and the Secretary of State to make tackling rough sleeping a priority, and I highlighted how the Old Eight Bells in Mansfield was turned from a

derelict building into a lifeline for adults who need supported housing, bringing new activity into our town centre. Does the Minister agree that if that approach were backed in our fight to end rough sleeping, it would be a significant helping hand?

Florence Eshalomi: My hon. Friend raises an example of a good local initiative as we look at how we can end the scourge of rough sleeping. We have to be honest that central Government alone cannot achieve that task. We have to work with the local voluntary groups, councils, community groups and charities that are doing fantastic work across the country. I would be pleased to look at the example that my hon. Friend set out to see what lessons we can learn.

Ayoub Khan (Birmingham Perry Barr) (Ind): My constituency has among the highest levels of deprivation. Unfortunately, subways and bus shelters are home to the most vulnerable. I know that £440 million has been allocated, but I do not know how much has been given to Birmingham city council. Will the Minister meet me to see how we can address this issue?

Florence Eshalomi: It is truly shocking that we are still seeing people having to sleep in poor and worrying conditions on the streets. I am happy to look at how much funding the hon. Member's local authority has received from the new funding. The Government have committed £442 million in new funding in the Prime Minister's ambition to end homelessness, and I am happy to give the hon. Member additional detail on the impact that will have for his constituency.

Rough Sleeping: Erith and Thamesmead

15. **Ms Abena Oppong-Asare** (Erith and Thamesmead) (Lab): What progress her Department has made on tackling rough sleeping and homelessness in Erith and Thamesmead constituency. [901196]

The Minister for Homelessness, Democracy, Communities and Faith (Florence Eshalomi): Encouraging progress has been made against national homelessness and rough sleeping targets in the Erith and Thamesmead constituency. In particular, the number of families in B&Bs for more than six weeks in Greenwich has decreased by 96% year-on-year, from 100 households to four—congratulations. More than £168 million in new funding was announced for London last month in the rough sleeping programme. That funding will be used across key areas to tackle rough sleeping in the winter and beyond, including the Erith and Thamesmead constituency.

Ms Oppong-Asare: Women who are experiencing rough sleeping are often hidden from official figures. Will the Minister ensure that there is a specific focus on that during the forthcoming homelessness summit, and will she ensure that new guidance is backed by the resources that councils need in order to provide safe, trauma-informed support?

Florence Eshalomi: I thank my hon. Friend for making that important point. We have made it clear that authorities in all areas should look at providing accessible support for women, including specialist support, where needed. Our ending rough sleeping programme will require a whole-society approach. This autumn, the Prime Minister will bring together a diverse range of leaders from businesses, finance, charities, faith, health communities and many more areas to consider a range of options to meet the needs of different people and, most importantly, the needs of women.

Rough Sleeping

16. **Patrick Hurley** (Southport) (Lab): What progress her Department has made on tackling rough sleeping and homelessness in Southport. [901197]

The Minister for Homelessness, Democracy, Communities and Faith (Florence Eshalomi): The number of families in temporary accommodation has decreased in Southport year on year, and in June 2026 no people were sleeping rough in the West Lancashire borough council area. Funding for the national rough sleeping programme was announced last month, with £340,000 allocated to Sefton, £6.7 million to the Liverpool city region and £189,000 to West Lancashire borough council. That will ensure that people sleeping rough in Southport can be offered a roof over their head and be off the streets by Christmas.

Patrick Hurley: Light for Life, a homelessness charity in Southport, tells me that some of the rough sleepers with the most complex needs are precisely the people least able to navigate the bureaucracy associated with finding that roof over their head. Will the Minister consider creating a distinct pathway for entrenched rough sleepers, and allowing trusted local bodies to triage people directly and to get them into emergency accommodation, rather than expecting those with addiction issues, poor mental health and chaotic lives to navigate the bureaucracy before they can obtain help?

Florence Eshalomi: It is important that we highlight the complexity and challenges faced by many people who are sleeping rough, and it is important that we recognise that that those with complex needs can be the least able to navigate traditional services. Our new £442 million rough sleeping programme will fund routes off the streets, as well as settled accommodation and intensive support. It will bring together the multi-agency support response that is often needed to move people off the streets for good. Local authorities will have the flexibility to work with trusted voluntary organisations that can reach those who are furthest from the services. I am happy to look into the experience that my hon. Friend has described, and the experience of Light for Life in Southport.

Train Stations: Walking Distance Definition

17. **Saqib Bhatti** (Meriden and Solihull East) (Con): How her Department defines a walking distance to a train station. [901199]

The Minister for Housing and Planning (Matthew Pennycook): The definition of "reasonable walking distance" is set out in the glossary of the national planning policy framework. For the purposes of policies relating to land around well connected stations, the glossary makes it

clear that it should be considered to be about 800 metres, or about 10 minutes' walk time if topography, route availability or quality, or physical barriers

"would prevent or discourage walking from up to 800 metres away."

Saqib Bhatti: This policy has created a huge amount of consternation in my constituency, and it puts a huge amount of green-belt land at risk, especially in historical, beautiful villages such as Hampton-in-Arden, because there is one way in and one way out. There is a small GP surgery, and a school with just one form entry. My constituents fear that they will be overwhelmed and their green belt will be overrun. Would it not be better for the Minister to focus on growing housing in places like Birmingham, which needs more housing, and on ensuring a brownfield-first, infrastructure-first approach?

Matthew Pennycook: We need more housing in all parts of the country. We do have a brownfield-first approach, and we do want to see infrastructure delivered in a timely manner alongside housing developments, but it is absolutely right that we focus development within reasonable walking distance of train stations within settlements, or well connected stations outside settlements, including those in the green belt. As I have said, these are some of the most sustainable locations for new housing in the country. We have defined well connected stations by the 80 travel-to-work areas of the country, and we have also linked minimum density requirements to service frequency. There is a link between the number of trains that a station receives per hour and the amount of development that we want to see. However, I am more than happy to speak to the hon. Gentleman about the particular issues in his constituency.

Topical Questions

T1. [901207] **Olly Glover** (Didcot and Wantage) (LD): If she will make a statement on her departmental responsibilities.

The Secretary of State for Housing, Communities and Local Government (Angela Rayner): Last Thursday marked the two-year anniversary of the publication of the Grenfell Tower inquiry phase 2 report. We remain committed to ensuring that the Grenfell tragedy is not forgotten and never happens again, and we will continue to work closely with the community and the building industry as we deliver lasting change.

Olly Glover: Some constituents are facing exorbitant service charges for retirement properties inherited from a family member that are proving impossible to sell. One of my constituents is paying £770 a month in service charges for an empty one-bedroom flat, after inheriting the home from their late mother. What steps will the Government take to regulate the sector and stop these companies ripping people off?

Angela Rayner: I have great sympathy with what the hon. Member says, and the Housing Minister has just indicated that he would be happy to meet him. That is something that we want to tackle. We have been very clear on service charges and fleecehold, and we will make sure that we bring forward legislation that protects people from unfair charges.

T2. [901208] **Olivia Bailey** (Reading West and Mid Berkshire) (Lab): My constituency is packed full of beautiful rural villages, but house prices are through the roof, and social housing stock is being sold off by housing associations such as the Sovereign Network Group. That is forcing my constituents out of the places where they grew up. I welcome the Government's measures in the Social Housing Bill to protect rural social housing stock, but will my right hon. Friend consider strengthening the rules to protect against the sell-off of properties that could be housing local families in my community?

The Minister for Housing and Planning (Matthew Pennycook): I recognise the strength of feeling in the House on this matter. I want to ensure that every opportunity is taken to retain homes in the social housing sector. Although housing associations remain independent organisations that are responsible for their own asset management decisions, I can assure my hon. Friend that we are exploring what further steps could be taken to protect much-needed social housing stock.

Mr Speaker: I call the shadow Minister.

Gareth Bacon (Orpington) (Con): I would like to take this opportunity to congratulate the Secretary of State on her return to her position, and to welcome her to her place. What steps is she taking to proactively protect the green belt?

Matthew Pennycook: As I have said, there are strong protections in the national planning policy framework. It is for local authorities to decide whether exceptional circumstances exist for the release of green-belt land, and whether very special circumstances exist that would outweigh the harms involved when it comes to inappropriate development. Those safeguards remain. We are committed to preserving England's green belts, which have served our towns and cities very well over many decades.

Gareth Bacon: I agree with the Minister's last point, but I am not too sure that I believe the preceding point. If the Government are serious about protecting the green belt and generating new housing, one of the best ways of doing both would surely be to ensure that planning permissions are actually built, but according to the Local Government Association, there are up to 1.4 million housing units that have been granted planning consent over the past decade and have not been completed. The Government may claim that they are serious about solving this problem, and point to their planning reform working paper, entitled "Speeding Up Build Out", but that paper was published in May last year and requires primary legislation for it to have any effect at all. If the Government are serious about protecting the green belt and getting homes built, where is the legislation?

Matthew Pennycook: The shadow Minister, for whom I have a lot of time, knows full well that development can stall at particular sites for a variety of reasons, not least the viability pressures that we discussed earlier. We are taking action to get sites moving, and the NPPF strengthens expectations in this area. On the specific matter that he raises, primary legislation is not needed. Primary legislation was taken through by the previous Government, and we have a plan to switch on the necessary secondary legislation to ensure that we have transparency over build-out rates. He does not have long to wait for that to come forward.

T3. [901209] **Callum Anderson** (Buckingham and Bletchley) (Lab): The Government's renewed commitment to devolution is welcome in Bletchley and Milton Keynes; we are eager to deepen our partnership with the neighbouring local authorities in Luton and Bedfordshire, with whom we share a strong labour market and a broader economic geography. In that vein, will the Minister meet me and parliamentary colleagues to discuss how we can create a combined authority, with a directly elected mayor, at the very heart of the Oxford-Cambridge growth corridor?

Matthew Pennycook: I am always happy to meet my hon. Friend. I think that the matters in question will fall to another Minister, thankfully, but I am more than happy to join that meeting if housing issues are involved.

T6. [901214] **Ben Obese-Jecty** (Huntingdon) (Con): I have received over 70 complaints from tenants in my constituency who are resident in Places for People properties about its failure to maintain its obligation to fix the property and carry out basic maintenance. Are the Government aware of whether this is a more widespread problem, and is there anything they can do to encourage Places for People to fulfil its obligations?

Matthew Pennycook: Places for People will no doubt have heard the concerns the hon. Gentleman has raised today. Social housing providers are regulated on the basis of consumer standards, and they are inspected on that basis. We have introduced Awaab's law, which provides that landlords have to fix hazards within specified time limits. If he wants to write to me with further information about the development in question, I will be happy to look into it.

T4. [901211] **Chris Ward** (Brighton Kemptown and Peacehaven) (Lab): Rough sleeping is a huge challenge in Brighton Kemptown and Peacehaven, so I am delighted that the Prime Minister and the Secretary of State are making it such a big priority, but will any of the very welcome additional funding go to existing schemes, such as the ending homelessness in communities fund—a brilliant scheme, but heavily oversubscribed—or charities in my constituency?

The Minister for Homelessness, Democracy, Communities and Faith (Florence Eshalomi): As I mentioned earlier, I think it is important to look at local initiatives. I repeat that the Government's new £442 million rough sleeping programme and the ending homelessness fund will look at that. Brighton and Hove has received £1.35 million through the rough sleeping programme allocation, while Brighton Women's Centre has been allocated £371,380 through the ending homelessness in communities fund, subject to grant agreement completion.

Alex Brewer (North East Hampshire) (LD): Last week, police and Trading Standards carried out co-ordinated visits, led by our local police officer, to retail premises on Fleet Road over suspected criminality, which is of increasing concern to me and my constituents. How is the Minister working cross-departmentally with the Home Office to keep our high streets safe and lawful?

The Parliamentary Under-Secretary of State for Housing, Communities and Local Government (Jim McMahon): The hon. Member highlights an issue affecting many town centres and high streets, which is that, for far too long, organised criminal gangs have been acting in plain sight and getting away with it, but now they have a Government who are ready to take them on.

T5. [901212] **Sonia Kumar** (Dudley) (Lab): The inspection by the BBA—the British Board of Agrément—at Goodrich Mews in Dudley confirmed that the retaining wall installed by the Keller Phi Group will not have met the criteria that must be met if it is to have the stated service life, and it needs emergency repair. The Keller Phi Group has absolved itself of any responsibility, leaving residents with a dangerously collapsing wall. Will the Minister meet me to discuss how we can hold such companies to account?

Matthew Pennycook: Homeowners should not be expected to shoulder the financial consequences of defective work. However, the case of Goodrich Mews is a challenging one, in that the legal liability appears to now lie with the resident management company. My hon. Friend knows that I have been looking into the matter for her, and I am more than happy to meet her again. I believe that my office has been seeking further information from hers, which we would be grateful to receive.

Sir James Cleverly (Braintree) (Con): Increased energy costs, increased material costs, the increased cost of employing people, particularly young people, the increased cost of bureaucracy and business taxes are all pushing up the cost of building and squeezing the viability of projects. Does the Secretary of State not realise that her Government's policies are making it harder for young people to get on the housing ladder, or does she simply not care?

Matthew Pennycook: Is the right hon. Gentleman saying that he does not agree with minimum energy efficiency standards? Is he saying that he does not agree with a modernised decent homes standard? These measures are driving up the quality and the safety of homes, and we can do that while increasing supply.

T7. [901215] **Chris Vince** (Harlow) (Lab/Co-op): Having previously worked for a homelessness charity, Streets2Homes in Harlow, I welcome the Housing First approach that this Government are taking to tackle rough sleeping. However, would the Secretary of State, or whichever Minister answers the question, agree with me that, along with that housing, we must provide long-term support to ensure that people can keep tenancies securely?

Florence Eshalomi: I thank my hon. Friend for raising that important initiative in Harlow. Housing First is an important intervention, which evidence has shown can transform the lives of people with complex needs. We are funding Housing First and other forms of housing-led accommodation through our £2.7 billion homelessness, rough sleeping and domestic abuse grant for areas like Harlow. That includes, as I have mentioned, the £442 million for the rough sleeping programme.

Patrick Spencer (Central Suffolk and North Ipswich) (Con): Campsea Ashe is a tiny village with 100 residents, no school, no high street and no major employer, but it has a train station and a planning application that would double the size of the village. If the Secretary of State will not reconsider this blanket policy, will she at least intervene on this specific application?

Matthew Pennycook: It is not a blanket policy; it relates to well-connected stations. I have set out the definition, with appropriate minimum densities to go with it.

Adam Thompson (Erewash) (Lab): Empty shops that are rundown because of absentee landlords are a blight on our town centres, but Labour-run Erewash borough council is fixing the problem through clean-up orders, such as the one served to the Burton building in Long Eaton—as soon as it was renovated, new businesses moved right in—but clean-up orders can be very time-consuming, so what more can the Government do to tackle absentee landlords and bring shops back into use?

Jim McMahon: I thank my hon. Friend for his work championing his high street. The Government have allocated £24.8 million to the Long Eaton town deal, which is funding high street redevelopment projects such as public realm improvements. I would be very happy to meet him to discuss what more we can do.

Richard Tice (Boston and Skegness) (Reform): Last week, at the successful Reform conference, I launched a series of bold planning proposals that will make it easier to regenerate our town centres and easier to build on brownfield sites, by making it cheaper and faster to get planning consents. Will the Secretary of State consider those proposals? They have been well-received by the industry. I urge her to consult and to meet me.

Matthew Pennycook: We take the hon. Gentleman's planning policies about as seriously as the country took his conference.

Tracy Gilbert (Edinburgh North and Leith) (Lab): I welcome the £14 million of funding released this month to create opportunities for young people in my constituency. The money will train them in jobs for construction in net zero sectors. Does my hon. Friend agree that the approach that the Government have taken to empowering and funding local stakeholders to grow local economies should be adopted by the SNP Scottish Government?

Jim McMahon: Since summer '25, the Department has been working in partnership with the offices and partners in each nation to deliver the local growth fund in Scotland, Wales and Northern Ireland. We are committed to ensuring that funding is spent on projects that really matter to local people. It is really important that every arm of Government, regardless of where it is in the UK, drives down on that investment so that local people feel empowered in the places where they live.

Paul Holmes (Hamble Valley) (Con): Liberal Democrat-controlled Eastleigh borough council's debt—*[Interruption.]* Listen. The debt now sits at £620.1 million, up from £585 million last year, and £36,000 a day is paid in interest. The previous Government issued a best value notice to ensure that the debt was reduced, but this Government scrapped it. Why are the Government so unwilling to take the Liberal Democrat council to task for ripping off my constituents?

Jim McMahon: I think the hon. Gentleman will find that we do not shy away from intervention when it is required. We also think that the Government ought to work in partnership with local government and that councils, where they need support, find a partner in central Government. He can be absolutely sure that, when it comes to value for taxpayers' money and holding the sector to account, the right checks and balances are finally in place.

Daniel Zeichner (Cambridge) (Lab): I welcome the Government's plans to deepen devolution, but can the Minister reassure me that they will mean no alteration to the commitment to a Cambridge development corporation?

Matthew Pennycook: The Government remain fully committed to delivering nationally significant growth in Greater Cambridge. As my hon. Friend is well aware, we have established a centrally led urban development corporation to take it forward in partnership with local leaders.

Hannah Spencer (Gorton and Denton) (Green): When the Prime Minister was campaigning to be the MP for Makerfield, he said that all of the £39 billion affordable housing fund should be dedicated to building council homes. Will the Secretary of State explain to the 3,180 families in temporary accommodation across Manchester and Tameside, many of them in Gorton and Denton, why the Government have now backtracked and are instead continuing with the lack of ambition we had under Keir Starmer, rather than building as many secure, truly affordable homes as possible?

Matthew Pennycook: There is no lack of ambition when it comes social and affordable housing from this Government. At least 60% of that historic £39 billion will go to social rented homes. We have delivered the highest number of council homes since records began in 1991-92. We are taking a pragmatic approach. There are social homes ready to be built by housing associations, but we will ensure that more of the funding goes to councils for direct delivery.

Al Carns (Birmingham Selly Oak) (Lab): Community-led housing plays a vital role in meeting our housing targets. In my constituency, the Stirchley Co-operative Development has built 39 social and affordable homes, but delays and cost overruns by the housing association have pretty much dropped everyone into despair. Will the Minister meet me to bring a resolution to the issue?

Matthew Pennycook: I am more than happy to meet my hon. Friend about the issue.

Sir Alec Shelbrooke (Wetherby and Easingwold) (Con): The Home Secretary will potentially soon be asking the Secretary of State for Housing, Communities and Local Government to use a Crown development order to approve planning in Linton-on-Ouse for an asylum centre. I ask the Secretary of State to reject that as undemocratic, and to ensure that the application goes through the locally elected North Yorkshire planning authority.

Matthew Pennycook: It will depend on whether the application in question meets the criteria to allow it to proceed down the Crown development route. Obviously, the applicant is separate from our Department; we are the stewards of the process and will make the determination on the basis of those criteria.

Anna Gelderd (South East Cornwall) (Lab): I welcome the Government's focus on social and affordable homes. In South East Cornwall we really need first homes, not just second homes, as local people face an affordability crisis that is particularly acute among younger people. Cornwall is well placed and eager for a strategic place partnership with Homes England, so will the Minister meet me and other Cornish MPs to discuss that as part of a future devolution deal?

Matthew Pennycook: I am more than happy to meet my hon. Friend and other colleagues.

Josh Babarinde (Eastbourne) (LD): I recently met a homeless man at the homelessness charity the Matthew 25 Mission, who said that he had been "dumped" in temporary accommodation in Eastbourne by Brighton and Hove city council without the support that he needed. The previous Minister promised that she would review the out-of-area placement guidance for local authorities on this matter, so will this Minister meet me to discuss the progress of that review?

Florence Eshalomi: I thank the hon. Gentleman for raising that point. Matthew should not have had to go through that. I am happy to meet with the hon. Gentleman to discuss the case.

Damien Egan (Bristol North East) (Lab): With the Kingswood area of my Bristol constituency currently being targeted by landlords of houses in multiple occupation, can the Minister set out the Government's current thinking on how powers to restrict HMOs can be made more effective?

Matthew Pennycook: There is a variety of practice in the country, and we want to better understand whether local authorities are making full use of existing powers, but I reassure my hon. Friend that we keep the matter under review. We have to ensure that we are regulating HMOs properly.

Sarah Bool (South Northamptonshire) (Con): The Government want Buckinghamshire council to develop 91,000 homes, but 2,890 of those are basically to be adjacent to Northamptonshire, and it will be my residents in Brackley who are affected by that. They are going to have none of the help in developer contributions or a proper say in the matter, so will the Minister meet me to discuss this concerning issue for my constituents?

Matthew Pennycook: That is precisely why we have introduced strategic cross-boundary planning through spatial development strategies—*[Interruption.]* The hon. Member says that it is not working, but it is not in place yet. We passed the Planning and Infrastructure Act last year, and it will be in place in short order. I am more than happy to have a conversation about it with her.

Deirdre Costigan (Ealing Southall) (Lab): Yesterday I visited the Shri Guru Ravidass Sikh gurdwara in my constituency, where I was told about the weekly drop-in they run to help rough sleepers without the right to stay in this country and advise them on how to reconnect with family and go home with dignity. Would the Secretary of State congratulate the work of the gurdwara and tell us how we can further help those kinds of organisations?

Florence Eshalomi: I thank my hon. Friend for sharing that example of the fantastic work carried out by the gurdwara. It is important to mention that we will work with all organisations, including charitable organisations. Faith communities play an important role, as a number of people who are sleeping rough seek sanctuary with faith communities. I am happy to look at the example my hon. Friend has raised and at what further work we can do.

Several hon. Members *rose—*

Mr Speaker: Order. Can we move this along a bit, because a lot of Members are still standing and we have nearly come to the end of Question Time? Stuart Andrew will set a good example.

Stuart Andrew (Daventry) (Con): Despite what we have heard from the Minister, colleagues have been talking about the issue of developments near railway stations. That has a practical consequence for the rural village of Long Buckby in my constituency. Land that is currently in open countryside, beyond the village boundary, will now be designated as a priority area. That gives no consideration to the distinction between a rural village and an urban area. Will the Minister meet me to discuss the issue in detail?

Matthew Pennycook: I will happily meet the right hon. Gentleman.

Rachael Maskell (York Central) (Lab/Co-op): Will the Minister meet me and the leader of City of York council? The fair funding formula is not working for our city because it does not use the lower-tier data with regard to the indices of deprivation, meaning that we are the worst-funded local authority. Can we have that meeting?

Jim McMahon: I am very happy to do so.

Victoria Collins (Harpenden and Berkhamsted) (LD): Despite swift action from Dacorum council to tackle a 6-acre unauthorised development in the Chilterns landscape, it had to choose between occupation and restoration, as tackling both would potentially have dragged the case out for years. What are the Government doing to help councils with powers to ensure that these cases can be tackled sooner?

Matthew Pennycook: I think the hon. Lady is referring to unauthorised development. We have strengthened national planning policy in respect of intentional unauthorised development, making it harder to grant permission after the fact where there is evidence that development was carried out intentionally without permission. However, it has become evident—we have had a meeting on this subject—that we are seeing the prevalence of a more structured pattern of unauthorised development, and we are working across Government to see what more action might be taken to bear down on that.

Mr Speaker: For the final question, I call Alistair Strathern.

Alistair Strathern (Hitchin) (Lab): New towns should be an opportunity to better manage development pressures, not add to them. I thank the Housing Minister for

hearing our campaign to ensure that any attempted new town counts towards my local authority's housing targets, not in addition to them. How can we now ensure that proposals are considered at pace so that, if approved, they can count towards our local housing plan and the local planning process as quickly as possible?

Matthew Pennycook: I thank my hon. Friend for his question and for his support for the new towns programme. We will bring forward final decisions in short order, responding to the consultation that we undertook earlier this year, and those proposed seven new town sites.

Local Government Reorganisation

3.41 pm

The Secretary of State for Housing, Communities and Local Government (Angela Rayner): With permission, Mr Speaker, I will make a statement on local government reorganisation. This Government are committed to delivering good growth across the country and power in every postcode, with places able to set their own ambitions and integrate services to meet people's needs. Achieving that requires a fundamental rewiring of the state, giving power held by Westminster and Whitehall back to the people and the places where they live and work. As we set out in the Cabinet statement on rewiring the state, effective and sustainable local government is the vital foundation of our devolution ambitions.

As we are now determined more than ever to devolve power closer to the people we represent, it is only right that I, as the new Secretary of State, ensure that everything we do is working towards that plan to change Britain. *[Interruption.]*

Mr Speaker: Order. I think we have had this before, Mr Mayhew. I want to hear this statement; it affects my constituency and others. The last thing I need is you meddling.

Angela Rayner: They will get their chance, Mr Speaker.

Mr Speaker: They might not.

Angela Rayner: The Prime Minister told the House last week that he was

"prepared to look at local government reorganisation",—[*Official Report*, 1 September 2026; Vol. 790, c. 65.]

and he asked me, as his Communities Secretary, to do that. Throughout this process, the Government have listened to representations from Members of this House, councils and the public, and I want to be clear on how critical this is to me, given their importance to our democracy and the services they provide for local people. However, there will always be a wide range of divergent views, which means that achieving perfect consensus will never be possible.

I understand that feelings run high and people naturally have strong views in different directions. In that context, and in the light of legal advice, I want to satisfy myself first that the right process is in place, that it is robust and, of course, that it complies with the law. Secondly, I want to fully test whether our proposals for local government reorganisation meet the priorities of the new Administration and the new Prime Minister, and any additional considerations.

With those two considerations in mind, I have decided to withdraw the decisions made in March this year for Essex, Hampshire, Norfolk and Suffolk and, where relevant, their neighbouring unitary authorities. The Government's legal representatives have notified the court of this step.

I have also decided to conduct a full review of the local government reorganisation programme, including the decisions that were announced in July this year for a further 14 areas, and the two areas where decisions have not yet been taken, and ask that reorganisation activity be paused. These 14 areas are Derbyshire, Devon, East Sussex, Gloucestershire, Hertfordshire, Kent, Lancashire, Leicestershire, Lincolnshire, Nottinghamshire, Oxfordshire, Staffordshire, Warwickshire, Worcestershire and, where relevant, their neighbouring unitaries.

I do not take this lightly. I recognise the huge amount of work that has already gone into progressing reorganisation in each of these areas, and I am very grateful for it. I know that many Members of the House and many council leaders will have lots of questions about what this means for them and their communities, and I will try to address those questions as best I can today.

First, we are working across Government on rewiring the state following the Cabinet statement. We recognise that effective and sustainable local government is fundamental to our ambitions for a devolved country that works better for and with communities, and we will consider this issue as part of our wider approach.

Secondly, as an immediate step, I have asked the Minister for Local Government, Devolution and Regional Growth to undertake a rapid review of the current local government reorganisation programme, including the position of the four areas where we have withdrawn and the further 14 areas that we are reviewing and pausing, alongside the two remaining areas. The new councils for East Surrey and West Surrey will be unaffected because they are already established in law, have had their first elections and are on track to go live in April 2027.

Thirdly, I want to be clear about what this means for elections scheduled for next May. Elections will go ahead in May 2027 on existing council boundaries. Finally, my Department will provide support to council leaders, officers and Members representing impacted areas, and the Minister for Local Government has written to leaders and copied in Members of this House.

I want to ensure that all those who represent these areas feel fully included in considering their future, and I will update the House at the earliest opportunity. My ministerial team and civil servants from the Department are ready to discuss and work with those representatives. My team will proactively reach out to discuss the local implications in detail. My Department remains committed to working in partnership with local government, both in this immediate period and in the longer term. I commend this statement to the House.

Mr Speaker: Order. Can I just say that it is refreshing to hear an announcement first in this Chamber, rather than on TV? I call the shadow Minister.

3.47 pm

David Simmonds (Ruislip, Northwood and Pinner) (Con): I welcome the Secretary of State back to the Dispatch Box, and I thank her for early sight of her statement. I am not sure that this was the triumphant return to the subject of devolution that she had in mind, because our councillors and the communities that they represent are looking aghast at yet another shambolic U-turn from this Government. Ministers have repeatedly given assurances to this House from that Dispatch Box that have not been honoured, and it speaks volumes for the Government's sense of priority that, this far into this Administration, only Surrey has proceeded with its reorganisation—despite all those assurances.

The Secretary of State has already told the House that she is not satisfied that the process that was followed by her predecessor was lawful. Can she tell the House from the Dispatch Box why she is not satisfied that it was lawful, and will she place all the non-privileged documentation and correspondence relating to this debacle in the public domain and in the Library?

Given that the Government have agreed to pay the legal costs of councils that have challenged them on this matter, can the Secretary of State tell us what assessment has she made of the legal costs that will be borne by taxpayers as a consequence of this U-turn? Given that the Government have been banking on millions of pounds in savings—we have challenged them on those savings repeatedly across the Dispatch Boxes—to mitigate costs, which include the massive rise in national insurance that has driven many councils to the verge of bankruptcy, what assessment have Treasury colleagues made, and what advice have they given to the Secretary of State about how they will need to mitigate this further delay in any of those savings being achieved, should they ever materialise?

The Secretary of State has told the House from the Dispatch Box that elections will go ahead. We have all heard that promise made at the Dispatch Box before; indeed, in some cases it has been reversed literally the following day. Given the promises made and that all our political parties have selected candidates who have been campaigning for mayoral elections and new unitary authorities that the Government promised were coming into being, with elections to take place next May, will she give a categorical assurance that those new authorities will be in place, or promise the House clearly that they will not be? Will she tell us what is the timetable—if there is one at all—for bringing those new mayoral combined authorities into existence, particularly given the store by which the Government have set those as their path for devolution?

Finally, I appreciate that the Secretary of State has returned to the role after others have been stewarding it, but will she apologise to all those councillors, all those local government officials, all those political candidates and activists and all those businesses who have engaged in good faith with the Government's process? All of them have been shamefully let down by this betrayal of local democracy.

Angela Rayner: I welcome the hon. Gentleman to his place and thank him for his constructive comments. It is disappointing that I have had to come to the House to make this statement. I recognise the work that local authorities, Members of the House and others have put into getting us to this point, but when I took over the role recently and the Prime Minister asked me to look again at the reform, and upon receiving legal advice, I wanted to satisfy myself as the Secretary of State that the process was robust and legally sound. That is why I have made this decision today, but I understand why hon. Members will be disappointed.

I was asked about legal costs. Those will be determined in the usual way. Local government reform is often contested in the courts. It is right and part of our democratic system that important issues can be challenged. The Government engage legal advisers to defend decisions whenever challenges are brought; that does bring costs.

The hon. Gentleman asked me about savings. The Government have made savings in the past through local government reorganisation, but for me it has got to be about not savings but the outcomes for people in their local area. That is what has driven reorganisation from my point of view.

In terms of the new mayoral authorities and what will happen, I am really clear that it has to be done correctly and right. As Secretary of State, I have to believe, in good conscience, that I have dotted every i and crossed every t. That is why I have made the decision I have today.

Gareth Snell (Stoke-on-Trent Central) (Lab/Co-op): This has been a long process for Staffordshire and Stoke-on-Trent, where we have ducked and dived as best we can with the announcements that have come over the last two years. The thing that we really care about is devolution, because where the line is drawn on councils is important, but the real powers unleashed by devolution would make a real difference to my constituents. Can the Secretary of State give some indication of the impact on the timetable for moving towards mayoral combined authorities for places like Staffordshire and Stoke-on-Trent, where currently the opportunity does not meet our aspiration?

Angela Rayner: My hon. Friend is right to raise the opportunities of devolution. The Prime Minister is really clear that the Government's ambition is to ensure that every area in England has, or is in the process of establishing, a strategic authority by the end of 2027, with strategic authorities in place everywhere by the end of 2028. The process that I have put in place today is about making sure that we have a rapid review and make the right and correct decisions on reorganisation.

Mr Speaker: I call the Liberal Democrat spokesperson.

Zöe Franklin (Guildford) (LD): I thank the Secretary of State for giving me advance sight of her statement. I have almost lost track of the number of times I have stood in this Chamber and warned the Government about problems with their local government reorganisation plans—yet here I am again. It appears that the Government have finally listened, but they have done so too late and the damage has already been done. Thousands of residents have been denied their right to vote over the course of this process, because of plans that many of us in this Chamber warned were on a very uncertain legal footing. Councils have poured enormous amounts of time, effort and money into proposals they were repeatedly assured were legally sound, only to discover that they are now being abandoned. The abortive costs are likely to be substantial. Worse still, a number of authorities were relying on reorganisation as part of a strategy to address serious financial concerns. Those councils are now being left in limbo.

In my own area of Surrey, councils were forced down a reorganisation route that now appears to be effectively abandoned by the Government and questionable on a legal basis. Will the Secretary of State commit to meeting Surrey MPs and the new authority leaders to discuss how our county can avoid the risks and uncertainty that the Government say have prompted this decision elsewhere? The Government need to acknowledge the significant

[Zöe Franklin]

democratic harm caused by this episode and take responsibility for it, including by issuing an apology, so will the Secretary of State set out clearly what happens next for communities and local authorities left in limbo by today's announcement? Will she also publish the legal advice so that Parliament and the affected communities can understand what went wrong with the original process?

Angela Rayner: I have set out already that I want to be able to review these decisions to ensure myself that they are the right ones, and I think that is the correct course of action. Respecting the court process means that the way to do this is to withdraw and consider afresh. It is a long-standing principle that the Government do not publish or comment on legal advice. The review will consider implications for the timetable, as the hon. Lady mentioned. Local elections scheduled to take place to existing councils in May 2027 will go ahead unless we are in a position to hold elections to new unitary councils at that point. The review does not include reorganisation of Surrey, where councillors have been elected and new councils go live from 1 April.

Ashley Dalton (West Lancashire) (Lab): There is a real appetite for change in my constituency. We are not scared of it; we are eager for it. Only today, we have seen the former Reform Lancashire county councillor for Skelmersdale East defecting to the Labour party because he knows that Labour will deliver for Skem. Can the Secretary of State assure me that the Government will meet the ambition of my constituents, and keep pushing for change and a better system for Lancashire?

Angela Rayner: Absolutely. I commend the local representatives in Lancashire for their work. I have been really clear that I have paused to have a review of those places in order to make sure that I am confident, as the Secretary of State, that I have dotted every i, crossed every t and worked with local people to ensure that we give them the best possible local government reform and devolution package.

Mr Speaker: I call the Father of the House.

Sir Edward Leigh (Gainsborough) (Con): I am grateful to the Secretary of State for looking again at Lincolnshire. I made the point to her predecessor that the proposal for a Greater Lincolnshire authority was, in the eyes of many people, just a gerrymander. Will she look again at it and stop dividing West Lindsey and North Kesteven in half? I represent the Gainsborough South-West ward—the most deprived ward in the entire country. I am on the Pride in Place board. What was the point of dividing Gainsborough and leaving it out on a limb from the rest of the county? Will the right hon. Lady look at our viewpoint in a positive way?

Angela Rayner: I thank the Father of the House. I can feel his frustration, but I also acknowledge the plug he gave for the Pride in Place funding, which is making a real difference to some of the most deprived areas. I reassure him that this review of the decision is about me making sure that it is the right one. It is about giving me the time to listen to what hon. Members and leaders are saying, so that I can ensure that I have got the correct advice. As Secretary of State, I take that responsibility very seriously and I will make sure that it is done as quickly as possible.

Linsey Farnsworth (Amber Valley) (Lab): I thank the Secretary of State for her statement today. I support local government reorganisation and the two-unitary option for Derbyshire, but Chris Emmas-Williams—the leader of Amber Valley borough council—and myself have repeatedly made representations against the decision to split Amber Valley in two. My constituents do not want it, and I have concerns about the capacity to deliver that divide while maintaining the high standards of service that my constituents deserve. Will my right hon. Friend commit to meeting me to discuss this further?

Angela Rayner: I pay tribute to my hon. Friend for the work that she is doing to represent her Amber Valley constituents. As I have said, there is a pause while we review the programme. I am sure that the Local Government Minister will arrange a meeting with her and local leaders to ensure that we have a full understanding of Amber Valley's challenges and opportunities, so that we can take this forward.

Sir Bernard Jenkin (Harwich and North Essex) (Con): I thank the Secretary of State for her announcement, which, however she dresses it up, is in fact a decision about common sense and listening. I put it to her that, in Essex, most of the district councils, the county council and most MPs want to stay with two-tier local government. Is that an option? Will she acknowledge that and listen?

Angela Rayner: I am glad that the hon. Member said "common sense and listening", because I am trying to listen, use my common sense and be pragmatic. As I said when I embarked on local government reform, it has to be about services for local people. On the two-tiered approach to local authorities, we have always been clear about ensuring that the split is absolutely right, so that we get the scale and so things like education and other services can be delivered. That is why we always said that we would consider those proposals and how best to deliver unitary councils in this Parliament.

Amanda Martin (Portsmouth North) (Lab): As the Secretary of State and her Ministers can attest, throughout the reorganisation process I have been fighting to protect my city's proud identity and its important, but often neglected, position in Hampshire. I am sorry for all the confusion and politicking that residents have had to face—it is simply not good enough. As she reviews local reorganisation in Portsmouth, will she reassure my residents that any decision will maintain Portsmouth's strong identity, and will she confirm that today's announcements will not delay the Government's plan for devolution and putting power closer to the people we represent?

Angela Rayner: My hon. Friend has been an absolute champion for the people of Portsmouth since being elected to Parliament, and I do not think any of us will try to take that identity away from the people of Portsmouth—I am sure that she will be pushing that. She is absolutely right to talk about devolution; we need to grasp the nettle on local government reform so that

we can put areas in a strong place for devolution. We will be working with her in the coming weeks to ensure that that happens.

Steve Darling (Torbay) (LD): The current proposals for Devon were the brainchild of Exeter and Plymouth and were endorsed by the Conservative leader of Torbay council, and they resulted in a rural rump for Devon. Will the Secretary of State assure us that the rural rump of Devon will not rear its ugly head again?

Angela Rayner: Like I said, I have paused that decision today, and we will be reviewing it. I am sure that the Local Government Minister will be happy to meet with Devon Members to discuss the challenges that they face.

Jonathan Hinder (Pendle and Clitheroe) (Lab): This decision, to put it mildly, is frustrating for everyone in Lancashire who has been involved in the process, and I feel for councillors, council workers and all the service users for having to deal with that frustration. What are the legal reasons, so I can go back to my constituents and explain them? Having listened to this statement, I have nothing I can take back to constituents to explain why this happened, when the next step will be, or whether the boundaries that were just announced in July are going to change. Give us something to go back to people with, please.

Angela Rayner: I considered the legal advice provided as part of the judicial review process, and the decision to withdraw the decision reflected updated legal clarity. It is a long-standing principle that the Government do not publish or comment on legal advice. I have been clear that I want to be able to review these decisions to ensure, as the new Secretary of State, that they are the right ones. We will consider the programme in the round in the light of the Government's priorities, as set out in "Rewiring the State", and Ministers will meet with Members of this House and will set out decisions at our earliest opportunity.

Dame Caroline Dinenage (Gosport) (Con): I am grateful to the Secretary of State for her statement, but I have to confess to being a bit more confused now than I was when I walked into the room. When it comes to Hampshire, is this a pause or a cancellation? When will we know whether this titanic waste of council taxpayers' money will re-emerge? The Government's top-down reorganisation plans have cost councils across Hampshire so much time and money, at a point when finances are already stretched to breaking point. Has she calculated the cost? Will local authorities be reimbursed for the time and money already spent? When will we know what is in the plan?

Angela Rayner: Again, I said that we would work at pace, but I want to be able to review these decisions to ensure that they are the right ones, respecting the court process. That means the way to do this is to withdraw and consider afresh. On the costs so far, I recognise that a lot of work has gone into the financial commitments that have been made. I say to the hon. Member that this work is not wasted, and the Government have committed to providing transitional funding.

Jim Dickson (Dartford) (Lab): There have been lots of different views about reorganisation in my constituency, but one thing everybody is fully agreed on is that Kent county council is a failing organisation. It is too big to be effective, and it consistently lets down residents right across the county. It is critical that we get this right because it is residents who live with the results. While the pause is under way, how can we ensure that momentum is not lost in improving local services and ensuring that Kent and its different communities start to receive decent services? For instance, in my case, I am disappointed that we have lost the Thames Estuary growth board. How can we ensure that we will get the structures and powers we need to succeed and thrive?

Angela Rayner: My hon. Friend is absolutely right to recognise the work that has been done already. We want to work at pace to review the programme, and we will report back to Parliament at the earliest opportunity. Hopefully, the work that has been under way is already paying dividends for those areas. I do understand the frustration, but I ask Members who have worked well in bringing these proposals forward to bear with me as I review this and take us forward at pace.

Sir James Cleverly (Braintree) (Con): On 26 March, I said that people will ask whether these reforms are an act of gross gerrymandering and political opportunism, or gross incompetence and stupidity. I think today we recognise that it is both. The right hon. Lady has only just returned to the Dispatch Box, so it cannot really be her fault, so who has screwed up? Who is it that has wasted the time, effort and money of people in Essex and other parts of the country? She has the opportunity now to tell us where, how and why this went wrong, and I encourage her to do so.

Angela Rayner: Again, I have made it clear that I want to be able to review the decisions. I have made it clear that legal advice was provided to me as part of the JR process, and I have made the decision to withdraw because of where we are up to and to review the decision. I want to also say that a great number of dedicated and professional public servants have worked on this in both central and local government, and I want to thank them on the record. But I want to be sure, as Secretary of State, that I am making the correct decision with all the information available.

Alex McIntyre (Gloucester) (Lab): Most Gloucester residents are not interested in the detail of who is running what services. What is important to them is: will their services improve, will we feel the benefits of devolution, and will we reverse the years of cuts under the previous Government? Can the Secretary of State confirm that taking time to get this decision right will achieve those three aims?

Angela Rayner: Absolutely, and I commend my hon. Friend for the work he has been undertaking as well. After 14 years of the Conservatives, who took money out of local government and, in fact, boasted about taking money out of the most deprived areas, I was clear that I would work to rebuild the foundations and resilience of local government. Local government reorganisation for me is about ensuring that local areas feel the benefits and also can take forward devolution. I want to ensure that I get that right as Secretary of State, and that is why I have made the decision today.

Jess Brown-Fuller (Chichester) (LD): I want to impress upon the Secretary of State the anger that my local councillors, across all parties, are feeling at yet another pause, because pauses create more uncertainty for local authorities, when they should be planning for the future so that our residents get better services in the long term. Does the Secretary of State believe that a single resident in West Sussex is better off because of the reforms that were announced two years ago?

Angela Rayner: If we get this right, it can unlock benefits through local government reform, and whether in education, transport, local services, or social care, I absolutely believe it can unlock such reform. I am a big champion of local government. I am a creature of it; I spent a long time there, and represented members who work in local authorities, so I want to get this right. The hon. Member is correct to pull me up on this and say that people are frustrated. I understand that, but I want to ensure, in good conscience, that I have all the information available on working with local areas to get this right.

Michael Payne (Gedling) (Lab): Back in July I called in this place for a review of the decision about Nottingham and Nottinghamshire, so I hugely welcome the Secretary of State's announcement of the pause and review. The Secretary of State is a long-standing friend of mine, and whatever noise she receives today, she should know that listening and pausing is a sign of strength, not of weakness. Will she assure me that during the review, the views of local residents in Gedling and of local councillors, and indeed my views as the Member of Parliament, will be properly heard, taken seriously, and genuinely reflected on, whatever decision is ultimately made?

Angela Rayner: Absolutely, and I commend my hon. Friend for his years of service to local government. I had the privilege and honour to be reappointed as Secretary of State, and my No. 1 priority is to get it right for hon. Members, including those from different political parties who have invested so much into local government because they believe that it will unlock potential and support for their constituents. I want to ensure that I have taken the time to get this right, and that is why I have made the decision.

Neil O'Brien (Harborough, Oadby and Wigston) (Con): In the Government's own consultation on whether to expand Leicester, nine out of 10 people said no. Tens of thousands of people signed petitions against it, yet until Ministers hit this legal snag they tried to press on anyway. When I wrote to them, Ministers said that they would not publish any of the advice or guidance they had been given ahead of making this decision, leaving local people wondering what they had to hide. Will the Secretary of State at least answer this? Why do Ministers sat here in London believe that they know better than local people in Leicestershire what local people in Leicestershire want?

Angela Rayner: I say gently to the hon. Member that what we are trying to achieve is working with local members to get better outcomes for local people. That is why I have made a decision to pause and review this. I am happy for him to meet the Minister who will be taking this forward, and ensure that his views, and those of his local members, are fully engaged and part of this process. I believe as a principle that local government reform can unlock great potential for local areas. I remain committed to that, but I am going to do it properly and right.

Amanda Hack (North West Leicestershire) (Lab): I thank the Secretary of State for her statement. When the announcement about Leicester, Leicestershire and Rutland came forward in July, I wanted reassurance from the then Secretary of State about barriers to growth, which for Leicestershire are not having a mayor and being without a devolution settlement. What reassurance can the Secretary of State give in the light of this announcement that my constituents in North West Leicestershire will no longer feel the delay caused by not having a devolution settlement?

Angela Rayner: I have been clear that the Government's ambition is to ensure that every area in England has, or is in the process of establishing, a strategic authority by the end of 2027, with strategic authorities in place everywhere by the end of 2028. I agree with my hon. Friend that achieving good growth requires a fundamental rewiring of the way our country works, and I want to work with her and her local leaders to ensure that they reach their full potential.

Steve Barclay (North East Cambridgeshire) (Con): Less than two months ago, the right hon. Lady's predecessor rushed to the House on the last day before recess, to say how essential these measures were, and Conservative Members warned that it was gerrymandering. It is not that the Secretary of State has listened; she has been told by her lawyers that it is gerrymandering. The warning signs were there two months ago when plans for Cambridgeshire were paused. When again announcing a pause for Cambridgeshire, will she tell my constituents how long the pause will be, and how much it will cost?

Angela Rayner: Again, I have said that I want to do the review at pace and I will be working on that. I want to place on the record that there is no suggestion of wrongdoing by my right hon. Friend the Member for Streatham and Croydon North (Steve Reed) or my hon. Friend the Member for Birkenhead (Alison McGovern). They are quite correct that we must review the processes and learn lessons, and I am pleased that we will today announce the new permanent secretary in my Department, who has an impeccable track record in public service, including local government. I will ensure that we continue at pace to ensure that we get the best local government reform for the right hon. Gentleman's area.

Rachel Taylor (North Warwickshire and Bedworth) (Lab): In North Warwickshire and Bedworth, our councils, businesses and voluntary organisations were all preparing for new unitary councils. They will be disappointed with the news, but we must get reorganisation right. Will the Secretary of State assure the councils struggling to recruit and retain high quality officers, the businesses wanting to invest and the voluntary organisations preparing to restructure, that the pause will not be an undue delay and that the towns and villages in my constituency will not be left behind without the investment that devolution will bring?

Angela Rayner: Absolutely. My hon. Friend is right to highlight the challenges but also the opportunities that can be unlocked as part of this process. I appreciate the specific work that has been done that needs to be paused, but councils can continue with cross-cutting things like data sharing. My officials will be in touch to ensure that we are giving the right support to her local area, so that we can get back on track and ensure that we deliver for her constituents.

Robert Jenrick (Newark) (Reform): Earlier in the year, the Secretary of State's predecessor's decision to cancel elections for 5 million people was overturned on the eve of its going to the courts, amid allegations of gerrymandering. Now, her predecessor's decision to reorganise local councils has been overturned on the eve of its going to the courts, amid allegations of gerrymandering. What is going wrong in the Secretary of State's Department? How is she going to reassure people that this Government take decisions fairly and in accordance with the law, and actually respect local democracy?

Angela Rayner: Let me be really clear: this has not been overturned. As Secretary of State, I have made the decision to withdraw so that I can have a look and clear sight of what is going on, and review those decisions. I have done that in good conscience because I want to ensure that we get this absolutely right.

I dispute the gerrymandering allegation—I do not believe that that is the case. I am really clear that local government reform can unlock potential in the right hon. Gentleman's area and in areas across England, and that is what I want to do with local people. I understand that we will not get consensus and it is probably going to be a highly litigated area, but I want to work hard to get this right as quickly as possible, so that we can deliver for his constituents.

Andrew Lewin (Welwyn Hatfield) (Lab): I welcome the Secretary of State back to her position. I have been an advocate of local government reorganisation, but my thoughts today are with the local government officers and councillors who have been working so hard for so long, including in some instances people who have been employed specifically to manage the transition. Will my right hon. Friend give them some reassurance? What they need, above all else, is certainty, so can she tell the House that for Hertfordshire, where she has promised a full review, she will come forward as soon as possible with clarity about the timeline and what comes next?

Angela Rayner: Absolutely. I agree with my hon. Friend about the amount of work that has gone in from local officers and council representatives as part of the process; I recognise that a lot of work has gone into the financial commitments as well. I say to the House that this work is not wasted. We are reviewing at pace so that I can come to the House at the earliest opportunity, and the Government have committed to providing transitional funding. I urge my hon. Friend and his local leaders to contact my Department.

Dame Harriett Baldwin (West Worcestershire) (Con): In Worcestershire, what has happened has thrown everything into disarray. Now that we are asking people to stand as district councillors next May, will the Secretary of State clarify whether that will be for a four-year term?

Angela Rayner: What I have said is that the elections next year will be on the old boundaries. We will continue at pace with local government reorganisation, working with areas to ensure that we get it right. I urge the hon. Lady and her local leaders to make contact with my Department and Ministers so we can take that forward.

Sarah Smith (Hyndburn) (Lab): I welcome the Secretary of State's statement. Before the summer, I raised the concerns of my constituents in Hyndburn about the proposals for a Pennine-Lancs authority, which could become the most deprived in the country. As Ministers undertake the review, will they look at that issue very closely and consider the perspectives of my constituents?

Angela Rayner: My hon. Friend is absolutely right to raise those issues. We want to ensure that we get this right and work with local leaders; I am sure that she will have the opportunity to speak with Ministers and my officials as we look at the review.

Steff Aquarone (North Norfolk) (LD): North Norfolk has more than 2,000 people waiting for housing, a coastline that we are trying to prevent falling into the North sea and endless challenges from being an underfunded rural authority. Now it has been made to waste £600,000 on a local government reorganisation programme that the Secretary of State demanded and has now gone back on. One question will be about the future of devolution for Norfolk, but what people in North Norfolk will be thinking first is, "We want our money back." Will she give it to us?

Angela Rayner: I would push back a little on that, because I do not think that money has been wasted. I have said that I want a review, and I have put a pause in place to carry out that review and ensure that I get it absolutely right as the Secretary of State. I do not think that money is wasted. I have been really clear that the Government have committed to providing transitional funding. I want to continue to work with the hon. Gentleman's local leaders so that we can get local government reform on track, but I want to be confident that I am making the correct decisions for his local area and with his local area, delivering what it wants.

Chris Ward (Brighton Kemptown and Peacehaven) (Lab): I thank the Secretary of State for her statement. A pause in the review is clearly the right step, but my constituents—particularly those in East Saltdean, Peacehaven and Telscombe—will want to know what comes next. Will she answer two specific questions? First, will the review that she has announced look again at the precise boundaries announced in May, as well as the legal process that got to them? Secondly, how will my constituents have a chance to shape that decision? Will it be through MPs? Will there be another consultation? How can they feed in so that we can get this right and make LGR the success that we both know it can be?

Angela Rayner: The review will look at those issues; I will then be able to give a more detailed response to how that happens with Ministers. I want to ensure that local Members feel that this review takes into account the issues and concerns that people raise and that it is done in a prompt and inclusive way, so that we can make the right decisions for my hon. Friend's local area.

David Reed (Exmouth and Exeter East) (Con): Building 1.5 million new homes and doing LGR at the same time was clearly bonkers. From freedom of information requests that I have submitted, I know that local councils in my area have already spent more than £1 million trying to do LGR. That much-needed money could have been spent on special educational needs and disabilities and other critical things in my county. Before any more money is wasted, will the Secretary of State be very explicit about what is happening in Devon? Will elections be happening next May? Can she give an indication of when a decision will be reached?

Angela Rayner: I have said that we will look at the review happening as speedily as possible. The Government have committed £63 million for transition costs to support councils, including £900,000 per unitary. Again, I do not think this money is wasted. Certainly, from my perspective as the Secretary of State and from the perspective of the Prime Minister, local government reform is about delivering for people in their local area with better services. I want to work with the hon. Gentleman and his local leaders to ensure that that happens.

Jack Abbott (Ipswich) (Lab/Co-op): I thank the Secretary of State for her statement. I know it was incredibly difficult to make, but I also know how disappointed and concerned local residents, businesses, organisations and councils will be—they have put a huge amount of work into this area, not least in the six months since the original decision was made.

However, this issue is not just about looking to the past; it is about looking forward to the future. That is why so many people, including me, are championing Greater Ipswich or Ipswich and South Suffolk, alongside an East Suffolk council and a West Suffolk council. Just when we were on the verge of thinking that a new future was possible, this statement has changed everything. Will the Secretary of State offer some reassurance to all my local residents, businesses, organisations and councils that we are not going to go right back to the drawing board?

Angela Rayner: I recognise the amount of work that local leaders, my hon. Friend and others have put into this matter. Effective and sustainable local government is key to our ambitions on devolution, and as part of that we are looking at the overall programme timings, but we are not moving back from local government reform—I absolutely believe in that. As the Secretary of State, I am ensuring that I review those decisions and take them forward in a way that satisfies me that I have delivered what is expected of me in my obligations to this House. I would rather come to this House and say, "I have had to put in a delay to satisfy myself of that," than make in haste and regret at leisure.

Mr Adnan Hussain (Blackburn) (Ind): Having consistently raised concerns about the proposed east Lancashire authority, which would group together some of the most deprived communities in the country, I welcome the Secretary of State's decision today to pause these plans. Will she assure me that this review will look at deprivation and economic stability and that it will deliver for Blackburn and the surrounding areas? Will she meet me and other Lancashire MPs before any new proposals are made?

Angela Rayner: I assure the hon. Member that the Minister, my hon. Friend the Member for Oldham West, Chadderton and Royton, is in his place and will be meeting Lancashire Members. We want to make sure that we unlock the potential of that area. The Prime Minister talks about growth in every postcode, which includes making sure that devolution and local government reorganisation deliver for everybody across the whole of Lancashire. That is what we want to do through this review, and it is at the forefront of my mind.

Sean Woodcock (Banbury) (Lab): I have to say that I am really disappointed by this decision. Councils have spent months working on proposals; resources and precious time have been spent—or, I would say, wasted—on them. Growth is meant to be a priority for this Government, and Oxfordshire is a high growth delivery area, yet we have no devolution, no local government reorganisation and no timescale for either. Will the Secretary of State or one of her Ministers meet me and my right hon. Friend the Member for Oxford East (Anneliese Dodds) to discuss the shortcomings in this high-value growth area?

Angela Rayner: Absolutely; the Minister and I will happily meet my hon. Friend as part of this programme. The new Prime Minister has made absolutely clear that we want growth in every postcode; in order for the UK—and England in particular—to raise its growth agenda, every area needs to feel that. The Chancellor made a statement earlier today about how he sees that as a priority and about devolution being part of that programme. We will be in touch with my hon. Friend to support his area.

Sir Desmond Swayne (New Forest West) (Con): I am delighted by the reprieve—the New Forest was to be split, and part of it swallowed by Southampton. Will the Secretary of State accept my representation that we want the integrity of the New Forest to remain, and the last thing we want is for it all to be swallowed by Southampton?

Angela Rayner: I am glad to have pleased the right hon. Member; I do not think I have ever done that before. Of course, I am happy to work with him going forward, and you never know—I might even visit the New Forest, without the split.

Mr Paul Foster (South Ribble) (Lab): Back to Lancashire: the residents of Lancashire—in particular the residents of the two authorities that I represent, Chorley and South Ribble—are rightly really disappointed with this new Secretary of State. However, can she reiterate and commit that local government reorganisation in Lancashire is still a commitment of this Government—that this is a pause, that she will be reporting back, and that we will hopefully go to the four unitary model?

Angela Rayner: I am absolutely committed to making sure that areas such as Chorley and Lancashire more widely get local government reform, and that we take that forward. This is a pause. I have not taken that decision lightly, but I want to review the decisions and make sure, for my peace of mind as Secretary of State, that I have got this absolutely right; that I have taken on board the legal advice given to me recently; and that

I can go to the Prime Minister, who tasked me last week with reviewing these decisions, and say that I have reviewed them and we are making the right decisions. I accept that I will not get the consent of everybody around the House, but I want to make sure that I have at least heard everybody's views.

Adrian Ramsay (Waveney Valley) (Green): At the Government's request, councillors and council officers have put a huge amount of time into preparing for these proposals—time that could have been put into improving council services. If there is going to be another extended period of instability, that will further worsen that situation. Does the Secretary of State accept that local government funding is extremely stretched, especially for councils that run services such as SEND and social care, and that councils very little money for anything else? Does she agree that if local government reorganisation is to go ahead and devolution is to be meaningful, it needs to put money into the hands of local people, and there needs to be proper funding for local government?

Angela Rayner: This Government have recognised that, after 14 years of failure by the Conservatives, local government had faced the brunt of austerity, and we put in additional funding. We also recognise that the most important thing about local government reorganisation is delivering better services for local people. The Prime Minister has recognised that in terms of devolution. We recognise the investment that has gone in—that is why we put transitional funding in place to support councils—and I want to work to get this policy right, because I absolutely believe that it will be the best thing for the hon. Member's constituents.

Kevin McKenna (Sittingbourne and Sheppey) (Lab): I very much welcome what the Secretary of State has said from the Dispatch Box today for two reasons. First, there is no question but that the two-tier system is very bad for people in Sittingbourne and Sheppey and across Kent, so I welcome her commitment to press ahead with local government reorganisation. Secondly, at the same time, the geographies announced by her predecessor just before the summer recess were terrible for the people of Sittingbourne and Sheppey. How can local councillors, local residents, businesses, other organisations locally and I feed into this review, which I am grateful will be happening?

Angela Rayner: My Department will be reaching out to local authorities and the areas affected to make sure that we are taking into account all the information that we have at hand. My hon. Friend the Under-Secretary, the hon. Member for Oldham West, Chadderton and Royton, is willing to meet representatives of the local area to ensure that we get this right. I do not want this review to go on for a considerable time; I want to do it rapidly, but I want to be reassured that the decisions we are making are the right ones.

Dr Caroline Johnson (Sleaford and North Hykeham) (Con): The Labour leader of City of Lincoln council has put forward suggestions that votes should be weighted on the basis of deprivation, leading to proposed wards with an electorate of 2,100 electors per councillor and others with 4,700 electors per councillor. Does the Secretary of State agree that all our votes should be created equal?

Angela Rayner: None of that is progressing.

Daniel Zeichner (Cambridge) (Lab): Devolution and local government reorganisation are different things. To be honest, they should probably be considered separately, but they have become so interlinked and intertwined in this debate that it is impossible to do so. If we are to have a stronger devolution settlement, it is right to spend more time getting it right. Does the Secretary of State agree that any new structures that emerge should be based on economic growth and dynamism, rather than having to be built on existing districts? Those building blocks were established in a very different economic era.

Angela Rayner: I agree with my hon. Friend. In our past lives, we worked in local government and on local government policy for some time. We have to take time to get this policy right, and he is right to make the distinction between local government reform and devolution, but the two can intertwine to help us on our way. This review does not impact on the timetable for devolution. Unitary local government can help with smoothing the functions of strategic authorities, but that is not a prerequisite.

Richard Foord (Honiton and Sidmouth) (LD): Devon is one of 14 areas where local government reorganisation is being reviewed and paused, and I am grateful to the Secretary of State for having listened to Liberal Democrats in Devon and perhaps also to her legal advisers. When the rapid review takes place, will the Secretary of State please consider the greater costs associated with delivering in the countryside, such as rural Devon?

Angela Rayner: One of the challenges that rural areas face is transport. One of the reasons that the Prime Minister has been so eager to make sure that devolution happens is that those who are closest to what is going on in their local area know what challenges are being faced and how we can unlock some of the potential, and Devon can take the positives from that. We want to work with Devon to make sure that people in Devon get the right local devolution and local government reform for them. That is why I paused the decision.

Sojan Joseph (Ashford) (Lab): My constituents, and people in Kent generally, cannot wait any longer to see an improvement in their roads, bus services, social care and SEND provision. They were let down by decades of Tory administration, and are now being let down by Reform. Can the Secretary of State reassure them that this pause will not create more uncertainty, and will not lead to any further decline in public services?

Angela Rayner: My hon. Friend is right to mention what happened under the Conservatives. This Labour Government recognised what local government had been through, and took steps to build back resilience and deal with funding pressures. For me, local government reform is about ensuring that people receive the right services at the right level and that we can deliver the best for their local areas, and that, hopefully, is what we will be able to do. I still believe in and am committed to local government reform; I just want to make sure that we get this right.

Priti Patel (Witham) (Con): Since the Secretary of State first announced these plans, when she last held this role, the Labour Government have played fast and loose with our local democracy, cancelling elections and creating chaos and uncertainty in our councils as they struggle to deliver key frontline services. As she goes to work on this review, will she publish, alongside the legal advice that she has received, the financial costs that councils in Essex have faced as a result of this massive U-turn? Has she assessed the adverse impact on local services caused by the time and resources spent on these changes?

Angela Rayner: Again, Madam Deputy Speaker, let me gently say that this is not a U-turn. This is me, as Secretary of State, reviewing the position and ensuring that we get this right. I still believe that local government reform in the right hon. Lady's area in particular can deliver for her constituents, and I want them to engage with us. We have provided transitional funding to give support, and her local authorities and those in her local areas can get in touch with my Department to discuss it.

Adam Jogee (Newcastle-under-Lyme) (Lab): May I warmly welcome the Secretary of State back to her place? I especially welcome this statement, as will many people back home in Newcastle-under-Lyme who only wanted to be listened to.

Back in July, in the strongest terms, I asked the Secretary of State's predecessor to pause and think again. Today the Secretary of State has done that, and I am grateful. I hope that she will also listen to the many representations that I have made to her Department. May I go one step further, however, and ask her to focus on establishing the new mayoral authorities, which will provide the comprehensive cross-party, cross-community support that we need when it comes to changes of this scale?

Angela Rayner: The Prime Minister has been clear about what he wants to see in terms of our devolution agenda, and we will be taking that forward. As I have said, this will be a rapid review. I want to make sure that that is done and that the decisions are the right decisions, but we are moving forward with devolution, and we will be engaging with those in my hon. Friend's area so that they can unlock their full potential.

Sir John Whittingdale (Maldon) (Con): My constituents never asked for local government reorganisation. They do not support local government reorganisation, which they see as leading to decisions being taken by a more remote, more expensive and less accountable authority. Will the Secretary of State confirm that maintaining the status quo is at least an option as a part of her review, and will she also say whether the intention is still to go ahead with the mayoral election in Essex in 2028?

Angela Rayner: Let me gently say to the right hon. Member that, as I have already said, I think that local government reform can unlock potential for areas, but we want to do this with areas, and, indeed, to look into how we can deliver for his area and improve services for his local constituents.. There are opportunities, but sometimes there is duplication, so I welcome that discussion. As for taking forward the devolution agenda, I do not envisage that being interrupted by this process.

Alex Baker (Aldershot) (Lab): It is never too late to make sure that a decision is the right one, but I am pleased to hear the Secretary of State recognise the challenge that this pause presents to local councils such as my district council, Rushmoor borough council, which has worked so hard to deliver local government reorganisation in our community. However, it also has an impact on businesses, schools and community organisations across Aldershot and Farnborough, which have spent months committing time and energy to preparing for this reorganisation on the basis of the Government's decision. Does the Secretary of State recognise how frustrating it is for them to have that certainty pulled away, and has the Department considered the cost and disruption that this decision will cause beyond local councils themselves?

Angela Rayner: I thank my hon. Friend and members of her local community for engaging in local government reform. I reiterate from the Dispatch Box my commitment to that, but we need to make sure that we get it right. The example that I can give, especially to the young people in her area, is that if they feel that they do not have all the information, it is okay to say so and to take that forward in the correct way. That is the right and correct way forward. We are committed to providing transitional funding, and I urge my hon. Friend and her local leaders to be in touch with my Department so that we can take a look at this issue.

Martin Vickers (Brigg and Immingham) (Con): As we heard a short while ago from the Father of the House, my right hon. Friend the Member for Gainsborough (Sir Edward Leigh), Lincolnshire county council welcomes the review, but in the north of the county, where the two unitaries are, I and my two constituency neighbours, who are Labour colleagues, favour the status quo, as do council leaders. May I urge the Secretary of State to take an early decision to continue the status quo in respect of the two unitaries?

Angela Rayner: I want to give clarity to the hon. Gentleman and his local leaders, and I will review the situation at pace to make sure that we are able to do so.

Naushabah Khan (Gillingham and Rainham) (Lab): My constituents in Gillingham and Rainham want local government that works for them and delivers the services that they need. Could the Secretary of State provide some reassurance that while the review is taking place she will continue to look at local government funding and finances, and particularly at how councils such as mine—Medway council, which is in a non-mayoral area—are able to access investment and growth opportunities in the way that other devolved authorities are able to do?

Angela Rayner: Absolutely. As the Prime Minister set out, it is really important that every area and every postcode feels the benefits of growth and that we can unlock potential through devolution. Local government reform is part of that process but not the only bit. I believe that we will put areas in a strong position through devolution, and that we will be able to deliver better services for her local area and start to repair some of the damage that was done by the cuts to local government under the previous Government.

Tim Farron (Westmorland and Lonsdale) (LD): Will the Secretary of State confirm that the mayoral election in Cumbria will go ahead as planned and that the planned combined authority will be introduced without further hindrance, disruption or uncertainty? Will she also take this opportunity to review the other mistake that this Government have made on devolution in the last couple of years: the errors when it comes to what is referred to, wrongly, as "fairer funding"? Westmorland and Furness is the most rural unitary authority in England, and for that crime it has borne the penalty of a 31% cut in its funding from the Government, meaning that devolution no longer looks like devolution of power and instead looks more like a delegation of cuts for the people of Cumbria.

Angela Rayner: I recognise what local government has been through after 14 years of the Conservatives—in fact, I think the hon. Gentleman's party was involved at the time. In trying to recognise the challenges that areas face, I believe that what I am saying today about local government reorganisation does not impact on the timetable for devolution. I believe that that will go ahead, and unitary local government can help with the smooth functioning of strategic authorities.

Mr Toby Perkins (Chesterfield) (Lab): In Chesterfield, there will be unmitigated despair at the statement we have heard today from my right hon. Friend. For the authorities for which she is doing a review—the 14 that thought they had got their decision in July—could she clarify the basis of that review? Is she still attempting to achieve what we were attempting to achieve previously in terms of the size of authorities, or is she relooking at the basis of what reorganisation should achieve? We were told in February, when the 2026 elections had been cancelled and then the cancellation was cancelled, that this reorganisation would definitely not happen in 2027. What has actually gone wrong? There is a real lack of confidence that what we are being told one day is the same thing that we will be told the next.

Angela Rayner: I appreciate my hon. Friend's frustration, but I have considered the legal advice provided as part of the judicial review process. The Prime Minister asked me to review this process, and I took the decision that I needed more time. I really appreciate how that has left people, and their frustration. This is not the end of local government reform. We remain committed to unitary councils, and the review will consider proposals for how best to deliver unitary councils in this Parliament, and to ensure alignment with the priorities of the new Administration.

Liz Jarvis (Eastleigh) (LD): Communities like mine in Eastleigh are being denied funding opportunities because they do not yet have an elected mayor. With the timeline for local government reorganisation and elections now thrown into doubt, will the Secretary of State ensure that funding opportunities are offered to all local authorities, whether or not they have an elected mayor?

Angela Rayner: Devolution can unlock funding and potential, but an area does not necessarily need to have a mayor. I think the Prime Minister outlined that in his statement, when he took questions for over three hours; the hon. Member should look back at that. This is about making sure that devolution can be unlocked for areas at the pace they wish. As I said in my statement, I do not believe that this pause will have an impact on people's ability to continue with the devolution agenda.

Chris Webb (Blackpool South) (Lab): I understand the limits on what my right hon. Friend can say today, but it seems that there have been real failures in the official process. The situation in many of our constituencies is being put on hold. She is taking accountability, even though she is not actually responsible for this. Will she assure me that she will investigate any failures of process that have occurred, and that have led to this situation, so that we can learn the lessons, and so that this does not happen again?

Angela Rayner: My hon. Friend is right that we have to review the process and learn lessons. As I said to the right hon. Member for North East Cambridgeshire (Steve Barclay), we are announcing our new permanent secretary, who I am sure will be listening to this debate and will want to take this forward. I want to place on record my thanks to the dedicated, professional public servants from both central and local government who have worked on this, and to my predecessor. I want to reassure the House that I have taken this action, as Secretary of State, to ensure that I have all the facts, so that I can make the decision.

Kit Malthouse (North West Hampshire) (Con): I have to confess to the Secretary of State that I am even more confused now than my hon. Friend the Member for Gosport (Dame Caroline Dinenage) was 40 minutes ago. Could the Secretary of State just be clear with my residents that the combined authority elections due next May are off, and the borough council elections are on, but the combined authority elections might be on if she gets her skates on and the borough council elections might be off? If the combined authority elections are off, when will they be on, and is the mayoral election in 2028 on or off? If it is off, what is going to happen to police governance?

Angela Rayner: I have said that the review is on and the elections are on, and I am ready to get on with it. I am sure that the right hon. Member will work with me to make sure we get it sorted—and it is on.

Steve Race (Exeter) (Lab): One of the policy goals of LGR is to encourage economically important cities like Exeter to better play their role in generating jobs, growth, housing and better place-based services. In our case, devolution does not work if Exeter is not in the strategic authority, as it is one of the two big economic drivers of the region. Can the Secretary of State confirm that this remains the case, and that after the rapid review, should it have a positive outcome, we can move forward with both LGR and devolution in Devon quickly?

Angela Rayner: I reassure my hon. Friend that I have said that this review should be rapid, and that we should get on as quickly as possible with engagement, but also that the timetable for devolution should not be affected. We need to make sure that we make the right decisions on local government reform, but we want to take forward devolution at pace.

Jerome Mayhew (Broadland and Fakenham) (Con): It is apparent to absolutely everyone that this local government reform is now a shambolic, incompetent mess. I just want to put on record how much time, as well as money, has been spent by councillors and council officials right across Norfolk, where this has been a massive, monumental distraction, not for months, but for years. The independent Local Government Association says:

"There is no excuse for the Government's mishandling of this process."

Does the Secretary of State agree?

Angela Rayner: No. What I have said is that I have reviewed the decisions. I have said on record that people across Norfolk, and representatives from across the whole conurbation, have put in a great amount of work. I want to respect that work, as the new Secretary of State, and make sure that I am listening, that I have reviewed the decisions, and that I am making the correct ones. I do not believe that is a waste of the time and resources that have been put in. I believe that local government reform is an opportunity for Norfolk. I will work with local leaders at pace to give them certainty. I wanted to ensure, out of respect for their work, that I take that work into consideration, as Secretary of State.

Andy MacNae (Rossendale and Darwen) (Lab): I echo the comments of Lancashire colleagues, particularly on the opportunity to review the boundary decisions, but I also think that all those councillors and officers in Lancashire who worked so hard on reorganisation and made so much progress deserve an apology.

More fundamentally, every day and every week that goes past, Lancashire falls further behind our neighbours in Manchester and Liverpool, simply through lack of an effective structure and the capacity and capability to deliver our growth potential. I was pleased to hear the Secretary of State's recommitment to growth in every postcode. Will she meet me, along with Lancashire colleagues, to agree how we can properly resource Lancashire's growth potential? We cannot wait; we need to do it now. We need to properly resource it, and we need to deliver on our potential through this period of uncertainty.

Angela Rayner: Again, I say to my hon. Friend that I recognise the work that has gone in. That work is not wasted. The pause will be about working with local areas at pace to get this right, but it does not mean that we cannot take advantage of unlocking growth in every postcode. The Ministers here will be happy to work with my hon. Friend and other hon. Members from his area to ensure that we get the right devolution, and a package that works for them.

Mr Gagan Mohindra (South West Hertfordshire) (Con): I am going to try a different tack, rather than commenting on the hokey-cokey of this process. The more serious point is that local government reorganisation was always a significant risk to the voluntary and community sector. Many funders are reluctant to fund organisations with annual incomes exceeding £1 million, leaving those organisations reliant on commissioned contracts from local government, NHS bodies and other public sector departments. The proposed transition to unitary authorities was already disrupting funding streams; today's announcement creates further disruption. Can the Secretary of State reassure those important community organisations that they will have the funding, and give them certainty about the direction of travel, so that they have the confidence to start and continue providing services for my community?

Angela Rayner: Again, I want to reassure the hon. Member that this is about getting the process right. I want him and those local organisations to get in contact with my officials, so that we can be sure that we are doing everything possible to support the process. I have said that unitary local government can help with the smooth functioning of strategic authorities. I also recognise that the Government are committed to providing transition funding, so please go ahead and get in touch with my Department.

Luke Murphy (Basingstoke) (Lab): I am grateful to the Secretary of State for her statement. It will be met with some disappointment and frustration locally, not least because many businesses, community groups, charities, councillors and council officers have put an enormous amount of effort into the proposal for a north Hampshire authority. I believe it is still the right course to set up a north Hampshire. Can she reassure those people that their effort has not been in vain, and that she will provide certainty and take a decision on the new proposals as soon as possible?

Angela Rayner: I absolutely provide that reassurance. I needed that time. With the advice that I received during the judicial review process, and with the Prime Minister asking me to look at this again, it was only right that I did so, in a timely way. As I have reiterated, I am absolutely clear that I want to take this forward. Local government reform is a priority, and I want to undertake it at pace, as do Members across the House, including my hon. Friend and his local leaders.

Nigel Huddleston (Droitwich and Evesham) (Con): There is a video circulating online that claims the three most difficult things to say in life are "I'm sorry," "I love you" and "Worcestershire". It is fascinating to see that the right hon. Lady struggles with at least two of those three things. I am glad that she has abandoned, or at least paused, her decision to destroy the well run, low-tax, Conservative-controlled Wychavon district council, but is she aware of the chaos and cost that she has caused to councils in Worcestershire and across the country? She is giving very strong vibes that she does not know what she is doing. Is that because she does not know what she is doing?

Angela Rayner: I am sorry, but I am not sure that I love the hon. Gentleman, but I love something—and Worcestershire. I apologise. I do know what I am doing. I know that this has been a disappointment for some areas. I do not make this statement to the House lightly, but I am doing this, in all sincerity, to get it right. I hope that hon. Members from across Worcestershire and every other area where we are looking at local government reorganisation appreciate that. Even if I cannot say "I love you", hopefully the hon. Gentleman will be able to say that he loves me at the end of this process.

Jacob Collier (Burton and Uttoxeter) (Lab): First, I thank the councillors and council officers from East Staffordshire borough council and Staffordshire county council for the hard work that they have put into the process. The rapid review is essential to give residents and council workers the certainty that they need. As my hon. Friend the Member for Stoke-on-Trent Central (Gareth Snell) said, it should be seen as being apart from mayoral devolution, which is the real prize for our communities; it will bring power out of this place and into Staffordshire. Will the Secretary of State commit to a meeting in No. 10 North with Stoke and Staffordshire MPs, so that we can talk about getting that deal in place?

Angela Rayner: My hon. Friend is right that devolution can happen at pace, and that it will unlock potential. I am sure that the Minister will be happy to meet him and my colleagues from No. 10 North to ensure that we unlock the potential of his area.

Victoria Collins (Harpenden and Berkhamsted) (LD): I absolutely share the shock and anger of councillors and council officers at the announcement. At the heart of this are councillors who are working so hard to deliver frontline services, whether that is education, housing or social care. It is they who are battling this change. I am still uncertain about what will happen in May, so will the Secretary of State please reassure the people of Hertfordshire, and say what they will be voting for in May? Will councils be reimbursed for the money and time spent, so that the money can go to the services that are desperately needed?

Angela Rayner: I gently say to the hon. Member that while I appreciate she uses language like "shock and anger", it was important to me, as Secretary of State, to make the right decision, so I came to this House and spoke to hon. Members to ensure that I do that. I still believe that local government reform will unlock potential for the hon. Member's area. I want to ensure that I am doing this with local people's consent; I know that we cannot get everyone's consent, but I absolutely believe that we can design services that will improve her area. We have committed to providing transition funding. Hopefully, through local government reform, we can transform some of the thorny issues that have been around for a long time, like adult social care, as the Prime Minister said, and build resilience at a local level.

Noah Law (St Austell and Newquay) (Lab): The Prime Minister and the Cabinet Office set out their plans last week to rewire the state, and effective local government remains fundamental to that. Will the Secretary of State double down on her commitment to listening—as she did so well with us in Cornwall—to Members of this House, local councils and members of the public in this process?

Angela Rayner: Absolutely. Last week, I said clearly that I recognised the work of those in local government, and how difficult this has been for our local government colleagues, given the changes that have happened in our communities and the demands and pressures put on local government. I absolutely believe that local government is critical to ensuring that we get the devolution agenda right, and that we must build back resilience at a local level, so that councils can carry on delivering excellent services to their residents.

Mr Mark Francois (Rayleigh and Wickford) (Con): Local government reform in Essex has been a farce from the outset, because the people never wanted it. The council tax payers themselves never had any desire for this process. I welcome the fact that Labour's five gerrymandered unitary authorities are clearly now stone dead, but I want to give the Secretary of State some honest advice: drop it and walk away—including the mayoralty. We have got by in Essex for 1,000 years without a mayor, and the last thing we want in our county is another Sadiq Khan. Just get rid.

Angela Rayner: I will not drop it, because I believe that the people of Essex and people all over England deserve good local services. Where there is something that I believe will improve local services and is worth exploring with local leaders, whether in Essex or elsewhere, I am up for that challenge. I am not ready to drop it. I think we can work together to improve local services, and I would be happy to meet the right hon. Gentleman, or any of his local leaders, to progress that.

Michelle Welsh (Sherwood Forest) (Lab): I welcome the review, which gives us a real opportunity to get local government reorganisation right for my constituents. I hope that they will now be heard. Infrastructure in my constituency is creaking at the seams due to years of neglect by the previous Government. Will the Secretary of State meet me to discuss the real concerns in my constituency about planning, local infrastructure and local government reorganisation, as well as an exciting opportunity to create a local country park?

Angela Rayner: Well, Madam Deputy Speaker, Sherwood Forest and a local country park—I am really up for that. When I was in the Lake district over the bank holiday weekend, though, I managed to fall halfway down a mountain—that is why my legs are not used to bouncing up and down at the moment, because my knees are not so good—so I am hoping that the park will be a bit flatter and that the gradient will be a little better for me. My hon. Friend asks if we can meet, and I am sure that the relevant Minister will be happy to meet her to discuss how we can progress, ensuring that her area, including Sherwood Forest, benefits from devolution and local government.

James MacCleary (Lewes) (LD): Large numbers of my constituents took part in the Government's consultation on proposed boundaries for the East Sussex unitary authority in good faith. They were appalled by Brighton and Hove city council's attempted land grab in our area, and together, we resisted it. Can the Secretary of State be crystal clear for my constituents on whether she intends to reopen the discussion over East Sussex's local government boundaries as part of this review?

Angela Rayner: Again, at the moment I can give the hon. Member an assurance that I am looking at the areas, and that I will look to ensure that all the consultation, information and advice is correct and that we are making robust decisions. I want to ensure that I do that. I am happy for him to be in contact with the relevant Minister or myself to ensure that we hear what he is saying about that process, but I have heard him today.

Jonathan Davies (Mid Derbyshire) (Lab): I appreciate that the Secretary of State is new in post, so the issues that she has outlined today are not necessarily of her

[Jonathan Davies]

making, but I must tell her that this is extremely frustrating for people in Derbyshire, and that service delivery and business confidence will be undermined while this pause goes ahead. I am at a loss as to how it has proceeded so far without it being totally legally watertight. I would appreciate any assurances the Secretary of State can give me that it will not be torpedoed in the courts again. Crucially, we are going to be asking people to stand for the existing local authorities in Derbyshire next May—people of all parties; civic-minded, community-spirited people. How long will they serve for? I think we owe it to them to tell them how long their term will be, because they will be making professional and family sacrifices. If she could offer me that information, it would be very helpful.

Angela Rayner: Again, I do recognise the frustration that my hon. Friend has expressed at parts of this process. I want to ensure that we take this forward and that it is robust, and that is why I have come to this House to say that I want to review the decisions on the basis of the legal advice provided as part of the JR process. I want to ensure that the rationale for those that go forward, including the 14 other areas, is absolutely watertight. I ask my hon. Friend to meet the Ministers as part of this process and we can iron out some of those concerns.

Joe Robertson (Isle of Wight East) (Con): When the Secretary of State embarked on local government reorganisation for Hampshire and the Isle of Wight, her Department accepted the principle that the Isle of Wight council should remain a stand-alone unitary authority. Now that she is reviewing local government reorganisation, will she reconfirm that the Isle of Wight council will remain a stand-alone unitary authority and that it is not, and will not be, at risk of merging with a part of the mainland?

Angela Rayner: I think it is fair to say that there is a very strong argument and rationale for it. I will make sure that the review happens speedily and that we can give those reassurances as part of the process after the review.

James Naish (Rushcliffe) (Lab): I have repeatedly argued with colleagues that LGR is extremely complex but extremely important. It therefore did not need to be a term-one priority for this Government, and I remain of that view, because for me our councils should be building council houses, tackling homelessness, strengthening trade standards and regenerating high streets, not focusing on administrative structures. Assuming that LGR still goes ahead in some form—I advise the Secretary of State to think deeply about that—will she please explain how the views of Rushcliffe and Nottinghamshire residents, many of whom felt ignored through the last process, will be fully considered in this new approach?

Angela Rayner: Again, we will ensure within the review that people are engaged in the process. I say to my hon. Friend that local government reform is challenging and complex, but the aim for me is to deliver better services for local people. That means building the homes that we desperately need and renewing our high streets, which this Government are taking forward. We can deliver better services, we can reorganise and we can do better. I believe that working with local leaders is the way forward to deliver for the people of this country. I am committed to local government reform, and I want to make sure that we get it right. That is why I have made the decision to have the review.

Mims Davies (East Grinstead and Uckfield) (Con): I am the only MP in the House who represents constituents in both East Sussex and West Sussex and three district councils, including Lewes, which was previously potentially going to be split previously, along with West Sussex. The confusion around devolution and LGR in West Sussex is a terrible mess, because we have different speeds and approaches and an unclear mayoral timetable. The Secretary of State will acknowledge that the two previous East Sussex and Wessex Sussex leaders spent huge amounts of time on this process and brought positive energy to it. The right hon. Lady rightly talks about outcomes, but what can she tell my constituents about how their services, including education, social care, roads, and infrastructure, will be delivered in the future?

Angela Rayner: I pay tribute to the hon. Lady's local leaders and the work that they are doing in local government. I recognise the challenges that they face, and I have outlined what has happened to local government over the decade and a half that her Government were in power. I have tried to build up that resilience for local leaders. Previous Ministers chose to take more time to consider the proposals—she referenced two of the places involved—and we will consider these alongside the wider review of the programme.

David Williams (Stoke-on-Trent North) (Lab): When I am out on the doorsteps in Stoke-on-Trent North and Kidsgrove, residents tell me that too often they feel distant from decisions that affect their lives. I want residents to feel that decision making is being brought closer to home and that locally we are taking better decisions about improving our buses and houses and giving young people the skills that match their potential. Can the Secretary of State please confirm that devolved powers are still coming to Stoke-on-Trent and Staffordshire and that they are coming at speed, because we cannot be left behind?

Angela Rayner: Absolutely. Devolution is at the heart of our plans to rewire the state. I am making this statement today exactly to ensure that that happens.

Alison Griffiths (Bognor Regis and Littlehampton) (Con): We are 26 months in, and the Secretary of State has already admitted that the real cost that the Government have not assessed are the costs of the lost programmes, projects and services that have not been delivered in West Sussex and Arun because the bandwidth, headspace and resources have been devoted to LGR. Can she tell me, first, what has been the financial cost—nationally, in West Sussex and in Arun—of this so far failed experiment with LGR? Secondly, how many months can the district councillors elected in 2027 expect to serve?

Angela Rayner: Again, I do not see local government reorganisation as a wasted endeavour. I have been really clear about the reason for the pause: to get the decision right. We have committed to providing transitional

funding. Where local government reform has happened in the past, we have seen that there have been savings, but my motivation is to work with local authorities to improve their services. Local authorities recognise that we could do that. I am absolutely committed to continuing that, and we will work at pace to deliver for the hon. Member's area.

Darren Paffey (Southampton Itchen) (Lab): I welcome my right hon. Friend back to her role and thank her for her statement. I am sorry that the right hon. Member for New Forest West (Sir Desmond Swayne) is no longer in his place, because I wanted to assure him that, far from being swallowed up, his constituents would have had a warm welcome and excellent local public services as part of Southampton.

I understand the difficult decision that the Secretary of State has had to make, but I must express disappointment that after all the hard work across councils and across parties, the five unitaries for Hampshire and the Isle of Wight will not be going ahead. Will she confirm that, after her rapid review, Southampton and the surrounding councils will still have the opportunity to reorganise if they so wish, or is this the last we will hear of LGR?

Angela Rayner: I absolutely want to reassure hon. Members that this is not the end of local government reorganisation, because I am absolutely committed to it. I commend my hon. Friend for his work, and his local partners and others across the House who recognise what local government reorganisation could do for their area. I want to work at pace to put us on a firm footing, so that I as Secretary of State am clear-eyed about the decision I am making and that we can go ahead, with their consent or not.

Caroline Voaden (South Devon) (LD): From the LGR options that were on the table for Devon, the Government opted for a Labour-led proposal to create three urban growth areas, with all the rural bits that were left behind dumped together into one huge, unworkable authority that divided communities, had no economic hub and had little chance of being sustainable. I therefore welcome the Secretary of State's announcement that she will review the decision, although it is not clear how the review will happen, who will do it or how long it will take. Will she commit to meeting all Opposition Members who represent rural Devon so that we can discuss the best proposal for the for the biggest number of people across Devon? The one we had was going to leave rural Devon behind, and we want to ensure that does not happen again.

Angela Rayner: I want to reassure the hon. Member that we do not want to leave rural Devon behind, either. As the Minister, my hon. Friend the Member for Oldham West, Chadderton and Royton (Jim McMahon), has just had to nip out for another meeting, I will volunteer him for the commitment to meet those Members. It is of serious concern for me to ensure that people are heard in the process. That is why I decided to have the review.

Tom Rutland (East Worthing and Shoreham) (Lab): I know that the pause will be frustrating for people in Adur and Worthing who want to see the back of West Sussex county council and have power and money brought closer to them, but I do accept that it is important to take the time to get this right. Will the Secretary of State assure me that the review will not diminish the Government's plans to devolve power closer to my constituents?

Angela Rayner: Absolutely. We are committed to devolution and to devolving power. The Prime Minister has made it really clear that that is one of his priorities. We want to ensure that we do this right, with local people, so that the power is there and we give areas the resources and support they need to flourish.

Pippa Heylings (South Cambridgeshire) (LD): Local councils across South Cambridgeshire spent time and money in good faith preparing for local government reorganisation according to the Government's criteria and timelines. Businesses in one of the fastest growing areas of the country welcome the prospect of certainty with a final decision, yet further delay leaves them all in limbo. Does the Secretary of State agree that chaos is not good for local democracy and not good for investment? Will she meet me and local council leaders to understand the implications of this decision for Cambridgeshire?

Angela Rayner: I totally recognise that Cambridgeshire has a huge amount of potential, and we will absolutely ensure that a meeting is set up with myself or the Minister. I gently say that I understand the implications of me coming to the House today, as Secretary of State, and reviewing these decisions. I have said that I want to do it at pace, but I have also made it really clear that I felt that I needed to put that review in place so that I could satisfy myself that we are doing it correct. These are some really big reforms, as the hon. Lady is aware. I want to make sure we get it right so that her area can reach its full potential, and I am sure it will.

Dr Luke Evans (Hinckley and Bosworth) (Con): When the right hon. Lady came to the House last year to announce her consultation, I called it a mess. Fast forward 18 months: there is now chaos in the outcome and decisions. Make no mistake, the reason we are here now is the threat of the courts. My concern comes because in Leicestershire, we had three applications go forward and the Government chose their own fourth application. Will the Secretary of State ensure that her review involves not just the process but the boundaries as well, because the biggest contention in Leicestershire is the massive land grab coming from the city, and nine out of 10 people in her own consultation said that this was not acceptable?

Angela Rayner: I reassure the Member that I am going to review those issues and make sure that I am confident in the decision that is made, including within the boundaries, to ensure that any decisions that are made are the right ones. I will update him, and work with him and other Members to ensure they have that clarity. We might not agree, but I will make sure that I have listened and that I at least know where I am going and make the decision confidently.

Max Wilkinson (Cheltenham) (LD): I was not in favour of the decision announced by the right hon. Lady's predecessor before the summer break for a single unitary Gloucestershire. I would have preferred something more Cheltenham-centric. However, that decision seems to reflect the political consensus across the parties in

[Max Wilkinson]

Gloucestershire, so I have to ask the Secretary of State: is she in the business of overturning the political consensus across party locally in Gloucestershire? If not, will she just let us get on with it so that the councils can get on with doing the things that my residents want, including ensuring that there are no unwanted cuts to fire services because of cuts from Westminster to our budgets, that the town centre in Cheltenham is fixed up and that we get a tip reopened for Cheltenham? Those are the things my residents want. They are not so bothered about boundaries, even if they are concerned about Cheltenham losing its historic voice.

Angela Rayner: This is not about overturning or overpowering local decisions. This is about me reviewing these decisions and making sure that there is a robust system that says, "This is where we want to go", and taking that forward. I hope to do that within a matter of weeks—not too long a process—and to get it right. That is fundamentally the first and foremost point: I want to get it right for the hon. Gentleman's constituents so that they can get on and get the things that they absolutely want and desire.

Mr Peter Bedford (Mid Leicestershire) (Con): Given that the right hon. Lady emphasised listening to local people, empowering local communities and making decisions with their consent, does she agree that local communities such as those in Leicestershire should have local referendums before decisions are imposed upon them, such as being dragged into an enlarged Leicester city council area?

Angela Rayner: I have to say that I am not a big fan of referendums, if I am really honest. That is my personal opinion, but I am open to having discussions about how we can make sure that the hon. Member's local residents feel like they are engaged and see the benefits of local government reform. That is my ultimate aim as part of this process, and I look forward to working with him on that endeavour.

Charlotte Cane (Ely and East Cambridgeshire) (LD): I draw Members' attention to my entry in the Register of Members' Financial Interests: I am a district councillor on East Cambs district council. The residents of Ely and East Cambridgeshire will be relieved that they are not going to have the wrong unitary imposed on them, but they will be worried about the chaos and uncertainty that we have heard about, and about what happens next and when. What is the remit of the review? How is it going to be run to ensure that local people get their voices heard? And what is the real timetable? "As quickly as possible" and "at pace" are all great, but what is the actual timetable? Also, the Secretary of State appeared to say that May's elections would be held on the existing district council boundaries unless the unitaries were in place by then. What did she mean by that?

Angela Rayner: I have asked the Minister for local government, devolution and regional growth to undertake a rapid review of the local government reorganisation programme. That is a review regarding the decisions that were announced in March and July, and the two remaining areas of West Sussex, and Cambridgeshire and Peterborough. I have said that the review will cover 18 decisions already taken and the two areas where decisions have not yet been made. I want the programme to be reviewed at pace and will report back to Parliament at the earliest opportunity.

Bradley Thomas (Bromsgrove) (Con): This process has been a complete shambles from start to finish and has failed to have Worcestershire's best interests at its heart. Will the Secretary of State confirm to the House whether this is actually being paused or whether, in reality, the can is being kicked down the road, under the veil of the process being delayed, rather than the Government admitting embarrassment? If it has been paused, and she is going to revisit the decision, will the evidence base be revisited, and will there be a new consultation with stakeholders, including residents? If so, will the Secretary of State meet me, as the Member of Parliament for Bromsgrove, before she takes a decision? I think she said earlier that the Government had allocated £63 million to support councils across the country in this process. How much of that £63 million has been spent so far?

Angela Rayner: This is a pause. It is a review—I have made that absolutely crystal clear—for me to consider the legal advice that was provided as part of the JR process, as well as for me to be able to do what the Prime Minister asked us last week, which was to look at the local government reform programme. That is what I am doing. I did talk about the £63 million. That money is earmarked. If those areas have financial concerns regarding the money they have spent on local government reorganisation, they can contact my Department.

Manuela Perteghella (Stratford-on-Avon) (LD): This sudden U-turn is greatly disappointing for my constituency, after so much work by council officials, residents, councillors and other partners, and after so much money wasted on LGR costs. Given that the two-unitary model in Warwickshire—South Warwickshire and North Warwickshire—was championed by my constituents, the majority of local council leaders and the majority of Warwickshire MPs, will the Secretary of State reassure us all regarding the timescale for this review? Above all, will she reassure us that the decision will respect the democratic input of the people of Warwickshire who contributed to the previous LGR process?

Angela Rayner: Absolutely, I reassure the hon. Member that this is about me reviewing the decisions and making sure they are absolutely correct. I want to do that. I recognise the work that has gone in from her local area and those representatives, and I pay tribute to the work that they are doing. I have indicated that I want the review to take weeks rather than months. I do not want to kick the can down the road; I just want to ensure that the decisions that we made are robust and take us forward in the spirit of co-operation with local areas.

Ben Obese-Jecty (Huntingdon) (Con): When I led a debate in Westminster Hall last week on the impact of local government reorganisation in Cambridgeshire, I could not possibly have anticipated that it would have been powerful enough to stop it dead in its tracks. I welcome the pause to tranche 3, but I want to get a bit of clarity for the councillors in my constituency. The plan is going

to be reviewed. If it comes back, will we potentially see local elections in May 2028 for a new shadow unitary? With that in mind, will the Secretary of State meet me and Huntingdonshire district council to discuss some of the topics that are still outstanding and the reason why Cambridgeshire and Peterborough was delayed in the first instance?

Angela Rayner: I thank the hon. Member for his comments; I believe that he enjoyed the Westminster Hall debate with the Local Government Minister. I am sure that the Minister would like to continue that conversation to ensure that we get the best deal over the line. I do not want to pre-empt the review, but I want to ensure that we have heard from the hon. Member and his local representatives about the challenges. I am sure that the Minister will set a meeting up in his diary as soon as possible, so that we expedite the process.

Monica Harding (Esher and Walton) (LD): My constituents in Esher and Walton, in Surrey, are left wondering whether they have been thrown under the bus by a Government who failed to be secure in the legal advice and the costs from the very beginning. This is incompetent. Will the Government release the legal advice? What are the legal implications for Surrey? What extra support will she give Surrey regarding the cost implications, given the gross underestimation of how much LGR would cost and the significant debt that Conservative Surrey has amassed in the two years that this has been going on under the unfair funding formula?

Angela Rayner: I say again that the review does not include the reorganisation of Surrey. Councillors have been elected and new councils go live from 1 April.

Dr Al Pinkerton (Surrey Heath) (LD): You wait a while and two Surrey questions come along at once! One of the potential unintended consequences of today's announcement is to leave Surrey in the slightly discomfiting position of being in an experimental cohort with a sample size of one—the one county being reorganised under this legislation. We all know why: it is because the Conservative-run Surrey county council begged the Government to put it on this rollercoaster with no known destination and, as it turns out today, with legally slightly shonky rails. Do the legal concerns that the Secretary of State has expressed today also relate to Surrey? If Surrey is affected by those legal concerns, what faith should my residents have that this experiment is not going to come fully off the rails before 1 April 2027?

Angela Rayner: I gently say that, for me, this is not an experiment; it is about working with local areas to deliver local services and improve on them. The review does not include the reorganisation of Surrey. As I said, councillors have been elected already, and the new councils go live on 1 April 2027. I hope that Surrey, with the two new unitary councils, will be able to deliver across the area on vital services, like adult social care, transport and those good services that people want to see across their area, and I will work with them to deliver that.

James McMurdock (South Basildon and East Thurrock) (Ind): I thank the Secretary of State for sharing—I have fluffed it now. Forgive me, I have had a two-hour wait, and I have completely lost my train of thought.

Over the last two years, the people of Essex have faced a dizzying array of changes, from council elections—off and on—to over-subscribed hospitals and 30,000 new homes to be built, many of which will be on greenfield land. The question is: how can we trust this Government to deliver on anything when they say one thing and do the other?

Angela Rayner: I appreciate the hon. Member's frustration, but—*[Interruption.]*

Madam Deputy Speaker (Judith Cummins): Order. The hon. Member for South Basildon and East Thurrock (James McMurdock) may wish, out of courtesy to this House and certainly to the Secretary of State—and to his constituents and my constituents—to stay in his seat to listen to the response by the Secretary of State.

Angela Rayner: The right hon. Member for Rayleigh and Wickford (Mr Francois) raised these issues before, and I do appreciate the frustration in Essex. In response to the right hon. Member, who was here a while ago and raised these issues, I made it really clear that local government reorganisation is about delivering—

Mr Francois: I'm still here!

Angela Rayner: I know you're still here! I made it really clear that local government reorganisation is delivering for people across Essex. I understand the pressures on local services. Essex does have a need for more housing and more infrastructure, and a need for local government reform. This Government are there to work with the local people of Essex to deliver that.

Dover and Portsmouth: Protests

5.29 pm

The Minister for Policing and Crime (Sarah Jones): With permission, I will make a statement on public order following the protest activity seen on the south coast this weekend. I know many in this House, and outside, will have been concerned by the events of the past two days, and I welcome the opportunity to set out what happened, as well as to update Members on the action that the Government are taking to address the issues at the heart of the protests.

It is right to begin with the facts. At around 7.30 on Saturday morning, around 150 individuals descended on the port of Dover, many of them wearing face coverings. Kent police deployed rapidly to the scene of what the force has described as a "no-notice" protest. No arrests were made and the crowd eventually dispersed some hours later, at which point full access to the port was restored. Nevertheless, the impact was felt by local residents and workers, for whom the scenes will have been unnerving, as well as by ferry passengers and motorists who faced delays as a result.

Let me turn to the second incident in Portsmouth. In the early afternoon on Sunday, a boat carrying approximately 120 people reached British waters near the Isle of Wight, which is considerably further west than the majority of small boat crossings. The Royal National Lifeboat Institution, under the direction of HM Coastguard UK, met the boat and directed it towards Eastney marina in the wider Portsmouth area. At around 8 pm, a group of more than 200 protesters arrived at the harbour, intending to block three coaches that were due to take the arrivals for processing. Many of those protesters were dressed in all black and wearing face masks. Hampshire and Isle of Wight constabulary, with the support of other neighbouring forces, used a dispersal notice to ensure public safety. Officers were forced to use batons and PAVA spray to maintain order in the face of some aggression. They worked through the evening and into the early hours of the morning, and at around 4 am, protesters began to disperse and the coaches eventually set off. Again, no arrests were made on the night, but investigations are ongoing, and where criminality is identified those responsible should expect to face the consequences.

These types of incidents require careful handling by the police, and I place on record my thanks to all those who were part of the operational responses in Dover and Portsmouth. I am especially grateful to those on the front line whose efforts were essential to bringing the demonstrations to a conclusion. I have today spoken to key policing partners and, as the House would expect in the wake of such incidents, work is ongoing to establish any lessons and ensure that relevant intelligence is shared at pace across our law enforcement system.

Peaceful protest is a fundamental part of our democracy and must be defended, but so too is the right of other citizens to go about their lives without undue interference. There can be no excuse for threatening behaviour or serious disruption. Let me therefore make clear to the House and the country that disorder of any kind will never be tolerated, and those who cross the line from peaceful protest into illegality will face the full force of the law. This Government condemn the intimidating and thuggish behaviour shown by some of the protesters this weekend. We are working closely with the police in Kent and Hampshire, alongside the National Police Co-ordination Centre, all of whom have our full backing in taking any necessary step to uphold public safety and maintain the peace.

None of that is in any way to minimise the very valid concerns of law-abiding people when they see vile criminal gangs exploiting our nation's generosity, and people making illegal and unnecessary journeys to reach this country. Let us never forget that the frustration we see in our communities today is a product of chaos and crisis in the years that preceded the general election of 2024. Since then, this Government have taken action to fix the broken system we inherited and bear down on the people smugglers. We have doubled the number of National Crime Agency officers tasked with dismantling organised immigration crime, system-wide arrests are up 70%, more than 1,100 boats and engines have been seized, and in partnership with French law enforcement we have prevented over 48,000 attempted crossings. We are now taking that partnership further with a landmark new deal, which was signed in April, securing a 40% increase in French boots on the ground and taking the total to more than 1,000, as well as enhanced surveillance technology and new specialist units.

At the same time, we are removing the incentives that draw people here illegally in the first place. Since the election, we have made over 6,000 small boat returns—a 64% increase on the last two years of the previous Government—and we have removed more than 80,000 illegal migrants and foreign criminals from these shores. As a result of the action this Government have taken, this summer saw the lowest number of small boat arrivals since 2020. So far this year, the number of crossings is down by over 43% on last year.

Progress is being made, but we are not complacent. We must and will be unrelenting, not least in response to any shift in tactics by the gangs. The use of larger boats, with over a hundred people crammed on board, is a clear cause for concern, and we remain alert to the potential for crossings on less frequently targeted stretches of water off our coastline. The gangs are never going to go quietly. They are responding to the impact our work is having, and we will adapt in turn, both in terms of our enforcement, in partnership with France, and our response here.

Our priority will always be the safety of the British people. As such, we will continue bearing down on small boat crossings and the criminal gangs behind them, as we deliver the strong, secure borders the people of this country expect and deserve. At the same time, we will keep working closely with police forces to maintain order on our streets. While we must protect our ancient right to free speech, what we will never tolerate is the disruption of people's daily lives or the intimidation of our communities. I commend the statement to the House.

Madam Deputy Speaker (Judith Cummins): I call the shadow Home Secretary.

5.36 pm

Chris Philp (Croydon South) (Con): I thank my constituency neighbour, the Minister for Policing and Crime, for advance sight of her statement.

I am sure that we all agree that the right to protest is a fundamental part of our democracy, but the right to protest should never be violently exercised or cause serious disruption to other people. I am sure all of us would equally condemn any form of protest where those guidelines are abused, and support the police in ensuring that protest, where it occurs, is lawful and peaceful. However, these events should be a wake-up call for the Government. It is not just the protesters in Dover and Portsmouth who feel so angry about large-scale illegal immigration. Millions and millions of people up and down this country feel angry as well.

Since the general election, over 80,000 illegal immigrants have crossed the channel, all illegally and all unnecessarily, because France is a safe country—nobody is fleeing persecution in France. Almost 20,000 have crossed this year alone, and 625 crossed yesterday, with more coming in the early hours. Every day when the sea is calm, hundreds of illegal immigrants cross the channel. The numbers this year would have been higher, were it not for rough seas in the past few months. The Government should not be complacent at all. This problem is not solved and I do not think the plan is working, if indeed there even is a plan.

I was on the beaches of northern France just a few weeks ago, waist deep in water as one such dinghy embarked with about 100 illegal immigrants on it, while 10 members of the French gendarmerie nationale, who we pay for—who the Home Secretary pays for—with £660 million of our money, almost all of it unconditional, stood by and did nothing. They could easily have stopped the boat embarking in knee-deep water. After that happened, I asked one of the gendarmes why they did nothing, and he said they were under orders not to intervene. Almost all the French officers are prohibited from preventing embarkations in the water and they do not prevent the migrants getting to the water's edge either. As long as that continues, the crossings will continue as well.

The Minister mentioned return numbers, but what she did not mention is that the return of 6,000 small-boat migrants in the past two and a bit years amounts to only 8% of illegal immigrants crossing the channel. That is to say, 92% of illegal immigrants crossing get to stay. There is no deterrent whatsoever in that. The people who cross illegally are costing billions and billions of pounds to accommodate in hotels and apartments, and then costing even more once they get asylum and start claiming welfare.

The people are angry—not just because of the numbers and the expense, but because of the crime being committed. A few weeks ago, I met Siobhan Whyte, the mother of Rhiannon Whyte, who was brutally murdered by a Sudanese illegal small-boat migrant called Deng Majek. Rhiannon was stabbed 23 times, including in the neck. Numerous rapes have been committed by small-boat illegal immigrants, including the rape of a girl in Nuneaton aged just 12.

The Government are using sleight of hand. They are moving illegal immigrants from hotels into apartments, then granting them asylum on an industrial scale. Just this afternoon, the United Nations High Commissioner for Refugees—hardly a bastion of right-wing extremism, I am sure the Minister will agree—said that Home Office asylum decision making meets its own standards in only half of cases. The UNHCR, no less, said that many illegal immigrants being given asylum do not deserve to be granted that status under the Government's own rules.

A whistleblower in *The Times* today said that only 1% of asylum claims are really genuine. I cannot give all the many examples, in the interests of time, but they cited one example in which apparently hundreds of Pakistani men claimed to be gay, based on a letter from an individual claiming to be the sexual partner of all of them. That is quite clearly fabricated with the assistance of immigration lawyers. When the system is being abused on that scale, it is no wonder that people get angry.

This Government repealed most of the Illegal Migration Act 2023, which prohibited illegal immigrants from ever getting citizenship. If the Minister wants to create a deterrent, I strongly suggest that she reinstitutes that measure. This Government cancelled the Rwanda scheme, which would have seen illegal immigrants getting deported, before it even started. If the Government are serious about fixing this issue and ending public anger, they need to get serious about the measures, leave the European convention on human rights and deport illegal immigrants as soon as they arrive—then people will not be so angry.

Sarah Jones: I thank the shadow Home Secretary for the start of his remarks; I think we would all agree that the right to protest should never be violently exercised. We all agree that it is not just protesters who feel angry about the current system, and we are doing all that we can to bear down on it and change what we inherited.

I know that the shadow Home Secretary was in France—we all saw and enjoyed the videos over the summer. He claims that the weather accounts for the improved situation we find ourselves in. The 43% cut in the number of people coming across on small boat crossings this year compared with last year cannot be accounted for by the weather; that is just a fact, and I hope he accepts that. I also know that he spoke to some land officers, who were not maritime officers—the officers who can enter the water. We have footage, which he has hopefully seen, of maritime officers going into the waters and doing exactly what he wants them to do. I hope he can learn a bit more about what our deal is and what responsibilities we are paying for.

The shadow Home Secretary said that we are just giving the French money without results. He knows that the new deal we have done with the French introduces payment by results for the first time. Under his Government, there was nothing; we were throwing money with no payment by results. Some £110 million of what we give to the French is dependent on their delivering results, which is why we are seeing an improvement. We are also funding more than 1,000 French police—a historic level of funding—and working in partnership with them to ensure that we are doing the things we need to do to stop the small boats from coming and to strip the criminal gangs of their armoury. Germany, for example, where a lot of the boats were being warehoused, has just passed a law to make it an offence to sell them for use in this kind of smuggling activity in another country. We are doing every single thing that we can and pulling every single lever, and the results speak for themselves.

Sadly, I think the shadow Home Secretary is the only person in this place who thinks that the Rwanda scheme would have worked. The rest of us—including, I suspect, people on his own Opposition Benches—have come to

[Sarah Jones]

the conclusion that it was a gimmick and would never have worked. The numbers and the results we have seen over the last two years speak for themselves. In partnership with French law enforcement, we have prevented over 48,000 attempted crossings. That is substantial.

Of course, we have a lot further to go, and the shadow Home Secretary is right to have met the family of Rhiannon Whyte. What happened to her is horrific—nobody would claim anything else—and it is in her memory, and the right thing to do for every single one of our constituents across our country, that we take control of our borders and make sure we have a fair migration system. The Government are doing the hard work of restoring control at our borders. We are seeing progress. We are not complacent—we will continue to work—but I will end where I began, which is by agreeing with the shadow Home Secretary that we must allow the police to exercise the powers they need to exercise to stop thuggish and violent protest behaviour. That is what we are looking at, and if we need to learn lessons from what happened over the weekend, we will learn them. I am working closely with the police, as the shadow Home Secretary would expect, and we will make sure they have the resources they need to do their job.

Mike Tapp (Dover and Deal) (Lab): I thank the Minister for her extremely important statement. As we know, on Saturday, hundreds of masked men, dressed uniformly in black, travelled from around the country to Dover, blocked key roads around Britain's busiest port, intimidated my constituents and caused disruption. This has been described as a "dummy run" by the group. It was not spontaneous; it was well organised. Will the Minister please ensure that the intelligence picture is strong enough that the police can respond accordingly to future incidents? Will the Government also look again at whether the law on face coverings at protests goes far enough?

Sarah Jones: I thank my hon. Friend for his question. I was pleased to be able to talk to him earlier today, and we were in touch over the weekend as well, as the House would expect. As the Member of Parliament for that area, it is absolutely right and proper that my hon. Friend should lead the way in asking for the right lessons to be learned from what happened.

I spoke to Deputy Chief Constable Peter Ayling and Assistant Chief Constable Nicola Faulconbridge today, and they took me through the order of what happened and how it happened. It was a no-notice protest—with a lot of a protests in this country, the police are told in advance, and can then think about whether they want to impose conditions and what those conditions should be. This was a no-notice protest, in the sense that the police were not told about it. Clearly it was planned, and clearly it was people from outside the area coming in and causing chaos.

Of course, we need to learn whatever lessons we need to learn when it comes to intelligence. Since the 2024 riots, we have beefed up the structures around the national co-ordination of protests and intelligence sharing, giving us a stronger capability to look across the internet and see what we can find out there. There is more co-ordination, and the offer of mutual aid worked very well this weekend, as it always does. However, I will of course listen to any intelligence that my hon. Friend has, and we will make sure we learn the lessons.

Madam Deputy Speaker (Judith Cummins): I call the Liberal Democrat spokesperson.

Max Wilkinson (Cheltenham) (LD): How is that far-right thugs in balaclavas were able to close Britain's busiest port without the police receiving any prior intelligence? How is it that an apparently separate group with some commonalities was then able to blockade another site the next evening? Will the Minister tell the House whether she will review why the police were caught off guard? More shockingly still—or perhaps just as shockingly—no arrests have been reported. People have drawn comparisons this weekend with the hundreds of sign-holding protesters who have been arrested since July 2025 on other protests. Can the Minister understand why people are confused by the difference in approach? Can she also answer questions from Portsmouth Liberal Democrat council leader Steve Pitt about the lack of local consultation on identifying appropriate landing sites? That is a key question that needs answering, because it clearly caused problems in Portsmouth.

Britain's transport infrastructure cannot be left vulnerable to far-right mobs. It is a disgrace that this weekend, Reform MPs took to social media to fan the flames alongside people like Musk and Robinson. It is a disgrace that Members of this House support such vigilante action. It was the decision to leave the European Union, championed by those Reform Members and their allies in the Conservative party, that created the small boats crisis in the first place. We will only get a safe and controlled asylum system in line with British values if we join the EU migration and asylum pacts. That will also save taxpayers' money. The Government are paying at least £500 million for a three-year agreement with France. More money will follow when the agreement is struck with Belgium. The UK's contribution to join that pact, which would bring order and safety to the asylum system, would be significantly less than what we are currently pledging to pay in those agreements. Joining the pact must be top of the agenda when the Prime Minister meets EU leaders later this year.

Sarah Jones: The hon. Gentleman asked about the lack of intelligence. It would not be appropriate for the Government to comment on specific intelligence matters in these cases, but we are of course looking at all decisions that were taken, and we will learn any lessons. The two events happened on consecutive days, and there was crossover in the online activity, but they were very different. One was clearly organised by a group called the South-East Patriots, which I think is part of Patriot Platform, which is a kind of far-right racist platform. That was clearly organised, whereas what happened in Portsmouth was a response to a series of events that led to this boat having to dock at Eastney marina. It will have been a mix of local people who were concerned and bad actors who were whipping up activity online and responding in kind. They were two separate events, but we will learn any lessons that we need to.

The hon. Member asked about the landing site and why it was picked. We are making sure that we understand what exactly happened, but taking a step back, Members

will have seen a bit of a trend towards people leaving France further to the west. We are looking at what that means and making sure that we are responding in the right way and that enough resource is going into that. We have pushed some of that resource from the French police down the coastline, but we will be monitoring these things.

Amanda Martin (Portsmouth North) (Lab): This is a sad day for Portsmouth. My city saw peaceful protests turn into disorder last night with people coming from outside the city, some wearing face coverings, to intimidate those working on land and sea and to damage police vehicles. This morning, I spoke with residents, including one elderly resident who attended the protest because she felt so strongly about it. She and so many others are angry and worried about small boat crossings into the UK. They are now on our doorstep, and that resident has every right to protest peacefully, but she and I agree that that cannot extend to criminal behaviour.

I have heard the Minister's statement today, and I welcome the Government's progress, but more must be done, and the emergence of these new routes in larger boats is deeply worrying for my city. What more are the Government doing to stop the boats and tackle the vile criminal gangs behind them? Will the Minister come to Portsmouth to listen to residents and stand firmly against those who come to our city to cause trouble, intimidate communities, stir up hatred and put our emergency services at risk and further pressure on our borders?

Sarah Jones: I thank my hon. Friend for the work that she is doing, and I also pay tribute to my hon. Friend the Member for Portsmouth South (Stephen Morgan), who is in his place today, but cannot speak as he is a Minister. I have spoken to him about the conversations he has been having with local businesses, local individuals and the local police. My hon. Friend the Member for Portsmouth North (Amanda Martin) is absolutely right that there were people who were concerned about what they are seeing, but they are very different from the kind of racist, far-right thugs that we also saw over the weekend. It is important that we distinguish between the two.

My hon. Friend asked what more we are doing, and I have listed the improvements we are making in terms of the National Crime Agency, the intelligence we are gathering, and our ability to go after the criminal gangs. We also need to do more to reduce the incentives for people to come into the country. The asylum grant rate, which is a statistic that I have not mentioned yet, has fallen from 77% in 2022 to 38% this year. That is another marker of progress, and we are reforming the asylum system more widely. Last November, the then Home Secretary set out the reforms that we are working through. We have had a consultation on the standard qualifying period for most migrants. All these things are all part of trying to create a fair system that does not incentivise people to come here from France.

Madam Deputy Speaker (Judith Cummins): I call the Father of the House.

Sir Edward Leigh (Gainsborough) (Con): If the centre does not take action, nasty extremes will take over. The fact is that we are in acute danger. These people can now launch from anywhere on the north French coast and are escorted to our shores. Frankly, we are being invaded, and the public are completely fed up. There is only one solution, and that was put to the Minister by the shadow Home Secretary. There is no deterrent. They know they will not be deported. We have to get out of these outdated conventions, detain immediately and deport immediately. Will the Government take action?

Sarah Jones: With the greatest respect, I do not know if the right hon. Member was saying, "Frankly, we are being invaded" when his Government were in charge, when the number of people coming into this country was at an all-time high. When the shadow Home Secretary, my neighbour from Croydon, was in the Home Office, net migration was at an all-time high. The boats are down by 43% from last year to this year. *[Interruption.]* The Father of the House shakes his head, but that is just a fact.

Sir Edward Leigh: They are still coming!

Sarah Jones: They are still coming, but they are coming at a 43% lower rate than they were, and the action we are taking is ensuring that we will keep going and keep building on the success we have had. We have the increased police resource in France, the changes to the asylum system and the way we are getting through the case backlog so that we can remove people from this country who have no right to be here or are foreign national offenders. All those things add up so that when the criminal gangs are looking at where they can make the most money, they think, "No, the UK is not somewhere where we can easily make money. We will not do this crime, and we will move on to something else, somewhere else." We are pulling every single lever that we can. With the greatest respect, we are having a lot more success than the right hon. Gentleman's Government.

Richard Quigley (Isle of Wight West) (Lab): I am sure that the Prime Minister will be glad to hear that the good weather is now attributable to a Labour Government. I pay tribute to the brave men and women of the RNLI who put themselves out to sea to save lives without fear or favour. The Isle of Wight salutes them all, unlike the masked bullies in Portsmouth. Lots of misinformation has happened over this weekend regarding the Isle of Wight. As we do not have the infrastructure, and cross-Solent transport is an issue for us, can the Minister confirm that there are no plans for an asylum centre on the Isle of Wight?

Sarah Jones: The RNLI does an incredibly difficult job in dangerous circumstances, and we are grateful for the work that its people do. I am also grateful to my hon. Friend for making that point in this House. As for any of the plans going forward, we are reducing the numbers and we are reducing the hotels, which are massively down. We are reducing the incentives for people to come here, and we are making sure that we are removing people as quickly as possible. I am sure that the Minister responsible would be happy to have a conversation with him, but our direction of travel is to reduce the numbers to a much more manageable level, so that we have control of our borders.

Dame Caroline Dinenage (Gosport) (Con): Yesterday afternoon, MPs across the Solent region were scrambling for reliable information with complete radio silence from the Home Office. As a result, we were not in a position

[Dame Caroline Dinenage]

to calm fear and tension. We still know very little about this extraordinary mega-dinghy turning up on our shores. This is not just west a little bit from Dover; this is halfway down the south coast. Will criminal gangs launch more small boats in the direction of Hampshire? Will the Minister share that intelligence with coastal MPs? Where was the intelligence on this incident? Can she also answer claims that the police were not properly resourced? More than 140 officers were dragged away from our communities and from communities as far away as London to police and deal with this incident. Can she please assure us that such incidents will be dealt with better in the future and that she will be doing everything to ensure that it does not happen again?

Sarah Jones: I appreciate that the hon. Lady will have been concerned over the weekend, as a local member of Parliament. I am always there, if she wants to contact me, and if she is struggling to get through to anyone, I am happy to give her my number and to have another chat about this. Obviously, this was a moving picture, and it is not always possible for the police dealing with an incident to respond in a way that one might want.

The hon. Lady asked whether attempts to land further down the coast were an emerging problem. We are aware that, partly because we are making it harder for people to launch boats from "traditional" places, they are starting to launch them further west along the French coast. There is no evidence to suggest that they particularly want to land anywhere that would not enable them to get to Manston, which is where they would normally go, but we will of course totally keep all this under review.

The force was given the mutual aid that it asked for. There were several forces around, and in the end, the people causing the problem were dispersed. It is not uncommon for forces to offer mutual aid. For instance, when problems arose in Cleveland in recent weeks, 600 officers went in, through mutual aid. If I may make a slightly wider point, I think that makes the case for reform—[Hon. Members: "Hear, hear!"] Not that Reform; reform of policing. If there was a national police service, which we are introducing, agencies would be working together much more closely, because they would be part of the same organisation. Rather than relying on mutual aid from other forces, everyone would be joined up and sharing intelligence, which I think would be a better system.

Madam Deputy Speaker (Judith Cummins): Order. Given that we have such a tight schedule tonight, could the Minister shorten her answers a bit?

Apsana Begum (Poplar and Limehouse) (Lab): We have seen pogroms in Belfast, riots in Southampton, and then, of course, the chilling incidents in Dover and Portsmouth over the weekend. What is difficult to contend with is that this appears to be becoming more frequent and normalised. We cannot normalise the activities of organised far-right gangs. Will the Minister condemn the racism that was at the core of the activities and actions that took place this weekend? What can she say to those who cover their face for religious, health or work reasons, and who will be feeling particularly vulnerable at this time, about the Government and police response?

Sarah Jones: My hon. Friend is right: we cannot normalise this kind of behaviour, nor will we. It would not be right for any Government to do so. What we saw in Dover involving Patriot Platform, a far-right group engaging in a lot of racism and thuggery and disrupting people's daily lives, cannot be tolerated. Of course, we will always ensure that the police have the resources that they need. We recently legislated for new powers for the police to insist that people remove their face coverings at protests, but, of course, when people are going about their daily business, it is absolutely fine to wear them for religious reasons, and that will continue.

Alan Mak (Havant) (Con): No small boats arrived on Hayling island or in any other part of my constituency yesterday. Nevertheless, residents are concerned, and agree with me that anyone who enters the UK illegally should be deported within a week and banned from claiming asylum. Does the Minister also agree, and will she and the Home Secretary meet me, and other Members on both sides of the House, to explain the police and Home Office responses, and why Labour has lost control of our borders?

Sarah Jones: As I have said, Labour is doing the hard work of restoring the control at our borders that was lost under the last Government. We have made progress, and we will continue to do everything we can to ensure that we have that control and have a fair system, and to ensure that those who are genuinely claiming asylum are given a safe haven on our shores, as we have done for many years. However, we will also reduce the incentives for people to claim asylum here, rather than in other places, and we will make sure that we regain that control.

Sojan Joseph (Ashford) (Lab): The protest on Saturday caused widespread disruption across east Kent. It affected not just Dover residents and people travelling to the port, but communities further along the A20 and the M20, including those in my constituency. Some Opposition Members have failed to condemn the mob mentality. Does my hon. Friend agree that while we should always uphold the right to lawful and peaceful protest, the intimidating and unacceptable behaviour that we witnessed over the weekend was completely un-British, and should be condemned by everyone who genuinely values freedom of expression and the rule of law?

Sarah Jones: Of course disruption was caused well beyond the immediate protest, because of the nature of the roads and the protest on the A20 and the surrounding roundabouts. That had a huge impact; a great many people wanting to go about their business were unable to do so. The police response, however, was good. The protest started at 7.30 am, and well before midday the protesters had been dispersed. The police established a gold command structure, as they do in such cases, declaring a major incident and ensuring that the protest was stopped. However, this behaviour is very disruptive, and the wearing of masks is clearly intimidatory. We will do everything to ensure that the police have the powers that they need to stop such protests.

Suella Braverman (Fareham and Waterlooville) (Reform): I was in Portsmouth harbour this morning, near Eastney marina, speaking to local people in Fareham and Waterlooville. This is the message that they wanted me to send the Government. They are terrified, furious and desperate. They are not far-right racists. Only last week,

a migrant man was arrested on suspicion of raping a 14-year-old boy in the area, and what are the Government doing? They are handing out leaflets to illegal migrants, asking them not to rape British girls and women. The Government's response has been, frankly, pathetic.

Given that these are unlikely to be the last illegal migrants in Portsmouth, I have two questions for the Minister. Will she give the House a guarantee that in no circumstances will a migrant processing centre, temporary or permanent, be established in Portsmouth? What assurance can she give me that the national security of the naval dockyard in Portsmouth will be maintained, given that the invasion has now reached Hampshire?

Sarah Jones: Of course people are scared and angry about the fact that, as they see it, the borders are not secure. As the right hon. and learned Lady will know from her time in the Home Office, we have come some way since then, and have improved the system significantly. More than 1,000 boats and engines have been seized, system-wide arrests are up by 70%, 48,000 crossings have been prevented, there has been a 40% increase in French boots on the ground, and we have increased surveillance technology. There has been a huge 42% drop in the number of boats coming over, and we have removed more than 80,000 illegal migrants and foreign criminals. People are right to express a view, and it was disingenuous of the right hon. and learned Lady to suggest that I was calling those people racist, when I had made it very clear that there were people in Portsmouth who were concerned, and that local residents were coming out because they were angry. We have heard about that, and the actions of those people are very different from those of the racist thugs we see in other places—and who were there as well—and from the whipping up of hatred online. We will continue to bear down on illegal boat crossings.

Let me pay tribute to Kent and Hampshire police. Kent police dealt with 1,300 calls to 999 on Saturday, and Hampshire police dealt with 1,000. While these incidents were going on, a lot of work was being done to keep us safe across the counties.

Tom Hayes (Bournemouth East) (Lab): We should be opposed to gangs wherever we find them, whether they are gangs of smugglers or mass gangs in Southampton and Dover, and I wish that this House was a little more united in its resolve to oppose both types of gang. Peaceful protest strengthens our democracy; what weakens our democracy is intimidation and the abuse that we have seen. This Government passed the Crime and Policing Act 2026 because we wanted to tackle concealment linked to criminality. Those powers apply in police-designated areas where protest is happening under certain conditions. In Southampton and Dover, we clearly saw concealment linked to criminality in non-police-designated areas. Will the Government consider extending the parameters of the 2026 Act to tackle that?

Sarah Jones: We keep all legislation under review when it comes to public order, and there is a big piece of work that Ken Macdonald—Lord Macdonald—has done for us, which we are considering. There are other powers on face coverings in the Criminal Justice and Public Order Act 1994, but we will always look at these things.

Joe Robertson (Isle of Wight East) (Con): May I pay tribute to the brave lifeboat volunteers from Bembridge, on the Isle of Wight, who responded to the migrant crossing yesterday?

The Isle of Wight is more than just a little bit west of Kent. This is a really concerning development, a potential failure to contain the geography of small boat crossings. The Minister likes to talk about the reduction in numbers, but what assessment has she made of this potential new development in where people smugglers are willing to operate from? In this case, they travelled across 80 miles of open water. What is she doing to ensure that resources are targeted properly not only in France, but on the south coast, so that local communities like those on the Isle of Wight and in Hampshire can respond to this, which is something that they have not seen at scale before?

Sarah Jones: We are keeping all these things under review. There is no intelligence to suggest that people who leave France from further west want to land anywhere other than where they normally do, but we keep all these things under control. Today I have spoken to multiple people at the National Police Co-ordination Centre and in Border Force, and to the police more widely, and these things are kept under review. There is no evidence of what the hon. Gentleman suggests, but the criminals are being disrupted over here, and we know that they will try to change tactics. However, there is no evidence at the moment about where they are trying to land.

Kim Johnson (Liverpool Riverside) (Lab): The far right and the British fascists reared their ugly heads on the streets of Dover and Portsmouth this weekend. The protests were allegedly spontaneous, but hundreds of people were mobilised. They were dressed as fascists of the past, hiding their identity. Their behaviour was not just thuggish and intimidatory; it went far beyond that. Their protests were about hate, division and racism. Even though the police had powers, the protests went largely unchecked. Can the Minister tell us why there appears to be a two-tier system? If people sit quietly with a banner, they get arrested, but if they are masked up and attack the police, no arrests are made.

Sarah Jones: There was no two-tier policing in this situation. My hon. Friend is right to say that if people hold banners supporting a proscribed terrorist organisation, they will get arrested, and she is right to say that the protests were not spontaneous. The Dover incident was obviously planned, and was obviously a tactic by a nasty organisation called Patriot Platform or South-East Patriots—I think it calls itself various different things. No notice was given to the police—that is why it was described as "spontaneous"—but it was clearly planned and intended to be intimidatory. I have talked to the police today, and I know that they are reviewing the closed-circuit television footage, the automatic number plate recognition data and all the evidence to see where criminality has occurred, and they will take action where it has occurred.

Pete Wishart (Perth and Kinross-shire) (SNP): The sight of massed far-right thugs causing mayhem and disruption on the English south coast was as nauseating as it was frightening, and it was so reminiscent of a dark

[Pete Wishart]

period in our history that we thought was long behind us. Does the Minister agree that the growth of the far right is the most dangerous development in our politics, and if so, when will the Government start to take it seriously? There were no arrests at all over the weekend, and there is no real challenge to the disinformation that the far right puts out to all our communities to cause this disruption and division. When will this Government stop pandering to this right-wing agenda?

Sarah Jones: We are not pandering to the right-wing agenda at all. The police will come down hard on criminality, as we would expect. No one was arrested in Dover on Saturday, or in Portsmouth, but as I just said, the police will review all the evidence from the weekend. Where crimes have occurred, they will make the appropriate arrests.

Lizzi Collinge (Morecambe and Lunesdale) (Lab): At the weekend we saw masked men, dressed all in black, block roads, block a port and intimidate people in Dover and Portsmouth. We know that a large proportion of the people arrested at other disorderly anti-migrant protests had already been reported for domestic abuse. In fact, the leader of this weekend's protest, Danny Thomas, spent two years in prison for trying to kidnap someone at knifepoint. Does the Minister agree that this is not about a legitimate policy debate? The men who decide to come out in balaclavas are not driven to thuggery by political passion; they simply like violence and intimidation, and they should not be given the fig leaf of political legitimacy that some people in this place wish to give them.

Sarah Jones: I agree that we should not give them political legitimacy. Of course, there are well-known connections between violent men and the types of violence they inflict, and it is not always in one area; it can be across lots of different behaviours—sexual violence, domestic abuse and the rest. We have no truck with these awful groups, and the gentleman to whom my hon. Friend refers seems particularly awful. Of course, the police will do what they need to do. They need to disrupt and remove the protesters so that people can go about their business, and in both cases that is what they did. We will ensure that we learn lessons and that arrests are made where they need to be. From the conversations that I have had today with the police about their response, it is clear that they were proportionate and managed to get the result that we wanted, which was the removal of the protesters and enabling people to go about their business.

Sir Alec Shelbrooke (Wetherby and Easingwold) (Con): I am grateful that it is the Policing Minister who is making this statement. I have spoken to North Yorkshire police, and there is a proposal for RAF Linton-on-Ouse to be made into an asylum centre. The trouble is that calling it an "asylum centre on a military site" does not paint what it is. It is just a mass hotel, because people are free to come and go, and they will all be men. The Home Secretary said in a statement that she would not allow an asylum hotel anywhere near a primary school or a nursery, but within 300 metres of the entrance to the base is a primary school and a nursery. North Yorkshire police have made it clear that they would find it exceptionally difficult to constantly police protests, and these protests are coming from far and wide. Given the change to the way that protests are happening, the fact that North Yorkshire police would find it very difficult to police them, and the fact that there is a primary school and a nursery close to what would be a mass hotel for 1,500 people, can the Minister confirm that it is still the policy of the Home Secretary that she will not open such hotels near schools and nurseries?

Sarah Jones: I suspect the right hon. Gentleman has already had conversations with immigration Ministers about this particular case, and I suspect he is making the same arguments to them. I would not want to get in the way of that, and I am sure the relevant Minister would be happy to have those conversations. We need to bear down on the overall number of arrivals, which is what we are trying to do. We are not just closing the hotels, but reducing the number of arrivals and reducing the incentives for people to come in, which is why we are introducing the raft of policy interventions that I spoke about earlier.

Kevin McKenna (Sittingbourne and Sheppey) (Lab): I commend the Minister for managing to handle two really difficult challenges that are facing the country at the moment. First, the small boats crossings are obviously very concerning to people in Sittingbourne and Sheppey, as they are to many people in Kent. It has not escaped my notice that the protest in Dover at the weekend happened at a time when the boat crossings are falling. The second challenge is the increasing far-right activity. We have had uniformed thugs on our streets who have been organising relentlessly behind the scenes and publicly on Facebook, and we have to come down hard on it.

I would like to ask the Minister two things. First, we have seen this before—this is not the first time that the country and other countries have faced this. In the 1930s we banned uniformed political parties and uniformed political activists. Obviously we now wear slightly different clothing from what was worn back then, so has the Minister looked at how we can update the law to address these thugs and make sure that it is fit for purpose in the modern world?

Secondly, the local independent news outlet *Kent Current* reports that these thugs were mustering in nearby villages the night before the incident in Dover. Local people picked this up and had been reporting it, but that seems to have been missed. Can the Minister look at that and make sure that intelligence from concerned people on the ground in Kent is also factored in?

Sarah Jones: As I said earlier, I cannot comment on the intelligence situation of what happened with these two incidents, but we will of course learn lessons. What we knew in advance, and what was or was not done about that, will be a very important lesson for us to learn. As well as the intelligence that the local police are able to gather, we now have the national co-ordination of the NPCC, which has extra resources for things such as internet intelligence investigations. We can reach further and co-ordinate better than we could before, but I am sure there will be lessons to learn. I will take away my hon. Friend's question about the uniform of political parties.

Vikki Slade (Mid Dorset and North Poole) (LD): Over the past year or so, Poole has seen planned protests by groups calling themselves patriots that have been

travelling to the town and specifically targeting the RNLI headquarters because they, like firefighters and other emergency crews, rescue those at sea without fear or favour. Concerns have been raised with me that no arrests were made this weekend, despite serious intimidation, injuries to the police and criminal damage, in sharp contrast to the treatment of elderly people holding placards. What message does it send to our brave RNLI rescue crews if the police stand aside during these events while they put their lives at risk day and night?

Sarah Jones: As I have said, any lessons we need to learn from these cases will be learned. However, I know from conversations I have had that the police were dealing with an emerging problem in quite a difficult geographical area, particularly in Portsmouth, with one road going in and out. The police had a lot of vulnerable people—I am speculating about their physical health, because I have not yet had a full briefing, but I suspect they were having to deal with hypothermia and all kinds of issues—and they were having to deal with an increasing number of about 200 people protesting. They definitely had to use batons and other interventions, so that may not have been the right point at which to arrest those people, but there will be investigations, with CCTV. So I genuinely ask the hon. Member not to draw any conclusion from the fact that no arrests were made at that point, because there may well be arrests. The police have to do the right things at the right time and in the right order, and in that emerging difficult situation, they may have taken a decision to do those things for the safety of everyone there and to turn to investigations afterwards.

Brian Leishman (Alloa and Grangemouth) (Lab): When a Reform UK councillor says that Nigerians should be "melted down to fill in the potholes", and an ex-Reform councillor had to resign because they used racial slurs against a black family, I am disgusted at their overt racism. Does the Minister agree with me that the racist Reform UK and the ethno-nationalist Restore Britain are contributing to the scenes we have seen in Dover and Portsmouth?

Sarah Jones: Anyone who is whipping up this kind of activity and breeding racism is to be condemned. I notice that other Reform MPs are bobbing to ask their questions, so perhaps one of them could address the issue of the Reform member who wants—I am sorry, but I hate even to repeat the words—to see Nigerians melted down. Perhaps one of the hon. Members would like to respond.

Lee Anderson (Ashfield) (Reform): The Minister said that there was a lack of intelligence in Dover, and I am sure she was not referring to the local MP—the hon. Member for Dover and Deal (Mike Tapp)—but is she aware that, since this illegal invasion started, hundreds of young girls have been raped in our country? We have had an 80-year-old man raped, a young girl in Ashfield raped and a 14-year-old boy raped, so does she understand why people in this country are so furious and taking to the streets? Does she understand?

Sarah Jones: First, just to clarify, I do not think I said there was a lack of intelligence; I said I did not want to comment on the intelligence—there is a difference. In the case of Dover, the police had not been informed of the protest. That is not to say there was not intelligence that I cannot comment on or would not know about. I just want to be clear about that, as that is different.

Of course, all crimes need to be punished. We need to ensure that people who commit vile sexual and violent offences go to prison or, if they are not from this country, are deported, and that is what we are doing. The number of foreign national offenders being sent home and the number of people who have been turned down for asylum and are being sent home are significantly up on when the Conservatives—the hon. Member's previous party—were in power. We will continue to do that, but of course that is not to say that we are not intensely sympathetic and sorry for people who have been victims of awful crimes.

Jeremy Corbyn (Islington North) (Your Party): Will the Minister give us an assurance that the Home Office will turn its attention to the growth of far-right organisations across the country and the racist activities they undertake? The people who arrived in Dover and Portsmouth behaved in a violent, disgraceful and racist manner, including abusing RNLI volunteers. Will she also recognise that the plight of refugees all across Europe is a serious human rights disaster, and we do need co-operation between all Governments across Europe to ensure that we deal with this in a decent and humane way, and not allow people like these Reform Members sitting in front of me to just routinely abuse anyone who is trying to seek a place of safety?

Sarah Jones: There are of course very difficult issues of people who are fleeing war and conflict, and I say to the shadow Home Secretary and everyone else here that we in this country have an honourable tradition of being a place of safety, which must continue. The issue we have seen in recent years is that, when the Conservatives were in power, anybody who came in was not dealt with, was not turned around and was not returned. So the criminal gangs understood that when people come to this country, nothing happens and they get to stay here forever, regardless, and they make money from that vulnerability. So we are trying to improve the system, and improving the system is not a lack of compassion; it is exactly the opposite.

Robert Jenrick (Newark) (Reform): The sight of the Government escorting illegal migrants into Portsmouth harbour, the home of the Royal Navy, was a national humiliation. Sometimes I wonder whether Members of this House have no appreciation of the level of anger there is in the country at the rapes, the murders and the billions being wasted that should be being spent on the British people. Will the Minister put the Royal Navy in the channel today to escort those illegals to France? As Reform proved on Saturday, that is operationally, legally and now diplomatically possible. It is a matter of political will.

Madam Deputy Speaker (Ms Nusrat Ghani): Order. Minister, can you please keep your answers short, and will Back Benchers please make sure their questions are short too?

Sarah Jones: There is absolutely nothing that the Government have said that would suggest we do not understand the level of anger about the state of the country in which the right hon. Gentleman left us, and we have a big job to do. We of course understand the level of anger, but this Government are doing the hard work of restoring control at our border and fairness in our migration system, and no rhetoric from the right

[Sarah Jones]

hon. Member—who does not have a leg to stand on, given his own personal involvement in the situation we find ourselves in—is going to stop us.

Siân Berry (Brighton Pavilion) (Green): I thank hon. Members who share my disgust at the sight of intimidating, fascistic gangs and squads of men in black on our streets in Dover and Portsmouth, but the roots of organised violence are political and this needs a political response. So does the Minister agree with me that it is time to start naming hard-right and fascist politics when we see it, recognise how frightening this is for people in our communities, and stand up to the racists on our streets and here in the Chamber, rather than pandering to, repeating and accepting anti-migrant propaganda and lies.

Sarah Jones: I thank the hon. Lady for the question, but I just disagree with her analysis. I think I have been very clear in calling out the racism we have seen. I have been very clear and straightforward in saying that, where criminal activity has occurred, the police should use the full force of the law. We have named far-right actors in this place today. If others do not do so, that is a matter for them, but thank goodness they are not in government currently. We will do everything we can. We can call out racism and call out the thuggery we have seen, while also accepting the anger that individuals feel about our borders, and the two are not incompatible.

Sarah Pochin (Runcorn and Helsby) (Reform): While we condemn any violence against the police, we cannot ignore the deep public anger, frustration and outrage over the illegal migration now seen across Britain. No one voted for this, yet the boats keep coming and they are no longer small. Will the Government finally declare a state of emergency in the English channel?

Sarah Jones: No one voted for it multiple times, when they elected a Conservative Government promising to stop the boats, which did not happen. The number of people coming over this year is down 43% on last year so far. That is real progress. Is it enough? No. Will we go further? Yes.

Sammy Wilson (East Antrim) (DUP): It is a sad state of affairs when ordinary people feel compelled to take direct action against illegal immigration into our country as a result of successive Governments failing to stop the invasion of our country by illegal immigrants, aided by criminal gangs. Does the Minister not recognise the part that her Government continue to play in perpetuating the problem by housing those who come, by providing them with better health services than some people in our country can access and by setting such a low standard for asylum criteria that 92% of them stay? Would it not have been better to put the people back on the boat—

Madam Deputy Speaker (Ms Nusrat Ghani): Order. I call the Minister.

Sarah Jones: The proportion of people being granted asylum has shrunk massively in the last few years, and we have removed more than 80,000 illegal migrants and foreign criminals from this country. We are improving the system and making the changes we need to make, and we will continue to do so.

Mr Adnan Hussain (Blackburn) (Ind): Does the Minister acknowledge the seriousness of what we are now witnessing: organised militia-like groups of masked men taking to the streets, stopping cars, confronting members of the public and leaving ethnic minority communities terrified in their own towns? Will she plainly say what action, if indeed any, will be taken against these vigilante groups? What responsibility does she believe politicians in this House bear when inflammatory claims of an invasion translate into terror on our streets, racial fear, intimidation and street vigilantism?

Sarah Jones: It is not appropriate for me to comment on the intelligence and the situation, and who is or who is not going to be charged with these two incidents. We do not know enough at this point. The police are operationally independent for good reason and politicians should not be involved in that day-to-day process. Are we looking at the threats that we face in this country, of which there are many? Of course. Is the Home Secretary alive to all of those threats and doing everything she can with all the levers at her disposal? Absolutely.

Ayoub Khan (Birmingham Perry Barr) (Ind): One image in 2015 changed public opinion. It was of a toddler, Alan Kurdi, a two-year-old whose frail body washed up on the shore with his face buried in the sand. That changed public opinion, because as humans—and as a nation—we are compassionate. Some 250,000 Ukrainians came into this country, and we allowed them to utilise our services, but there seems to be selective outrage in this House. Does the Minister agree that we need proper safe routes that can prevent the exploitation by criminals and allow those who are desperate and fleeing war-torn areas sanctuary in this nation?

Sarah Jones: On the one hand there is selective outrage, whataboutery, "let this sink in" and all the nonsense that people put on social media all the time. At the same time, there is a significant problem that we have to deal with. The two are true. We have to deal with the control at our borders, and we will bear down on that control to make sure we have what we need. At the same time, where there are malicious actors stirring up hatred and division, we have to—I would hope this House would—come together to promote the unity, solidarity and the compassion of which he speaks.

Economic Growth

6.34 pm

The Chief Secretary to the Treasury (Emma Reynolds): With permission, I will make a statement on the Government's plan to deliver good growth in every postcode.

At the G20 in North Carolina last week, the Chancellor and I met Finance Ministers from leading economies to discuss our shared economic challenges. Global instability, conflict and trade frictions are continuing to drive up inflation and interest rates around the world. While these shocks are international in nature, their impact is also being felt here in the UK—from the cost of the weekly family shop to the cost of Government borrowing.

Britain has shown resilience in the face of these pressures and the economy is now turning a corner: our growth was the fastest in the G7 in the first half of this year, Government borrowing fell to its lowest level in six years last year and interest rates have been cut six times since the general election. We are building on our strengths—our world-class universities and our world-leading sectors, such as life sciences, defence, technology, creative industries and financial services—and, because of the choices that this Labour Government have already taken, we are in a stronger position today to capitalise on the opportunities for growth across our economy.

In the context of a more uncertain world, we must continue to make responsible choices. Fiscal discipline will underwrite every promise this Government make. Both the Prime Minister and the Chancellor have made clear their commitment to meeting the fiscal rules, with a buffer against uncertainty. We will address the long-term pressures on our public finances to put debt on a sustainable downward path. As the Chancellor said earlier today, there is nothing progressive about spending £1 in every £10 on debt interest.

In his statement to this House last week, the Prime Minister laid out a clear diagnosis of what has gone wrong in our economy: political power was centralised, the economic fundamentals were privatised or outsourced, and our country was de-industrialised. The solution is a fundamental shift in the way our country works. No. 10 North and the Treasury are working together to build a stronger, more strategic centre of government and a more active state. Together, we will support the ambitions of local leaders and exert public influence and direction over the essentials, including transport and housing. We will devolve power and resources to local leaders. London is of course an economic powerhouse, but if our city regions could emulate the success of second cities in France and Germany, growth in our country could be transformed.

The Chancellor has instructed public investment institutions to focus on regional growth. To build on our high growth areas, the Oxford-Cambridge corridor and the northern growth corridor, he has today announced a new £150 million northern scale-up fund, delivered by the British Business Bank, to back the most innovative and fast-growing firms from Liverpool to Newcastle. The new Northern 500 will also bring together 500 of the north's most ambitious mid-sized businesses into a single growth community, focused on scaling, investment and productivity. The National Wealth Fund will establish new strategic partnerships with South Yorkshire, the Liverpool city region, the north-east and Cardiff, giving those areas support to build their investment pipelines. At the Budget next month, the Government will go further, with a road map for fiscal devolution—a permanent transfer of power and resources from Whitehall to our regions. This plan will drive economic growth and productivity in three key areas: supporting investment, boosting innovation and getting more people into good jobs.

First, I will turn to investment. Business investment has increased by nearly 5% since the general election, but in a highly competitive world we must do more to reduce the barriers that firms face. The Government will tackle the thicket of consultation, litigation and administration that is holding up private investment, including by extending our reforms of judicial review from energy to all major infrastructure. We will bring an end to the consultation culture across Government, supported by new guidance from the Attorney General on legal risk to give Ministers confidence to make decisions. As the Chancellor has set out, we will make further changes to the Treasury's Green Book, reducing the discount rate from 3.5% to 3%, to ensure that the Treasury rulebook does not go against key regional infrastructure projects and that places across the country get a fairer hearing in spending decisions. Work is already under way to progress place-based business cases in Plymouth, Birmingham, Liverpool and Port Talbot, and at the Budget we will publish guidance to allow more areas to do the same.

The second driver of growth is innovation. The UK has a fantastic record on innovation. We are world leaders in frontier technologies, quantum computing, nuclear fusion, space technology and AI. But too often, ideas born here have to go elsewhere to find the capital they need to scale. Today we are setting out a new ambition to double the number of unicorns in this country. The Government will identify and back these high-potential firms, providing them with the necessary capital to scale. New cross-economy sandboxing powers will also enable firms to test frontier technologies safely. Building on the important work already taking place in defence and sovereign AI, the Chancellor will work with Government Departments to earmark new, dedicated funds to back British innovation.

The third vital driver of growth is jobs. Our objective is to get more people into good, highly skilled jobs, and to make the most of the untapped talent that exists across the country. That is why, two weeks into office, the Prime Minister set out a bold new plan to transform technical education, and why, this autumn, Alan Milburn will set out his full recommendations to Government on how to address the blight of youth unemployment. This is our moral duty—not only our fiscal duty—because it cannot be right that so many young people are stuck on benefits.

The plan for growth is underpinned by fiscal discipline. It will hand power to local leaders and unlock the potential of our regions. It will build a strong, strategic centre of Government and enable greater public direction and influence over the essentials. It will back British business, goods and exports, creating wealth and prosperity in all parts of the country. It is a plan to build hope and optimism across our economy, and to drive good growth in every postcode. I commend this statement to the House.

Madam Deputy Speaker (Ms Nusrat Ghani): I call the shadow Chief Secretary to the Treasury.

6.41 pm

Richard Fuller (North Bedfordshire) (Con): I thank the Minister for her statement and for early sight of it. On a day when the country was listening for a message of change, it was the same old, same old: a continuity Chancellor, with continuity policies and a continuity team of Ministers in the Treasury. Does the Minister recognise the harsh irony that—given the Government could find plenty of money to hire 14,000 more civil servants in SW1—the Chancellor chose to go to the west midlands, just a few miles away from Jaguar Land Rover, but had nothing at all to say about it?

The Minister talked about Government borrowing falling to its lowest levels, but I wonder: can she also talk about the cost of Government borrowing? Can the Minister confirm that the cost of Government borrowing for 30 years is now at its highest rate for 28 years? The Minister talks about there being nothing progressive about spending £1 in every £10 on debt interest—well, amen to that—but why then did this Government choose to increase borrowing by £500 billion over the course of this Parliament? The Minister talked about the northern scale-up fund, which is an interesting initiative, but can she advise us who will be making the investment decisions and assure the House that they will not be subject to political direction?

The Minister talks about a National Wealth Fund with new strategic partnerships and a permanent transfer of power and resources from Whitehall to the regions. Did she listen to the Secretary of State for Housing, Communities and Local Government say that local government reform is on hold? Can she confirm to the House what proportion of the country will qualify under that measure to be part of Labour's largesse? My fear is that many parts of the country will not.

The Minister did talk, smartly, about removing the thicket of consultation and looking at judicial review and the consultation culture. The Opposition will be supportive of measures that she comes forward with in that regard. But then, after a brief moment of common sense, the Minster talked about reducing the discount rate from 3.5% to 3%. Can she confirm that the cost at which the Government are borrowing is going up and up—5.9% for 30 years—yet she has chosen this moment to reduce the rate at which the Government expect to get money back from 3.5% to 3%? Can she explain how those numbers add up?

Then, of course, there is the final cherry on the parfait: the Government will "identify and back" unicorns in this country. How will the Government identify those unicorns, and can the Minister explain how that is different from the discredited policy of Governments picking winners?

The Minister then returned to common sense with the announcement that Mr Milburn will set out his recommendations to the Government. Will she please advise the House—many Members will be concerned about this—on what date Mr Milburn will make his recommendations?

Today, the Government—the Minister and the Chancellor—had an opportunity to at least have mentioned the high cost of energy that is crippling British manufacturing. They could have ruled out tax increases, providing more certainty for businesses that they can invest. The Government could have said that they would take up the offer from the Conservative Leader of the Opposition to work together on meaningful reform and reductions in welfare, so that we make work pay. But we did not hear any of that. Instead, we are heading to a Budget where a Labour Government have again run out of money and where a Labour Government will once again increase taxes to cover their fiscal incompetence—same old continuity Labour.

Emma Reynolds: It is a great pleasure to be opposite the hon. Gentleman again, as we were earlier in this Parliament. I will address his points, but I say kindly to him that I would rather be continuity Labour than continuity Liz Truss.

The hon. Gentleman was right to mention Jaguar Land Rover. It is a concerning time for the workforce, and the Business Secretary is working closely with the chief executive and the leader of the trade union Unite, bringing them together tomorrow to discuss the situation. Jaguar Land Rover has made clear that it faces competitive global headwinds, but we have done a lot to support the automotive industry, and Jaguar Land Rover in particular, given the loan guarantee that we provided last year in the wake of its cyber-attack. The Business Secretary and the Government are also providing help to the automotive sector to bear down on the cost of energy.

I think the hon. Gentleman said that he agreed with me in some areas, which is always good to hear. We can agree that there is nothing progressive about spending so much money on servicing our debt. As a Government we are committed to fiscal discipline and the fiscal rules because we want to bring down the cost of Government borrowing, but we are not immune to the global instability that means that the cost of borrowing is also increasing for every other G7 country. However, we have the fastest growth in the G7, and we are cutting our deficit faster than any other G7 country; business confidence and investment are up; productivity is up; interest rates have been cut six times since the election; and consumer confidence is up. While the hon. Gentleman talks down our economy, me, the Chancellor and the whole ministerial team will be talking up the British economy.

The hon. Gentleman asked a serious question about the northern scale-up fund. The British Business Bank will make those decisions independently of Government, as should always be the case. He is right to ask for reassurance about that, and I have provided it. We are a Government that are serious about devolving power to every part of the country. We will have more to say about that at the Budget and will set out a fiscal devolution road map as well.

The hon. Gentleman accused me nicely of talking smartly about the thicket of consultation, saying that I had some common sense, and I thank him for that. He has been in Government too, in the Treasury, and I fondly remember our meetings together back then. It is good that there is agreement across the Chamber that we need to ensure that those sorts of things do not gum up the system, that Ministers are able to take decisions, and that we are able to get infrastructure built in this country.

I respectfully disagree with the hon. Gentleman on the Green Book discount rate. We say proudly that we are reducing the discount rate to 3%, because there have been times in the past when the Treasury has stood in

the way of good regional infrastructure projects that have a long-term benefit. I am proud that we are ensuring that those projects get a fairer hearing.

The hon. Gentleman will know that we have made changes to tax to support unicorns in last year's Budget, and we are opening up opportunities to public procurement. I think he mentioned pudding at the end—parfait, I think it was—and although I am a big fan of pudding myself, I will not respond to that.

On the serious question of the Alan Milburn review, I cannot give the hon. Gentleman a timeline, but I will repeat what I said in my statement: it is our moral duty as a Government to ensure that we have more young people back in the labour market. That is why we have already introduced the youth guarantee, so that young people who have been out of work for longer than 18 months will get a paid placement by the Government, as well as introducing a grant for businesses that take on unemployed young people. It is a very serious issue, and one that we will address.

Dame Meg Hillier (Hackney South and Shoreditch) (Lab/Co-op): I welcome the Chief Secretary's statement and her commitment that the British Business Bank's new fund will not be interfered with politically, because when the Treasury Committee looked at the National Wealth Fund, we were very clear that it needed to be able to get on and do its job crowding in that private investment. There should not be a chop-and-change approach to the policy; it should not be a delivery vehicle for different Government policies, as Governments can change.

I have spent my career backing devolution, but there is a challenge here, is there not? The Chief Secretary has to ensure that the money that taxpayers give to Government to spend is spent well, but there is a gap, with our regionally elected mayors, in the oversight and scrutiny of that public spending. Devolution is a good thing, but what is she going to put in place to ensure that those mayors and the devolved authorities can report back about how well they are spending taxpayers' money, and if they are not spending it well, what will the consequences be?

Emma Reynolds: I thank the Chair of the Treasury Committee for her question, and I agree with her: public financial institutions must make independent decisions about the businesses that they support. The Chancellor has talked today about new strategic priorities for the NWF, and that is also the right thing to do. That goes in parallel with what my hon. Friend was saying.

On oversight of mayoral strategic authorities, my hon. Friend is right that if we are going to devolve more power and, critically, more resources, there should be more oversight. The First Secretary of State has talked about the role of others, including Members of this House, in holding mayoral strategic authorities to account when they receive those new powers.

Madam Deputy Speaker (Ms Nusrat Ghani): I call the Liberal Democrat spokesperson.

Charlie Maynard (Witney) (LD): I thank the Chancellor and the Minister for their speech and statement. We know that the Conservatives' Brexit deal has hit national GDP by as much as 8%, costing the country up to £90 billion a year in lost tax revenues. Will the Government now pull the largest zero-cost growth lever available to them by negotiating a growth and defence partnership with the EU, including joining the single market and a new customs union, rather than clinging to the same failed red lines, which are costing businesses billions every year? Being outside the single market and the customs union directly links to the 13% fall in the UK's export of goods since 2022, which has hit traditional manufacturing regions the worst—the same places that the Government's reindustrialise-the-north agenda claims to prioritise. I would like to understand whether she acknowledges the reality of that linkage or not.

I welcome the Chancellor's emphasis on the importance of fiscal credibility and, linked to that, meeting the fiscal rules. However, the reality is that those rules have been easily gamed by successive Governments, with our budgetary process being summarised as speculation without scrutiny, short-term headroom chasing and gaming the system, with an approach of jam today, which is spending, and pain tomorrow, which is tax, but tomorrow never arrives. The result is that it has been more than 25 years since we had a balanced Budget, and our national debt is now six times larger than 20 years ago.

Will the Chief Secretary demonstrate that she is serious about tackling our debt and agree that a key way to do that is to grow our economy? Will she consider what we can learn from how other countries such as Switzerland, Sweden and New Zealand have addressed and solved their budget process problems?

Emma Reynolds: I thank the hon. Gentleman for his questions and will try to do them justice in the short time available. The Chancellor said this morning that Brexit has hammered British exports. I agree with the hon. Gentleman that there is a link between the fall in exports and the barriers the previous Conservative Government put up with our nearest and biggest trading partner, which is exactly why this Government are renegotiating a reset with our European partners. We promised in our manifesto that we would not join the single market, but we will bring down those barriers at the border, particularly with the sanitary and phytosanitary agreement that we are currently negotiating with the EU—there will be further announcements on that in due course—which will benefit our agrifood industry by making it easier to export to the European Union.

The hon. Gentleman asked about the fiscal rules. I do not agree with his analysis: we have brought forward the fiscal rules to apply over three years to get around some of the gaming that he talks about. We are serious about tackling our debt and, as I said in my statement, we are reducing our deficit at the fastest rate in the G7.

I am always interested to learn from other countries; I think we should always be open to that. I would be interested to hear more about what the hon. Gentleman had in mind.

Several hon. Members *rose—*

Madam Deputy Speaker (Ms Nusrat Ghani): Order. We have the Health Bill debate later on today, so we are pressed for time. I ask colleagues to keep their questions short and the Minister to be on point.

Nesil Caliskan (Barking) (Lab): I thank the Minister for her statement and agree that London is indeed a powerhouse for growth. However, as a Member of Parliament for an outer London borough, I know, and she will recognise, that that wealth is not felt by every Londoner. With industrialisation and job creation being priorities for the Government, will the Minister reassure us that those priorities will reach the postcodes of my constituency?

Emma Reynolds: I absolutely agree. As the Chancellor stressed this morning, and as the Prime Minister has repeatedly said, this Government will drive good growth in every postcode. My hon. Friend is right that the situation in London is not simple; it is an economic powerhouse, but there are high levels of poverty in many parts of London. I assure her that we will focus on Barking and other parts of London, too.

Sir Desmond Swayne (New Forest West) (Con): Last week, the Prime Minister boasted in the same breath that we had the fastest growth in the G7 and that the decade of slow growth was caused by Brexit. If we are ahead of the pack, it cannot be caused by Brexit, can it?

Emma Reynolds: We could be even further ahead of the pack.

Graham Stringer (Blackley and Middleton South) (Lab): I strongly agree with the Government's policy on devolution and better technical and scientific education, but all that will be for nought if we do not do something about the cost of energy. We cannot grow and compete as an economy when we have higher energy costs than our major industrial competitors. We have closed more than half our oil refineries in the past 20 years, which means we are now importing a majority of our energy. Will my right hon. Friend do something about those destructive policies?

Emma Reynolds: My hon. Friend is right to raise this matter. The cost of energy for UK businesses is higher than for those elsewhere. That is why the Business Secretary, working hand in hand with the Treasury, is bearing down on that cost through the British industrial competitiveness scheme, particularly for the industrial strategy's eight growth sectors—we have done that for automotive, aerospace and other sectors that are key to driving economic growth.

Mark Pritchard (The Wrekin) (Con): Is it not the case that the bond markets are losing faith in the Government's economic policies, and that the cost of borrowing, as we have heard from the shadow Minister, is at an 18-year high? That means, of course, that mortgage rates will increase, putting even more financial pain on many of our constituents. What does the Minister say to my constituents, who are likely to see three or four mortgage rate increases over the next 12 months?

Emma Reynolds: What the right hon. Gentleman is observing underlines the need for the Government to stick to our fiscal rules. The Chancellor is right to say that fiscal discipline is the bedrock of our economic security and national security. That is why we have committed to meeting those fiscal rules. In fact, we are meeting one of them early.

Rebecca Long Bailey (Salford) (Lab): The Chief Secretary to the Treasury's comments about regional growth and the active state are music to my ears, but rather than simply picking winners or de-risking private investment, how will she ensure that we get detailed local industrial strategies that build our domestic productive capacity and supply chains?

Emma Reynolds: I am glad to know that some of what I say is music to my hon. Friend's ears. I can reassure her that that will be for mayoral strategic authorities to take forward. She is in a part of the country that has had great success in taking forward devolution and using those powers to drive economic growth. I am sure that her area will thrive under this Government, too.

Bobby Dean (Carshalton and Wallington) (LD): The Minister spoke about global instability. There is no doubt that energy costs are having an impact on the cost of doing business, but this summer, local businesses told me that domestic Government had raised the cost of doing business, through national insurance and business rates rises. Will the Chancellor do something about that in the next Budget?

Emma Reynolds: The hon. Gentleman invites me to write the next Budget, and I am not going to do that.

Callum Anderson (Buckingham and Bletchley) (Lab): The Chief Secretary to the Treasury is right that the UK has a vibrant ecosystem of innovative companies, but too many are looking to go overseas to realise their scale-up potential and become globally consequential companies, so I very much welcome the focus on using the state as a strategic partner to help them do that. That was exactly the message I heard from the chief executive officers and founders of companies whom I met in the summer. How will the Treasury work across Whitehall and the wider public sector to help drive that cultural mindshift?

Emma Reynolds: I thank my hon. Friend for his question and his work on this agenda. I reassure him that, as the Chancellor set out this morning in his growth speech, we will work across Departments to ensure that we open up public procurement to smaller and start-up businesses, so that they stay here, rather than go elsewhere when they scale up?

Esther McVey (Tatton) (Con): Does the Minister believe that putting up taxes is good or bad for economic growth?

Emma Reynolds: Sometimes it is necessary, in order to fund improvements in our national health service and to fill the £22 billion fiscal black hole that we inherited.

Gareth Snell (Stoke-on-Trent Central) (Lab/Co-op): Can I make a pitch to the Minister for a part of the country called the midlands, which I know that she knows well? Not everything is about the south or the north. There is a swathe of counties that form a band of engineering and manufacturing prowess in this country, from Shropshire through to Lincolnshire. They do not have the powerful mayors of the north or the economic

growth that the south has had. In my constituency, the chemical industry talks to me about UK REACH double regulation, the steel manufacturers talk about the tariffs, and ceramics industry talks about access to the British industrial competitiveness scheme and the supercharger. If she wants good growth in every part of the country, including the midlands, how will we overcome those immediate challenges?

Emma Reynolds: Being from Wolverhampton, I agree with my hon. Friend that the midlands is a very important part of the country. He is a really powerful advocate for his area, and he will know that we have put forward a ceramics support package to ensure that his area, and others in the region, thrive.

Calum Miller (Bicester and Woodstock) (LD): I welcome the reference that the Chief Secretary to the Treasury has made to the Oxford growth corridor and localising power and resources, but my constituents are deeply concerned about ensuring that infrastructure comes before the many developments that the Government have in mind. Can she confirm that along the Oxford-Cambridge growth corridor there will be an "infrastructure first" approach, and can she let me and my constituents know which Minister now has responsibility for that corridor?

Emma Reynolds: As the Chancellor set out this morning, we are determined to speed up infrastructure provision. Frankly, compared to other countries, we are just too slow at building high-speed rail and other types of rail. We are determined to press ahead and ensure that we speed up infrastructure provision, so that we can develop other areas. I also have an interest in the Cambridge-Oxford growth corridor, because my constituency is not very far away.

Chris Curtis (Milton Keynes North) (Lab): We are now on the fourth round of consultation on East West Rail, the latter rounds of consultation consulting on the outcomes of the earlier rounds of consultation. At the same time, we are in the middle of building the most expensive nuclear power station in the history of the human race because of the four rounds of consultation required for Sizewell C. When we tried to build the lower Thames crossing, the total consultation for the development consent order process was 359,000 pages. That is 250 times the length of "War and Peace". It is right to go to war on these consultations, but can the Minister tell us how she will stop at nothing to ensure that we get infrastructure projects built more efficiently, so that we can save taxpayers far more money and drive economic growth?

Emma Reynolds: I share my hon. Friend's impatience. I want to get things done, and so does the Chancellor. The Attorney General will provide guidance to Ministers, so that we can make quicker decisions. She will advise on where we need consultation and where we do not. My hon. Friend is absolutely right to be impatient for change; I am too.

Steve Barclay (North East Cambridgeshire) (Con): Is it not bizarre that just a few hours after the Secretary of State for Housing, Communities and Local Government came to the House to pause local government reorganisation on the basis of legal risk, so that she can have more consultation, the Chief Secretary to the Treasury said, "We will bring an end to consultation culture and, with guidance from the Attorney General on legal risk, give Ministers the confidence to make decisions"? Will they have a greater appetite for legal risk, or will they pause to have more consultations? The two Ministers are saying opposite things.

Emma Reynolds: We have to get local government reorganisation right, so I make no apology for the Secretary of State coming to the House to update colleagues—for a couple of hours; it was a very long statement. I know that lots of Members from across the House have strong views on the issue, but it is important that the Government get this right.

Chris Hinchliff (North East Hertfordshire) (Lab): I will ask a slightly different question from the one I originally intended to ask. Every time we come to this Chamber to discuss the economy, we spend a lot of time debating public spending, but we never seem to discuss our trade deficit. We have not been in surplus since 1998. What will the Government do to ensure that we start paying our way in the world again?

Emma Reynolds: My hon. Friend is right to talk about the trade deficit. When I was at the G20 in North Carolina last week, there was a discussion about global trade imbalances, and that is something that we are considering putting on the agenda for our G20 presidency.

Kirsty Blackman (Aberdeen North) (SNP): Labour promised £200 million for Grangemouth, none of which has materialised. Labour promised 1,000 jobs for GB Energy, and it turns out that a third of the 130 delivered so far are not actually in Scotland. If the Prime Minister's localism project is not just for Manchester, what extra powers will be devolved to Scotland as a result of the decisions being made?

Emma Reynolds: Can I say gently to the hon. Lady that Scotland has rightly had plenty of devolution, but that does not mean that the two decades of SNP Government have been successful?

Brian Leishman (Alloa and Grangemouth) (Lab): On that note, after two decades of failed SNP governance, 29% of children in Clackmannanshire are living in poverty. The Labour Government have lifted the two-child benefit cap, which will reduce that figure and help life chances. Improving economic growth is, of course, laudable, but could we go for some classic Labour redistribution of wealth, and also look at taxing multimillionaires and billionaires?

Emma Reynolds: I agree with my hon. Friend that it is simply not acceptable that we live in a country where children are in poverty. The last Government plunged 900,000 children into child poverty. We are proud to be the Labour Government who lifted the two-child limit and lifted 450,000 children out of poverty.

Bradley Thomas (Bromsgrove) (Con): On a day when Jaguar Land Rover has announced 4,000 job losses, how many more jobs have to be lost before the Government change course?

Emma Reynolds: As I said in response to the shadow Minister, the Business Secretary is working closely with the chief executive and leadership of the company. Jaguar Land Rover employs 30,000 people in different parts of the country. We supported the company last year in the wake of its cyber-attack. We are supporting automative with £4 billion in capital and research and development funding to manufacture zero-emission vehicles. My thoughts are with the workforce; this is a very difficult time. As I understand it, the company has said that, by and large, this will be done by voluntary redundancy as much as possible, and over two years.

Rachael Maskell (York Central) (Lab/Co-op): Since 2020, Governments, Prime Ministers, Ministers, UK Research and Innovation and businesses have all supported the BioYorkshire project, which will address issues to do with the environment and the climate crisis, as well as providing good-quality jobs and a return for the Treasury. However, the Government have not been able to get money out of the door, so can the Minister say more about how she will invest and spend that money?

Emma Reynolds: I profoundly believe that we have to drive a win-win. We can deliver good infrastructure and good jobs and limit the number of consultations, and have an eye to the impact on the environment. I will come back to my hon. Friend on her specific question.

Robert Jenrick (Newark) (Reform): Imagine that you are a worker at JLR worried about your future, and you have the misfortune of watching the Chancellor's speech, which contains searing economic insights like,

"I want to see businesses make a profit."

There was nothing about scrapping electric vehicle mandates, bringing down energy costs by getting rid of net zero targets, or bringing down the cost of employing people by getting rid of the increase in employers national insurance. Is it not the truth that it is the Government who are killing the British car industry, and they need to wake up and take action?

Emma Reynolds: No, that is not the truth.

Chris Kane (Stirling and Strathallan) (Lab): Like many parents all over the country, this month, my wife and I will drop off our child at university for the first time—in this instance, to begin an engineering degree. What assessment has the Minister made of the economic benefits of helping more young people into secure work? What assurance can she give all our young people starting in education or training this month that the Labour Government are alive to their fears about rising costs, technological changes and global uncertainty, and are working hard to ensure that economic conditions mean that they have a job when it is time for them to enter the jobs market?

Emma Reynolds: The Government are on the side of young people—both young graduates and those who pursue technical education. As the Prime Minister set out in his first two weeks in power, we want to ensure parity between technical education and university education, and to drive good growth in every postcode, including in my hon. Friend's constituency.

Sir Gavin Williamson (Stone, Great Wyrley and Penkridge) (Con): As the Chief Secretary to the Treasury will know, many of those Jaguar Land Rover employees live in my constituency, but they are across the whole midlands. In August, the Government committed to consulting on the zero emission vehicle mandate. Will she undertake to ensure that the consultation is as quick as possible, so that we can give our car manufacturing firms the best chance to compete globally?

Emma Reynolds: I thank the right hon. Member for his question. We were once parliamentary neighbours, so I understand the concern that he is expressing. Over the weekend, I spoke to the Business Secretary about this issue. We are holding a consultation, which will be a quick one.

Andrew Pakes (Peterborough) (Lab/Co-op): I heartily welcome my right hon. Friend to the Dispatch Box in her new role. In 1954, the Co-operative Permanent building society opened its office in Peterborough. In the 70 years since—now as Nationwide—it has provided advice and support for lenders and people buying a house. There are few better examples in this country of a commitment to our high streets and to growth in every postcode than building societies and the mutual movement. We have a manifesto commitment to double the size of the co-operative and mutual economy. We talk about growth in every postcode; will my right hon. Friend reassure me that the Government will do everything they can to ensure that the building society movement can play its part in rebuilding our country?

Emma Reynolds: I can absolutely do that. May I thank my hon. Friend for the work he does to further the cause of co-operatives and mutuals? When I was Economic Secretary, I very much enjoyed working with the sector, because building societies often offer more innovative products—to first-time buyers in particular—and do sterling work.

Dr Ellie Chowns (North Herefordshire) (Green): The rhetoric might have changed a bit under the new Prime Minister, but it seems that we have a continuity Chancellor on the policy front. The Minister talks about the failures of privatisation, but where is the action to bring water back into public hands? She talks about the need for an active state, but where is the action to tax wealth fairly, so that we can invest in the services we need? Fundamentally, we cannot get good growth unless it is both green and fair. We will not build sustainable prosperity by trashing nature and the climate.

Emma Reynolds: I do not believe in trashing nature and the climate either, but if we want to tackle climate change, we cannot stop every renewable project from going ahead, which is what the Greens would have us do, just as they would prevent the building of new nuclear power.

James Naish (Rushcliffe) (Lab): My right hon. Friend talked about good growth in every postcode, which I welcome, as well as the £150 million scheme with the British Business Bank, but there was nothing for the midlands, which was ironic given where the Chancellor delivered his speech. The truth is, the midlands is being squeezed from the north and from the south. Will she

help me to revisit the limit, resurrect the previously canned scheme on the A46, and meet me to discuss investment in our region?

Emma Reynolds: May I reassure my hon. Friend? One of our trailblazer projects in the place-based business cases is with Birmingham, which is obviously the beating heart of the west midlands.

Sarah Dyke (Glastonbury and Somerton) (LD): The Chancellor promised growth in every postcode, which must include rural communities such as Glastonbury and Somerton, and not just our cities and towns, yet rural England's productivity sits at just 69% of the non-rural rate, costing our economy billions in lost revenue every year. That is not just a rural problem but a national one. What is the Chief Secretary doing to create opportunity in the countryside and unleash the full potential of rural Britain?

Emma Reynolds: The hon. Member will know that rural communities are close to my heart, given my previous ministerial role and because I have a semi-rural constituency. There is huge potential in rural communities. The Prime Minister visited rural Cornwall in his first few weeks in the job. We will do more, and we are doing more, to improve local transport and rural connectivity, including the £2 cap on bus fares. She is right to say that there is great potential, which we must realise.

Amanda Martin (Portsmouth North) (Lab): Too often decisions have been made in Westminster with an assumption that investment, opportunity and growth flow naturally to the south, but in reality Portsmouth has been ignored and faces real pressure on housing, transport and education. Will the Minister work with me to ensure that my city and the people of Portsmouth are no longer an afterthought but at the heart of the Government's plan for growth and opportunity?

Emma Reynolds: I can absolutely give my hon. Friend that reassurance. The Government are intent on driving good growth and job creation opportunities across the country—in the north, the south, the midlands and every other part, too.

Dr Andrew Murrison (South West Wiltshire) (Con): The Government insisted on applying the social time preference rate to the disastrous Chagos deal to make an appalling deal look slightly better. Will the Minister confirm that the changes she has announced today as part of her Green Book revision will increase the cost of that deal by £288 million, which is 10 times the amount that she proposes to cut from the Army training budget this year?

Emma Reynolds: The Green Book discount rate is a tool of economic analysis. It does not change the cost of the deal.

Mark Sewards (Leeds South West and Morley) (Lab): Will the Minister confirm that the reforms to judicial review of infrastructure will apply to the West Yorkshire mass transit project? Does she consider that project to be nationally significant infrastructure?

Emma Reynolds: We are working with the mayor on that issue. Our colleagues will get back to you on that.

Madam Deputy Speaker (Ms Nusrat Ghani): Hopefully they will get back not to me, but to the hon. Member.

Emma Reynolds: I am sorry, Madam Deputy Speaker.

Llinos Medi (Ynys Môn) (PC): The Sea Shanty café on Ynys Môn is desperate for hope. Paying 20% VAT is simply unsustainable. Hospitality is a major employer on the island, but our businesses are being squeezed by rising costs. Cutting VAT to 10% would be a quick win, driving growth by giving businesses some breathing space and protecting jobs. Will the Chief Secretary consider that?

Emma Reynolds: The Prime Minister is clear that the hospitality sector is close to his heart. It is one that he worked closely with when he was Mayor of Greater Manchester. Earlier this summer we announced the business rate reductions for pubs, social clubs and live music venues, and we will go further in the Budget.

David Mundell (Dumfriesshire, Clydesdale and Tweeddale) (Con): The Minister will know from her previous ministerial role that the cost of fuel is the single most important business cost for rural businesses. I am not asking her to write the Budget today, but will she convey to the Chancellor the importance of continuing the fuel duty freeze for rural businesses beyond the end of December?

Emma Reynolds: As I outlined to the hon. Member for Glastonbury and Somerton (Sarah Dyke), it is right that we focus on rural communities as well as urban areas and city regions. I will convey that message to the Chancellor, but I will not be writing the Budget right now.

Steff Aquarone (North Norfolk) (LD): The Government talk a lot about how they will create economic growth. There is no way for them just to legislate their way to growth; there are, however, plenty of ways to legislate against it, as small rural businesses in North Norfolk know only too well. Will the Minister tell those rural businesses what she is doing to help them grow? More importantly, what things that get in their way will she stop doing?

Emma Reynolds: As I said to the hon. Member for Glastonbury and Somerton (Sarah Dyke), we take the economic success of rural communities really seriously. We are improving connectivity, whether digital connectivity or local transport connectivity, to ensure that the areas are more successful, but there is obviously more to be done.

Sir Julian Lewis (New Forest East) (Con): For some years I have known the proprietor of a small to medium-sized aviation company that has come up with revolutionary aircraft designs with both civilian and military applications, but every time the Government of the day have ended up supporting the big operators in this field. How will the right hon. Lady's new policy towards unicorns benefit somebody like that?

Emma Reynolds: The right hon. Gentleman is right to raise this issue. As I have said, we have given strategic steers to the public financial institutions to ensure that they are focusing on regional growth, and that is also about opening up opportunities for the kinds of businesses that he has mentioned.

Sammy Wilson (East Antrim) (DUP): The Chancellor has rightly identified trade frictions as a major impediment to economic growth. As a result of the Windsor framework, the internal market in the UK has been severely disrupted by EU-imposed restrictions on trade, which mean customs unions, mountains of paperwork and physical barriers. What steps does the right hon. Lady intend to take to remove this barrier to economic growth in Northern Ireland?

Emma Reynolds: I can reassure the right hon. Gentleman that when I was Environment Secretary I visited the port of Belfast and saw the kinds of checks that were going on there. The sanitary and phytosanitary agreement that we are negotiating with the EU will help to reduce that friction.

Tom Gordon (Harrogate and Knaresborough) (LD): The Chief Secretary talks about £150 million for investment in the north. How much of that funding is actual new capital expenditure from this Government, or is it simply a repackaged, reannounced sum of money for the north?

Emma Reynolds: It is money that already sits with the British Business Bank, but the change is the focus on the north, on scale-up businesses, to ensure that we unleash their growth potential. We are not announcing new funding; we never said we were.

Iqbal Mohamed (Dewsbury and Batley) (Ind): Dewsbury and Batley is the capital of furniture, bed and upholstery manufacturing in the UK, but after Brexit it lost a lot of its export business. What are the Government going to do to support furniture, upholstery and supply chain manufacturers in Dewsbury and Batley as part of their investment in the north?

Emma Reynolds: The trade deals that we are doing, and also the reset of the relationship that we are taking forward with the EU, will bring down barriers with our biggest and closest market.

Ian Sollom (St Neots and Mid Cambridgeshire) (LD): The Minister cites our world-class universities and an ambition to double the number of UK unicorns that run frontier technologies such as quantum and AI, but does she recognise that those breakthroughs often come from the curiosity-driven frontier physics research in our universities, and that that research base now faces a £700 million funding gap?

Emma Reynolds: UKRI—UK Research and Innovation—invests in that sort of research, and the Government will continue to do that through UKRI.

Shockat Adam (Leicester South) (Ind): I, too, am a bit concerned that the Minister is missing a page of her statement, because there has been no mention of the east midlands. The Prime Minister was right when he blamed Margaret Thatcher for picking winners and abandoning whole regions, and that appears to be happening to the east midlands this time. In my constituency, Leicestershire and Rutland receives a grand total of zero pounds in infrastructure investment. On skills funding, Leicester gets £11.30 per head, compared with £52.10 in Greater Manchester and £66.19 in the west midlands, which is six times more. Can she reassure me, the people of the east midlands and my constituents in Leicester South that we will not be left behind?

Emma Reynolds: I can reassure the hon. Gentleman; the east midlands and the west midlands are really important. The changes that the Chancellor outlined to the discount rate today will benefit places such as his constituency, because they will ensure that we value the longer-term benefit of regional investment projects more fairly. As we have said, we will drive growth in every postcode and that includes his constituency.

Ayoub Khan (Birmingham Perry Barr) (Ind): The concept of devolution and localisation is to empower local communities by bringing the decision-making process closer to them. In Birmingham, the city council is being forced to relinquish its planning powers to the regional mayor. That is anti-devolution. Does the Minister agree, and what will she do to ensure that the council does not lose its planning powers?

Emma Reynolds: I would disagree, because the mayoral strategic authorities are about local authorities coming together in a combined authority and working together across the borders of the west midlands—an area I know extremely well. This is about driving growth and driving good decisions across the region.

Mr Adnan Hussain (Blackburn) (Ind): The Chief Secretary has promised good growth in every postcode. Blackburn has the talent, the institutions and the major employers—such as EG On the Move—that are willing to invest in local people, but we need Government investment to match that ambition. Will the Chief Secretary make Blackburn a test case for this plan and back an employer-led jobs and skills partnership to create good local jobs?

Emma Reynolds: We are working in close partnership with business, and the hon. Gentleman is right to say that we have to unleash talent and business investment in his own constituency and elsewhere, but as I said to the Chair of the Treasury Committee, the way that the public financial institutions work is by independently assessing the potential of firms and then backing them. That is what the Chancellor was talking about today. We set the strategic priorities and those independent economic organisations assess projects for their potential.

BILL PRESENTED

Military Operations

Presentation and First Reading (Standing Order No. 57)

David Davis presented a Bill to make provision about the authorisation and use of force during or in connection with military operations; to make provision about civil and criminal proceedings, inquests and investigations relating to military operations; to make provision about certain inquiries relating to the use of force during military operations; and for connected purposes.

Bill read the first time; to be read a second time on Friday 12 March 2027, and to be printed (Bill 140).

HEALTH BILL (PROGRAMME) (NO. 2)

Ordered,

That the Order of 1 June 2026 (Health Bill: Programme) be varied as follows:

(1) Paragraphs (4) and (5) of the Order shall be omitted.

(2) Proceedings on Consideration and Third Reading shall be taken in two days in accordance with the following provisions of this Order.

(3) Proceedings on Consideration—

a) shall be taken on each of those days in the order shown in the first column of the following Table, and

b) shall (so far as not previously concluded) be brought to a conclusion at the times specified in the second column of the Table.

Table

Proceedings	Time for conclusion of proceedings
First day	
New Clauses and new Schedules relating to the subject matter of, and amendments to, Clauses 1 to 61 and Schedules 1 to 8, new Clauses and new Schedules relating to women's health, maternity, procurement and trade, and the workforce of the NHS	The moment of interruption on the first day
Second day	
New Clauses and new Schedules relating to the subject matter of, and amendments to, Clauses 62 to 81 and Schedules 9 to 12, remaining new Clauses and new Schedules; remaining proceedings on Consideration	One hour before the moment of interruption on the second day

(4) Proceedings on Third Reading shall be taken on the second day and shall (so far as not previously concluded) be brought to a conclusion at the moment of interruption on the second day.—*(Karin Smyth.)*

Health Bill

[1st Allocated Day]

Consideration of Bill, as amended in the Public Bill Committee

[Relevant documents: First Report of the Health and Social Care Committee, Health Bill 2026-27, HC 219; and Oral evidence taken before the Health and Social Care Committee, on the Work of NHS England, 20 May, HC 583.]

New Clause 96

Integrated care boards: duty as to visiting etc

"After section 14Z36 of the National Health Service Act 2006 insert—

"14Z36A Duty as to visiting etc

(1) Each integrated care board must, in the exercise of its functions, promote appropriate opportunities for anyone provided with accommodation in pursuance of arrangements made by the board to receive visitors.

(2) Each integrated care board must, in the exercise of its functions, promote the option for relevant patients attending hospitals or hospices provided in pursuance of arrangements made by the board to have someone accompany them, so far as appropriate.

(3) In subsection (2) "relevant patient" means an outpatient, day patient or other person attending a hospital or hospice for the provision of care or treatment that does not involve an overnight stay.""—*(Karin Smyth.)*

This broadly requires an integrated care board to promote appropriate opportunities for those who are provided with accommodation in pursuance of arrangements made by the board to receive visitors and the option for outpatients and day patients etc to have someone accompany them.

Brought up, and read the First time.

7.26 pm

The Minister for Secondary Care (Karin Smyth): I beg to move, That the clause be read a Second time.

Madam Deputy Speaker (Ms Nusrat Ghani): With this it will be convenient to discuss the following:

Government new clause 97—*Care and support: involvement of others and visitors.*

New clause 1—*National Maternity Commissioner—*

"(1) The Secretary of State must, within six months of the passing of this Act, appoint a National Maternity Commissioner, situated within the Department of Health and Social Care.

(2) The functions of the National Maternity Commissioner are to—

(a) oversee NHS maternity services;

(b) act as an independent voice for women and families;

(c) ensure lessons are learned from identified failures and that the recommendations of maternity reviews are acted upon;

(d) promote consistency, safety and accountability across NHS maternity services; and

(e) advise the Secretary of State on matters relating to the safety, quality and provision of maternity services in England.

(3) The person appointed as Commissioner must—

(a) be a person with knowledge, expertise and experience relevant to the discharge of functions of the role;

(b) have first-hand experience of working in maternity services, so far as reasonably possible; and

(c) not be a sitting Member of Parliament."

This new clause would require the Secretary of State to appoint a maternity commissioner within the Department of Health and Social Care to oversee national maternity services.

New clause 2—*Assessment of risks posed by contracts with non-UK based suppliers—*

"(1) Within six months of the passing of this Act, the Secretary of State must conduct and lay before Parliament a risk assessment of all contracts between NHS organisations and suppliers based outside of the UK.

(2) In conducting an assessment under this section, the Secretary of State must—

(a) pay particular regard to contracts which provide technology companies with access to confidential patient data;

(b) consult national security experts on the risks posed to UK sovereignty by such contracts;

(c) consider risks associated with the sharing of confidential patient data with organisations based outside of the UK;

(d) assess public and NHS staff attitudes to relevant suppliers and any implications such attitudes may have on the use and effectiveness of products or services provided under the contract; and

(e) consider the background of relevant suppliers, known contracts with other states and organisations, and any relevant ethical considerations.

(3) Where any significant risk is identified, the Secretary of State must set out the Government's intentions to manage and mitigate such risks, including its intention to use or develop domestic technologies, systems or products in place of those provided under the relevant contract."

This new clause would require the government to publish a risk assessment of contracts between NHS organisations and suppliers based outside of the UK.

New clause 3—*Duty on the Secretary of State to prioritise domestic suppliers—*

In the National Health Service Act 2006, after section 1CC (inserted by section 6 of this Act) insert—

1CD Duty to prioritise domestic suppliers

(1) In exercising functions in relation to the health and care service, the Secretary of State must prioritise the awarding of any contract that will involve the handling of NHS patient data to suppliers based in the United Kingdom.

(2) The Secretary of State may only seek to procure technology and information systems which will handle NHS patient data from suppliers based outside of the United Kingdom where a viable domestic alternative does not exist.

(3) Before signing any contract for the procurement of technology and information systems which will handle NHS patient data with a supplier based outside of the United Kingdom, the Secretary of State must consult with—

(a) patient groups,

(b) national security experts, and

(c) staff unions,

on the proposed contract and lay a report on such a consultation before Parliament.

(4) Where it is proposed to sign a contract for the procurement of technology and information systems which will handle NHS patient data with a supplier based outside of the United Kingdom, the Secretary of State must arrange for a motion agreeing to the signing of such a contract to be tabled in each House of Parliament, and no such contract may be signed where a motion for its agreement is negatived by either House of Parliament.

(5) If a contract is awarded for the procurement of technology and information systems which will handle NHS patient data with a supplier based outside of the United Kingdom, the Secretary of State must place a statement before both Houses of Parliament setting out whether the Government is taking, or is planning to take, steps to develop or support long-term domestic alternatives to the systems provided by the contract."

This new clause would place a duty on the Secretary of State to prioritise domestic, UK-based, suppliers for technology systems and contracts handling NHS patient data, and places restrictions on the signing of contracts for such systems with non-UK based suppliers.

New clause 4—*NHS Digital Sovereignty Strategy—*

"(1) The Secretary of State must, within 12 months of the passing of this Act, publish a strategy ("an NHS Digital Sovereignty Strategy") which sets out the Government's approach to maintaining the security and resilience of relevant NHS information systems by—

(a) assessing, managing and mitigating risks—

(i) associated with foreign interference,

(ii) arising from reliance on foreign-supplied technologies, and

(b) preventing over-reliance on foreign providers by building domestic capacity.

(2) For the purposes of this section, a "relevant information system" is an information system with access to NHS patient data.

(3) An NHS Digital Sovereignty Strategy published under this section must—

(a) include risks associated with—

(i) hardware,

(ii) software,

(iii) supply chains, and

(iv) procurement processes;

(b) include a specific focus on security and resilience in digital procurement processes, detailing how the Government intends to reduce strategic dependencies on foreign-owned service providers to mitigate the risk of systemic disruption;

(c) include a commitment to prioritise the use of technologies developed in the UK by UK organisations in relevant information systems to reduce reliance on foreign technologies;

(d) recommend steps to support and develop sufficient domestic capability where it does not currently exist;

(e) where risks are identified, state how the Government intends to address these risks by supporting the use or development of domestic technologies or systems."

This new clause would require the Government to publish an NHS Digital Sovereignty Strategy setting out how it intends to address risks to relevant information systems posed by foreign interference and reliance on foreign technologies, including by supporting the use of domestic technologies.

New clause 5—*Health Data Charter—*

"(1) The Secretary of State must, within 6 months of the passing of this Act, establish an independent body (to be known as the ″Sovereign Health Data Trust") for the purpose of creating a Health Data Charter.

(2) The membership of the Trust should include—

(a) people with a diverse range of backgrounds; and

(b) health data experts, clinicians and patient representatives.

(3) The Charter must—

(a) set out the fundamental principles and responsibilities for assessing whether a data sharing partnership is in the interest of the public and the NHS;

(b) include the primary goal of protecting people's privacy and their data from exploitation, while promoting trust in data systems and the handling of health data;

(c) ensure patients have control of their data, including providing relevant opt-outs;

(d) provide that all health data is held anonymously and accessed through a trusted research environment;

(e) set out ways to retain and protect the value of health data in England, including providing measures to invest a share of the income generated from new medicines or treatments developed with that health data to be invested back into the NHS;

(f) be designed in such a way as to render it interoperable with the European Health Data Space in technical terms, including through the promotion of Findable, Accessible, Interoperable and Reusable (FAIR) data principles within the NHS.

(4) The Sovereign Health Data Trust will—

(a) hold continuous oversight of all health data and oversee the trusted research environment;

(b) have power to recall or restrict an organisation's access to data if it has reason to believe that the data is not being used for public or patient benefit;

(c) ensure that all data sharing arrangements with a non-NHS organisation are transparent, with all health data contracts entered into by a public body made publicly available;

(d) publish detailed minutes of all meetings discussing potential uses of health data; and

(e) ensure all health data collection and sharing initiatives are preceded by public consultation, involvement and awareness."

New clause 6—*Maternity Safety*—

"(1) The Secretary of State must ensure that every NHS maternity unit is rated "good" or

"outstanding" by the CQC.

(2) The Secretary of State must, within 6 months of the passage of this Act, establish a scheme to support NHS trusts to deliver the requirement under subsection (1), which includes—

(a) 24/7 consultant obstetrician cover on every labour ward,

(b) one-to-one midwifery care,

(c) a Director of Midwifery in every maternity service,

(d) ringfenced maternity service development funding, and

(e) a dedicated neonatal workforce plan.

(3) Within 12 months of the commencement of the scheme under subsection (2), and every 12 months thereafter, an annual report should be laid before both Houses of Parliament on the effectiveness of the scheme."

This new clause would place a duty on the Secretary of State to create a scheme to ensure that every maternity unit in the country achieves a "good" or "outstanding" rating by the CQC.

New clause 7—*Healthy life expectancy target*—

"(1) Within six months of the passage of this Act, the Secretary of State must—

(a) make regulations to set a statutory target for improving overall healthy life expectancy for the population of Great Britain, and

(b) publish a cross-governmental strategy, renewed every 24 months, to set out how the target set by regulations under subsection (1)(a) will be achieved.

(2) The strategy under subsection (1)(b) must be laid before both Houses of Parliament.

(3) Upon publication of a strategy under subsection (1)(b) the Secretary of State must make a statement before the House of Commons regarding progress made towards the target set by subsection (1)(a)."

This new clause would require the Secretary of State to make regulations to establish a statutory target for healthy life expectancy in Great Britain and publish a strategy every two years setting out how this target will be achieved.

New clause 8—*Impact of trade deals on the NHS*—

"(1) Any trade negotiation which would require NHS spending or funding to exceed £100 million must be laid before Parliament by the Secretary of State in the form of regulations subject to the affirmative procedure.

(2) Before laying regulations under subsection (1) the Secretary of State must publish an impact assessment about how the trade negotiation will affect NHS frontline services and patients."

This new clause would require any trade negotiation which would require NHS spending or funding to exceed £100 million to be laid before Parliament by the Secretary of State in the form of regulations subject to the affirmative procedure.

New clause 11—*Duty as respects waiting times for women's health*—

"In the National Health Service Act 2006, after section 1CC (inserted by section 6 of this Act) insert—

"1CD Duty as respects waiting times for women's health

The Secretary of State must exercise functions in relation to the health service with a view to ensuring that average waiting times for the diagnosis and elective treatment of conditions primarily affecting women do not exceed the overall average waiting times for NHS diagnosis and elective treatment.""

This new clause would ensure that the average waiting time for diagnosis and treatment for elective conditions for women's health issues do not exceed the average wait time for wider NHS elective treatment.

New clause 12—*Inquiry into women's health outcomes*—

(1) The Secretary of State must, within six months of the passing of this Act, commission an independent inquiry into women's health provision and outcomes in England.

(2) Any inquiry established under subsection (1) must consider—

(a) the causes of—

(i) poorer health outcomes, and

(ii) disparities in patient safety,

for women;

(b) the effectiveness of existing commissioning arrangements in meeting the needs of women, and

(c) recommendations to assist the Secretary of State in discharging the duty to reduce inequalities in health outcomes under section 1C of the National Health Service Act 2006.

(3) The Secretary of State must lay a report on the findings of the inquiry before Parliament within the period of 12 months beginning with the day on which this Act is passed."

This new clause would establish an inquiry into the poorer health outcomes faced by women.

New clause 15—*Public Health Committee*—

(1) The Secretary of State must establish a Public Health Committee within six months of the passage of this Act to ensure a cross-governmental focus and consideration of the promotion of public health in government policy and address national health inequalities.

(2) The Public Health Committee under subsection (1) must—

(a) include at least one minister from each government Department in its membership,

(b) include all cabinet ministers in its membership,

(c) be chaired by the Prime Minister,

(d) meet once in each annual quarter.

(3) Under subsection 2(b), cabinet members must attend at least three quarters of the Public Health Committee's meetings each year.

(4) Each government Department must publish an annual report on their department's consideration of public health in its policy and the extent of joint policy formulation with other government Departments.

(5) The Secretary of State must establish a Health Creation Unit to support the Public Health Committee.

(6) The Health Creation Unit must submit an annual report on its activities, decision-making and cross-government progress to the Liaison Committee."

This new clause would establish a Public Health Committee and Health Creation Unit to promote public health and cross-government policy making.

New clause 16—*Duty to promote public health*—

"All Ministers of the Crown have a duty to consider health outcomes and the promotion and protection of public health when exercising their duties."

This new clause will place a duty on all ministers to consider health outcomes and the promotion of public health when exercising their duties.

New clause 17—*Arrangement between the United States of America and the United Kingdom on pharmaceutical pricing*—

"(1) The Arrangement between the United States of America and the United Kingdom on pharmaceutical pricing may be ratified only if—

(a) a Minister of the Crown has laid before the House of Commons a copy of the Arrangement, and

(b) the Arrangement has been approved by a resolution of the House of Commons on a motion moved by a Minister of the Crown.

(2) Before tabling a motion under subsection (1)(b) the Secretary of State must publish and lay before the House of Commons an impact assessment on the potential effects on the health service of implementation of the Arrangement."

This new clause would require the Arrangement between the United States of America and the United Kingdom on pharmaceutical pricing to be brought before the House for a vote.

New clause 18—*Access to dental provision: Dental deserts*—

"(1) Within six months beginning on the day on which this Act is passed, the Secretary of State must establish a scheme to improve access to dental provision ("the Scheme").

(2) The purpose of the Scheme is to end dental deserts.

(3) A dental desert is defined as any local authority area with fewer than ten active dental practices per 100,000 people.

(4) The Scheme must make provision to support integrated care boards to—

(a) guarantee emergency access to an NHS dentist,

(b) provide free dental check-ups for—

(i) children,

(ii) mothers within one year of having given birth,

(iii) pregnant women, and

(iv) low-income households,

(c) guarantee dental appointments for persons commencing—

(i) surgery,

(ii) chemotherapy, or

(iii) transplant procedures.

(5) The Secretary of State must, before publishing the Scheme, issue a reformed dental contract.

(6) The Secretary of State must, within six months of the establishment of the scheme, publish a dental workforce plan to support delivery of the scheme."

This new clause would establish a scheme to support integrated care boards to end dental deserts.

New clause 21—*GP representation on integrated care boards*—

"(1) An integrated care board must include as a member at least one individual who—

(a) is a registered medical practitioner, and

(b) has current or recent experience of providing primary medical services under Part 4 of the National Health Service Act 2006.

(2) In appointing a member under subsection (1) an integrated care board must have regard to the member's potential contribution to improving—

(a) patient journeys across services,

(b) coordination and continuity of care,

(c) prevention and population health management, and

(d) integration of services at neighbourhood level."

This new clause would ensure that each integrated care board includes at least one member who is a registered medical practitioner, and has current or recent experience of providing primary medical services under Part 4 of the National Health Service Act 2006.

New clause 22—*Duty to engage primary care providers in integrated care boards*—

"(1) An integrated care board must take all reasonable steps to secure the meaningful involvement of primary care providers in the exercise of its functions relating to—

(a) service redesign,

(b) integration of health services,

(c) development of neighbourhood health services, and

(d) population health planning.

(2) In this section, "primary care providers" includes—

(a) providers of primary medical services,

(b) community pharmacy contractors,

(c) providers of primary dental services, and

(d) providers of ophthalmic services.

(3) Under subsection (1), "meaningful involvement" includes—

(a) involvement at an early stage in the development of ICB proposals,

(b) provision of sufficient information to enable informed participation of primary care providers in ICB functions,

(c) opportunities for primary care providers to influence ICB decision making, and

(d) opportunities for primary care providers to deliver feedback on how their views have been taken into account in the delivery of ICB functions.

(4) An integrated care board must publish an annual statement describing—

(a) how it has complied with this section, and

(b) the impact of primary care providers' involvement on decisions taken by the ICB.

(5) The Secretary of State may issue guidance about the application of this section to which integrated care boards must have regard."

This new clause ensures a certain range of primary care providers are consulted by integrated care boards in the development of their healthcare plans.

New clause 23—*Duty of care for victims of domestic abuse and violence against women and girls*—

"The Secretary of State and integrated care boards have a duty of care to consider the needs of victims of domestic abuse and violence against women and girls when exercising their functions in relation to the provision of healthcare services."

This new clause would place a duty of care on the Secretary of State and integrated care boards to consider the needs of victims of domestic abuse and violence against women and girls when exercising their functions in relation to the provision of healthcare services.

New clause 25—*Continuity of care and clinical responsibility*—

"(1) The Secretary of State must by regulations ensure that every patient has access to a named NHS General Practitioner.

(2) Regulations under this section must make provision for pregnant women to have access to a named clinician for the period of their pregnancy.

(3) Regulations under this section are subject to the affirmative procedure."

New clause 29—*Senior leadership training at NHS trusts*—

"(1) Within six months of the passage of this Act, the Secretary of State must publish a review on the effectiveness of training for senior leadership in NHS trusts on—

(a) workplace culture standards,

(b) addressing bullying, and

(c) addressing discrimination on the basis of—

(i) sex,

(ii) race, and

(iii) any other protected characteristic which the Secretary of State considers appropriate.

(2) Within one month of the publication of the review under subsection (1), the Secretary of State must publish guidance based on the review for the Department of Health and Social Care to administer to NHS trusts."

New clause 32—*Privacy by design in NHS Single Patient Record and Federated Data Platform architecture*—

"(1) The Secretary of State must ensure that there is privacy by design as part of the delivery of the NHS Federated Data Platform architecture.

(2) For the purposes of subsection (1), privacy by design includes—

(a) patient data anonymisation outside its usage by clinicians and within the National Data Integration Tenant; and

(b) patient consent for the processing of personal information by NHS."

New clause 33—*NHS ownership of connection software*—

"(1) The Secretary of State must ensure that there is NHS ownership of any data connector software architecture used as part of the delivery of the NHS Single Patient Record or Federated Data Platform.

(2) In this section, a data connector means an interface or connection between the NHS Federated Data Platform and any other health system."

New clause 34—*Retendering of contract for the NHS Federated Data Platform*—

"The Secretary of State must, before February 2027, commence a competitive retendering for the contract to provide the NHS Federated Data Platform."

New clause 35—*NHS contracting for IT or data services*—

"(1) The Secretary of State must, within six months of the passing of this Act, by regulations establish a governance framework for the contracting of any IT or data services by the Department of Health and Social Care or any NHS organisation.

(2) The framework established under subsection (1) must include the following provisions—

(a) a party may not bid for any contract for services where such services have previously been provided by the party on a free trial basis;

(b) the automatic extension of contracts should be subject to audit by the National Audit Office;

(c) contract terms must include provision for the department or NHS organisation to take ownership of any bespoke system built or developed by the contractor during the delivery of the contract;

(d) the department or NHS organisation must, at the end of the contract period (or following any extensions) conduct a competitive retendering process; and

(e) where a retendering process takes place under subsection (2)(d), the contractor may not assist in the preparation of the contract specification.

(3) Regulations under this section are to be made by statutory instrument subject to the affirmative procedure."

New clause 36—*Transition strategy for the abolition of NHS England*—

"(1) The Secretary of State must, before the abolition of NHS England takes effect, prepare and lay before Parliament a report setting out a transition strategy for the abolition of NHS England (the "strategy").

(2) The strategy must—

(a) identify and map critical functions and areas of expertise currently exercised by NHS England, including clinical, operational, analytical and patient engagement capabilities;

(b) assess the risk of loss of knowledge, skills and organisational capacity arising from the abolition of NHS England;

(c) set out the steps the Secretary of State proposes to take to ensure the retention and effective transfer of such functions, expertise, knowledge and skills; and

(d) assess the likely impact of the transition on the delivery of key health programmes and services, including cancer services.

(3) The Secretary of State must, at intervals of not more than 12 months, lay before Parliament a report on the implementation of the transition strategy.

(4) A report under subsection (3) must include—

(a) progress on workforce retention;

(b) arrangements for the transfer of knowledge, expertise and institutional capability; and

(c) any identified gaps in capability and the steps being taken to address them."

This new clause would require the Secretary of State to prepare and lay before Parliament a formal transition strategy before the abolition of NHS England, setting out how critical functions and expertise will be identified, retained and transferred. It would also require the Secretary of State to report to Parliament at least annually on the implementation of that strategy.

New clause 38—*General Ophthalmic Services: national framework, tariff and protected funding*—

"(1) The Secretary of State must by regulations establish and maintain a national service specification for the primary ophthalmic services referred to in section 115 of the National Health Service Act 2006 (in this section referred to as general ophthalmic services, "GOS"), setting out the minimum standards of access and provision that integrated care boards are required to secure.

(2) Regulations under subsection (1) must establish and maintain a national tariff for GOS, setting out the prices at which GOS must be commissioned by integrated care boards.

(3) An integrated care board must commission GOS in accordance with the national service specification and national tariff established under subsections (1) and (2), and may not exercise any discretion to vary, restrict or reduce provision below the standards so specified.

(4) The Secretary of State must ensure that funding for GOS is allocated to integrated care boards as a ring-fenced, protected funding stream, which—

(a) may not be applied by an integrated care board to purposes other than GOS; and

(b) may not be reduced by an integrated care board in order to meet expenditure requirements in respect of other services.

(5) In determining any expenditure limits or resource allocations for integrated care boards under the National Health Service Act 2006, the Secretary of State must calculate and separately identify the GOS component of each board's allocation.

(6) The Secretary of State must lay before Parliament a report in each calendar year assessing the extent to which integrated care boards have complied with their obligations under this section."

New clause 39—*Community equipment and wheelchair services: standards, performance and outcomes*—

"(1) Each integrated care board must publish standards which apply in its area in relation to the assessment for and supply of community equipment and wheelchair services.

(2) Each integrated care board must monitor its performance against the standards under subsection (1).

(3) Each integrated care board must publish an annual report including—

(a) performance against the standards under subsection (1),

(b) waiting times for the assessment for and supply of community equipment and wheelchair services,

(c) the number and proportion of people waiting longer than 18 weeks for such equipment or services,

(d) outcomes achieved for people by the provision of community equipment and wheelchair services, and

(e) steps taken by the integrated care board to improve the assessment for, and supply of, community equipment and wheelchair services.

(4) For the purposes of this section—

"community equipment and wheelchair services" means equipment, aids, home adaptations or appliances provided to support a person's independence, safety, care or daily living at home or in the community, including hoists, hospital beds, pressure-relieving mattresses, commodes, shower chairs, walking frames, grab rails, ramps, specialist seating, postural support equipment, associated mobility equipment, and wheelchairs."

This new clause would require each integrated care board must publish standards which apply in its area in relation to the assessment for and supply of community equipment and wheelchair services and publish an annual report on their adherence to these standards.

New clause 40—*Regulation of online fertility services*—

"(1) The Human Fertilisation and Embryology Act 1990 is amended as follows.

(2) After section 5 insert—

"5A. Regulation of online fertility services

(1) The Human Fertilisation and Embryology Authority shall be responsible for the licensing of organisations providing online fertility services in England and Wales.

(2) The Secretary of State may by regulations make further provision regarding the arrangements for the licensing of organisations under subsection (1).

(3) Regulations made under subsection (2) are subject to the affirmative procedure.""

This new clause would implement a recommendation of the Human Fertilisation and Embryology Authority to extend its regulatory remit to include organisations providing online fertility services.

New clause 43—*Duty to reduce variation in clinical research funding*—

"In exercising functions in relation to the health service, the Secretary of State must have regard to the need to—

(a) reduce inequalities between the people of England with respect to their ability to access clinical research opportunities and participate in clinical trials, and

(b) reduce regional variation in the distribution of clinical research funding across England."

This new clause would require the place a duty on the Secretary of State to reduce inequalities across England with respect to access to clinical research opportunities and participate in clinical trials and the distribution of clinical research funding across.

Amendment 46, in schedule 12, page 151, leave out paragraph 98.

This amendment is consequential on NC67.

New clause 48—*National Maternity and Neonatal Investigation final report and recommendations*—

"(1) The Secretary of State must, within six months of the passing of this Act, publish a response to the final report and recommendations of the National Maternity and Neonatal Investigation.

(2) The response under subsection (1) must include an action plan covering each of the recommendations of the Investigation.

(3) The action plan must have regard for hospitals—

(a) where negligent care has been identified in the provision of maternity and neonatal services, or

(b) where risk factors have been identified that are associated with potential negligent care in the provision of maternity and neonatal services.

(4) The Secretary of State must report to Parliament each year on the progress made in delivering the action plan."

This new clause would require the Secretary of State to produce an action plan in response to the final report and recommendations of the National Maternity and Neonatal Investigation.

New clause 50—*Independence of appointments*—

"The Secretary of State must make provision to ensure that operational decisions regarding the appointment, suspension or removal of—

(a) chairs and directors of NHS trusts and NHS foundation trusts, and

(b) chief executives of integrated care boards,

are made exclusively by persons employed in the civil service, upon strictly merit-based criteria."

This new clause would ensure that any decisions over NHS trusts and ICB leadership are made by civil servants, rather than the Secretary of State, to ensure appointments are made on merit.

New clause 51—*Accident and Emergency: waiting times"*

"(1) Within six months beginning on the day on which this Act is passed, the Secretary of State must make provision relating to Accident and Emergency Department admission.

(2) Provision under subsection (1) must by regulations amend the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 to place a right in the NHS Constitution for England for every patient to be admitted into an Accident and Emergency Department within 12 hours of approval of their admission being made.

(3) The Secretary of State must establish and implement an Accident and Emergency Scheme ("the Scheme") to support NHS hospital trusts to achieve the requirement set out in subsection (2).

(4) The Scheme must consider—

(a) creating safety-net social care beds,

(b) increasing step-down care,

(c) publishing a dedicated accident and emergency care workforce plan, and

(d) mandating a qualified clinician is present in every Accident and Emergency waiting room.

(5) The Secretary of State must have due regard to the final report of the Independent Commission on Adult Social Care in establishing the scheme."

This new clause gives patients a new right in the NHS constitution to be admitted into A&E within 12 hours from decision to admit and requires the Secretary of State to introduce a scheme to achieve this.

New clause 53—*Right to a GP appointment*—

"(1) The Secretary of State must by regulations, within six months of the passing of this Act, establish a scheme to provide every patient with the right to a GP appointment within seven days of seeking one, or 24 hours if urgent.

(2) The Secretary of State must amend the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 to make the right under subsection (1) a right in the NHS constitution.

(3) The Secretary of State may review the scheme every three years from the day on which this Act is passed and amend it through regulations made by statutory instrument.

(4) A statutory instrument under this section may not be made unless a draft has been laid before and approved by a resolution of each House of Parliament.

(5) For the purposes of this section—

"GP appointment" means an appointment with an appropriate clinician within a GP practice.

"Urgent" means the current definition under GP triaging protocols."

This new clause requires the Secretary of State to give patients a new right in the NHS constitution to receive a GP appointment within 7 days, or 24 hours if urgent, and establishes a scheme to deliver this.

New clause 54—*Duty to identify and record unpaid carers*—

"After section 14Z44 of the NHS Act 2006 insert—

"Duty to identify and record unpaid carers

(1) An integrated care board must take reasonable steps to identify persons within its area who are unpaid carers.

(2) An integrated care board must make arrangements to ensure that NHS bodies and providers of NHS services within its area—

(a) maintain appropriate systems for recording whether a person is an unpaid carer,

(b) use consistent coding standards for the recording of unpaid carers in health records,

(c) review and update records relating to unpaid carers at appropriate intervals, and

(d) ensure that the identification and recording of unpaid carers forms part of—

(i) primary care registration processes,

(ii) hospital discharge procedures,

(iii) care planning processes, and

(iv) other relevant patient contact pathways.

(3) For the purposes of this section, ″unpaid carer″ means a person who provides or intends to provide care for another person otherwise than by virtue of a contract or other voluntary work.""

This new clause would introduce a duty for integrated care boards to identify and record unpaid carers when they come into contact with NHS services.

New clause 55—*Duty to promote the health and wellbeing of carers*—

"After section 14Z44 of the NHS Act 2006 insert—

"Duty to promote the health and wellbeing of carers

(1) Each integrated care board must exercise its functions with a view to improving and maintaining the physical health, mental health, and wellbeing of carers within its area.

(2) In exercising its duties under this section, an integrated care board must have regard to—

(a) reduction of health inequalities experienced by carers,

(b) prevention of deterioration in carers' physical and/or mental health,

(c) involvement of carers in decisions relating to the care of persons for whom they provide care, and

(d) the need to ensure carers are able to access appropriate preventative and other health services and support.

(3) An integrated care board must take reasonable steps to ensure that NHS bodies and providers of NHS services within its area—

(a) consider the health and wellbeing needs of carers in care planning and discharge processes,

(b) involve carers appropriately in decisions relating to care and treatment, and

(c) provide carers with information about support available to them for their health and wellbeing.

(4) In preparing a Joint Forward Plan, an integrated care board must include—

(a) an assessment of the health and wellbeing needs of carers within its area,

(b) steps the integrated care board proposes to take to improve outcomes for carers, and

(c) measures for reducing inequalities experienced by carers.

(5) For the purposes of this section, "unpaid carer″" means a person who provides or intends to provide care for another person otherwise than by virtue of a contract or other voluntary work.""

This new clause would introduce a duty for integrated care boards to promote the health and wellbeing of carers.

New clause 56—*National Respite Care Scheme*—

"(1) Within six months of the passage of this Act, the Secretary of State must establish a National Respite Care Scheme.

(2) The scheme under subsection (1) must make provision for—

(a) where a local authority carries out an assessment of the needs of an unpaid carer, under any enactment for the time being in force in England, it must assess whether the unpaid carer is able to take sufficient breaks from their caring responsibilities,

(b) unpaid carers to receive support to take breaks from their caring responsibilities to—

(i) maintain their physical and mental health and emotional wellbeing,

(ii) participate in work, education, training or recreation, and

(iii) participate in family and community life,

(c) a carer to receive appropriate support if a local authority carrying out an assessment under subsection (2)(a) determines that a carer is unable to take sufficient breaks from caring.

(3) Under subsection (2), "support" may include—

(a) replacement care for the cared-for person;

(b) respite services;

(c) any other steps a local authority considers appropriate as support.

(4) The Secretary of State must provide sufficient support to local authorities to ensure the scheme under subsection (1) is delivered in every local authority.

(5) For the purposes of this section—

"unpaid carer" means a person who provides or intends to provide care for another person otherwise than by virtue of a contract or other voluntary work;

"parent carer" has the same meaning as in section 17ZD of the Children Act 1989;

"young carer" has the same meaning as in section 96 of the Children and Families Act 2014."

New clause 57—*Integrated Care Boards: Scrutiny Committee*—

"(1) Each integrated care board must establish a Scrutiny Committee.

(2) Each Committee established under subsection (1) must—

(a) oversee the operation of the integrated care board,

(b) ensure accountability of the integrated care board with regards to—

(i) allocation of resources;

(ii) grievance and complaint management;

(iii) innovation and service redesign in line with Government objectives;

(iv) delivery of services;

(v) integration with social care;

(vi) advancing public health objectives;

(vii) issues relating to workforce or estate; and

(viii) any other issues as designated by the Secretary of State.

(c) have the power to undertake inquiries into innovation on services delivery and outcomes.

(3) The Committee must comprise—

(a) Members of Parliament representing constituencies in the area covered by the integrated care board,

(b) Chairs of local government health and social care committees in the area covered by the integrated care board,

(c) representatives from Healthwatch England or any patient participation network designated by the Secretary of State, and

(d) Representatives from trade unions including—

(i) two representatives from unions involved in negotiations on Agenda for Change, and

(ii) one representative from a trade union representing doctors or dentists.

(4) The Committee must meet six times each year.

(5) The Chair of the Committee must be elected at an annual general meeting of the Committee.

(6) The Committee must report to the Board of the integrated care board.

(7) The Chair and Chief Executive of each integrated care board and leaders of health providers and services must attend a meeting of a Committee when requested to do so.

(8) Each Committee will report to the Secretary of State for Health and Social Care."

New clause 66—*Maternity services: safe staffing levels*—

"(1) The Secretary of State must ensure that maternity staffing levels are sufficient to ensure all residents in England can access a staffed maternity unit within 45 minutes of their home.

(2) The Secretary of State must ensure adequate workforce planning, including through delivery of a consultant obstetrician and gynaecologist recruitment and retention plan, to ensure that maternity units are not required to close as a result of staffing issues.

(3) The Secretary of State must lay before Parliament an annual report on the progress made on national maternity staffing levels under this section."

This new clause would ensure that no maternity units are forced to close as a result of staffing issues and that every person in England has access to a maternity unit within 45 minutes of their home.

New clause 67—*Workforce planning and supply*—

"(1) After section 1 of the National Health Service Act 2006 insert—

"1ZA Secretary of State's duty as to workforce planning and supply

(1) The Secretary of State must promote in England a comprehensive system of workforce planning and supply designed to secure that there are sufficient people with the necessary skills and experience to provide services as part of the health service.

(2) In meeting the requirement under subsection (1), the Secretary of State must exercise the functions conferred by this Act so as to secure that the workforce needs of the health service are assessed and met.

(3) The Secretary of State retains ministerial responsibility to Parliament for workforce planning and supply for the health service in England."

(2) For section 1GA of the National Health Service Act 2006 substitute—

"Workforce strategy

(1) The Secretary of State must prepare and publish a strategy setting out how the Secretary of State proposes to discharge the duty under section 1ZA.

(2) The strategy must include—

(a) an assessment of the current workforce of the health service;

(b) projections of the workforce required to meet the needs of the health service over periods of five, ten and fifteen years beginning with the day on which the strategy is published;

(c) an assessment of the expected supply of people available to meet those requirements;

(d) an assessment of any difference between the projected workforce requirements and expected workforce supply;

(e) the measures that the Secretary of State proposes to take to address any such difference; and

(f) an assessment of the financial and other resources required to implement those measures.

(3) In preparing or revising the strategy, the Secretary of State must consult—

(a) integrated care boards;

(b) NHS trusts and NHS foundation trusts;

(c) persons providing services as part of the health service;

(d) trade unions representing persons employed or otherwise engaged in the provision of those services;

(e) professional bodies and professional regulators;

(f) persons concerned with the provision of education and training for the workforce;

(g) persons representing patients; and

(h) such other persons as the Secretary of State considers appropriate.

(4) The first strategy under this section must be published before the end of the period of 12 months beginning with the day on which this section comes into force.

(5) The Secretary of State must—

(a) review the strategy before the end of the period of five years beginning with the day on which it was last published, and

(b) following each review, publish a revised strategy.

(6) The Secretary of State may revise the strategy before the end of that period if the Secretary of State considers it appropriate to do so.

(7) The Secretary of State must lay before Parliament a copy of each strategy published under this section.

(8) The Secretary of State must have regard to the strategy when exercising functions in relation to the health service.""

This new clause places responsibility for workforce planning and supply for the health service in England on the Secretary of State, including ministerial responsibility to Parliament. It also requires the Secretary of State to publish a strategy setting out projected workforce requirements and supply, and the measures and resources needed to meet those requirements.

New clause 69—*Self-care*—

"In the National Health Service Act 2006, after section 1C insert—

"1CA Duty as to self-care

In exercising functions in relation to the health service, the Secretary of State must have regard to the importance of—

(a) promoting self-care and improving health literacy as part of the prevention of illness and the improvement of health and wellbeing;

(b) supporting people to manage self-treatable conditions independently where appropriate; and

(c) the role of community pharmacy in supporting self-care and prevention and helping people to access appropriate care.""

This new clause would require the Secretary of State, when exercising functions in relation to the health service, to have regard to the importance of promoting self-care and improving health literacy, supporting people to manage self-treatable conditions, and the role of community pharmacy in supporting self-care and prevention.

New clause 74—*Protection of pharmacy staff during provider failure*—

"(1) The Secretary of State must establish arrangements to protect the pay and essential employment protections of staff employed by a provider of pharmaceutical services where the provider—

(a) becomes insolvent,

(b) ceases to provide pharmaceutical services,

(c) has its arrangements for providing pharmaceutical services suspended or terminated, or

(d) is otherwise unable to meet its obligations to its employees.

(2) Arrangements under subsection (1) must provide for—

(a) the continuation, so far as reasonably practicable, of payment of wages to affected staff,

(b) the preservation of essential employment protections during the period of emergency intervention,

(c) the maintenance of staffing necessary for the safe provision of pharmaceutical services, and

(d) the transfer, continuation or replacement of employment arrangements where necessary to secure continuity of pharmaceutical services.

(3) The Secretary of State may make payments to, or in respect of, affected staff for the purposes of this section.

(4) The Secretary of State may recover from the failed provider any sums paid under subsection (3).

(5) Arrangements under this section must be capable of operating at the same time as arrangements made under section 133 of the National Health Service Act 2006 to secure alternative provision of pharmaceutical services.

(6) The Secretary of State must publish guidance about the operation of arrangements under this section."

This new clause would protect pharmacy staff's pay and essential employment rights when a provider fails, while supporting continuity of services.

New clause 75—*Integrated primary care teams*—

"(1) Each integrated care board must make arrangements to promote the provision of joined-up primary care services across general practice, primary dental services and pharmaceutical services.

(2) Arrangements under subsection (1) must, so far as reasonably practicable, provide for—

(a) general practitioners, dentists, pharmacists and other relevant primary care professionals to work together as part of integrated local primary care teams;

(b) the sharing of relevant patient information between those professionals through secure and interoperable digital systems;

(c) the use of common or interoperable care records, so that relevant clinical information can be accessed by an authorised professional involved in a patient's care;

(d) appropriate mechanisms for referral and communication between general practice, dental practices and community pharmacies;

(e) the reduction of duplication in assessments, prescribing, referrals and administrative processes; and

(f) improved continuity and coordination of care for patients with multiple or ongoing health needs.

(3) In exercising its functions under this section, an integrated care board must have regard to the need to ensure that patients can move between general practice, primary dental services and pharmaceutical services without unnecessary duplication, delay or loss of relevant clinical information.

(4) The Secretary of State may by regulations make provision about—

(a) minimum interoperability standards for systems used by providers of primary medical, dental and pharmaceutical services;

(b) standards for the secure exchange of patient information;

(c) common data standards and clinical terminology;

(d) electronic referrals and communications between providers; and

(e) such other matters as the Secretary of State considers necessary to support integrated primary care.

(5) Regulations under subsection (4) must include appropriate safeguards for patient confidentiality, information governance and the lawful processing of personal data.

(6) In this section—

"primary care team" means a group of health professionals and providers working together to provide or coordinate primary care services;

"primary dental services" has the meaning given by section 98C of the National Health Service Act 2006; and

"pharmaceutical services" includes services provided under Part 7 of that Act."

This new clause would promote joined-up working between GPs, dentists and pharmacists to improve coordination and continuity of care.

New clause 79—*Voluntary sector role in neighbourhood health plans*—

"(1) In preparing a neighbourhood health plan, a responsible local authority and integrated care board must take and demonstrate reasonable steps to ensure the plan is co-produced with meaningful involvement by the local voluntary, community and social enterprise sector in that area, including the development, design, implementation, monitoring and evaluation of the plan.

(2) In meeting the requirement under subsection (1) a local authority and integrated care board must in particular have regard to—

(a) organisations representing people with lived experience of health conditions;

(b) organisations working with underserved or marginalised populations; and

(c) the role of voluntary, community and social enterprise organisations in delivering community-based services.

(3) The responsible local authority and integrated care board must demonstrate how they have ensured ongoing and meaningful representation of voluntary, community and social enterprise organisations across the governance, decision-making and commissioning arrangements relating to neighbourhood health plans at all stages of the planning process."

This new clause would require local authorities and integrated care boards to take and demonstrate reasonable steps to ensure neighbourhood health plans are co-produced with meaningful involvement by the local voluntary, community and social enterprise sector in the local area.

New clause 80—*Power to enable reservation and prioritisation of contracts for the voluntary, community and social enterprise sector*—

"(1) In exercising their commissioning functions, integrated care boards must take reasonable steps to secure the participation of voluntary, community and social enterprise organisations in the provision of services.

(2) The Secretary of State must through regulations enable integrated care boards to reserve and/or prioritise contracts to be delivered by voluntary, community and social enterprise organisations as part of their commissioning process.

(3) Circumstances in which contracts may be appropriate to be reserved or prioritised under subsection (2) include—

(a) services that are, or could be, community-based;

(b) services that are intended to reach populations that are underserved, marginalised, or experiencing health inequalities; or

(c) where voluntary, community and social enterprise organisations are best placed to deliver person-centred and/or culturally competent care.

(4) In exercising functions under this section, integrated care boards must have regard to—

(a) the need to reduce health inequalities;

(b) the importance of securing equitable access to services across different areas; and

(c) the sustainability of voluntary, community and social enterprise provision."

This new clause would require integrated care boards to take reasonable steps to secure the participation of voluntary, community and social enterprise organisations in the provision of services through the ICB commissioning process.

New clause 85—*Duties on integrated care boards regarding education, health and care plans—*

"(1) The Secretary of State must exercise the powers in Part 3 of the Children and Families Act 2014 (children with special education needs) with a view to securing that integrated care boards ("ICBs") are subject to the same relevant requirements as local authorities in relation to the duty to secure the specified special educational provision for a child or young person in the preparation of education, health and care plans ("EHC plans") under that Part.

(2) For the purposes of subsection (1), the relevant requirements are—

(a) that the special educational provision set out in section F of an EHC plan meets the needs identified by an EHC needs assessment;

(b) that ICBs can be required to provide such special educational provision;

(c) that ICBs must provide such special educational provision from the date the EHC plan is finalised or issued;

(d) that ICBs are subject to appeals to the First-tier Tribunal in accordance with section 51 of the Children and Families Act 2014; and

(e) that any duty on ICBs to provide such special educational provision does not impact upon an ICB's duty to arrange health care provision, where this is required by an EHC plan."

This new clause would require the Secretary of State to make regulations placing a statutory duty on integrated care boards to ensure that where an EHC plan specifies special education provision, they are subject to the same duty as local authorities to ensure that this is arranged for the child or young person.

New clause 90—*Duty to reduce health inequalities—*

"(1) Section 2B of the National Health Service Act 2006 (functions of local authorities and Secretary of State as to improvement of public health) is amended as follows.

(2) In the heading, after "health" insert "and reduction of health inequalities".

(3) In subsection (2)—

(a) for "may" substitute "must"; and

(b) after "England" insert "and reducing health inequalities between the people of England".

(4) In subsection (3), after paragraph (g) insert—

"(h) collaborating with any government department or local authority."

(5) After subsection (5) insert—

"(6) In this section, "health inequalities between the people of England" means health inequalities between persons, or persons of different descriptions, living in England or in different parts of England.

(7) In this section, "health inequalities" means inequalities in respect of life expectancy or general state of health which are wholly or partly a result of differences in respect of general health determinants.

(8) In subsection (7), "general health determinants" include—

(a) standards of housing, transport services or public safety;

(b) environmental factors, including air quality and access to green space and bodies of water;

(c) employment prospects, earning capacity and any other matters that affect levels of prosperity;

(d) the degree of ease or difficulty with which persons have access to public services;

(e) the use, or level of use, of tobacco, alcohol or other substances, and any other matters of personal behaviour or lifestyle, that are or may be harmful to health; and

(f) any other matters that are determinants of life expectancy or the state of health of persons generally, other than genetic or biological factors.

(9) In subsection (2), the reference to reducing health inequalities includes mitigating any increase in health inequalities which would otherwise be occasioned by the exercise of the Secretary of State's functions.""

New clause 91—*Health improvement and health inequalities strategy—*

"(1) The Secretary of State must, within six months beginning on the day on which this Act is passed, publish a health improvement and health inequalities strategy.

(2) In preparing the strategy, the Secretary of State must consult such persons as the Secretary of State considers appropriate.

(3) The strategy must include—

(a) long-term targets relating to health improvement and the reduction of health inequalities in England throughout a person's life;

(b) provision for the establishment of a public authority with functions relating to the additional monitoring of, and reporting on, progress towards the targets included in the strategy in accordance with paragraph (a); and

(c) such other provision as the Secretary of State considers appropriate.

(4) The long-term targets included in the strategy in accordance with subsection (3)(a) must include—

(a) at least one target relating to the improvement of the health of persons under the age of 18 in England; and

(b) at least one target relating to the improvement of the health of persons aged 18 or over in England.

(5) A Minister of the Crown must, in exercising the Minister's functions, have regard to the strategy.

(6) The Secretary of State must prepare and publish a report on the implementation of the strategy—

(a) within 12 months of the publication of the strategy; and

(b) at intervals of no more than 12 months thereafter.

(7) In this section, "health inequalities" means inequalities in respect of life expectancy or general state of health which are wholly or partly a result of differences in respect of general health determinants."

New clause 93—*State of NHS Dentistry report—*

"(1) The Secretary of State must publish and lay before Parliament a report on the state of NHS dentistry in England ("the State of Dentistry Report") at least once every two years.

(2) The State of Dentistry Report must include an assessment of—

(a) access to NHS dental services and levels of unmet need;

(b) the adequacy, distribution and sustainability of the NHS dental workforce, including general dental services, community dental services, hospital dental services, dental public health consultants and dental academia;

(c) geographical inequalities in access to NHS dental services and oral health outcomes;

(d) inequalities in access to NHS dental services and oral health outcomes between different socioeconomic groups and populations, including but not limited to people living in care homes and people experiencing homelessness;

(e) demand and waiting times for dental treatment in community dental services and secondary care;

(f) the extent to which inadequate access to NHS dental services contributes to avoidable pressure on other parts of the NHS, including primary medical care, urgent and emergency care, hospital services and the prescribing of medicines; and

(g) the measures required to address any deficiencies or inequalities identified under paragraphs (a) to (f).

(3) The report must include such indicators as the Secretary of State considers appropriate for assessing each of the matters set out in subsection (2), and those indicators must, wherever appropriate, be presented in a manner that enables comparisons to be made between different areas and populations and over time, including by reference to population size, full-time equivalent workforce and other relevant measures.

(4) In preparing the report, the Secretary of State must have regard to the need to ensure that NHS dental services are sufficient to meet the current and projected need for dental care in England.

(5) The Secretary of State must, within six months of publishing a State of Dentistry Report, set out the measures the Government intends to take in response to the findings of the report.

(6) The Secretary of State must make arrangements for each State of Dentistry Report, and the Government's response to it, to be debated in each House of Parliament.

(7) The first State of Dentistry Report must be published within 12 months of the passing of this Act."

This new clause would require the Secretary of State to publish and lay before Parliament a regular report on the state of NHS dentistry in England, assessing access to and unmet need for NHS dental services, workforce capacity and distribution, geographical and wider inequalities, and the pressure that inadequate access to NHS dental services places on other parts of the NHS. It would also require the Government to respond to each report and ensure that both the report and response are debated in Parliament.

New clause 104—*NHS-funded In Vitro Fertilisation*—

"(1) Within six months of the passage of this Act, the Secretary of State must by regulations make arrangements for the standardised provision of NHS-funded In Vitro Fertilisation (IVF).

(2) Provision under this section must, in accordance with any existing NICE guidelines, set requirements for all integrated care boards in England relating to NHS-funded IVF.

(3) Requirements under subsection (2) include—

(a) standardisation of the minimum number of rounds of IVF available to one individual, and

(b) standardisation of the maximum and minimum age at which an individual can access IVF."

This new clause would require the Secretary of State to make regulations standardising NHS-funded IVF provision across all integrated care boards in England, in accordance with existing NICE guidelines, including the number of rounds available to an individual and the age limits for access.

New clause 106—*Report on the duty to co-operate*—

"(1) Within six months beginning on the day on which this Act is passed, the Secretary of State must lay a report before both Houses of Parliament on—

(a) the operation of the duty to co-operate under section 72 of the National Health Service Act 2006 (co-operation between NHS bodies) and section 82 of that Act (co-operation between NHS bodies and local authorities), and

(b) the impact of those duties on the integration of health and social care in England.

(2) The report under subsection (1) must consider co-operation between—

(a) relevant NHS bodies, and

(b) relevant NHS bodies and local authorities,

in the delivery and commissioning of health and social care.

(3) Within six months of the report under subsection (1) being laid, the Secretary of State must—

(a) make provision to update guidance on the duty to co-operate, and

(b) implement actions to strengthen integration in the report which the Secretary of State considers most appropriate."

This new clause would place a requirement on the Secretary of State to report to Parliament, within six months of the Act passing, on how well NHS bodies and local authorities are working together to integrate health and social care in England. It would also place a requirement on the Secretary of State to update the related guidance and take action to strengthen this cooperation six months later.

New clause 108—*NHS ethical and sustainable procurement framework*—

"(1) Within six months beginning on the day on which this Act is passed, the Secretary of State must conduct a review of the NHS's ethical and sustainable procurement framework.

(2) Following the review under subsection (1), the Secretary of State must by regulations ensure that contracting authorities can exclude companies from bidding for a tender on the basis of any proven—

(a) involvement in violations of international law and/or,

(b) breaches of internationally accepted standards of business conduct including—

(i) the UN Guiding Principles and,

(ii) OECD Guidelines for Multinational Enterprises."

New clause 109—*Artificial intelligence governance and auditing*—

"(1) Within 12 months beginning on the day on which this Act is passed, the Secretary of State must publish guidance on the—

(a) governance,

(b) monitoring,

(c) assurance, and

(d) audit of artificial intelligence (AI) systems used in health and care settings.

(2) The guidance under subsection (1) must include—

(a) requirements for healthcare organisations to maintain an inventory of AI systems used in clinical and operational processes,

(b) requirements for proportionate monitoring, by the healthcare organisations, of AI systems throughout their operational lifecycle, including safety, performance and effectiveness,

(c) processes for identifying, investigating and responding to material deterioration in AI system performance,

(d) arrangements for documenting accountability and decision-making responsibilities relating to AI deployment and use,

(e) expectations regarding transparency, reporting, and ability to audit AI enabled services.

(3) Each health and care setting required to implement guidance under this section must designate a senior individual who is responsible for—

(a) the monitoring, assurance and audit of AI systems under subsection (1) in their health or care setting;

(b) supporting AI providers and vendors to perform their post market surveillance as required;

(c) addressing the governance of legacy AI systems; and

(d) addressing the governance and impact of decommissioning of AI systems.

(4) The Care Quality Commission must have regard to the guidance published under subsection (1) when exercising its functions.

(5) The Care Quality Commission should assess whether providers have appropriate arrangements in place for the—

(a) governance,

(b) monitoring, and

(c) safe use of artificial intelligence systems, and may require evidence that such arrangements are operating effectively."

New clause 119—*Report into digital health services in rural and coastal areas*—

"(1) The Secretary of State must publish a report on the equality of access to and quality of digital health services in rural and coastal areas within 12 months of the passing of this Act.

(2) The report under subsection (1) must include an action plan to ensure rural and coastal practices are able to provide remote consultations and electronic prescription services."

This new clause would require the Secretary of State to publish a report on equality of access to and quality of digital health services in rural and coastal areas.

New clause 120—*Farmer friendly accredited general practice scheme*—

"(1) The Secretary of State must create a farmer friendly accredited general practice scheme to recognise and resource GP practices that proactively reach farming communities.

(2) The scheme under subsection (1) should be modelled on Royal College of GPs' Veteran Friendly Accreditation scheme.

(3) The Secretary of State must instruct the CQC to develop clear guidance for the farmer friendly accredited general practice scheme which supports delivery of care in non-clinical community settings with proportionate hygiene protocols that reflect the setting."

This new clause places a duty on the Secretary of State to create a farmer friendly accredited general practice scheme.

New clause 121—*Continuity of specified national diabetes programmes*—

"(1) The Secretary of State must secure that the programmes listed in subsection (2) continue to be provided, to at least the same extent as immediately before the abolition of NHS England.

(2) The programmes referred to in subsection (1) are—

(a) the NHS Diabetes Prevention Programme;

(b) the NHS Type 2 Diabetes Path to Remission Programme;

(c) national provision for continuous glucose monitoring (CGM) for people with diabetes;

(d) the national roll-out of hybrid closed loop ("artificial pancreas") technology for people with type 1 diabetes;

(e) the National Diabetes Audit programme, including the National Diabetes Footcare Audit and the National Diabetes Inpatient Safety Audit;

(f) any other programme specified for the purposes of this section in regulations made by the Secretary of State.

(3) Before making a scheme under section 2 for the transfer of property, rights or liabilities relating to a programme listed in subsection (2) the Secretary of State must publish a statement explaining how continuity of that programme is to be maintained.

(4) Before the end of the period of 12 months beginning with the day on which this section comes into force, and at least once every subsequent period of 12 months, the Secretary of State must lay before Parliament a report on the provision of the programmes listed in subsection (2), including information on patient access, waiting times and outcomes.

(5) Regulations under subsection (2)(f) are subject to annulment in pursuance of a resolution of either House of Parliament."

This new clause would require the Secretary of State to maintain existing national diabetes prevention, treatment and audit programmes following the abolition of NHS England, to explain how continuity will be secured before transferring related functions, and to report annually to Parliament on their provision.

New clause 122—*Report on effect of abolition of NHS England on diabetes services*—

"(1) Before the end of the period of 12 months beginning with the day on which section 1 comes into force, and no less frequently than every 12 months thereafter for the following 3 years, the Secretary of State must publish and lay before Parliament a report assessing the effect of the abolition of NHS England on the planning, funding and delivery of diabetes prevention, treatment and care services in England.

(2) A report under subsection (1) must include an assessment of—

(a) any change in funding allocated to diabetes prevention, treatment and care programmes;

(b) any change to the operation or continuation of national clinical audits relating to diabetes;

(c) the impact on patient access to diabetes technology, including glucose monitoring and insulin delivery systems;

(d) the impact on workforce capacity in specialist diabetes services."

This new clause would require the Government to monitor and report to Parliament on the impact of NHS England's abolition specifically on diabetes services.

New clause 133—*England and Wales cross-border healthcare: statement of values and principles*—

"(1) The Secretary of State and each integrated care board must, in exercising functions relating to the provision or commissioning of health services to persons residing in an area of England or Wales close to the border between England and Wales, have regard to the 2018 England / Wales Cross-border Healthcare Services: Statement of Values and Principles.

(2) For the purposes of this section, "the England / Wales Cross-border Healthcare Services: Statement of Values and Principles" means the statement published by NHS England and the Welsh Ministers on 6 November 2018, or a revised statement designated by regulations under subsection (3).

(3) The Secretary of State may by regulations designate a revised version of the Statement for the purposes of this section.

(4) Before making regulations under subsection (3), the Secretary of State must consult—

(a) the Welsh Ministers;

(b) each integrated care board whose area is close to the border between England and Wales;

(c) each Local Health Board whose area is close to the border between England and Wales; and

(d) such organisations representing patients affected by cross-border healthcare arrangements as the Secretary of State considers appropriate.

(5) Regulations under subsection (3) are to be made by statutory instrument.

(6) A statutory instrument containing regulations under subsection (3) may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament."

This new clause would require the Secretary of State and integrated care boards to have regard to the England / Wales Cross-border Healthcare Services: Statement of Values and Principles when exercising relevant functions in areas close to the England-Wales border. It would also enable the Secretary of State to designate a revised version of the Statement, following consultation with the Welsh Ministers, relevant integrated care boards and Local Health Boards, and organisations representing patients affected by cross-border healthcare arrangements.

New clause 134—*England and Wales cross-border healthcare arrangements*—

"(1) The Secretary of State must, within 18 months of the passing of this Act, seek to agree with the Welsh Ministers a revised England / Wales Cross-border Healthcare Services: Statement of Values and Principles.

(2) In preparing the revised Statement under subsection (1), the Secretary of State must consider—

(a) the effectiveness of existing arrangements for the provision and commissioning of cross-border health care services;

(b) the interests of patients who live in England or Wales and receive, or may receive, health services on the other side of the border;

(c) arrangements for the commissioning and funding of cross-border healthcare services;

(d) arrangements for resolving disputes between relevant bodies in England and Wales; and

(e) the appropriate means of placing the principles governing England and Wales cross-border health care services on a statutory footing.

(3) The Secretary of State must, within two years of the passing of this Act—

(a) publish the revised Statement agreed under subsection (1), or, where no revised Statement has been agreed, publish a report setting out the steps taken to seek such agreement and the reasons why agreement has not been reached;

(b) lay the revised Statement or report before Parliament; and

(c) lay before Parliament proposals for placing the principles governing England and Wales cross-border healthcare services on a statutory footing."

This new clause would require the Secretary of State to seek agreement with the Welsh Ministers on a revised England / Wales Cross-border Healthcare Services: Statement of Values and Principles within 18 months of the passing of the Act. It would also require the Secretary of State, within two years, to lay the revised Statement, or a report where agreement has not been reached, before Parliament and to bring forward proposals for placing the principles governing England and Wales cross-border healthcare services on a statutory footing.

New clause 135—*Reporting on mortality inequalities for autistic people and people with learning disabilities—*

"(1) Within 12 months of the passage of this Act, the Secretary of State must prepare and publish a report on the mortality inequalities experienced by autistic people and people with a learning disability.

(2) The report under subsection (1) must specify targets for reducing mortality inequalities between people without a learning disability and autistic people and people with any learning disability.

(3) Within 3 months of the publication of the report under subsection (1) the Secretary of State must make regulations which require ICBs to publish an annual report which includes—

(a) mortality rates for—

(i) autistic people,

(ii) people with any learning disability,

(iii) people without a learning disability.

(b) identification of any areas in which data collection on mortality inequalities experienced by autistic people and people with learning disabilities is inadequate,

(c) a review of the reasons for any inequalities in mortality rates,

(d) a plan for reducing inequalities in mortality rates between people without a learning disability and autistic people and people with any learning disability.

(4) Regulations under subsection (3) must make provision for the annual reports to continue for as long as mortality inequalities between people without a learning disability and autistic people and people with any learning disability exist.

(5) The Secretary of State must publish an annual report summarising the information in the ICB reports under subsection (3), identifying national trends in—

(a) mortality rates,

(b) reasons for inequalities in mortality rates,

(c) potential actions to reduce inequalities in mortality rates."

This new clause would require the Secretary of State to publish a report on the mortality inequalities experienced by autistic people and people with a learning disability and make provision for ICBs to publish annual reports on such inequalities in their area and proposed actions for remedying such inequalities.

New clause 136—*North Cornwall: Dental appointments—*

"(1) Within one year beginning on the date on which this Act is passed, the Secretary of State must ensure that there is adequate provision of NHS dentistry in North Cornwall.

(2) Adequate provision under subsection (1) means—

(a) access to urgent dental appointments for any person with an urgent need, and

(b) improved access to routine dental appointments.

(3) The Secretary of State must explain any failure to meet the requirement set out in subsection (1) at a public event in the local area."

This new clause places a duty on the Secretary of State to ensure there is adequate provision of NHS dental appointments in North Cornwall.

New clause 144—*Prioritising British citizens for the UK foundation programme—*

"(1) The Medical Training (Prioritisation) Act 2026 is amended as follows.

(2) In section 4, after subsection (4) insert—

"(4A) A person is within this subsection if they—

(a) are a British citizen, and

(b) hold a primary medical qualification from an international branch campus of a higher education institution in the United Kingdom.""

This new clause amends the Medical Training (Prioritisation) Act 2026 so that British citizens who have studied at international branch campuses of UK higher education institutions can be prioritised for foundation programme training places.

New clause 145—*Response to the Hughes Report: options for redress for those harmed by valproate and pelvic mesh—*

"The Secretary of State must, within 30 days of the day on which this Act is passed, publish the Government's response to the Hughes Report."

This new clause would require the Secretary of State to publish the Government's response to the Hughes Report within 30 days of this Act being passed.

New clause 152—*Requirement for merit-based job allocations for doctors—*

"(1) The Medical Training (Prioritisation) Act 2026 is amended as follows.

(2) In section 1, at end insert—

"(2) Applicants eligible under this section shall be prioritised based on merit, determined by reference to the applicant's—

(a) qualifications,

(b) professional competence,

(c) clinical experience,

(d) skills, and

(e) ability to perform the duties of the post."

(3) In section 2, after subsection (1) insert—

"(1A) Applicants eligible under subsection (1) shall be prioritised based on merit, determined by reference to the applicant's—

(a) qualifications,

(b) professional competence,

(c) clinical experience,

(d) skills, and

(e) ability to perform the duties of the post."

(4) In section 3, after subsection (1) insert—

"(1A) Applicants eligible under subsection (1) shall be prioritised based on merit, determined by reference to the applicant's—

(a) qualifications,

(b) professional competence,

(c) clinical experience,

(d) skills, and

(e) ability to perform the duties of the post.""

New clause 153—*Redundancies*—

"The Secretary of State must publish, within 12, 24, and 48 months of the passage of this Act, the number of persons—

(a) employed by the Department for Health and Social Care, and

(b) made redundant following the abolishment of NHS England under subsection (1) of this Act."

This new clause would require the Secretary of State to publish the number of staff in the Department for Health and Social Care and the number of people made redundant following the abolishment of NHS England.

New clause 154—*Medical training places*—

"The Secretary of State must increase the number of medical school training places to 15,000 by the year 2031-32."

This new clause would put a duty on the Secretary of State to double the number of medical school training places.

New clause 155—*Self-care and health literacy in neighbourhood health plans*—

"(1) Guidance issued by the Secretary of State under section 14Z58 of the National Health Service Act 2006 as amended by section 24(4) of this Act (neighbourhood health plan) must require that every neighbourhood health plan includes arrangements for—

(a) supporting self-care and self-management, including by enabling people to manage minor and long-term conditions, and conditions that are self-limiting, themselves where it is safe and appropriate to do so;

(b) improving health literacy and ensuring that people living or working in the area have access to trusted, quality-assured information, advice and digital tools to support them in managing their own health and wellbeing;

(c) facilitating access to community pharmacy services, including pharmacy services that support self-care, the management of minor ailments and medicines optimisation;

(d) supporting patients to access the most appropriate level of care for their needs, including through patient-facing digital services connected to any system established under section 250E of the National Health Service Act 2006 (single patient record); and

(e) reducing avoidable demand on NHS services through the promotion of self-care and prevention.

(2) In preparing guidance under section 14Z58 of the National Health Service Act 2006 as amended by section 24(4) of this Act, the Secretary of State must have regard to—

(a) improving health literacy,

(b) the role of community pharmacy as an accessible point of contact for self-care support and health advice, and

(c) the contribution of digital tools and patient-facing services to enabling self-care, self-management and appropriate care navigation.

(3) The Secretary of State must, within 12 months of the date on which this Act is passed, publish a self-care strategy for England (the "self-care strategy") which must set out—

(a) the national framework within which neighbourhood health plans will be required to embed self-care and self-management, including the management of self-limiting conditions, as a core component of local health and care services;

(b) the steps the Secretary of State will take to promote self-care and health literacy as part of the prevention and early intervention agenda across the NHS;

(c) the role of community pharmacy in delivering the self-care strategy, including the services and information that community pharmacy is expected to provide in support of self-care;

(d) the role of patient-facing digital services, including any system established under section 250E of the National Health Service Act 2006, in supporting self-care, self-management and navigation to appropriate care;

(e) the steps the Secretary of State will take to reduce avoidable demand on NHS services through the promotion of self-care; and

(f) the measurable outcomes against which progress in implementing the self-care strategy will be assessed, and the arrangements for reporting on progress.

(4) The Secretary of State must lay the self-care strategy before Parliament on the day on which it is published and must review and update it at least every three years.

(5) In this section—

"neighbourhood health plan" has the same meaning as in section 24 of this Act;

"self-care" means the actions taken by individuals to maintain their own health, manage minor or long-term conditions, including conditions that are self-limiting, and prevent ill health, including through the use of over-the-counter medicines, health information and digital tools."

This new clause would require neighbourhood health plans to include arrangements for supporting self-care and self-management. It would require guidance to the responsible local authority and integrated care boards to reflect the guidance and require the Secretary of State to publish a national self-care strategy.

New clause 157—*Report on delivery of transformative technology commitments*—

"(1) The Secretary of State must, within 12 months of the day on which this Act is passed, publish and lay before Parliament a report setting out the Government's approach to delivering the transformative technology commitments in the document entitled "Fit for the Future: the 10 Year Health Plan for England" published in July 2025.

(2) The report under subsection (1) must cover the following areas—

(a) data quality, interoperability and the use of NHS data for research and innovation,

(b) artificial intelligence,

(c) genomics and predictive analytics,

(d) wearables and real-time monitoring, and

(e) robotics and precision technologies.

(3) The report must include—

(a) the principal milestones and intended outcomes for patients and the health service in each of the areas listed in subsection (2),

(b) the main risks to delivery and the steps being taken to mitigate them, and

(c) how progress will be measured."

New clause 158—*Progress reports on the women's health strategy*—

"(1) The Secretary of State must, within 12 months of the day on which this Act is passed and at least once every two years thereafter, publish and lay before Parliament a report on progress in delivering the renewed Women's Health Strategy for England (published April 2026) or any successor strategy.

(2) A report under this section must include—

(a) a summary of delivery against the actions listed in the strategy's action summary tables, including which actions are on track, delayed or revised and the reasons why that is the case;

(b) data from the women's health data dashboard (or any successor data publication) on performance, access, outcomes and experience at national and neighbourhood level; and

(c) a summary of ongoing engagement with women, including through the women's voices partnership and patient-reported experience and outcome measures, and how that engagement has informed delivery.

(3) The report may incorporate or cross-refer to existing published material (including the action summary tables and the women's health data dashboard) where this meets the requirements of subsection (2)."

New clause 160—*Annual report on specialised services*—

"(1) Within 12 months of the passage of this Act, and every 12 months thereafter, the Secretary of State must publish a report on the commissioning and performance of specialised services commissioned by integrated care boards.

(2) A report under subsection (1) must include information relating to—

(a) patient outcomes;

(b) access to services;

(c) waiting times;

(d) workforce capacity;

(e) service sustainability;

(f) geographical variation in services;

(g) compliance with national service specifications; and

(h) arrangements for the coordination of specialist, community and neighbourhood care.

(3) A report under subsection (1) must be laid before both Houses of Parliament."

This new clause would require the Secretary of State to publish an annual report on specialised services commissioned by integrated care boards.

New clause 162—*Specialised services: annual report and published data*—

"(1) The Secretary of State must, prepare a report on the performance of specialised services in England, measured against the relevant national standards for those services.

(2) The Secretary of State must lay a report under subsection (1) before each House of Parliament as soon as reasonably practicable after the end of the financial year to which it relates.

(3) The Secretary of State must make arrangements for the regular publication of data on the quality and outcomes of specialised services, including, but not limited to, data of the kind currently published as Specialised Services Quality Dashboards.

(4) In this section, ″specialised services″ has the same meaning as in section 3B of the National Health Service Act 2006 (as amended by this Act)."

This new clause would place a duty on the Secretary of State to report annually to Parliament on the performance of specialised services against national standards, and to maintain regular publication of data on their quality and outcomes, equivalent to the Specialised Services Quality Dashboards currently produced by NHS England.

Amendment 102, in clause 1, page 1, line 2, at end insert—

"(2) Before NHS England is abolished, the Secretary of State must publish a document setting out the operating model for the exercise of functions by the Department of Health and Social Care following the abolition of NHS England (the ″operating model document″).

(3) The Secretary of State must publish a plan for the management of personnel affected by the abolition of NHS England and the transfer of its functions to the Department of Health and Social Care (the ″workforce transition plan″).

(4) The operating model document must include—

(a) a description of how each of the functions exercised by NHS England is to be exercised following its abolition;

(b) the governance and accountability arrangements for the exercise of those functions;

(c) the organisational structure of the Department of Health and Social Care as it will operate following the abolition; and

(d) the proposed timetable for the transition.

(5) The workforce transition plan must include—

(a) an assessment of the number of personnel whose employment is affected by the abolition of NHS England;

(b) the arrangements for the transfer, redeployment or redundancy of affected personnel; and

(c) proposals for consultation with recognised trade unions and staff representative bodies in connection with the abolition."

This amendment would require the Secretary of State to publish an operating model for the merged DHSC/NHSE and associated plan to manage personnel before NHS England is abolished.

Amendment 19, in clause 4, page 3, line 29, at end insert—

"(c) reduce inequalities between the people of England with respect to the access to health services and outcomes achieved for them between coastal and inland areas, and

(d) reduce inequalities between the people of England with respect to the access to health services and outcomes achieved for them between rural and urban areas."

This amendment would create a duty for the Secretary of State to reduce inequalities between coastal and inland areas and rural and urban areas.

Amendment 80, page 3, line 29, at end insert—

"(c) reduce inequalities in the prevention, diagnosis and treatment of diabetes, including variation in access to structured education, glucose monitoring technology and insulin pump therapy."

This amendment would make diabetes-related health inequalities an explicit, named consideration within the Secretary of State's general duty to reduce inequalities, rather than leaving diabetes provision to be addressed only implicitly.

Amendment 95, in clause 5, page 4, leave out lines 2 to 4 and insert—

"(1) In exercising functions in relation to the health service, the Secretary of State must act with a view to enabling patients to make choices with respect to aspects of health services provided to them, including to make choices as to the provider of those services.

(2) For the purposes of subsection (1), the Secretary of State must ensure that patients referred for a service to be provided outside a hospital setting ("out-of-hospital services") are offered a choice of provider of that service from among the providers available in their integrated care board area and, where relevant, in neighbouring areas, in accordance with regulations made under section 14Z45B.

(3) Regulations under section 14Z45B must provide that, where an out-of-hospital service is to be provided to a patient, the integrated care board must—

(a) offer the patient a choice of at least two providers capable of providing the service, which may include NHS bodies and independent sector providers approved to provide that service under arrangements with the integrated care board;

(b) provide the patient with information about each available provider to support an informed choice, including—

(i) indicative waiting times,

(ii) the location at which the service would be provided,

(iii) the quality ratings or outcomes data applicable to that provider for that service where such data is available, and

(iv) whether any costs may be incurred by the patient in travelling to or receiving the service with each provider;

(c) not exclude from the list of available providers any provider approved solely on grounds of commercial interest or organisational type; and

(d) take all reasonable steps to give effect to the patient's choice within a clinically appropriate timeframe.

(4) For the purposes of this section, "out-of-hospital services" means services—

(a) provided in community, primary care or ambulatory settings rather than in a hospital inpatient or outpatient department, and

(b) which the Secretary of State specifies by regulations as being within the scope of the choice obligation under subsection (2).

(5) For the purposes of this subsection (4)(b), out of hospital services which the Secretary of State may specify by regulations may include—

(a) diagnostic services,

(b) audiology and hearing aid care,

(c) podiatry,

(d) dietetics and nutrition,

(e) physiotherapy,

(f) ambulatory cardiac monitoring, and

(g) such other services as the Secretary of State considers appropriate.

(6) In specifying services under subsection (4)(b), the Secretary of State must have regard to—

(a) the potential for the expansion of choice to reduce waiting times for the relevant service,

(b) the availability of sufficient independent and NHS providers to make genuine choice meaningful, and

(c) the desirability of ensuring access to choice for patients in all parts of England, including in rural and deprived areas.

(7) The Secretary of State must publish, and lay before Parliament, within 12 months of the date on which this Act is passed, a statement setting out—

(a) the out-of-hospital services for which choice obligations under subsection (2) will initially apply,

(b) the timetable for extending the choice obligation to further services, and

(c) the support that will be made available to patients, in particular those with limited digital access or literacy, to exercise the choices to which they are entitled under this section.

(8) The Secretary of State must review and update the statement required by subsection (6) at intervals of not more than two years."

This amendment strengthens the new patient choice duty inserted by Clause 5 from a general aspiration into a specific, enforceable right to choose between providers for out-of-hospital services.

Amendment 37, in clause 6, page 4, line 11, at end insert—

"(1A) For the purposes of subsection (1) the Secretary of State must ensure that innovation in the provision of health services is supported and developed equitably across all regions of England, including by reducing inequalities in clinical research funding and clinical research capacity between different regions of England."

This amendment would ensure that in exercising their duty to promote innovation in the provision of health services, the Secretary of State must ensure that innovation in the provision of health services is supported and developed equitably across all regions of England.

Amendment 81, page 4, line 11, at end insert—

"(1A) The duty in subsection (1) includes, in particular, promoting innovation in the prevention, diagnosis and treatment of diabetes, including through the adoption of glucose monitoring and automated insulin delivery technologies."

This amendment would ensure that the existing duty to promote innovation is understood to cover the specific diabetes technologies (flash/CGM and hybrid closed loop systems) currently being rolled out by NHS England ,so that momentum on adoption is not lost through the transfer of functions.

Amendment 97, page 6, line 12, leave out clause 10.

Amendment 38, in clause 11, page 6, line 28, leave out lines 28 and 29 and insert—

"(1) Where the geographic area covered by an integrated care board sits within a Mayoral Combined Authority, the relevant Mayor may give integrated care boards directions as to the exercise of their functions.

(1A) Where the geographic area covered by an integrated care board does not sit within a Mayoral Combined Authority, the Secretary of State may give integrated care boards directions as to the exercise of their functions."

This amendment would give direction-making powers over integrated care boards to Combined Authority Mayors where boards sit within their authority. The Secretary of State would retain direction-making power where there is no relevant Combined Authority Mayor.

Amendment 39, page 7, line 4, after "Secretary of State" insert "or relevant Combined Authority Mayor".

This amendment is consequential on Amendment 38.

Amendment 40, page 7, line 11, after "Secretary of State" insert "or relevant Combined Authority Mayor".

This amendment is consequential on Amendment 38.

Amendment 103, in clause 12, page 9, leave out lines 33 to 39 and insert—

"(2) Before prescribing a service or facility under subsection (1)(b), the Secretary of State must publish an assessment of the likely impact of such a prescription on—

(a) patient safety;

(b) clinical outcomes;

(c) equality of access to services;

(d) workforce capacity and specialist expertise;

(e) service sustainability; and

(f) geographical variation in access to, and outcomes from, services.

(2A) The Secretary of State must lay the assessment under subsection (2) before both Houses of Parliament.

(2B) In deciding whether it would be appropriate to prescribe a service or facility under subsection (1)(b), the Secretary of State must have regard to the assessment published under subsection (2).

(2C) Where regulations made under subsection (1)(b) prescribe a service or facility for commissioning other than by the Secretary of State, the Secretary of State must publish and maintain a national service framework for that service or facility.

(2D) A framework under subsection (2C) must include provision relating to—

(a) service standards;

(b) care pathways;

(c) workforce requirements;

(d) rehabilitation and long-term follow-up;

(e) collection and publication of outcome data;

(f) coordination between specialist, community and neighbourhood services; and

(g) coordination of care for persons receiving treatment through multiple clinical pathways.".

This amendment would require the Secretary of State to publish an impact assessment before they make a decision to prescribe a service or facility under subsection (1)(b) of section 3B of the National Health Service Act 2006 and maintain a national service framework for any specialised service no longer commissioned directly by the Secretary of State.

Amendment 101, page 10, line 10, at end insert—

"(5) The Secretary of State must, within six months of this section coming into force, publish a specialised commissioning plan setting out—

(a) which services or facilities the Secretary of State intends to commission nationally under section 3B(1)(b), and

(b) the principles and criteria that will be used to decide whether a service or facility should be commissioned nationally or by integrated care boards.

(6) Before making regulations under section 3B(1)(b) that would make a significant change to the range of services or facilities commissioned nationally, the

Secretary of State must—

(a) publish a transition plan explaining the reasons for the change, the impact on patients, and the arrangements for continuity of care and clinical standards,

(b) consult such persons as the Secretary of State considers appropriate (including patients who use the affected services or their representatives, clinicians, and the bodies that would gain or lose commissioning responsibility), and

(c) publish a summary of the consultation responses and the Secretary of State's response to them.

(7) The specialised commissioning plan under subsection (5) must be kept under review and revised as appropriate, and any revised plan must be published."

Amendment 53, Clause 14, page 10, leave out lines 40 to 44 and insert—

"(a) confers functions on integrated care boards in relation to commissioning primary care services, including the provision of alternative general medical services for patients who—

(i) are unable to obtain appropriate care from the general practice responsible for their usual catchment area, or

(ii) no longer reasonably feel able or comfortable to receive care from that general practice,

(b) requires integrated care boards to make arrangements to support access to such alternative provision where it is necessary to meet the reasonable requirements of those patients,

(c) transfers related functions from NHS England to the Secretary of State, and

(d) contains other amendments relating to primary care services."

This amendment would require integrated care boards to support and arrange alternative general practice provision for patients who cannot access appropriate care from their usual catchment GP practice, or who reasonably no longer feel able or comfortable receiving care from that practice.

Amendment 76, in clause 15, page 11, line 33, at end insert—

"(4A) The Secretary of State must take reasonable steps to ensure that arrangements under subsection (2) are accessible and inclusive, having particular regard to the needs of persons with disabilities and persons with long-term, complex or fluctuating health conditions."

This amendment would require the Secretary of State to take reasonable steps to ensure that arrangements for public involvement in commissioning are accessible and inclusive, with particular regard to the needs of persons with disabilities and persons with long-term, complex or fluctuating health conditions.

Amendment 79, in clause 16, page 11, line 10, at end insert—

"(3) Regulations under this section must, in relation to children and young people referred to child and adolescent mental health services, require integrated care boards to make arrangements for appropriate interim support during any period between referral and the commencement of substantive treatment or assessment.

(4) The arrangements under subsection (3) may include—

(a) regular appointments or check-ups with a GP or other primary care professional;

(b) support from a family support worker;

(c) regular wellbeing checks or support provided through a school, including by a school nurse or other appropriate professional; and

(d) access to appropriate peer support, youth clubs or other community-based support.

(5) The purpose of arrangements under subsection (3) is to ensure that a child or young person does not remain without appropriate support solely because they are awaiting the commencement of substantive assessment or treatment."

This amendment would require interim support for children and young people referred to CAMHS while they are waiting for substantive assessment or treatment.

Amendment 32, page 12, line 10, at end insert—

"(3) Regulations under this section must make provision requiring integrated care boards to make arrangements which ensure that community equipment and wheelchair services are provided within 18 weeks of the date on which a person is assessed as requiring such equipment or services.

(4) For the purposes of subsection (3)—

"community equipment and wheelchair services" means equipment, aids, home adaptations or appliances provided to support a person's independence, safety, care or daily living at home or in the community, including hoists, hospital beds, pressure-relieving mattresses, commodes, shower chairs, walking frames, grab rails, ramps, specialist seating, postural support equipment, associated mobility equipment, and wheelchairs."

This amendment would require the Secretary of State to make regulations which would require integrated care boards to ensure that community equipment and wheelchair services are provided within 18 weeks of the date on which a person is assessed as requiring such equipment or services.

Amendment 98, page 12, line 10, at end insert—

"(3) Regulations under subsection (1) must require the publication, at least monthly, of statistics on consultant-led referral-to-treatment pathways that include a breakdown of unreported removals, and the reasons for those removals, including distinguishing between—

(a) removals attributable to validation exercises (including administrative, technical or clinical validation), and

(b) other unreported removals.

(4) The statistics required by subsection (3) must be published—

(a) at national level,

(b) by integrated care board area, and

(c) by NHS trust and NHS foundation trust.

(5) In this section—

"unreported removals" means the residual figure calculated as the waiting list at the start of the period plus new RTT periods minus completed pathways minus waiting list at the end of the period;

"validation exercises" includes any systematic review of pathways for the purpose of removing those that should not remain on the waiting list.""

Amendment 99, page 12, line 10, at end insert—

"14Z45AA Prohibition on administrative minimum waiting times

An integrated care board must not adopt or apply any policy, contract term, activity planning assumption or other arrangement that has the effect of requiring or incentivising a minimum period of waiting before a patient may receive treatment, assessment, or a diagnostic test, where that minimum period is imposed for administrative, financial or capacity management reasons rather than clinical reasons."

Amendment 34, page 12, line 16, at end insert—

"(1A) The regulations must impose a duty on integrated care boards to make provision for any person with a terminal illness diagnosis to be offered a conversation with a relevant healthcare professional about their needs for end-of-life care, including their—

(a) mental and physical health support needs, and

(b) financial support needs.

(1B) For the purposes of subsection (1A), if a person with a terminal illness diagnosis is unable to have the conversation, an integrated care board must ensure that the person's next-of-kin are offered a conversation.

(1C) The regulations must make provision for any relevant authorities to have regard to the needs identified in a conversation under subsection (1A)."

This amendment would require the Secretary of State to make regulations which make provision for the any person with a terminal illness diagnosis to be offered a conversation with a relevant authority about their needs for end-of-life care.

Amendment 28, page 12, line 22, at end insert—

"14Z45BA Patient choice: community services substituting for consultant-led elective care

(1) The Secretary of State must by regulations make provision to enable patients to make choices in respect of non-consultant-led community services where those services are commissioned as a direct substitute for, or to prevent a referral to, consultant-led elective services.

(2) For the purposes of subsection (1), a service is to be regarded as a direct substitute for, or intended to prevent a referral to, consultant-led elective services if it—

(a) provides assessment, treatment or management for a condition that would otherwise be referred to a secondary care specialist; or

(b) is commissioned by an integrated care board for the purpose of reducing or managing demand on secondary or elective care.

(3) Services to which this section applies include, but are not limited to—

(a) community audiology services;

(b) community glaucoma management and monitoring services; and

(c) minor eye conditions services.

(4) Regulations made by virtue of this section must ensure that—

(a) patients are offered a choice of any clinically appropriate provider commissioned under a qualifying NHS contract for the relevant service;

(b) no limitation on the number of providers from which a patient may choose is imposed solely on grounds of cost or demand management; and

(c) patients are provided with information enabling them to make an informed choice, including information about waiting times and quality.

(5) An integrated care board must not commission a community service of a kind falling within subsection (2) in a manner which has the effect of restricting patient choice below the standard that would apply to an equivalent consultant-led elective service."

Amendment 36, in clause 20, page 15, line 25, at end insert—

"(2A) Performance assessments must include details of how each integrated care board is meeting its duty to provide palliative care services or facilities to meet the reasonable requirements of the people for whom it has responsibility.

(2B) For the purposes of subsection (2A) the following guidance are considered reasonable requirements—

(a) NICE guideline [NG31] "Care of dying adults in the last days of life 2015",

(b) NICE guideline [NG142] "End of life care for adults: service delivery 2019",

(c) NICE quality standard [QS13] "End of life care for adults 2021",

(d) NHS England "Palliative and End of Life Care" Statutory Guidance for Integrated Care Boards (September 2022)."

This amendment would require annual performance assessments to incorporate an assessment of whether each integrated care board is providing a reasonable standard of palliative and end of life care.

Amendment 104, in clause 20, page 15, line 28, at end insert—

"(4) In conducting a performance assessment under this section, the Secretary of State must assess the discharge by an integrated care board of any functions relating to specialised services.

(5) An assessment under subsection (4) must consider—

(a) patient outcomes;

(b) access to services;

(c) compliance with national service specifications;

(d) workforce capacity;

(e) service sustainability; and

(f) geographical variation in access to, and outcomes from, services.

(6) The report published under subsection (3) must include a summary of the assessments undertaken under subsections (4) and (5)."

This amendment would require the Secretary of State to undertake and publish a national assessment of the performance of integrated care boards in relation to specialised services.

Amendment 45, page 15, line 29, leave out clause 21.

Amendment 91, in clause 21, page 15, leave out line 32 and insert—

"(a) for sub-paragraph (4), substitute—"

Government amendment 60.

Amendment 29, page 15, line 38, at end insert—

"(2A) The constitution must provide for the ordinary members appointed as mentioned in sub-paragraph (1)(b) to include at least one member nominated jointly by the local authorities whose areas coincide with, or include the whole or any part of, the integrated care board's area."

This amendment would require integrated care boards to have a member jointly nominated by local authorities from within the board's area.

Government amendment 61.

Amendment 30, page 16, line 3, leave out from "mayor" to "must" and insert

"or local authority nominating an ordinary member as mentioned in sub-paragraphs (2) and (2A)"

This amendment is consequential on Amendment 29 and would require a local authority involved in nominating a member of an integrated care board to have regard to guidance published by the Secretary of State.

Amendment 83, page 16, line 6, at end insert—

"(5) The constitution of an integrated care board must provide for the appointment of one or more members of the board with explicit responsibility for—

(a) people with learning disabilities;

(b) autistic people;

(c) people with Down syndrome; and

(d) children and young people with special educational needs and disabilities.

(6) The integrated care board must publish details of the member or members appointed under sub-paragraph (5)."

This amendment would require each Integrated Care Board to appoint one or more board members with responsibility for people with learning disabilities, autistic people, people with Down syndrome, and children and young people with special educational needs and disabilities (SEND), placing existing NHS England board-level leadership guidance on a statutory footing following the abolition of NHS England.

Amendment 92, page 16, line 6, omit subsection (b).

Amendment 96, page 16, line 7, leave out subsection (b) and insert—

"(b) for sub-paragraph (5) substitute—

"(5) The constitution must provide for the ordinary members of the integrated care board to include—

(a) at least one qualified, professionally registered, consultant in public health who provides wholly independent, transparent, leadership and advice to the board on preventing and reducing disease and improving the health of the population it serves,

(b) at least two clinicians with current experience of providing primary care services, at least one of whom is a general practitioner, and

(c) at least one medical practitioner with current experience of providing secondary care services.

(5A) A person appointed under sub-paragraph (5) must not be appointed to represent the interests of a provider organisation whose services are commissioned by the integrated care board.""

This amendment would require every Integrated Care Board to include an independent qualified and registered consultant in public health, at least two clinicians from primary care, and a clinical representative from secondary care.

Amendment 93, page 16, leave out line 8 and insert—

"after sub-paragraph (7) insert—"

Government amendment 62.

Amendment 31, page 16, line 9, at end insert—

""local authority" has the meaning given by section 2B;"

This amendment is consequential on Amendments 29 and 30 and defines the term "local authority".

Amendment 94, page 17, line 12, leave out clause 23.

Amendment 77, in clause 24, page 17, line 35, at end insert.

"A neighbourhood health plan must include consideration of how health services will meet the needs of persons with long-term, complex or fluctuating health conditions"

This amendment would require neighbourhood health plans to include consideration of how health services will meet the needs of persons with long-term, complex or fluctuating health conditions.

Government amendment 63.

Amendment 84, in clause 29, page 21, leave out line 7.

This amendment would retain the requirement for NHS Foundation Trusts to have a Council of Governors.

Government amendment 64.

Amendment 55, in clause 42, page 30, line 29, at end insert—

"(5) After subsection (6) insert—

"(7) Where the Secretary of State is satisfied that a pharmacy provider has materially failed to comply with contractual, patient-safety or workforce obligations, the Secretary of State may by direction require the relevant integrated care board—

(a) to suspend or terminate arrangements with that provider, where appropriate,

(b) to make arrangements with another provider for the provision of pharmaceutical services,

(c) to secure continuity of the supply of medicines and other pharmaceutical services, and

(d) to take such other emergency measures as may be specified in the direction.

(8) A direction under subsection (7) may be given where the Secretary of State considers that there is a significant risk to patient safety, continuity of medicines supply or the provision of pharmaceutical services.

(9) The Secretary of State must ensure that arrangements made under subsection (7) are implemented as soon as reasonably practicable.

(10) A direction under subsection (7) must specify the period for which it has effect and must be published.""

This amendment would enable intervention where a pharmacy provider seriously fails to meet contractual, safety or workforce obligations, ensuring continuity of services and medicines supply.

Amendment 58, page 30, line 29, at end insert—

"(7) Where a situation or event has resulted, or is likely to result, in the closure, failure or disruption of a provider of pharmaceutical services, the Secretary of State and the relevant integrated care board must provide such assistance and support as is necessary to enable a new provider to establish or continue the provision of pharmaceutical services.

(8) Assistance or support under subsection (7) may include facilitating and establishing a relationship between a new provider and the manufacturers or suppliers of medicines and other pharmaceutical products.

(9) The assistance and support under subsection (7) must be available, in particular, where a new provider is—

(a) taking over premises previously operated by a provider of pharmaceutical services that has failed or closed,

(b) taking over premises where there has been evidence of serious misconduct, including malpractice or failure to pay staff, or

(c) an independent provider or a provider which is not part of a large company operating multiple pharmacy premises.

(10) The purpose of assistance and support under this section is to enable the new provider to secure supplies of medicines and other pharmaceutical products as quickly as reasonably practicable and to minimise any interruption in the provision of pharmaceutical services."

This amendment would require the Government and integrated care boards to support new and independent pharmacy owners taking over failing, closed or disrupted pharmacies, including by helping them establish relationships with pharmaceutical manufacturers and suppliers so that they can secure medicines and other supplies quickly and maintain continuity of service.

Amendment 59, in clause 47, page 32, line 15, after subsection (4) insert—

"(4A) In determining the amount to be allotted to an integrated care board under subsection (1), the Secretary of State must have regard to the additional costs of providing health services in rural and coastal communities.

(4B) The matters to which the Secretary of State must have regard under subsection (4A) include—

(a) rurality,

(b) population age,

(c) transport and travel costs,

(d) seasonal changes in demand,

(e) recruitment and retention difficulties,

(f) the loss of economies of scale arising from sparsely populated communities, and

(g) unmet need for primary medical, dental and pharmaceutical services.

(4C) The Secretary of State must ensure that the methodology used in determining allotments does not rely predominantly on measures of deprivation where those measures fail adequately to reflect the costs or unmet need as set out in subsection (4B).

(4D) The Secretary of State must publish the methodology used in determining allotments under this section and must review that methodology at intervals of not more than five years."

This amendment would require ICB funding allocations to reflect the additional costs and unmet health needs of rural and coastal communities.

Amendment 10, page 32, line 30, at end insert—

"(2A) The Secretary of State must give integrated care boards directions to increase spending on mental health services at least in line with the change in level of their total programme funding."

This amendment would place the original mental health investment standard on a statutory footing, requiring integrated care boards to increase spending on mental health services at least in line with the growth in their total programme (healthcare) funding.

Amendment 17, page 32, line 30, at end insert—

"(2A) The Secretary of State must give integrated care boards directions to increase spending on Primary Care services.

(2B) The increase in spending set out in subsection (2B) must be in line with the change in level of their total programme funding."

This amendment would introduce the primary care Investment standard, requiring integrated care boards to increase spending on primary care services at least in line with the growth in their total programme (healthcare) funding.

Amendment 11, page 32, line 34, after "subsection (1)" insert "and (2A)".

This amendment is consequential on Amendment 10 and would enable the Secretary of State to implement financial penalties if an integrated care board fails to comply with a direction to increase spending on mental health services in line with the growth in their total programme (healthcare) funding.

Amendment 18, in clause 47, page 32, line 34, after "subsection (1)" insert "and (2A) and (2B)".

This amendment is consequential on Amendment 17 and would enable the Secretary of State to implement financial penalties if an integrated care board fails to comply with a direction to increase spending on primary care services in line with the growth in their total programme (healthcare) funding.

Amendment 26, in clause 51, page 35, line 38, after "available" insert

"for the purpose of delivering or improving patient health or social care".

Amendment 42, page 36, line 1, leave out "health" and insert "direct patient".

This amendment clarifies that the Secretary of State's regulation-making powers in respect of the single patient record are limited to the provision of direct patient care and social care.

Amendment 105, page 36, line 8, at end insert—

"(ba) enabling a patient, following diagnosis of a health condition, to consent to the sharing of such information as is necessary for the purpose of enabling the organisation to offer or provide condition-specific support to the patient with an approved voluntary, community or charitable organisation providing condition-specific support services;

(bb) facilitating referral, where consent has been provided, to such an organisation under subsection (ba);"

This amendment would ensure that regulations establishing the Single Patient Record may include provision enabling patients, following diagnosis, to consent to referral and information sharing with approved voluntary, community and charitable organisations providing condition-specific support services.

Amendment 43, page 36, line 11, leave out "including" and insert "solely for the purposes of"

This amendment would ensure that regulations requiring or authorising the making available of patient information through the single patient record system can only make provision in respect of the circumstances set out in the Bill.

Amendment 15, page 36, line 13, after "behalf" insert ", including nominated carers"

This amendment makes it explicit that nominated carers can access the single patient record on behalf of those they care for.

Amendment 27, page 36, line 21, leave out lines 21 to 23.

Amendment 35, page 36, line 21, at end insert—

"The regulations must make provision for patient information to be readily available to providers of palliative and end-of-life care including voluntary sector providers."

This amendment would ensure the single patient record is available to all palliative and end of life care providers.

Amendment 23, page 36, line 23, at end insert—

"(3A) The regulations must make provision for medical markers for firearms licence holders to be visible to all relevant health workers under the establishment of a single patient record.

(3B) The regulations must include a requirement for the Secretary of State to prepare and publish a report on the potential merits of introducing a statutory requirement for mandatory medical markers for firearms licence holders to be used by those relevant in providing patient care."

This amendment would require medical markers for firearms licence holders to be visible to all relevant health workers under the establishment of a single patient record.

Amendment 24, page 36, line 23, at end insert—

"(3A) The regulations must make provision for prior membership in the armed forces to be visible to all relevant healthcare workers under the establishment of a single patient record.

(3B) The regulations must include a requirement for the Secretary of State to prepare and publish a report on the potential merits of making prior membership in the armed forces visible on the single patient record.

(3C) A report under subsection (3B) must consider—

(a) the ability of veterans to access the necessary NHS support, and

(b) the ability of medical staff to provide former members of the armed forces with appropriate care."

This amendment would require prior membership in the armed forces to be visible to all relevant healthcare workers under the establishment of a single patient record and require the Secretary of State to publish a report on making prior membership in the armed forces visible on the single patient record.

Amendment 88, page 36, line 26, at end insert—

"(4A) Regulations may not be made under this section unless the Secretary of State has first published and laid before both Houses of Parliament a Single Patient Record Outline Plan.

(4B) The Outline Plan under subsection (4A) must set out, as a minimum—

(a) the intended high-level design and scope of the single patient record, including the core data categories expected to be included and the principal care settings to be connected in the first phase;

(b) the proposed technical and architectural approach, including how existing source systems will be linked rather than replaced;

(c) the proposed timetable and phased rollout plan, including priority pathways;

(d) the intended access model for patients, clinicians and other relevant care professionals, including arrangements for proxy access and digital inclusion;

(e) the key safeguards for privacy, security, audit and prevention of inappropriate access; and

(f) the proposed approach to public engagement and awareness before the system becomes operational.

(4C) The Outline Plan must be published at least three months before any regulations under this section are laid."

Amendment 22, page 36, line 32, at end insert—

"(6A) Before making regulations under this section, the Secretary of State must prepare and publish a risk assessment on the potential for digital exclusion under the establishment of a single patient record.

(6B) In preparing a risk assessment under subsection (6A) the Secretary of State must consult all stakeholders the Secretary of State considers relevant, including patient representation groups.

(6C) In preparing a risk assessment under subsection (6A) the Secretary of State must have particular regard for—

(a) those without access to a suitable electronic device,

(b) those without access to suitable broadband connectivity,

(c) those with physical and/or mental disabilities,

(d) those belonging to groups considered socially excluded, and

(e) those considered lacking digital skills.

(6D) The Secretary of State must lay a copy of the risk assessment under subsection (6A) before both Houses of Parliament."

This amendment would require the Secretary of State to prepare and publish a risk assessment on the potential for digital exclusion under the establishment of single patient record.

Amendment 87, page 36, line 32, after subsection (6) insert—

"(6A) Regulations under this section must make provision to ensure that the system—

(a) complies with the Accessible Information Standard, DAPB1605, or any standard which replaces it;

(b) uses and is interoperable with the Reasonable Adjustment Digital Flag, DAPB4019, or any system or standard which replaces it;

(c) enables patients' communication, information and reasonable adjustment needs to be identified, recorded, flagged, shared, met and reviewed without avoidable repetition by the patient; and

(d) enables patients to receive and access information relating to their care in formats appropriate to their communication and accessibility needs.

(6B) In preparing regulations under this section, the Secretary of State must secure the participation of disabled people, including blind and partially sighted people, and organisations representing them, in the design, development, testing and review of the system."

This amendment seeks to ensure that the Single Patient Record supports the communication, information and reasonable adjustment needs of blind and partially sighted people and other disabled patients by embedding existing NHS accessibility standards within the system. It also requires disabled people and their representative organisations to be involved in the design, development, testing and ongoing review of the Single Patient Record to ensure accessibility is embedded from the outset.

Amendment 52, in schedule 1, page 57, line 15, at end insert—

"83B Primary care estate investment programme

(1) The Secretary of State must establish and maintain a programme for providing capital funding for the improvement and modernisation of premises used for the provision of primary medical services.

(2) The programme must prioritise practices where premises—

(a) are no longer fit for purpose,

(b) require substantial repair, adaptation or modernisation, or

(c) otherwise materially restrict the provision of safe, accessible or effective primary medical services.

(3) The Secretary of State must ensure that the process for applying for and accessing capital funding under this section is proportionate and does not impose unnecessary administrative burdens.

(4) The arrangements must be designed to ensure that a viable provider of primary medical services is not prevented from carrying out essential improvements because of insufficient access to capital funding.

(5) In this section "premises" includes premises owned, leased or otherwise occupied for the provision of primary medical services."

This amendment would establish a capital funding programme to improve and modernise primary care and General Practice premises.

Amendment 50, page 57, line 26, at end insert—

"5A after section 87 insert—

"87A Sustainable funding for general practice

(1) The Secretary of State must ensure that arrangements for payments under general medical services contracts provide for sustained investment in general practice.

(2) In exercising functions under this section, the Secretary of State must have regard to the role of general practice in—

(a) preventing illness,

(b) managing long-term conditions,

(c) providing care in the community, and

(d) reducing avoidable hospital admissions.

(3) Arrangements for funding general practice must have regard to the volume, complexity and value of care delivered through general practice.

(4) The Secretary of State must publish, for each financial year, a statement setting out how the arrangements for payments under general medical services contracts are intended to support the matters in subsections (1) to (3).""

This amendment would require sustained investment in general practice reflecting the volume, complexity and value of care provided.

Amendment 51, page 57, line 26, at end insert—

"5A After section 87 insert—

"87A Rural and coastal general practice funding

(1) Arrangements for payments under general medical services contracts must take account of the additional costs of delivering primary medical services in rural and coastal communities.

(2) The factors to which arrangements under subsection (1) must have regard include—

(a) rurality,

(b) the age profile of the population,

(c) transport and travel costs,
(d) seasonal changes in demand,
(e) difficulties in recruiting and retaining staff, and
(f) the loss of economies of scale arising from sparsely populated communities.

(3) The Secretary of State must ensure that the funding arrangements under this section are reviewed periodically and amended where necessary to reflect changes in the costs of providing services in rural and coastal areas.""

This amendment would require GP funding to reflect the additional costs of providing services in rural and coastal areas.

Amendment 47, page 60, line 6, at end insert—

"99C Dental training hubs

(1) The Secretary of State must make arrangements for the establishment and support of dental training hubs in areas where there is an unmet need for NHS dental services.

(2) The arrangements under subsection (1) must include provision for dental training hubs in Dorset, including provision in west Dorset.

(3) In exercising the duty under subsection (1), the Secretary of State must work with—
(a) universities and other providers of approved dental education and training,
(b) local authorities, and
(c) integrated care boards and other NHS bodies.

(4) The purpose of dental training hubs is to—
(a) increase the capacity for dental education and training,
(b) increase the availability of NHS dental services in areas of unmet need,
(c) strengthen the recruitment and retention of the dental workforce, and
(d) support the development of the long-term dental workforce.

(5) Arrangements under this section must provide for students in the final year of an approved course of dental education to provide NHS dental treatment under appropriate supervision.

(6) Treatment provided by a student under subsection (5) must—
(a) be NHS treatment carried out on an NHS patient,
(b) be provided under the supervision of a suitably qualified dental professional, and
(c) be free at the point of use to the patient where the supervising provider is receiving, or is entitled to receive, the relevant NHS tariff or other NHS payment in respect of that treatment.

(7) A dental training hub must provide, or participate in, structured pathways into dental apprenticeships and other appropriate employment-based dental training.

(8) Arrangements under this section must include measures to support retention of dental professionals trained through the hubs to meet future workforce commitments.

(9) In this section "dental training hub" means a facility or network of facilities at which dental education, supervised clinical training and NHS dental service provision are integrated."

This amendment would establish dental training hubs in areas of unmet need, including Dorset and west Dorset, to expand training, improve NHS dental access and strengthen the workforce.

Amendment 48, page 60, line 6, at end insert—

"99C Allocation of NHS dental funding according to unmet need

(1) The Secretary of State must make arrangements to ensure that NHS dental funding is allocated according to local unmet need.

(2) Where funding allocated for primary dental services in a financial year is not used for the purpose for which it was allocated, the Secretary of State must ensure that, so far as reasonably practicable, that funding is redirected to measures designed to increase access to NHS dental services.

(3) Measures under subsection (2) may include—
(a) additional NHS dental capacity,
(b) additional NHS dental appointments,
(c) measures to reduce waiting times,
(d) outreach dentistry,
(e) domiciliary dental services, and
(f) dental services provided in or in connection with schools.

(4) The arrangements must include mechanisms to ensure that funding allocated for the purpose of increasing access results, so far as is reasonably practicable, in additional NHS dental capacity, appointments or reduced waiting times.

(5) In making arrangements under this section, the Secretary of State must have particular regard to people who face barriers to travelling to dental services, including older people, people with disabilities, vulnerable people and schoolchildren."

This amendment would require dental funding to reflect local unmet need and redirect unused funding towards improving access.

Amendment 49, page 60, line 22, after paragraph 18 insert—

"18A After section 103 insert—

"103A Rural and local-need factors in NHS dental funding

(1) Directions made under section 103 must provide for NHS dental funding arrangements to take account of local need.

(2) In making provision under subsection (1), the Secretary of State must have proper regard, in particular, to—
(a) the rurality of the area,
(b) the age profile of the population,
(c) the population who have disabilities,
(d) local transport and travel costs,
(e) seasonal changes in demand for services,
(f) difficulties in recruiting and retaining dental professionals, and
(g) the loss of economies of scale arising from sparsely populated communities.

(3) Provision made under section 103 must proportionately weight other measures alongside deprivation when determining the level of NHS dental funding required in an area.

(4) The Secretary of State must every three years review and by regulations amend the factors mentioned in subsection (2).""

This amendment would require dental funding to properly take account of rurality, local need, travel costs, workforce challenges and other factors alongside deprivation.

Amendment 56, page 64, line 34, at end insert—

"45A After section 133 insert—

"133A Emergency intervention in pharmaceutical services

(1) Where an integrated care board considers that a person providing pharmaceutical services is failing, or is likely to fail, materially to comply with—
(a) a contractual obligation,
(b) a patient-safety requirement, or
(c) a workforce obligation,
the board must consider whether emergency intervention is required to protect patients or continuity of pharmaceutical services.

(2) Where the board considers that emergency intervention is required, it may—
(a) require the provider to take specified remedial action,
(b) suspend specified arrangements,
(c) terminate arrangements with the provider,
(d) make arrangements with another provider for the provision of pharmaceutical services, or

(e) take any combination of the steps in paragraphs (a) to (d).

(3) The powers in subsection (2) must be exercised with regard to the need to maintain continuity of medicines supply and protect patients from avoidable disruption.

(4) An integrated care board must not continue arrangements with a provider where it is satisfied that the provider is demonstrably unfit to provide pharmaceutical services safely and effectively.

(5) Before exercising a power under subsection (2), the board must, except in an emergency, give the provider a reasonable opportunity to make representations.

(6) Nothing in this section prevents an integrated care board from taking immediate action where delay would materially risk patient safety or continuity of medicines supply.""

This amendment would give integrated care boards powers to intervene where a pharmacy provider is failing to provide their required services to protect patients and medicines supply.

Amendment 57, page 72, line 40, at end insert—

"(3D) Regulations made under subsection (1) must ensure that the remuneration arrangements for pharmaceutical services take account of the costs of providing those services in rural and sparsely populated areas.

(3E) In making provision under subsection (3D), the determining authority must have regard to—

(a) rurality,

(b) the age profile of the population,

(c) transport and distribution costs,

(d) seasonal changes in demand,

(e) difficulties in recruiting and retaining staff, and

(f) the loss of economies of scale arising from sparsely populated communities.

(3F) The remuneration arrangements must be designed to support the financial sustainability of pharmacies providing essential NHS services in rural and sparsely populated areas.

(3G) The Secretary of State must review the operation of the remuneration arrangements periodically and make such changes as are necessary to ensure that the matters in subsections (3D) to (3F) continue to be reflected."

This amendment would require pharmacy funding to reflect the additional costs of providing services in rural and sparsely populated areas.

Government amendments 70 and 71.

Amendment 85, in schedule 3, page 86, line 14, leave out paragraphs 5 to 8.

This amendment would retain the requirement for NHS Foundation Trusts to have a Council of Governors.

Amendment 86, page 86, line 30, leave out paragraph 14.

This amendment would retain the requirement for NHS Foundation Trusts to have a Council of Governors.

Amendment 16, page 88, line 19, at end insert—

"(1A) The function under sub-paragraph (1) must be exercised by a person employed in the civil service of the State, and a Minister of the Crown or a special adviser must not be involved in any decision relating to such an appointment, suspension or removal."

This amendment would ensure that civil servants are responsible for the decision making and appointment processes for trust and ICB leaders, rather than Ministers or Special Advisers.

Amendment 54, in schedule 8, page 106, line 33, at end insert—

"5A After section 254 insert—

"254A Interoperability of health and social care information systems

(1) The Secretary of State must make regulations requiring providers of NHS health services to use interoperable digital information systems.

(2) Regulations under subsection (1) must apply, so far as appropriate, to—

(a) providers of primary medical services,

(b) providers of primary dental services,

(c) providers of pharmaceutical services,

(d) NHS trusts,

(e) NHS foundation trusts, and

(f) providers of community health services.

(3) The regulations must provide for the secure exchange of relevant patient information between providers using interoperable systems.

(4) The regulations must include provision for electronic prescribing across NHS care settings where prescribing is clinically appropriate.

(5) The Secretary of State must ensure that the arrangements under this section are designed to—

(a) reduce duplication,

(b) reduce unnecessary administrative work,

(c) improve continuity of care,

(d) reduce avoidable delays in diagnosis, treatment and referral, and

(e) enable clinicians to access relevant information securely when providing care.

(6) Regulations under this section must include appropriate requirements relating to information governance, cyber security, patient confidentiality and the lawful processing of personal data.

(7) Before making regulations under this section, the Secretary of State must consult such persons as the Secretary of State considers appropriate, including representatives of general practice, hospitals, community services and patients.""

This amendment would require interoperable NHS digital systems to improve information sharing, reduce duplication and support continuity of care.

Amendment 13, page 106, leave out lines 34 and 35 and insert—

"For section 255 (power to request NHS England to establish information systems), substitute—

"255 Powers to request the Secretary of State to establish information systems

(1) Any person (including a devolved authority) may request the Secretary of State to establish and operate a system for the collection or analysis of information of a description specified in the request.

(2) A request may be made under subsection (1) by a person only if the person considers that the information which could be obtained by complying with the request is information which it is necessary or expedient for the person to have in relation to the person's exercise of functions, or carrying out of activities, in connection with the provision of health care or adult social care.

(3) The Secretary of State must comply with a mandatory request unless the Secretary of State considers that the request relates to information of a description prescribed in regulations.

(4) For the purposes of this Chapter a request under subsection (1) is a mandatory request if—

(a) it is made by a principal body, and

(b) the body considers that the information which could be obtained by complying with the request is information which it is necessary or expedient for the body to have in relation to its discharge of a duty in connection with the provision of health services or of adult social care in England.

(5) Subsection (6) applies where the Secretary of State has discretion under this section as to whether to comply with—

(a) a mandatory request, or

(b) other request under subsection (1).

(6) In deciding whether to comply with the request, the Secretary of State—

(a) must, in particular, consider whether doing so would interfere to an unreasonable extent with the exercise by the Secretary of State of any of its functions, and

(b) may take into account the extent to which the principal body or other person making the request has had regard to—

(i) the code of practice prepared and published by the Secretary of State under section 263, and

(ii) advice or guidance given by the Secretary of State under section 265.

(7) In this section "principal body" means—

(a) the Care Quality Commission,

(b) the National Institute for Health and Care Excellence, and

(c) such other persons as may be prescribed in regulations.

(8) In this Chapter "health care" includes all forms of health care whether relating to physical or mental health and also includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition.""

This amendment would enable the Care Quality Commission and NICE to continue to make mandatory requests to the Secretary of State to establish an information system, following the transfer of NHS England's functions.

Amendment 14, page 110, line 37, leave out paragraph 14.

This amendment is consequential on Amendment 13.

Amendment 41, page 112, leave out lines 1 and 2 and insert—

"23 For section 274A (Secretary of State's guidance about NHS England data functions) substitute—

"274A Secretary of State's guidance in respect of their data functions

(1) The Secretary of State must publish guidance about the exercise of—

(a) their relevant data functions, and

(b) their other functions in connection with their relevant data functions.

(2) Before publishing guidance under this section the Secretary of State must consult any other persons that the Secretary of State considers appropriate in relation to the guidance.

(3) The Secretary of State must have regard to the guidance published under this section.""

This amendment would transfer the existing statutory requirement for published guidance about data functions from NHS England to the Secretary of State.

Amendment 46, in schedule 12, page 151, leave out paragraph 98.

Karin Smyth: I wish at the start to take a moment to thank the Members on both sides of the House who served on the Public Bill Committee during what was a very hot end of June and July—if we can remember back that far. As part of that process, the Committee scrutinised every clause of the Bill and debated over 195 amendments, and we on the Government Benches are grateful for their diligence. The implementation of the Bill is better for all that hard work. I also welcome the spirit of collaboration that has greeted the main provisions of the Bill from both sides of the House, most notably on Second Reading but also in Committee, and I hope that we can continue in that spirit at this stage. For our part, we remain committed to working with MPs and peers across the House and other stakeholders to ensure that the end result is a Bill that strengthens the NHS.

I know that we have a large number of amendments on a variety of topics, so I will keep my remarks short. New clauses 96 and 97 relate to visiting rights. They strengthen the role of integrated care boards and local authorities in promoting visiting, supporting people to have someone with them and ensuring the involvement of family, friends and carers in decisions. They complement the existing legal requirements and the work already under way to drive a change in culture and practice by embedding visiting at the heart of the responsibilities of commissioners.

New clause 96 explicitly places duties on integrated care boards to promote opportunities for visiting and accompaniment, while new clause 97 builds on local authorities' existing wellbeing duties by emphasising the importance of involving other people in decision making, receiving visitors and maintaining opportunities to take trips outside the care home. Maintaining meaningful contact and connection with family, friends and carers is critical to the health and wellbeing of so many people in our health and care settings. They provide invaluable practical help, emotional support and advocacy for their loved ones in accessing care and treatment, and commissioners should do what they can to support these relationships.

I turn to Government amendments 60 to 62. The question of who is required to sit on ICBs has raised comments from all across this House. I am grateful to all Members who have raised the importance of local government having a voice in ICBs, including my hon. Friend the Member for Birmingham Erdington (Paulette Hamilton) and the other members of the Health and Social Care Committee, who have continually advocated on this issue. We agree. It was never the intention to weaken the voice of local government in the NHS. We recognise that local authority board members are an important voice for commissioning on the ICB, and often provide helpful challenge and a very different perspective on commissioning decisions.

7.30 pm

Layla Moran (Oxford West and Abingdon) (LD): I thank the Minister for accepting our amendment on this issue. We pressed her and her colleagues over and over again—to the extent that we got a letter back that we honestly thought had been generated by AI, because the logic in it had no follow-through at all. I am delighted that she has listened. On what else does she intend to listen to us? In particular, there are amendments on the Health Services Safety Investigations Body, Healthwatch and health inequalities, which we will consider tomorrow, and, most importantly, the special needs amendment, which we are considering today. What else will she listen to us on?

Karin Smyth: I thank the Chair of the Select Committee —I can assure her that I am Karin, not Claude. She tempts me to go further on the rest of the Bill, but I genuinely thank her and the Committee; I hope she would agree that I spent a lot of time over the past months, before Report stage and Committee stage, meeting her, members of the Committee and many hon. Members from across the House. We have some provisions—we might

call them simple provisions—in the Bill to democratise the NHS's accountability, to reinforce the single patient record, and to improve the patient experience and patient safety landscape. We recognise that there is a lot of complexity within those simple propositions, and we will continue to listen to hon. Members. We want to ensure that the NHS is strengthened.

In relation to the ICBs and local authority voice, it was particularly significant over the summer to have heard from my right hon. Friend the Prime Minister about his commitment to rewiring the state and our ongoing reform to social care. With that in mind, I am pleased that amendments 60 to 62 will re-establish a requirement for ICBs to have at least one board member jointly nominated by local authorities in their area. That will sit alongside the existing duty to have a member nominated by the mayor of each mayoral strategic authority, as well as duties on ICBs and local government to work together, including on health and wellbeing boards. In Committee, we had a useful discussion about health and wellbeing boards, neighbourhoods and local accountability. I should also note that ICBs can appoint other people to their boards if they would benefit from their expertise. That is a decision to be taken locally.

Finally, let me briefly pre-empt the hon. Member for North Shropshire (Helen Morgan) by making a few comments about new clause 1. I thank her for the way she worked with me in Committee on the issue of a maternity commissioner—an issue that I think unites the House. As the hon. Member knows, we have accepted the recommendation from Baroness Amos's national investigation into maternity and neonatal care. I can announce that, to deliver on this commitment, we will table an amendment to the Bill in the other place to establish a statutory maternity and neonatal commissioner. We are determined to get this right. For too long, too many women, babies and families have not received the care and support they deserve. The establishment of a commissioner represents a significant opportunity to strengthen accountability and champion their interests across the system. I hope that will give the hon. Member the reassurance she needs not to press her amendment.

Madam Deputy Speaker (Ms Nusrat Ghani): Before I call the shadow Minister, I must tell hon. Members that this debate is heavily oversubscribed; Back Benchers will immediately be on a speaking limit and not everybody will get in. I call the shadow Minister.

Dr Caroline Johnson (Sleaford and North Hykeham) (Con): I will try to keep my remarks brief. I thank my right hon. Friend the Member for Daventry (Stuart Andrew) for all the hard work he has done over the past year in holding the Government to account on health and social care, the whole Conservative health team for their support, and every member of the Committee that, as the Minister said, scrutinised the Bill in detail in such a hot and sticky room before the summer. I also thank my parliamentary team for their support. Finally, I congratulate the Minister on her reappointment and thank her for the time that she has taken to engage with the Opposition on the Bill. I must also declare an interest as an NHS consultant paediatrician, a member of the British Medical Association and a member of the Royal College of Paediatrics and Child Health.

This is not a small Bill. It runs to more than 200 pages, and there are almost as many pages of amendments, with around 180 different MPs signing or supporting different amendments. I do not agree with every one, but I welcome thoughts and ideas from right across the House—well, from most of the way across the House; we did not see much from Reform. The Bill has scale, but does it have direction and clarity of purpose? Leadership sets direction—a destination—and from that follows a path, as smooth as possible, from A to B, with appropriate milestones. However, the Bill, like so many of this Labour Government's, came as an announcement without enough thought.

Let us go back. The Government started with the Darzi report. I will not restate the arguments about why it was done or the weakness of the claims that it is independent, but suffice to say it is their report, published by a Labour peer and former Labour Minister for a Labour Government. It says a few things about reorganisation. Lord Darzi wrote that

"a top-down reorganisation of NHS England and Integrated Care Boards is neither necessary nor desirable",

yet the Government decided to abolish NHS England, restructure the ICBs and halve the ICBs' budgets all at once, without properly planning for what would come next. That is clause 1—abolishing NHS England.

One of the main arguments provided related to the unnecessary bureaucracy and duplication of staff. As a Conservative, I accept that there is a strong case for efficiency: the Government must use taxpayers' money wisely. In a letter that the permanent secretary sent to the Public Accounts Committee, officials estimated savings of £1 billion a year by abolishing NHS England and redundancy cost payments of approximately £1 billion to £1.3 billion, but we have not seen the calculations behind that. It was announced in March 2025 that the restructure would be completed in two years, yet we are now 18 months in and Ministers do not seem to be on track. From March 2025 to July 2026—a year, and three quarters of the time they have given themselves—total headcount across NHS England and the Minister's Department decreased by 12.9%, which is nowhere near what the Government need to deliver their promised savings. We have therefore tabled amendment 102, which would require the Government to publish a full workforce transition plan, and new clause 153, which would require the Government to publish precisely how many people they make redundant.

I would like to raise a contradiction: the Government talk a lot about devolution and local decision making, but the Bill does the opposite. It will remove councils of governors from foundation trusts, give Ministers the power to hire and fire health leaders, and put an end to local Healthwatch. It will give the Secretary of State the power to set and adjust annual funding allocations for ICBs, and direct them to ringfence funding for service integration. It takes away local decision making.

The Bill is also inconsistent with what the Prime Minister said the other day. In response to a question about the Bill, he said:

"I do not like the idea of a postcode lottery in the national health service."—[*Official Report*, 1 September 2026; Vol. 790, c. 61-62.]

But if decisions are taken locally, they will be different in different areas, which will lead to a postcode lottery. Will Ministers shed some light on what they actually believe?

[Dr Caroline Johnson]

Do this Government want decisions made locally and accept that those will be different, or do they want decisions made centrally?

Lord Darzi said something else in his report:

"Constant reorganisations are costly and distracting. They stop the NHS structures from focusing on their primary responsibility to raise the quality and efficiency of care in providers."

Indeed. In fact, that is not too dissimilar from what the Minister for Secondary Care herself previously concluded, when in opposition. She said:

"The reorganisation of health services always distracts from people's jobs, destroys morale and wastes money".—[*Official Report*, 22 September 2020; Vol. 680, c. 809.]

How is the NHS performing? Let us take a look. The total number waiting for appointment has gone down a bit, as the Government have said, but in trauma and orthopaedics, ophthalmology, cardiothoracic surgery, elderly medicine and gynaecology, it has gone up, and in some cases is higher than it was before the election. For those waiting for an admission who need a procedure or an operation, it is not only going up month on month and year on year; it is higher than it was at the time of the general election. What about accident and emergency? The number of people waiting for more than 12 hours after a decision to admit was 29% higher in July 2026 than in July 2024, and that is despite the fact that there were fewer such admissions in July 2026 than in July 2024.

How have the Government performed in other health areas? Childhood vaccination rates are in decline. The workforce plan has not been published, despite the Minister saying it was "imminent" months ago. Fracture liaison clinics have not been delivered, despite allegedly being one of this Government's planned "first acts". I could go on, but we do not have much time, and I think I have demonstrated the point: NHS reorganisation is distracting from delivery.

One of the things I want to talk about that the Government are not delivering is the response to the Hughes report. I thank Dr Henrietta Hughes, the Patient Safety Commissioner, for her hard work on the report. When the trauma and suffering that some people, particularly women, have experienced from mesh repairs, and the harm that children have suffered because of exposure to valproate in the womb, became apparent, we were all horrified. The previous Government changed the way that valproate was prescribed and commissioned regional surgical centres of excellence to provide care for women who suffer from the effects of a mesh repair. The Conservative Government also commissioned the Hughes report, published in February 2024, that investigated compensation schemes for those affected, but the general election was called just three months later, so delivering compensation and on the report became the Labour Government's job.

Sadly, Ministers have dithered and delayed for more than two years now. We have had written question after written question, several debates and a lot of warm words, but still no response to the report. It is simply not good enough. Those suffering should not have to wait any longer, and that is why we have tabled new clause 145, which would provide a legal backstop, ensuring that the Government publish their response to the Hughes report within 30 days of the Bill becoming law at the latest. That is still not soon enough for those affected, but it is the only way of putting in an effective backstop so the Government can stop fobbing off victims and start delivering justice.

Let me turn to other amendments. The Government announced out of the blue that ICB running costs will be halved. Why 50%? I have no idea, but ICBs scrambled to respond. We know from those inside the health service that it has been a major distraction, with a massive opportunity cost for patient care. When the Bill came, Ministers chose to change the composition of ICBs, too, removing the voice of hospitals and primary care from boards as well as the voice of local authorities, severing that link with social care.

Integrated care partnerships will also be abolished. There will instead be a focus on mayoral representation, even for mayors where there is little role, if any, in delivering social care. In Lincolnshire, for example, instead of a local authority and an ICB on the same geographical footprint working together over the same area to cover health and social care, we now have the Government conspiring to give us an ICB covering three counties, with no voice for the local authorities, which are unsure after today's announcement whether they will be split up. We discussed at some length in Committee the importance of health and social care working together, so I welcome the Government's U-turn on day one of this term to reinstate local authority representation, but I urge the Minister to consider, as the Opposition parties have proposed, reinstating primary care and secondary care representatives, too.

Given the time, I will speak briefly to the three amendments on workforce. First, new clause 154 would require the Secretary of State to increase the number of medical school training places to 15,000 by 2031-32. Why? Put simply, because they promised they would and they have not. Secondly, new clause 152 is on merit-based applications. Doctors used to be allocated their first jobs through a system based on performance—that was the case when I was a junior doctor. Now it is done by computer algorithm prioritising choice. This is unfair, demoralising and destroys the incentive to study hard. We believe in meritocracy, and I urge the Government to accept the new clause.

Thirdly, I urge the Government to support new clause 144, which would address the plight of a small but significant group of people: a group of medical students subject to a great injustice. These are British citizens studying at a British university, predominantly Queen Mary University in London, who were told four and a half years into their degree that they would not be able to have places on the foundation programme but would be at the back of the queue. The Medical Training (Prioritisation) Act 2026 has meant that non-prioritised doctors got only 1.8% of the jobs—the last 1.8% left. That was the point of the Bill, but the Government should put this particular group of British citizens into the priority group.

We will no doubt talk about our other amendments in the Lords. New clause 155 on self-care would give people more autonomy over their own care. New clause 101 is on the national commissioning of low-volume, high-complexity services, and would ensure that the Government cannot just move them into ICBs without a proper

consultation and plan. Amendment 95 on the patient choice duty would ensure that patients have choice over the care they receive in neighbourhood services as well as hospital services.

Amendment 88 is on the single patient record. The single has the potential to be truly transformative, bringing the NHS in line with other modern healthcare systems. It can prevent people from having to repeat themselves. But there are lots of questions for the Government that have not been answered. This is another example of making an announcement without thinking it through. How will existing health records be linked? How will patients, carers and clinicians have access? Who will control the data? How will it be kept safe? Amendment 88 would require the Secretary of State to publish a full plan before making changes.

There are some parts of the Bill that the Opposition can support, but in the Government's hurry to make announcements, they often do not seem to think things through properly. That is the story of local government reform that we heard in the House earlier today; it is the story of the much-delayed workforce plan; and it risks becoming the story of this NHS reorganisation. In health, there are life and death situations, so we cannot afford for the Government to get it wrong. The Opposition have made a series of sensible amendments and will be grateful for the Minister's support.

7.45 pm

Several hon. Members *rose—*

Madam Deputy Speaker (Ms Nusrat Ghani): Order. Back-Bench speeches are on a five-minute speaking limit.

Clive Efford (Eltham and Chislehurst) (Lab): I rise to speak to amendment 97 in my name, which would remove clause 10 from the Bill. Clause 10 gives powers to the Secretary of State to vary the proportion of public and private provision of health services if they consider that to do so is in the interests of the health service. In evidence to the Health and Social Care Committee, the chief executive of the Nuffield Trust said that clause 10

"seems to make it more possible for the Secretary of State to explicitly set out to increase private or public provision."

Why does the Secretary of State need this power?

Introducing an extra level of nuance now, as clause 10 will do, has the potential to raise fears within the NHS that it could be abused in future. The clause has the potential to create unintended consequences. The explanatory notes for the Bill say that this new flexibility is necessary

"where there may otherwise be a breakdown in provision of a health service."

Can we imagine a situation where the Secretary of State has concerns about a health service and that an approach to assist a local provider would be rebuffed? It is hardly likely to happen. The explanatory notes suggest that, in such circumstances, the Secretary of State needs the power to direct local decisions, rather than to work with local health service providers to resolve any difficulties. How does the power to influence the proportion of public and private provision help in resolving a breakdown in service?

Labour's 2024 plan to make work pay set out a welcome desire to bring more essential services back into public control—something that is welcomed by health workers across the country, because so far the

"biggest wave of insourcing in a generation",

as was promised, has felt more like a trickle when it comes to the NHS.

The new Prime Minister and new Secretary of State have inherited the Health Bill from their predecessors, so hopefully they will be able to stamp their own mark on it before it becomes law. Removing clause 10 would be one way of making that mark. The concern for those who work for the NHS and those who support it is that the clause has the potential to be exploited in future by those who would seek to move away from the public provision of healthcare. There are ample powers to enable the Secretary of State to intervene and resolve breakdowns in the provision of a health service. On clause 10, we must balance what it adds in those situations against its potential misuse by an ideologically driven Government that are determined to privatise our NHS. To remove any ambiguity and to protect the NHS from the possibility of the clause being abused by a future Secretary of State, I urge that it is dropped from the Bill.

Madam Deputy Speaker: I call the Liberal Democrat spokesperson.

Helen Morgan (North Shropshire) (LD): I have tabled several amendments to the Bill, but I will hopefully keep my remarks focused so there is a good opportunity for other Members to make their speeches.

The Bill should be about fixing the front and back doors of the NHS. It offers the opportunity to bring in tangible changes for patients to address pressing problems and introduce desperately needed improvements to patient safety and experience. The primary care and social care crisis, in particular, are millstones around the neck of the NHS. But instead of addressing them, the Bill has focused on a top-down reorganisation, which risks diverting time and money away from those pressing issues, and it gives sweeping powers to the Secretary of State, which is not in itself without risk.

The Liberal Democrats would instead have put social care and general practice at the heart of the Bill—a move that would represent real reform of the health service. In particular, new clauses 54 and 56 tabled by my hon. Friend the Member for Mid Sussex (Alison Bennett) would together transform the rights of family carers through guaranteed respite care and reform of the carer's allowance. They would put free personal care, and an end to catastrophic care costs, at the heart of social care reform.

New clause 53, tabled by my hon. Friend the Member for Epsom and Ewell (Helen Maguire), would ensure that everyone can see a GP within seven days, or 24 hours if urgent, and amendment 17 would introduce a primary care investment standard. Although general practice is the core of a patient's relationship with the NHS, it has seen its funding decline as a share of NHS spending. Less than 10% of the NHS budget is spent on primary care, although that is estimated to constitute 90% of a patient's direct experience with the NHS. A primary care investment standard would help to reverse that trend. Dentistry is another area of primary care that has been neglected, leading to dental deserts and dangerous

[Helen Morgan]

DIY dentistry. New clause 18 would introduce a scheme to end dental deserts, and guarantee appointments for children and those most in need.

Jim Shannon (Strangford) (DUP): New clause 82 refers to the family mental health pathway, but from diagnosis right through to treatment and, tragically for some, bereavement, mental health support for families cannot be an afterthought and must be a statutory proactive duty. Does the hon. Lady agree that the Government and the Minister should take that on board?

Helen Morgan: I broadly agree with the hon. Gentleman, and I am about to come to mental health. It is right to modernise the NHS and end some of the duplication that we see between NHS England and the Department of Health and Social Care, but the way it has been handled has been chaotic. It has been combined with 50% cuts to ICB budgets, unfunded redundancy payments, and chaos through the system. I was alarmed to read the report in *The Times* at the weekend about advice to the Secretary of State that the changes envisaged under the Bill are impossible to implement, given that the staff of NHS England are on different pay scales to those in the Department. Given those significant hurdles, I hope that in her closing remarks the Minister can provide some reassurance that abolishing NHS England in the way the Bill envisages is achievable.

We are particularly concerned that the functions of the Secretary of State under these reforms open the door to political capture, which is a huge risk given the unstable political climate we live in. Amendment 16 would create a firewall between the Secretary of State and operational decisions. These new powers are particularly worrying in the context of patient safety issues created by the Bill, which we will discuss in more detail tomorrow.

Beyond the Department, the Bill is complacent on taking seriously the vulnerability of our NHS to foreign interference and its implications for national security. That is why we tabled new clauses 2 to 5, which recognise and address the role of the NHS as part of our sovereignty, and the sensitivity of patient data. New clause 17 would require scrutiny in the House of the arrangement between the United States of America and the United Kingdom on pharmaceutical pricing. That deal, forced on us by Donald Trump with no say from the British people, will hike medicine prices in the coming years by billions of pounds, and deserves parliamentary scrutiny. All those shortcomings of the Bill attest to the fact that the NHS already spends far too much time and money responding to failure, rather than improving the safety and quality of services in the first place.

Gideon Amos (Taunton and Wellington) (LD): On safety, does my hon. Friend agree about the gravity of the national maternity review, which found that Musgrove Park hospital was the "most challenging" estate in the country? If it is the most challenging estate in the country, does my hon. Friend agree that that needs to be addressed sooner than 2033, so that mums get better treatment sooner than the 2040s? That is unacceptable if it is the most challenging estate in the country.

Helen Morgan: Crumbling estates are a big part of the problem across the whole NHS and in maternity, and my hon. Friend is right to highlight the state of his own local hospital and advocate for its quick remediation. Amendment 10, which I am sure my hon. Friend the Member for Winchester (Dr Chambers) will outline in more detail, would reintroduce the mental health investment standard. That is a crucial investment to avoid failures further down the line if interventions are not made for patients early on.

Nowhere is the cost of failure more obvious than in maternity—a devastating scandal which, despite many recent reviews, still deserves far more attention. Our amendments to make our maternity services finally safe for mothers and babies will therefore be the main focus of my remarks today. I thank the Minister for her constructive engagement with me on new clause 1, and the commitment that she made at the Dispatch Box today to table relevant amendments when the Bill reaches the other place, and to put that maternity commissioner in place. I am grateful to her for the discussions we have had, and the constructive approach she has taken both with me and with the many campaigners on the issue beyond this place. In the light of that, I will not be pushing new clause 1 to a vote.

I have seen up close the human costs of failures in our maternity system. Four years ago the Ockenden review found that over 200 babies and nine mothers in my community had died needlessly in Shrewsbury and Telford due to failures in maternity care. That has been devastating for my community, and we have heard since then that the situation was not isolated. There have been terrible stories from families around the country, most recently following the review into services in Nottingham. New clause 6 would introduce a scheme to ensure that every maternity unit in the country is rated "good" or "outstanding" by the Care Quality Commission. That new clause is essential if we are to meaningfully address the crisis in our maternity services and show families that lessons have been learned not just locally but nationally.

The Liberal Democrat maternity rescue package would require an estimated £600 million a year to bring safety in maternity units up to standard, investing in safe staffing and listening to mothers. The Government already spend £1.3 billion a year—more than double the cost of the package—on maternity negligence payments, so introducing that reset is a no-brainer. Rather than spending a fortune compensating for failure and heartbreak, the NHS should be getting it right in the first place. Recently we have seen the consequences of safety failures, with lack of staffing causing North Devon's maternity unit to close, forcing women to take a 50 mile trip if they go into labour. My hon. Friend the Member for North Devon (Ian Roome), whose constituency has been hit hard by that news, has tabled new clause 66 to guarantee safe staffing levels and access to a maternity unit within 45 minutes.

While on women's health, I also want to highlight new clauses 11 and 12. Earlier this year I wrote to the Equality and Human Rights Commission to highlight the stark inequality in research and investment in women's health, with a huge gap in investment, governance and reporting mechanisms between women's and men's health strategies. The new clauses would set up an inquiry into women's health outcomes, and ensure that average waiting times for women's health conditions do not exceed the average waiting times for wider elective treatments.

The crisis in our maternity care is a national shame and reveals a systemic neglect of the safety of women and their babies over many years. However, that is indicative of even wider concerns for patient safety, which I urge the Secretary of State to address in the Bill, and which we will discuss in more detail tomorrow. If the Government are serious about using the Bill to improve our NHS, they must invest time and money in the front and back doors of the NHS rather than structural reorganisations. The safety of staff and patients must be at the centre of those changes, and I urge the Minister to consider the amendments tabled by me and my Liberal Democrat colleagues, which would improve the Bill to achieve just that.

Daniel Francis (Bexleyheath and Crayford) (Lab): I rise to speak to amendment 32 and new clause 39 tabled in my name, which seek to address the problems facing community equipment and wheelchair services across the country. I declare my interest as chair of the all-party parliamentary groups for wheelchair users and for access to disability equipment. As the parent of a wheelchair user, I know just how important getting such services right is for disabled people and their families, and the consequences and long-term impacts when it goes wrong.

Evidence gathered for an inquiry by the APPG for access to disability equipment last year found that one in three equipment users who responded to our inquiry are waiting a significant time for equipment, with one in five waiting over two months, and 55% stating that they do not have the equipment they need for their long-term needs. At a time when we are rightly focused on reducing waiting lists and improving patient flow, it makes little sense for somebody to remain in a hospital bed simply because the equipment they need to return home has not arrived. Some 74% of professionals and equipment providers report that patients experienced delayed hospital discharge because essential equipment was not available at home, increasing pressure on hospital beds and placing further strain on services. The current system is fragmented, inconsistent and lacks sufficient accountability and national oversight.

My amendments would introduce two things that the system lacks: a clear expectation of how long people would wait, with clear, set timelines and accountability when things go wrong, and they would ensure that patients have a clear pathway for hospital discharge. Amendment 32 would require ICBs to provide community equipment and wheelchair services within 18 weeks of the date that a person is assessed. I know from experience of my daughter's case when she was eight that the 18-week deadline was missed on two occasions, and she was without an adequate wheelchair for 21 months. These issues simply shunt costs to elsewhere in the NHS. The APPG for wheelchair users heard evidence from consultants within the NHS about the quality of assessment, interventions and aftercare. We heard that delays led to children receiving a wheelchair that was no longer fit for purpose by the time they received it. The following are quotes that we heard:

"There is the additional care to consider as well. Poor equipment provision leads to pressure sores, increasing scoliosis, all of which have a wider impact on the sector."

"In terms of inequity of care, when asked for information it is always the same eight or 10 ICBs who respond. The ones who don't, are probably the ones we should worry about."

"There is a level of bureaucracy in the NHS that stops things happening. Disability is not considered as important as other things in health parameters."

The data available shows that the wheelchair deadline is being missed by many ICBs, and 29% of ICBs are not meeting the target of providing over 25% of wheelchairs in 18 weeks.

8 pm

Danny Beales (Uxbridge and South Ruislip) (Lab): I thank my hon. Friend for his work on the all-party parliamentary group; he is a real champion of this cause. AJM Healthcare, the contractor in my constituency, has a similar level of failure. People are left for months—sometimes six months—without a wheelchair, bed-bound and unable to get out of the house. Does he agree that ICBs seem completely at sea on this issue, and are totally unaccountable? Does he agree that we need much tougher measures, such as those he suggests, to hold them to account?

Daniel Francis: I completely agree with my hon. Friend. As I will come on to, there is an inconsistent set of data across the country. This inconsistency is not just between ICBs but, in the case of my constituency and that of my hon. Friend the Member for Eltham and Chislehurst (Clive Efford), between neighbouring London boroughs, which may have the same ICB but different frameworks.

I also welcome the support for the amendment from the Children's Commissioner, who has said:

"Across the country, children wait far too long for the right equipment that is essential for daily life. In recent research on children experiencing delayed discharge from hospital, the office was told that delays in getting equipment, and having equipment serviced, had led to children being stuck in hospital, away from family, friends and school."

This postcode lottery is not just cross-country—I know of a number of ICBs in which there are significant issues—but within ICBs. In my part of south-east London, one patient can be discharged, while another, in the same hospital with the same condition, living on the opposite side of the road, cannot be discharged. That difference arises because a borough boundary runs down the road. There are different contractual arrangements between different London boroughs in the same ICB. I know at first hand that pupils in the same school class, and in the same ICB, can have completely different service standards for their wheelchairs because one lives in one London borough while another lives in the neighbouring borough.

I will speak briefly to new clause 85, tabled by my hon. Friend the Member for Thurrock (Jen Craft). Like me, she is the parent of a disabled child. We have fought these issues for many years, both as parents and on behalf of our constituents. In my case, I know that when Ofsted found that there were systemic failings in our SEND provision, we could hold our local authority to account, but we could not properly hold our ICB to account. The judgment was issued against the council, not the ICB.

Josh Fenton-Glynn (Calder Valley) (Lab): I thank my hon. Friend for his powerful speech, and for bringing his personal experience to the Chamber. I am sure that he will agree with me that the 'H' in EHCP stands for health; we need to see the health service doing its part. Does he agree?

Daniel Francis: I absolutely agree, and I was a Labour councillor and leader of the council's Labour opposition back then. I was also married to a special educational needs co-ordinator who was employed by the local authority. I was employing my own professionals to get through this process and ensure that the health aspects of the EHCP were upheld. The situation is absolutely abhorrent. Many parents who do not have the opportunity and insight that my wife and I had cannot ensure that accountability for their child. When my borough received that judgment of systemic failings, that issue really came to the fore.

I would be grateful if the Minister or Secretary of State could outline how the Government intend to address the issues addressed by my amendment and the new clause tabled by my hon. Friend the Member for Thurrock. My amendment intends to ensure that we deliver basic objectives, set clear expectations for how long disabled people should wait, set consistent standards, and ensure meaningful accountability for ICBs when services fall short.

Sir Jeremy Hunt (Godalming and Ash) (Con): I want to start by thanking the Minister for the emphasis that the Bill places on a single patient record. Despite many problems in NHS care, that is an area where the NHS is a world leader, but putting a single patient record on the right legal footing, making it possible to share data with proper governance, gives the NHS an opportunity to become a world leader in artificial intelligence, and it creates the opportunity to transform care for patients, so that has my full support.

I speak in support of new clause 25. The biggest structural reform in this Bill is the abolition of NHS England, but my worry is that there are other structural reforms that are not in the Bill that would have a much bigger impact on patient care. New clause 25 is about continuity of care, particularly in general practice and maternity. It is now very clear to many people that the abolition of the old GP list system in the 2004 contract changes was a huge mistake. In fact, restoring the system so that GPs have their own patients was part of the Labour manifesto, so that is an issue that the Government understand, but it is not in the Bill.

A study in Norway, published in the *British Journal of General Practice* in 2022, of over 4 million patients showed that patients who have their own doctor for more than 15 years are 30% less likely to need out-of-hours care, 28% less likely to need hospital care and 25% less likely to die. Why is that? Because GPs who know their patients are less likely to make mistakes, more likely to give an accurate diagnosis and will better calibrate risk, as they will have situational awareness of a patient and their family. The experience of a patient is infinitely better when they are dealing with a GP whom they know.

Instead of that, we have moved to a system in which many GP surgeries effectively operate like call centres. People will contact a GP and they may never see that GP again. It is exactly the same when someone calls 111, if you get put through to a clinician. Contacting a GP in the NHS should never be like calling an Uber driver who will never be seen again.

Graham Stuart (Beverley and Holderness) (Con): Labour Members who had that commitment in their manifesto may want to reflect on how much more commitment we have to constituents because they are our constituents than we would if we shared constituents from day to day. We often go out of our way—I hope—to look after our constituents because of that sense of ownership and obligation. It is only because we are allocated those people and they are our responsibility that we go that extra mile. Why would doctors not be the same, and can colleagues not see the sense of what my right hon. Friend is saying?

Sir Jeremy Hunt: My right hon. Friend is speaking wisely. Of course, this is not just about massively improving care for patients—it is also about improving motivation for doctors and GPs, who are among the most demoralised groups in the NHS.

There is a GP surgery in Horfield, in the Bristol area, that kept the old GP list system, as 10% of surgeries have done. When I chaired the Health and Social Care Committee, I interviewed Dr Lee from that surgery and he said that because around 60% of the patients they see every day are their own patients, they do not have any problem with GP retention. The GPs who go to work there are happy, because they are seeing people they know. That would be transformative for morale inside general practice.

People might very reasonably say, "Well, you were in that job for rather a long time. Why didn't you restore that system?". I want to share a little secret with the House: I did actually try to do that. I changed the GP contract in 2015 so that every NHS patient in England has a named, accountable clinician. Unfortunately, I was outfoxed by the system. As a result of that change, on every electronic patient record, every one of us here will have a named accountable GP on the record. However, absolutely nothing else changed, and the NHS continued as it had done.

The Bill offers a real opportunity to transform care, as well as transforming life for GPs and patients. The same principle applies to maternity care. We know from inquiry after inquiry that despite reams of recommendations, things have not been getting better. If every mum was told at the moment she knew that she was pregnant, "This is the team who will be responsible for the safe delivery of your baby, in antenatal, birthing and post-natal," we would restore the personal connection to maternity care. That is one of the biggest issues coming from so many mothers; they say that they feel anonymous in the system, and not listened to.

At its best, the NHS delivers absolutely incredible care—I have three wonderful children who exist because of amazing NHS care—but at its worst, it turns patients into numbers and human suffering into box-ticking. Lots of things are necessary to turn that around, but one of the biggest things is restoring continuity of care, so that every patient always knows who is the doctor responsible for their care. That is why I urge the Government to consider how to restore continuity of care in both general practice and maternity, if that is not going to be done through this Bill.

Navendu Mishra (Stockport) (Lab): There is lots in this Bill that is very positive, but I want to raise a couple of local issues, including one relating to my local Stepping Hill hospital. I thank the Minister for meeting me and my constituency neighbour, the hon. Member for Hazel Grove (Lisa Smart), to discuss the hospital, because it is at the heart of healthcare provision in my town of Stockport.

It serves around half a million patients per year and is one of the four specialist hub centres for emergency and higher-risk general surgery in Greater Manchester.

I appreciate that 14 years of austerity, imposed by the coalition Government of Liberal Democrats and Conservatives, and by subsequent Conservative Governments, have taken their toll on the NHS. The Labour Government have been trying to fix things over the last two years, but Stepping Hill hospital is a huge issue locally. I have mentioned the condition of the hospital a number of times in this Chamber, and a number of constituents frequently get in touch with me about the state of the hospital. At one point, Stepping Hill hospital was reported to be delivering only 51% of its usual outpatient services, which is simply not good enough. The staff do an amazing job, and an amazing set of volunteers support the hospital, but so much more needs to be done.

The backlog of repairs at the hospital is estimated to cost around £138 million. The Government have allocated £2.5 million for targeted essential repairs, fire safety and other works, and the foundation trust has been allocated £75 million by this Government over the next four years. That is a positive step, but I urge the Minister to go a bit further for Stepping Hill hospital in Stockport, Greater Manchester.

The second issue I want to raise is NHS-funded IVF treatment, which I have also mentioned previously. We live in a country where we have a postcode lottery in NHS funding for IVF treatment, and that should not be the case. I have signed new clause 104, tabled by the right hon. Member for Stone, Great Wyrley and Penkridge (Sir Gavin Williamson), which is about ensuring that the provision of NHS-funded IVF is in line with the National Institute for Health and Care Excellence guidelines.

Once again, a number of parents in my constituency have been in touch with me about this issue. Sadly, NHS Greater Manchester ICB has taken the step of reducing provision. It conducted a consultation a few months ago, and 74% of respondents either disagreed or completely disagreed with the proposed one-plus cycle offer. I have submitted a freedom of information request to NHS Greater Manchester ICB regarding the cost and resources that went into the consultation, because it did the consultation and then proceeded to reduce the provision. The change disproportionately impacts low-income women and people from poorer backgrounds, and that is simply not good enough. Greater Manchester has a population of almost 3 million people, and this is a regressive step.

The Government need to do a lot better on mandating legal access to NHS-funded IVF. Current data from a fertility unit in the north-east—one of the only two areas where an ICB funds three full rounds of IVF treatment—shows that the chance of a woman under 40 having a baby after three cycles of treatment is 70%, but the figure for people who get access to one cycle is just 46%. In England, we need standardisation of IVF treatment.

I also support new clause 108, tabled by my good and hon. Friend the Member for Liverpool West Derby (Ian Byrne). I will not say much on this point, because I have spoken on three separate occasions in Westminster Hall and in this Chamber about data hygiene and safety. I have had a very large volume of correspondence from constituents on this issue. Many people in Stockport are worried about foreign tech firms having access to their sensitive personal medical records. People need to have confidence that the personal details and data that they provide to the NHS will not be misused.

As I said earlier, this Government have achieved a lot in the last two years, but we need to recognise that there is so much more to be done. Labour Governments always fix things in the long run, but I ask the Minister specifically to go a bit further on Stepping Hill hospital and IVF.

8.15 pm

Layla Moran: Let me start by taking up the theme of maternity, which has already been mentioned by a number of Members. I welcome the Government's commitment to instating a maternity commissioner. I sit on the expert reference group—that is what we are called—that feeds into the maternity and neonatal taskforce, so I see how the Government are trying to pull all these different issues together. The Health and Social Care Committee has heard repeatedly, and across a number of inquiries, how important this issue is, and we need someone who is independent of Government and able to knit it all together.

Our Committee's "Black Maternal Health" report heard how workforce shortages are undermining efforts to improve maternity care, data is lacking, and there is a culture in which women, particularly black women, are not listened to. Investment and training are needed to tackle that.

The "First 1000 Days" report found that the UK has some of the worst early years health outcomes in Europe, including in infant mortality, and we have called for proper targets for early years professionals in the long-lost workforce plan. As an aside, where is the workforce plan? I would love to see it. Locally, Oxford University hospitals provide maternity care for my residents, and indeed for my own family—baby took their first steps this weekend, finally! It was a momentous occasion.

I also reflect genuinely that there are people in my National Childbirth Trust class who did not have as good an experience as we did. They have been proactively contacted by the hospital to have an apology and an explanation given for their awful, traumatic birth, and they did not even complain. In part, that is a result of the CQC inspections and, more importantly, the inclusion by Baroness Amos of OUH and John Radcliffe hospital in her report.

I toured the hospital again this summer and heard specifically from trust leaders and midwives. They are doing everything they can to respond to all the criticisms being levelled at them by families, but they told me that there is only so much that they can do without a new building. Baroness Amos's report said:

> "The maternity and neonatal units sit across multiple floors… We saw delivery suites that didn't have windows, that were cold, small and cramped and had pillars in the middle of them affecting where equipment could be placed".

A large number of the suites did not have en suites. Can you imagine what it must be like to give birth in those rooms? As the Government knit together their action plan, I beg them not to forget investment, particularly capital investment, when they empower the commissioner to do their good work.

Let me move on to a few other amendments. I support the work to tackle health inequalities in new clauses 90 and 91. Our Committee hears over and over again that

[Layla Moran]

if we want to unlock productivity in the NHS, that is where we need to focus. I also support the campaign of my hon. Friend the Member for Newton Abbot (Martin Wrigley) and his cross-party new clause 34, which echoes the findings of my Committee. The Government really need to think again when it comes to Palantir and instead supercharge the capability of UK-based companies.

Martin Wrigley (Newton Abbot) (LD): On that very point, does my hon. Friend agree that the recent NHS cost-benefit analysis showing that the Palantir project will cost £1.1 billion and deliver benefits of £800 million—a net loss of £300 million for the NHS—underlines the fact that we need to get rid of it now?

Layla Moran: I thank my hon. Friend for his intervention; he has been a doughty campaigner on this issue, as have other members of the Committee, including the hon. Member for Chelsea and Fulham (Ben Coleman). We also know that much of the data is based on the data being taken from Chelsea and Westminster hospital, and not much else across the country. We have a lot of questions about that contract, hence why we came to the same conclusion.

However, I primarily urge the Government please to consider new clause 85, in the name of the hon. Member for Thurrock (Jen Craft), which would impose duties on ICBs for delivering education, health and care plans. In my constituency we held a roundtable to provide evidence for our own hearing on this issue—by the way, this was based on a recommendation that came out of the Education Select Committee's work on EHCPs, so we decided to take up the "H" bit. In that roundtable, I heard movingly from families who kept saying things like, "Everything is a battle." One child, Stefan, suffers from multiple epiphyseal dysplasia, which affects his hips, and needs support to get around. He is very bright and desperately wants to learn. His mother was at that roundtable, and told me that, exceptionally and against school policy, he is allowed to keep a phone on him. There is no one whom the school can employ to make sure he can be wheeled from class to class, so instead what happens—and mother and school have done everything they possibly can—is that Stefan rings his mum so that she can come from home and deliver him to his next class. Ridiculously, this is the kind of thing that goes to tribunal, and then those tribunals cannot hold the ICBs to the same level of accountability as local authorities. The whole thing is nonsensical.

Peter Swallow (Bracknell) (Lab): I agree with the point that the hon. Member is making. To add the voice of a member of the Education Select Committee, the Committee's report equally found that we have to have a system where ICBs can be held to account for delivering on EHCPs.

Layla Moran: I am grateful to the hon. Member for his intervention, and for the work of that Committee. We are doing work together right now on children's mental health, so I am sure we will continue to pursue this theme.

The point is that the impact was not just on that child; it was also on the mother, who could not work, and there was also the distress of having to battle the system. The mental health of both parents was affected. It does not need to be this way, and I genuinely believe that accountability is part of the answer. As such, my plea to the Government is simply to say that it is past time that the "H" part of EHCPs is put on a statutory footing, and I urge the House to support new clause 85.

Danny Beales: There is much to support in the Bill, and I support its ambition to enable many of the provisions of the welcome 10-year plan for the NHS. The plan is the right one; the three shifts are correct, and we have to fundamentally reform the health system if we are to meet the modern health and care challenges that we all see in our constituencies. To some extent those challenges are not new, and neither are these ambitions—we have seen similar initiatives before—but the systems, the structures, the bureaucracy and the siloed budgets push against change in the health sector. They have been a hinderance, reinforcing silos and making the same investment choices. They have prevented digitalisation, kept care in acute settings and stopped joined-up working. This Bill could and should be a key lever in overcoming those challenges, which we need to do if we are to achieve those ambitions.

I very much support the digital single patient record, which is a key ambition in the shift from analogue to digital health. We have all heard from patients who have to tell their story over and over again at every single health appointment—between care and health, between community and secondary care—so a genuine single patient record has the potential to be transformational. We have, however, heard from pharmacies and community mental health services that if this is to work, they have to have a seat at the table. While this Bill enables the architecture, I hope that the delivery will ensure that the whole of the health and care system is part of the decision-making process when the single patient record is designed. That is crucial.

Turning to the abolition of NHS England, the idea of streamlining bureaucracy at the centre is a good one, and delivering power—including decision-making power—budgets and resources locally is also admirable. Success, however, will mean the right decisions being taken at the right scale.

Ben Coleman (Chelsea and Fulham) (Lab): One of my concerns about the abolition of NHS England is that highly specialised services for treating the rarest and most complex conditions—of which there are only 79 in the country—currently sit directly with NHS England. It is not clear whether those services will continue to be commissioned centrally. Does my hon. Friend think it would be helpful if the Minister could clarify that?

Danny Beales: I thank my hon. Friend for that contribution. Having worked in neonatal care services and areas of specialised services in the NHS for 10 years, I understand that one of the benefits of NHS England was that it brought together highly specialised services, ensured consistent service specifications and uplifted the quality and availability of care across the country. I hope that when we make decisions about which specialised services will be devolved to ICBs, consideration will be given to that point. Equally, we have heard from national population health programmes such as the Diabetes Prevention Programme, which has been a huge success. As we make the final decisions about the level at which

decisions are made, we cannot lose the benefits of public health initiatives at scale, such as vaccinations and prevention programmes. I would welcome the Minister's thoughts and reflections on that.

Integrated working is also important—as I say, we have to blend budgets and bring together decision makers across current silo divides. In that spirit, I very much welcome the change made by Government amendment 60 to give local authorities a seat back at the table. We need a bigger voice for public health and social care in health decision making, not less, so I thank the Minister and the Government for listening to the Health and Social Care Committee and moving on that. In the view of the NHS Alliance, this is not enough; it would like to see a reciprocal duty to collaborate, which is an interesting suggestion. However, the Government's amendment is an important start.

Anna Dixon (Shipley) (Lab): I congratulate my hon. Friend and others on the Select Committee who did the work on strengthening local authority representation on integrated care boards. Does he agree with the sentiments of my new clause 106, which says that we need a stronger duty to co-operate, both within the NHS and between the NHS and local authorities?

Danny Beales: My hon. Friend might have read my speech, because I was about to turn to her amendment's proposal of a report on integrating health and social care. It is an interesting idea that has a great deal of merit, and I hope that the Minister, in her response, will outline the Government's approach to enabling more progress on integrating health and social care, particularly with the ongoing Casey review.

Inequalities have already been mentioned in the debate. Obviously, one of the Government's key ambitions is growth in every postcode; another is good health in every postcode. Time and again we see disproportionality and inequalities that are seemingly hardwired into our health system. To change that, we are going to have to do something differently, and I welcome new clauses 90 and 91, tabled by my hon. Friend the Member for Stoke-on-Trent South (Dr Gardner). Unfortunately, those amendments have not been selected for debate, but they definitely reinforce the Government's 10-year plan commitment to halve the gap in healthy life expectancy between the richest regions and the poorest, and to raise the healthiest generation of children ever. Unfortunately, we have moved away from those goals over the past 10 years, and we will have to do something differently if we are to bridge that gap. In my own constituency, from north to south, there is a huge divide in the quality of health and outcomes based on postcode. That must change.

Although the Government are not minded to accept those amendments, I know that the Minister is passionate about inequalities and that the Bill requires neighbourhood health plans to be developed. That will be an important new measure when responding to neighbourhood health needs, and in preparing those plans,

"the responsible local authority and…partner integrated care boards must have regard to any guidance issued by the Secretary of State."

I hope that the Minister will explore using this guidance to ensure that as they are developed, neighbourhood health plans specifically address inequalities between neighbourhoods.

Finally, I turn to the SEND system, which is another major challenge with which the Government are rightly grappling. I thank my hon. Friend the Member for Thurrock (Jen Craft), a fellow member of the Health and Social Care Committee, for new clause 85, which would address the chasm between the education system and the health system. While this is fundamentally a health Bill, it is right to ask what more the health system could and should be doing. As the Chair of the Committee, the hon. Member for Oxford West and Abingdon (Layla Moran), has rightly said already, the "H" is far from present in EHCPs. Decision makers are not required to come round the table, and the specialists are not provided. I have been to specialist schools in my constituency where there is no nursing provision, so people miss school days, and where there is no specialist transport, so people cannot even get to school, because bus drivers do not have the proper health knowledge. We need to have an education and health response. I therefore hope that the Minister will address in her closing remarks how, if this Bill is not the right mechanism, future SEND reforms may pick this issue up and how the Department of Health and Social Care will contribute.

There is a great deal to support in this Bill. It is a major step forward, particularly for digital healthcare, giving people control of their records and joined-up care. I hope that the Government will continue to drive forward reform of our health system.

8.30 pm

Sir Gavin Williamson (Stone, Great Wyrley and Penkridge) (Con): We all often have a common memory that is so incredibly important and special: holding our child for the very first time. Sadly, so many people up and down this country cannot have that memory because of their difficulty in having children.

In 2004, the National Institute for Health and Care Excellence recommended a way forward on IVF, which was to give all a minimum three cycles of IVF treatment. That was set out 22 years ago, so we would hope that over time all ICBs would have moved towards delivering that. Sadly, it is something that people have moved away from, and that is not because the issue has got easier or better or is impacting fewer people. The reality is that the issue has got more difficult and is impacting more people, meaning that more people will not have that amazing joy of holding their own child.

I ask the Minister to look at new clause 104, which has been tabled in my name, with the support of 16 other Members from all parts of the House. The issue of people not being able to have children is growing. Male fertility has been collapsing over the past few decades. As people are dealing with greater pressures to buy their own home, they are having children later in life, rather than earlier.

We have a postcode lottery. Only two ICBs across the country offer the NICE recommendation of three cycles. In fact, as we have already heard, the offer in Manchester has been decreased. That is also the case in Cheshire and Merseyside. In Staffordshire, which I represent, people are not even entitled to one full cycle of IVF, meaning that unless someone is incredibly rich, they are condemned to probably never being able to have children. That is just not right, and I urge the Minister to be proactive in looking at how it can be addressed.

[Sir Gavin Williamson]

We face a demographic issue in this country. We have a falling birth rate, with fewer than 600,000 babies born in this country last year. That will only get worse. It is sad that the NHS is not prioritising this issue. I understand the pressures that ICBs operate under, and it may always be seen as an easy, no-cost option to deprive people of the ability to have a child, but for those people who desperately spend their whole life doing everything they can—remortgaging their homes, begging for money from family and friends—to have a cycle of IVF, it is destroying them. There is no humanity in this system. I urge the Minister to look at new clause 104 and give families the opportunity—the greatest blessing that they can have—to hold their own child. I urge her to take action, as opposed to ignoring something that is so important to so many.

Jen Craft (Thurrock) (Lab): I strongly welcome this landmark Bill, which will protect and strengthen our health service for decades to come, but for children with special educational needs and disabilities who are disproportionately impacted by not getting the healthcare that they need, I believe that it should go further. That is why I tabled new clause 85, which seeks to address the fundamental imbalance in the provision of health services for disabled children and young people. Currently, the statutory duty to deliver education, health and care plans—the legal mechanism by which children with special educational needs and disabilities can receive support—sits entirely with local authorities.

Jim Shannon: I commend the hon. Lady for all her endeavours in this regard. Does she share my concern that when a child is diagnosed with cancer, the parents are instantly overwhelmed by medical jargon, by appointments and by sheer panic? Does she agree that the Minister, and the Government, should accept the common-sense duty to ensure that no family faces those critical first two weeks completely alone?

Jen Craft: I do agree. The hon. Gentleman has made a very good point about the impact of childhood illness, not only on the child but on the family. I also agree that support for families is crucial. They are part of the care team for children when they are unwell, and that acknowledgment needs to be strengthened and acted on.

As I was saying, the statutory duty to deliver EHCPs sits solely with local authorities. In practice, that means that councils are the only bodies that can be held legally responsible for providing the service that a disabled child needs to access education, including health services such as occupational or speech and language therapy. Health bodies are not subject to the same requirement, and I know from my work as a member of the Health and Social Care Committee and a constituency MP, and as a parent of a disabled child, that that too often means that they are not at the table when it comes to delivering services for children with special educational needs and disabilities. There is a fundamental lack of accountability in the system. That, in practice, can force local authorities or families to procure privately, which can drive shortages in the NHS workforce or can mean that provision is substandard or non-existent.

My constituent's son Haider, for example, has an EHCP which outlines his need for speech and language therapy to gain full access to education. Despite his mother Qaila's relentless efforts, that support was not delivered for months. Qaila tells me that she has been forced to watch while Haider has become withdrawn, anxious and isolated. My constituent Elizabeth has a similar story. She has been fighting to get occupational and physical therapy for her son William, but significant delays in securing assessments from healthcare professionals have resulted in inaccurate, unhelpful support arrangements.

Josh Fenton-Glynn: I thank my hon. Friend for making such a powerful speech, and for all the work that she does in this regard. These long waiting times are particularly difficult when children are involved, because a child's life is so attenuated. If a parent is waiting for 18 months, that amounts to one and a half or two school years. Does my hon. Friend agree that the key to prevention is to ensure that these matters are dealt with as quickly as possible?

Jen Craft: I completely agree with my hon. Friend. Owing to the lack of early intervention for my constituent Elizabeth and her son William, he has missed countless hours and days and weeks of schooling at a critical point in his development.

At a drop-in that I hosted last week, I met a woman called Annika. Her daughter Winnie has cerebral palsy, and her EHCP clearly states that she requires a physiotherapist, but the family have been forced to arrange that for themselves. Countless other families are in the same position. I think that every single Member in this House will have encountered similar constituency cases, and it is just not good enough.

Graham Stuart: The hon. Lady is making a most powerful speech. We will all have experienced the frustration of parents with a child whose EHCP lacks the health element. Does the hon. Lady share my concern that, furthermore, the abolition of Healthwatch might remove one of the few elements that externally and independently marks the homework of the NHS, and that we are moving to a situation in which the NHS itself, and Ministers, will collect the data and mark their own homework, and we will lose yet another of the few tools that a frustrated parent has to hold the system to account?

Jen Craft: I agree that there needs to be better accountability in the health service. It currently does not work, and the mechanisms by which we can hold healthcare bodies to account are few and far between. I believe that it is most acutely felt in paediatric care and in the special educational needs and disabilities system, where a mechanism for holding public bodies to account already exists: EHCPs. The idea that the responsibility should fall entirely on local authorities is misguided, because roughly 50% of what a child with an EHCP needs in order to access education is healthcare, which should be provided by a healthcare service. There must be better accountability and transparency for parents, and for their children, when that does not happen. I know that parents often have to go out of their way and spend, on average, £8,500 a year on their child's healthcare so that they can access education.

Ben Coleman: Will my hon. Friend give way?

Jen Craft: I will not, because I am going to run out of time.

Roughly 40% of people have paid privately for therapies, and many are forced to fundraise for the vital medical equipment to which their child is legally entitled. It is worth noting that beyond the direct costs, many parents are forced to miss work because the right support is not available for their child to attend school. Around 40% report cutting back their hours, and 35% have left the job market completely. Before I became a Member of Parliament, I stopped work to become a full-time carer for my daughter. I do not regret that choice for a second, but it was a difficult and sometimes lonely period. Like many parents, I had not anticipated just how hard it would be to secure basic support for my child. Even to this day, I struggle to secure the basic healthcare support that she needs to support her education and her place at school. I am wearing a dragon for her today, and she will know why that is. I will not share it with the House, but if she watches this debate, she will see the dragon and it will make her smile.

New clause 85 is intended to fix the inequality. It would place a statutory duty on ICBs to deliver the health part of EHCPs, matching the existing duty on local authorities. The fundamental concept that there must be a meaningful legal requirement on health services to deliver the support set out in EHCPs is critical. If we do not act and do not rightly demand that health services pull their weight, the status quo of young people missing out on education will continue, and I am afraid the planned SEND reforms will be doomed to failure. Disabled children are no less worthy of a decent education than their peers and are no less capable of thriving in school, but we are denying them access to the tools they need to succeed.

I am grateful to the Health and Social Care Committee and the Education Committee for their support for new clause 85, and to the nearly 100 Members from across the House who put their name to it. I want to express my thanks to the charities involved for their continued campaigning efforts, and to the many parents who have contacted me. I sincerely hope that the Government will give the new clause the attention it deserves. If they cannot accept it in whole, I hope that they will give a commitment to deliver proper accountability.

Several hon. Members *rose—*

Madam Deputy Speaker (Caroline Nokes): Order. After the next speaker, there will be a four-minute time limit, but I will not reduce it further than that.

Tom Gordon (Harrogate and Knaresborough) (LD): I would like to start by welcoming the commitment from the Minister at the Dispatch Box to bring forward a maternity commissioner, and by thanking my hon. Friend the Member for North Shropshire (Helen Morgan) for her tireless campaigning on this issue. When I worked for her many years ago, I was all too aware of the scandal at the Shrewsbury and Telford hospital NHS trust, after sitting in on surgeries with her. Indeed, in my own constituency of Harrogate and Knaresborough, I have ended up with tireless campaigners coming to me when they face maternity issues at Leeds hospital.

I turn to the amendments tabled in my name. The first is new clause 36, which would require the Government to bring forward a formal transition strategy and to report back to Parliament on what happens when NHS England is abolished. I have tabled the new clause out of concern for families who have lost loved ones at the hands of the Tees, Esk and Wear Valleys mental health trust. They have said time and again that they are concerned about the delayed appointment of a chair to the inquiry. They are really worried about that as we see the largest changes to the health service in a generation, and they do not want the inquiry to be lost. I press the Minister on whether she might be able to push that forward or get her colleagues to do so.

New clause 43 would reduce inequalities in access to clinical research funding and trials. I have been working closely with Yorkshire Cancer Research, based in Hornbeam Park in my constituency. We know that funding for clinical research and trials across Yorkshire is about a quarter of what is received in London. If areas outside London and the south-east are getting less research funding, the logic follows that we will struggle to close inequalities in those areas.

Dan Aldridge (Weston-super-Mare) (Lab): I think the hon. Member's point about health inequalities is really important. The number of cancer cases is expected to rise by about 30% by 2040, and England already has fewer radiotherapy machines per head than comparable European countries. Weston-super-Mare does not even have one, despite being the size of the city of Bath. Does he agree that that needs to come in conjunction with the rest of the investment he is talking about?

8.45 pm

Tom Gordon: I completely agree with the hon. Gentleman. My hon. Friend the Member for Westmorland and Lonsdale (Tim Farron), who is not here, is campaigning tirelessly on radiotherapy and radiography. The point I was making about those health inequalities is that regions such as Yorkshire have a high incidence of cancer and of poorer outcomes, so we need to close that funding gap to close those inequalities.

New clauses 61 and 93, both in my name, pertain to NHS dentistry, and I have also added my name to and support many other new clauses. New clause 61 would have made sure that there is adequate provision of dental appointments in Harrogate and Knaresborough. Over the last two years in my constituency and across North Yorkshire as a whole, the number of people with access to an NHS dentist appointment is down from 50% to just 37%. When this arises in casework and at surgeries, the issue is often precipitated by those who work in A&E telling me traumatic stories of people reaching A&E as a result of emergency dental care or the lack of it. In particular, we have heard some harrowing stories from local children about their inability to focus in school. New clause 93 would require the Secretary of State to publish before Parliament a regular report on the state of NHS dentistry, including that unmet need, and also to pay particular attention to workforce capacity and distribution.

Vikki Slade (Mid Dorset and North Poole) (LD): In Dorset, we have lost 44 dentists in the last five years, and there has not been a single new contract for 10 years. Is my hon. Friend suggesting that his new plan would reverse that by enabling us to see exactly where the gaps are in the system?

Tom Gordon: I agree with my hon. Friend that we need to see that, and I tabled new clause 93 to get the answers to some of those questions that not just constituents in my patch but those in hers are asking us as Members of Parliament. It is particularly frustrating that we are in the third year of this Labour Government, and although talk of dental contract reform kept cropping up at the outset, we have seen little progress since, so I would press the Minister on what more can be done to make sure those gaps are filled.

On new clause 121, I am the chair of the all-party parliamentary group for diabetes, and we have some fantastic care and world-leading practice for diabetes, as was mentioned by the hon. Member for Uxbridge and South Ruislip (Danny Beales). This new clause would maintain existing national diabetes prevention, treatment and audit programmes, and would mean we see an explanation from the Government with regular reports in Parliament about how those are being continued.

Overall, Members across the House have tabled a fantastic number of amendments. I hope the Minister will pay attention to them and can provide us with some responses.

Anna Dixon: I worked as a civil servant for the coalition Government, and I saw at first hand some of the duplication and confusion caused when NHS England was set up, so I welcome this Bill and the decision to abolish NHS England. However, reversing the fragmentation caused by the Tories' failed reforms of the NHS will not on its own create a more integrated and joined-up service for patients and carers. That is why I have tabled new clause 106, which would require the Secretary of State to report to Parliament within six months of the Act passing on how well NHS bodies and local authorities are working together to integrate health and social care in England.

Having worked in the health and care sector, I know how vital it is to have integrated services, and I know as an MP, as I am sure do others, and from personal experience how devastating unco-ordinated care can be for patients, their families and our NHS. One of my constituents, Ellerie Carroll, was diagnosed with diffuse intrinsic pontine glioma, an inoperable brain tumour, in September 2024. Very sadly, she died in May this year, aged just nine. Ellerie and her parents, Freya and Christian, suffered in ways that are unimaginable, but it was a lack of co-operation between services that added to their suffering. To give just one example, after going for a MRI scan at Great Ormond Street hospital, Ellerie had to endure a repeated scan at Leeds General Infirmary in Leeds due to an inability to share results between hospitals. I hope that the single patient record, which the Bill also creates, will help to join up systems and reduce such problems.

We see disjointed care within the NHS between hospital and community services, but also between health and social care. Another constituent, Roger, in his 90s, had a fall and serious head injury last year. After the acute hospital treatment in Leeds, there was a failure in the NHS to join up his care with Bradford social services, resulting in delays to his discharge. He developed infections and delirium. After nine months of being moved from one hospital to another, and despite his wife fighting to get him home with support, he died in hospital. These are the consequences when our health and care systems are not integrated. It is also expensive. Around one in 10 hospital beds in England are occupied by someone who does not need to be there, often because community care or social care are not available.

Any reform of the NHS will ultimately fail unless we simultaneously reform adult social care. That is why I welcome the priority given to this issue by the Prime Minister and the commitment he made to bring forward the conclusion of the Casey commission. But even if we build a national care service, which we must, there is a risk if it does not work in sync with our national health service. It is essential that we place very clear obligations on all parts of the NHS to co-operate and integrate with social care.

I ask the Minister to set out in her closing remarks how she and the Secretary of State will monitor the Bill's impact on integration, and how they will ensure co-operation remains a critical priority for the NHS—not just on paper, not just in law, but in the way that we all experience health and care in a joined-up way.

Steve Barclay (North East Cambridgeshire) (Con): I rise to speak to clause 1 on the abolition of NHS England and clause 6 on promoting innovation.

What characterises the first of those is an announcement without any clear plan. That is what has driven the cost and confusion that a number of Members across the House have spoken about. Those in any doubt about that can just look at NHS England's own 2025-26 annual accounts, which show that the costs are already more than £100 million higher than forecast and now sit at above half a billion pounds. I do not recall seeing that on election leaflets. Indeed, just six directors at NHS England are being paid over £800,000, and that points to the cost.

Sometimes such big figures are hard for constituents to get their heads around. Just to localise it to my own constituency, the Cambridgeshire and Peterborough ICB alone paid out £14 million in redundancies last year. It merged with a number of other ICBs to form the Central East ICB, yet we know hear from the Government that it should align with metro mayors, which means going back to exactly what it was before: the Cambridgeshire and Peterborough ICB.

That is just one of many confusions around the announcement. The hon. Member for North Shropshire (Helen Morgan) spoke about confusion over the timetable and what was described to the media as now an impossible timetable. We also saw reports in the media this weekend about the destination of staff in NHS England. Can they actually go into the Department, or will another body be set up because of the pay disparity between the two? All this is around 18 months on from the actual announcement.

The confusion seems to extend to the Government themselves, because they seem unable to answer pretty straightforward written parliamentary questions. Given the time limit, I will give just a few examples. I asked how many people have been hired to NHS England since the announcement of its abolition, not least given the huge cost—over half a billion pounds—of voluntary redundancies. Despite the deadline passing, the Minister has not answered the question. We know from another written parliamentary question that more than 1,000 jobs have been advertised. It is relevant to know, in an organisation that is paying people to leave, how

many people it is hiring. I also asked how many people had accepted voluntary redundancy, another written parliamentary question that has passed the deadline without answer. The process is characterised by a lack of transparency.

Graham Stuart: My right hon. Friend is giving a typically punchy speech. Does he agree that every signal suggests that this measure has not been thought through? While the Government have conceded by saying, "Oh we're going to have local government coming back onboard," how could they have conceived of health and social care without local government being engaged? On every front, it looks as if they have not thought it through, abolishing everything from the safety inspectorate to Healthwatch England. We have a Government that are out of control, spending tens if not hundreds of millions on redundancies with no clear end destination in view, wasting a huge opportunity.

Steve Barclay: My right hon. Friend is absolutely right: the Government are spending millions of pounds and there is no plan. The measure was announced without working that out, it came as a surprise to many within the system, and it has had a chilling effect on many decisions.

That is not isolated. Just today, we had the complete shambles of local government reorganisation. On the last day before the summer recess, the then Secretary of State rushed to the House to push through an announcement, which the new Secretary of State for Housing, Communities and Local Government is now reversing, while the Chief Secretary to the Treasury is contradicting her by saying that the Government want to have a higher legal appetite for risk and fewer consultations. There is confusion across Departments, and the issues with clause 1, which a number of Members have spoken to, illustrate that.

Given the time limit, I will turn to clause 6. I do not doubt for a minute that the Health Minister and the Secretary of State—anyone in the Department—want to promote innovation. My right hon. Friend the Member for Godalming and Ash (Sir Jeremy Hunt) spoke a lot about capital to revenue switches in his book, and the pressure that takes away from innovation. As Health Secretary, I used to have a wry smile at the battles I had with him, when I was pushed by the Treasury to do exactly the same thing. The issue is not the lack of will; the issue is the alignment between procurement, regulation and clinical leadership, particularly in the colleges, as well as the ability to scale innovation—it is not about having more ministerial pilots.

Finally, because I am almost out of time, I will pick up on the Chair of the Health and Social Care Committee's good points around data. When I was in the Department, my frustration was that I often had to go on open-source dashboards to get information that should have been available to me as a Minister, and I suspect that that is still the case. We should make data dashboards a common theme—the CSV files that the Department publishes are extremely difficult to access. Make data more transparent; it will help the debate in Parliament and, I dare say, it will help Ministers get more support.

Janet Daby (Lewisham East) (Lab): I thank the Minister for the Bill. I put it on record that I am chair of the all-party parliamentary group on sickle cell and thalassaemia. I rise to speak to new clause 162. It is well known that the NHS commissions specialised services unevenly across England. I am confident that this Government's ambition is to end the postcode lottery of specialised services, and I would like to hear more about that. New clause 162 is designed to do something simple: to ensure that Parliament can identify where inequalities exist, measure where they are improving and hold the Secretary of State to account when they are not.

I will make the case for the provision through the experience of people who live with sickle cell. Sickle cell disorder is the fastest growing serious genetic condition in England. It causes episodes of serious chronic pain, spasms and a crisis that will continue if left untreated. It can damage organs and frequently requires hospital care. When the crisis strikes, patients have to attend A&E and wait for hours, often only to be seen by medical staff who may have little or no familiarity with their condition. Due to past experiences, many sufferers do not trust the NHS to meet their needs, and stories of sufferers who have died in hospital due to complications, such as Evan Nathan Smith, are well known.

In 2021, the "No One's Listening" report demonstrated that people with sickle cell need to be listened to. That report prompted NHS England to act. It initiated the sick cell and thalassaemia quality improvement programme, from which came seven pilot emergency department bypass units. These dedicated facilities allow sickle cell patients to avoid A&E and receive immediate care to bring a crisis under control. The service works, but there is a problem, which brings me to the new clause. When the APPG met last week, we heard from stakeholders that this progress is fragile. There are only seven bypass units across the country, and with the transfer of commissioning responsibilities under the Bill, there is a real and legitimate fear that what has just begun to be built will not be protected to continue.

9 pm

Ben Coleman: I am also a member of the APPG, and I was also at that meeting. On the Health Committee, we raised the point about these short-term pilots, and we managed to get an extra year's funding. I have to say—I will say this as the person I am—that I feel that if this was a problem that predominantly affected white people instead of black people, it would be taken a lot more seriously. I think that the Government need to reflect on that when they are deciding whether to accept this amendment and whether they wish to give sickle cell sufferers the full support that they need, which they are not getting.

Janet Daby: I thank my hon. Friend. He could not have said that more clearly. This is absolutely about inequalities in the health service. He has explained and expressed that extremely well. I know that he, like me, will continue to advocate for people from ethnic minority and diverse backgrounds.

New clause 162 would require the Secretary of State to do two things: first, to lay an annual report before Parliament on the performance of specialised services against national standards; secondly, to ensure the regular publication of data on quality and outcomes of the kind currently captured in the specialised services quality dashboards, which NHS England has maintained on a non-statutory basis. Without legislation, those dashboards

[Janet Daby]

could quietly disappear when NHS England does, and that must not happen. The new clause would make their continuation, or the continuation of something equivalent, a legal requirement.

I want to be clear about the modesty of this ask. We are not asking the Government to build new services, ringfence budgets or second-guess local commissioning decisions. We are asking them to measure, publish and report, in order to ensure basic accountability for patients with rare conditions, and for geographically dispersed people, predominantly from black and minority ethnic backgrounds, so that they have services that work.

The patients who rely on specialised services are often marginalised twice over: once by their condition, and again by a system that does not always see them clearly. New clause 162 would require the Secretary of State to identify them, and to report back to this House on what they find. I urge the Government to take this new clause seriously and to respond appropriately.

Steff Aquarone (North Norfolk) (LD): Amendment 19 closes a dangerous gap in the Bill and commands the support of Members from across the House. It is right that clause 4 calls for the Health Secretary to reduce inequality of access to health services, but the Bill must explicitly cover rural and coastal health inequalities, or else less densely populated communities will always lose.

At face value, it makes sense to measure success by the greatest number helped; however, in the long run, that is a false economy, as delayed diagnosis and treatment ultimately cost the NHS more. It is a little bit like access to high-speed broadband—we rolled out the first phase to the places where the most people could be connected, which rewarded the Government and providers with some impressive-sounding numbers while disguising failure in the margins. Rural and coastal communities are literally and politically at the end of the line, and are therefore reached last.

Sarah Dyke (Glastonbury and Somerton) (LD): As my hon. Friend will know, the chief medical officer's rural health report is due later this year. Rural health cannot be seen as an afterthought. That is why I tabled new clause 120, which would create a farmer-friendly general practice scheme, similar to the veteran-friendly accreditation scheme; it would recognise GPs who proactively reach out to isolated farming communities. Does my hon. Friend agree that the Government must treat the rural health report's recommendations as a genuine test of action, and not just warm words?

Steff Aquarone: I absolutely agree. In order to achieve genuine equality of access, the Government must go outside-in; in other words, they must design provision around the hardest places to serve—my hon. Friend gives a great example—and then work inwards from there.

"If Australia can effectively serve communities living in the remote outback, we can meet the needs of people living in rural and coastal England."

Those are the words of the right hon. Member for Ilford North (Wes Streeting) when he was Health Secretary. Not only do I agree with him, but I challenge the current Health Secretary to turn her Government's own words into law. We got it wrong with broadband; we cannot afford to get it wrong with people's health.

In North Norfolk, I see the struggle for health access and outcomes at first hand. People living on the coast start with half the access that those in inland areas have. Conventional service models assume that people can access healthcare from any direction, but for our coastal communities, half of the area is the sea. The sea may be beautiful, but it does not run a bus service, staff a clinic, or provide a patient catchment. Coastal communities, which may have sparse populations and poor transport, need more local points of care, not fewer. On top of that, the services we do have are burdened by exceptionally long waits. We are not unique in this; some of the poorest healthcare access and outcomes can be found in communities like mine.

We know the challenges for health and wellbeing in these areas from the excellent work of Professor Sir Chris Whitty. He spelled out that we suffer from shorter life expectancy and higher rates of major chronic illness, higher rates of alcohol and drug-related harm, and more cardiovascular and chronic lung conditions. These are very serious problems, and they cannot remain an afterthought in national health policy. National systems must not mistake population density for severity of need.

Besides, when problems are caught earlier and treated faster, it leads to better outcomes. That is one of the reasons why I was so frustrated to be told by the Government before recess that they have "no plans" to provide an urgent treatment centre at Cromer hospital in my constituency, although it would transform access to urgent care across North Norfolk. I am putting the Department on notice today: my constituents and I will continue pressing the case until Ministers reconsider.

Let me tell the House what these inequalities mean in human terms. They mean that constituents like Kelly, who has been waiting more than 70 weeks for a hip replacement, are living every day in pain. Another constituent, Samantha, told me that she waited 30 weeks to see a gynaecologist. The NHS standard is 18 weeks. Appallingly, our wait times made a young woman so unwell that she was forced to sacrifice her education; during the wait, her symptoms worsened to the point that she had to step back from the degree that she was studying for.

I heard from Ian, who has metastatic prostate cancer and requires treatment at the Norfolk and Norwich hospital. It is a half-day trip for him by car to get the essential treatment that he needs. He told me that he considered using a local bus service, but that it would be an hour just to get there. He lives with a damaged bladder, due to his condition, and he told me that it makes life "very unpleasant". I would go further and say that it is undignified and dehumanising.

Graham Stuart: The hon. Gentleman is giving a powerful speech on behalf of rural and coastal areas. One word that he has not used yet is "age". Age is the clearest proxy for health need that there is. It is not deprivation or anything else—it is age. The distribution of health funding in this country has, under successive Administrations, failed to recognise that and allocate funding accordingly. That is why cancer patients in his constituency and mine find themselves with chronically less spent on them than cancer patients in areas where there are many fewer of them.

Steff Aquarone: I could not agree more. That is one of many respects in which rural and coastal communities around the country have much more in common with

each other than with their inland neighbours just a few miles away. Theoretically available treatment becomes practically inaccessible if it requires a journey to be made without reliable toilet access, as in Ian's case, and in cases where access to private transport is more limited, as in the cases that the right hon. Gentleman raises.

Kelly, Samantha, Ian and so many more are entitled to the same access to good treatment and the same chance of good health as people living in urban and inland communities. It is absolutely right for the Government to pursue this Bill, and I support their aim wholeheartedly, but I challenge them to assess the Bill based on who is left behind, not just who can be helped. Accept this amendment, or explain why rural and coastal communities do not merit explicit protection.

Dr Simon Opher (Stroud) (Lab): My remarks will focus mainly on new clause 69, which is in my name. Getting rid of NHS England is one of the best things that this Government have done. As working clinicians, we can at least now get away from so much admin and management.

My amendment is a simple one about self-care and health literacy. Demand for healthcare has increased enormously. Since 2019, for example, GP consultations in Stroud have gone up 30%. When I started work as a GP, patients saw me on average three times a year; it is now about eight times a year. Indeed, A&E attendance has gone up 20% over the last decade, yet the health of the nation remains the same. This is the demand side of the NHS that we very rarely discuss, and this is what I am asking the Secretary of State to address.

Let me turn to the causes of this increase in demand. There is a concept in medicine called the symptom iceberg. Most of us get symptoms every day, but we do not go to the doctor. We only go to the doctor when we have certain symptoms, and it is a very small number of symptoms, but that has increased over the last 20 years. Then there is the role of something that we call lay referrals; people used to have mums who lived next door, but now they are often much further away. We are socially isolated in an atomised society. We also have a much higher expectation for our health. We cannot fault that, but it means that, for example, people go to the doctor with very minor things. There are also factors such as AI. In my surgery, we use AI, but I believe that creates its own demands. There is also good old Dr Google, who in this country is consulted over 50 million times every year—and those who go to Dr Google usually end up thinking that they have cancer or need an ambulance, so that is clearly driving demand.

There are also doctor factors. If we carry on treating sore throats with antibiotics, people will carry on coming back. Earaches generally get better, and people do not usually need to see a doctor for headaches. We are over-diagnosing and over-medicalising everything. NHS factors includes the algorithms for 111 and litigation. I would also like to talk about health literacy. That means knowing about our health, and understanding that we are not always in totally good health, but we do not have to consult the health service just because we are feeling a little bit low or a little bit tired.

One of my colleagues in Stroud, Dr Hugh van't Hoff, started Facts4Life, a school-based education service that goes into schools. In the last 10 years, he has worked with over 200 primary schools. He has shown that if we teach young children about health and how it is normal sometimes to feel tired or have a sore throat—stuff like that—we can reduce consultations in the NHS. We can also teach children how to understand information on the internet, so that when they look at statistics, they know what they mean, instead of thinking, "Ooh, my risk of cancer has been doubled by doing this." That is really important.

We are also over-medicalising patients. In this country, 9 million patients in England alone—one in five adults—are on antidepressants. That is a scandal.

Martin Wrigley: On interpreting statistics, does the hon. Gentleman agree that when it comes to data, GP confidentiality—in respect of the Palantir federated data platform, for example—is critical, certainly when we come to the single patient record, and that the Bill should not reduce confidentiality or data privacy to achieve the single patient record?

Dr Opher: I thank the hon. Member for that comment. He is right. NHS and GP data is a massive resource for our scientists in this country, and I agree with him that it should be owned by the UK. It should be a sovereign wealth issue. I would like to ensure that we realise that over time.

I will return to over-medicalisation. I would like to try to divert patients with mild to moderate mental health symptoms to social prescribing, such as access to nature, arts and culture and exercise—and indeed comedy. Let us try to reduce that figure of 9 million on antidepressants, so that people do not have to come back for review. There would be fewer harms, such as suicide, in the first couple of weeks. Let us also look again at neurodivergence, and try to look for a way of not medicalising so many children with the condition.

If we are serious about reducing waiting lists and making the NHS sustainable for the future, we cannot focus only on supply; we must address rising demand, too. Giving people the knowledge and confidence to look after their own health will empower them, free up clinicians to care for those who need them most, and ultimately build a healthier population. That is what new clause 69 seeks to achieve. I urge the Government to accept it.

Edward Morello (West Dorset) (LD): Only half the children in my constituency have seen a dentist in two years. There has been a 20% decrease in NHS dental practices, and some constituents have written to me recently to say that they have been quoted in excess of £7,000 for the most basic of treatments. Amendment 47 would require the Government to establish training hubs in Dorset. It would ensure that dental hubs trained dentists for the future, and would mandate final-year trainees to provide supervised treatment to NHS patients straightaway. Trainees are already providing treatment for free, paid for by the taxpayer, as part of their training. Those appointments should be for the NHS, and not for private patients.

Amendment 48 would ensure that the dental funding underspend is redirected towards additional NHS appointments, shorter waiting times, outreach, and home and school-based services. Amendment 49 would require the dental funding formula to account for rurality, an ageing population, disability, transport costs and recruitment difficulties.

9.15 pm

We should also do more to support GPs. Amendment 51, on rural and coastal GP funding, would recognise the additional recruitment and travel costs faced by practices serving dispersed populations with worse economies of scale. Amendment 52, on primary care estate investment, would establish a dedicated capital investment programme for practices whose premises are outdated, unsafe or restricting the delivery of care. Amendment 54 would expand electronic prescribing and mandate greater interoperable records, which would reduce paperwork, avoid delays and give clinicians the information they need when they need it.

The collapse of Jhoots Pharmacy showed us the limits of the current regulatory framework, which was largely designed around independent pharmacies, not large companies controlling extensive pharmacy networks. During my urgent question on Jhoots, there was cross-party support for legislative action, which has not come from the Government. Amendment 55 would give the Secretary of State powers to require an ICB to intervene where there is a serious risk to patient safety or medicine supply—something we did not have to tackle the Jhoots crisis. Amendment 56 would give the ICBs their own stronger powers to require remedial action, suspend arrangements or secure an alternative provider, acting immediately where patient safety is at risk. These are exactly the powers that the Minister told me they needed a year ago in order to act, but the Government have not accepted these amendments.

New clause 74 would ensure that employees were not forgotten when a provider failed. It would protect wages and essential employment rights and help staff transfer to a replacement provider where possible. Amendment 58 would require the Government and ICBs to support new independent pharmacies to open after a large-scale closure and help them secure medicines and supplies quickly. Amendment 59 would mean that funding allocations would reflect rurality, population age, travel costs, recruitment difficulties, economies of scale and unmet need.

All these proposals are designed to improve the Bill, but they will all be rejected and that is a shame. In West Dorset we need a joined-up NHS, accessible NHS dentistry, sustainable GP practices, resilient pharmacies, modern infrastructure and funding systems that recognise the realities of rural Britain and coastal healthcare. I hope the Government will listen.

Ian Byrne (Liverpool West Derby) (Lab): I rise to speak to my new clause 108, because the public rightly expect any company entrusted to operate within our national health service to meet basic standards of ethical conduct, both inside and outside the NHS. In my experience as parliamentary lead on the Hillsborough law, I regularly met members of the public who were shocked that a duty of candour that would compel public officials to tell the truth to the people they served did not already exist. I believe that many of my constituents will be equally shocked that the basic principles of ethical accountability are not already enshrined in Government procurement policy, but they are not.

New clause 108 is not radical. It is a straightforward safeguard requiring the Secretary of State to review the NHS procurement framework and ensure that companies with proven involvement in violations of international law or breaches of internationally accepted standards of business conduct cannot be offered public contracts. Those standards include the UN guiding principles on business and human rights and the OECD guidelines on multinational enterprises. What exactly is there to disagree with? They ask the bare minimum of businesses: that do not contribute to harm, that they carry out proper human rights due diligence and that are transparent about how they handle the data of the people they serve. Yet we currently have a company operating at the heart of our NHS infrastructure, through the federated data platform, that fails to meet that basic standard. I am talking about the US tech firm Palantir.

Palantir has consistently refused to publish a formal human rights impact assessment for its software used in Israel's assault on Gaza, in violent ICE detentions in America, and in its use of NHS staff and patient data. Such a lack of transparency is not a technicality but a serious failure to meet the standards in the UN and OECD guidelines. I first raised concerns about Palantir's NHS contract in a letter to the then health Secretary in August 2023, and these concerns have been echoed by many, many others. I am pleased that Parliament has started to push back, with calls from numerous Committees for Palantir to be dropped.

I also fully support new clause 34, tabled by the hon. Member for Newton Abbot (Martin Wrigley). Patients trust the NHS with the most sensitive information they possess.

Martin Wrigley: Does the hon. Member agree that it is a fundamental principle of anything like the SPR that it must have privacy by design at the centre of it, and that therefore a firm such as Palantir—which has a US, slightly cavalier and somewhat casual attitude to how data privacy should be controlled—should not be allowed anywhere near it?

Ian Byrne: I fully agree; I have signed the hon. Gentleman's amendments and we have been in many Committees speaking on this issue.

New clause 108 provides a proportionate and evidence-based mechanism to address this issue. The new clause does not name or target any individual company. It would establish a clear and principled test, rooted in international law and internationally accepted standards, that every contractor must meet. If a company such as Palantir cannot meet that test, it should never hold contracts in our NHS or with Government Departments. I have repeatedly urged the Government to trigger the 2027 break clause in Palantir's contract to operate the federated data platform. I make that call again tonight.

It is only through a measure such as new clause 108 that we can ensure that companies such as Palantir cannot operate in our public services again. It should be accepted, but the principle behind it should not end with the NHS. It should apply across every Government Department, led by the Cabinet Office. The Cabinet Office's report on social value and procurement, published last month, was welcome, but it contained a glaring omission: a clear ethical foundation. My clause would provide that crucial and much-needed safeguard, ensuring a legislative framework that prevents companies with records like Palantir's from securing public contracts in the future.

Last week, I visited the Vatican and spoke with officials about how the United Kingdom could lead the world in the ethical use of artificial intelligence and advanced technologies. Tonight, my Government have a real opportunity to put a marker down and demonstrate that Britain intends to be at the forefront of that global movement. I look forward to helping them achieve that if they adopt my new clause. Let us make it clear that scrutiny, transparency and respect for human rights are not optional extras in public procurement, but conditions of entry for any company seeking to serve NHS workers and patients. That is what new clause 108 calls for, and that is the change that will be welcomed in Liverpool West Derby, across our country and, indeed, in the halls of the Vatican. I look forward to the Government's response.

David Chadwick (Brecon, Radnor and Cwm Tawe) (LD): I rise to speak in favour of new clauses 133 and 134, which stand in my name. The new clauses would require the Secretary of State to work with Welsh Ministers to update the England and Wales cross-border healthcare statement of values and principles, and to bring forward proposals to place those principles on a formal legal footing.

For many people living along the border, cross-border healthcare is simply a fact of life. In Powys, at least 40% of people depend on hospitals across the border in England. Yet the framework governing how our two healthcare systems work together is based on a voluntary statement of values and principles dating back to 2018. We do not need to look far to see why the current arrangements need reform. Since last July, Powys teaching health board has been asking English hospitals treating Powys residents to treat them more slowly than patients from England as part of cost-cutting measures, despite the fact that they had always previously been treated as equals. The impact of that decision has been devastating. Many patients have had their waiting times increased to up to two years—forced to wait longer in pain, all while their conditions deteriorate.

It is not just me and the Liberal Democrats who have been sounding the alarm; providers on the English side of the border have resisted the arrangements because of concerns about the impact on patients. However, there seems to be little will to resolve the issue from either the Welsh Government or the health boards responsible. Meanwhile, patients are falling through the cracks. My constituents should not have to navigate the administrative boundaries between the NHS in England and NHS Wales simply to get the arrangements and treatment they need. Eight years after the statement of values and principles was introduced, the limitations of relying on a voluntary statement with no formal legal footing are clear.

New clause 134 would require the Secretary of State to work with Welsh Ministers to update that statement, reflecting the problems that cross-border patients face today. Crucially, it would also require the Government to bring forward proposals within two years to place those principles on a statutory footing. The border should never be a barrier to receiving healthcare. It is time to update and strengthen these principles and give cross-border patients the statutory protections they deserve, because I fear that cross-border healthcare will continue to deteriorate over the next couple of years.

Over the summer recess, I held a series of public meetings in response to plans by Powys teaching health board to cut the number of community beds, which will just mean that more people end up stuck in community beds on the English side of the border.

Dr Allison Gardner (Stoke-on-Trent South) (Lab): This Government aim to shift the focus from treatment to prevention, and it is in that spirit that I have tabled new clauses 90 and 91, which would strengthen the frameworks around health inequalities and address the wider determinants of health.

New data from Health Equals reveals a shocking reality: there is a gap of up to 18 years in life expectancy between different parts of the UK, and indeed between nearby neighbourhoods. Health Equal shows that in my constituency just a golf course separates two areas with an average life expectancy gap of eight years and 11 months. Reaching old age is somewhat of an aspiration in my more deprived areas. Indeed, in the most deprived communities people spend an average of just 52 years in good health. The stark inequalities are driven not only by healthcare, but by the wider determinants of health, including poverty, housing, education, employment and the environment.

Within Stoke-on-Trent, healthy life expectancy at birth has fallen by 6.6% for men in the last decade. For women, the picture is even worse, with a 9.6% fall in healthy life expectancy to just 53.5 years over the past 10 years. This Bill represents a real opportunity to enshrine in law a statutory duty for the Secretary of State to go beyond reducing inequalities in NHS access and outcomes, and to reflect wider cross-Government goals for health improvement.

Our health is shaped by the world around us—the food we eat, the money in our pockets, the air we breathe and the home we live in. In other words, every part of Government has an opportunity to influence people's health. The purpose of new clause 90 is to ensure that the Government take greater responsibility for improving the nation's health. That includes mitigating any increase in health inequalities, such as those seen in my constituency. The new clause would make improving health a duty, placing prevention on the same footing as treatment.

But a stronger duty alone is not enough. That is why new clause 91 would require the Government to publish a new health improvement and inequality strategy within six months. The strategy would include long-term targets for adults and children, public reporting on progress, a duty on Ministers across Government to have regard to the strategy, and independent accountability arrangements. The Minister, who has worked very hard on the Bill—I commend her for her engagement—has alluded to the fact that pre-existing guidance and processes are in place, and these are designed to tackle health inequalities, and she is right. However, I argue that they are clearly not working, because health inequality has increased. I ask again what the harm would be of embedding this duty in the Bill to tackle the most fundamental issue in health across England: health inequalities.

These amendments have cross-party support, and I note that they are also supported by the Health and Social Care Committee. I thank Health Equals for its work on these amendments. Again, I thank the Minister for her engagement and urge the Government to consider accepting these new clauses.

[Dr Allison Gardner]

I will briefly mention new clause 109, which also stands in my name. It was written by myself and Haris Shuaib, with whom I worked on the standard BS 30440 and a validation framework for the use of AI within healthcare. I previously worked with the AI and digital regulations service for NHS England, working with NICE, the MHRA, the CQC and the Health Research Authority. In the interests of time, I will say that in that duty I identified a number of accountability and regulatory gaps that certainly need further addressing. I ask that the Minister responsible for health tech meets me so that we can discuss these further. They partner quite well with new clause 108, which I had not spotted, so I apologise for not signing the amendment of my hon. Friend the Member for Liverpool West Derby (Ian Byrne).

Charlotte Cane (Ely and East Cambridgeshire) (LD): In my constituency, only 40% of adults have seen a dentist in the past two years, and only 54% of children have seen one in the last year. The impact of that is that 12.5% of children in East Cambridgeshire have tooth decay by the age of five. We are in a dental desert, and it is incredibly difficult to get an NHS dentist appointment. When I talk to the dentists, the most frustrating thing is that it is the contract that prevents them from treating people, not their intentions.

The contract is based on units of treatment. For example, dentists tell me that if they do one filling, they just about cover their cost for the unit they get paid for. That unit covers up to three fillings, however, and at three fillings they are making a loss. Even more frustrating is that they get allocated units at the beginning of the year. Once they have used them all, they can get no more; yet they are aware that other local dentists have not used all their units by the end of the year, and they hand them back. Why is there no mechanism whereby those units can be given to dentists who have the capacity to do more work, so that more people can be treated? It is really frustrating to know that my constituents are struggling without a dentist, and that there are dentists in my constituency who are willing to treat them but cannot get funding to do that from the NHS. It is utterly shocking. That is why I support new clause 18 and other amendments that seek to make dentistry more available to people.

9.30 pm

I also want to pick up on what Members have said about the NHS in rural areas. It is really important to understand the size of rural areas and the lack of public transport. A few years ago, my constituents in one village nearly lost their GP surgery. The ICB was not particularly worried because apparently people could get to other GPs in the general area. Well, they could not, because there was no public transport. My constituents kicked up enough of a stink that, fortunately, the ICB changed its view and has ensured that they do indeed have a local surgery. We have to understand that it is a much bigger area; it is not like in a town or city where people probably can get a bus to another GP. If someone cannot get to their GP in a rural area, they have a real problem, because their GP cannot get to them either.

A lot of constituents have contacted me about Palantir—both patients and GPs, who are very worried about how the contract works and how Palantir operates. Medical data is hugely sensitive. People have to be confident that it is being managed by a company that they can trust. Palantir does not meet those criteria. It is an incredibly expensive contract, as we have heard, and it does not deliver the value for money that we need. More importantly, people do not trust it, and we are talking about their medical records, so the contract has to be with a company they trust.

Martin Wrigley: Does my hon. Friend agree that that element of trust is even more important when we get the single patient record, and critical to enabling GPs and medical professionals everywhere to use it, and patients to trust it?

Charlotte Cane: I absolutely agree. The single patient record is so important to make the NHS work efficiently and effectively, and to help it treat patients better. To achieve that, patients have to trust that the data is being well protected, and I am afraid that a lot of the people I talk to, including GPs—who are obviously critical in convincing patients that Palantir is safe—do not trust it. We have to pull out of the contract with Palantir. Will the Minister please consider that, please consider the issues faced by rural areas, and please, please, please get us some NHS dentists in Ely and East Cambridgeshire?

Apsana Begum (Poplar and Limehouse) (Lab): I rise to speak to new clause 108, tabled by my hon. Friend the Member for Liverpool West Derby (Ian Byrne), and new clause 34, tabled by the hon. Member for Newton Abbot (Martin Wrigley).

Countless numbers of constituents have contacted me about Palantir Technologies, telling me their concerns about the company's involvement with Israel's military and Trump's ICE. Over 35 Members from across the House have signed my early-day motion calling on the Government to activate the break clause in the NHS federated data platform contract. The objection is not just about Palantir's ethics, but about its operations under that contract. I share the concerns of many, including the National Data Guardian, about whether data identifiable to individual patients may be accessible by Palantir.

The potential success of the proposals on the single patient record and whether it manages to gain the confidence of the British public depends on the Government listening to these concerns, and making sure that issues around data access and limits, patient opt-outs and the data controller are resolved. I note that the hon. Member for Newton Abbot has tabled a number of other amendments related to data safety, which I support.

I also wish to speak in support of amendment 10, in the name of the hon. Member for North Shropshire (Helen Morgan), on ICB financing. I am deeply concerned by the introduction of a duty under clause 48 for each of the constituent bodies of the ICB to achieve financial balance. In east London, we are currently fighting against massive, eight-figure cuts to the East London NHS foundation trust, where workers have been on strike amid cuts to jobs in much-needed mental health services, all of which are being justified by reference to new requirements for financial balance across the trust. Under

the provisions of clause 48, matters will be made much worse and the ability to shift and adapt capacity across the system will be rendered impossible. One of the reasons that this is so regrettable, particularly in an area like east London, where the need for mental health services is acute and rising, is that cuts to these services will simply lead to greater costs arising elsewhere. For that reason, I also support amendment 10, tabled by the hon. Member for North Shropshire, to place ICB spending on mental health services on a statutory footing.

I also support amendment 45, tabled by my hon. Friend the Member for York Central (Rachael Maskell), because I am concerned, as others are, about provisions in the Bill for the reorganisation of ICBs. The changes are among many aspects of this Bill that regrettably point towards a revival of marketisation policies from prior decades—policies that have now been largely discredited. To tackle the biggest health challenges that we face, we require partnership working, joined-up decision making between the NHS, local authorities and expert voices—a dialogue between providers and commissioners. Removing the potential for this type of dialogue appears to be a significant misstep, particularly for integrated care.

Turning ICBs into purchasers alone appears to be being done for the benefit of reinforcing a purchaser-provider split—a split that experts have said time and again does not work, and does not deliver improved performance and outcomes, or even value for money. While I am relieved that the Government are tabling their own amendment 60 to reverse the scrapping of local authority ICB membership, I remain in full support of amendment 45 in order to ensure that NHS trusts, and foundation trusts too, retain their voice in commissioning and public health decisions.

To conclude, the fundamental problem in the Bill lies in its adherence to a logic of marketisation. It is deeply regrettable that the Government are returning to the harmful public-private partnership model for capital investment and a rehashing of the private finance initiative disaster, the negative effects of which are still being felt across my east London constituency.

Shockat Adam (Leicester South) (Ind): I refer the House to my entry in the Register of Members' Financial Interests. I am a practicing optometrist and an officer for the APPG for eye health and visual impairment.

Sight is precious and none of us would like to lose it—but, sadly, 2 million people in this country are living with some form of sight loss today. On the Department's own projection, that figure will rise to 2.7 million by 2030. Every day, 250 people in the UK start to lose their sight—one person every six minutes. Left unaddressed, that number is set to more than double to over 4 million by 2050. We are witnessing a growing problem, which, sadly, the Bill does not treat with the urgency it deserves.

Tonight, I urge the Government to strengthen this legislation in some specific ways. On governance, clause 21 rightly ensures that ICBs reflect local political accountability, but it says absolutely nothing about clinical accountability. Optometrists have no guaranteed voice in the rooms where commissioning decisions affecting their patients are made. It would be unthinkable to build localised healthcare without GPs at the table. It would be equally unthinkable to do so without pharmacists. I say to the Government plainly: optometrists have the expertise, the infrastructure and the systems already in place to relieve pressure on our hospitals, yet this Bill says nothing about it.

I want to see eyecare—glaucoma monitoring in particular, along with the management of minor eye conditions—commissioned consistently by every ICB in England and not left to a postcode lottery. Optometry already has what I call the TAC effect: it is trusted, accessible and capable. Commissioning it properly would reduce unnecessary demand on emergency departments, freeing them to focus on genuinely specialist cases while improving patients' access to specialist eyecare where they need it.

A recent report by the Association of Optometrists has found that right now, 780,000 people—the equivalent of the entire population of Greater Nottingham—attend A&E with eye problems annually, at an average cost of £145 to the NHS per A&E presentation. That is £113 million a year. At least seven out of 10 of those people with eye problems could be successfully managed in a community optometry setting with the right service commissioning. Those stats reflect a lived reality for many across our country. If the new Government want to make smarter decisions with public money, they must consider that.

Finally, I turn to the single patient record. Proposed new subsection (7) to clause 51 should be amended so that it explicitly includes optometry in the single patient record framework, ensuring that optometrists have appropriate access to relevant patient information.

This Bill takes real and welcome steps in many areas, but more than 2 million people have already lost their sight—a number that none of us wants to see double to more than 4 million by 2050. Fundamentally, seeing should be a right, not a privilege, so I ask the Government to look again.

Andy McDonald (Middlesbrough and Thornaby East) (Lab): I rise as the chair of the all-party parliamentary group on spinal cord injury to speak to amendments 103 and 104, new clause 160 and amendment 105 in my name. I thank the Minister for meeting me during the passage of the Bill and for her subsequent letter. I also thank the Spinal Injuries Association for its support for the APPG and, crucially, for people living with spinal cord injury. These amendments are not about preventing reform; they are about ensuring that when responsibility for highly specialised services changes, patients continue to receive safe, equitable and nationally consistent care.

Spinal cord injury is a relatively low volume but complex lifelong condition requiring specialist expertise, rehabilitation and long-term follow-up. National commissioning exists to prevent fragmented services and postcode variation. If commissioning moves to integrated care boards, we need confidence that specialist workforce capacity, national standards and the sustainability of specialist centres will be protected. I therefore ask the Minister to clarify how those safeguards will work in practice, particularly around workforce, rehabilitation and geographical variation. I also seek clarity on whether spinal cord injury services will transfer to ICBs and what criteria will determine that decision.

Amendment 104 and new clause 160 would provide national assurance and parliamentary accountability for outcomes, access, workforce and geographical variation. Amendment 105 addresses the single patient record. Specialist charities provide vital practical and peer support

[Andy McDonald]

after life-changing injury, even where they are not part of the clinical care. That is why this appeal is so resonant. If we can engage with those providers at that early stage, the outcomes will undoubtedly be improved. The amendment would allow referral, with patient consent, to approved condition-specific organisations sharing only necessary information.

I will not press these amendments to a vote today. I hope that the Minister will consider further safeguards and clarification during the Lords stages of the Bill. The care and access to support for patients dependent on specialist services should not depend on where those patients live.

Karin Smyth: I thank Members across the House for their contributions. As we would expect for a Bill of this size, it has been a wide-ranging debate, and I will not be able to address every single amendment, but I will try to cover them all in the time I have. If necessary, I will get back to people afterwards. As a Government, we know that what we have set out to do through this Bill is ambitious. We do not resile from that; we want to be ambitious. We are determined to make a real and positive change for people up and down the country who use the NHS, and throughout the Bill, we have remained focused on the key objectives. Those are to strengthen democratic accountability, strip back bureaucracy and empower patients.

9.45 pm

On integration, this Bill and our wider programme of reform support the further integration of health and care and beyond. I know that this is a matter of considerable interest to Members across the House, including my hon. Friend the Member for Shipley (Anna Dixon), who I have met with, and my hon. Friend the Member for Uxbridge and South Ruislip (Danny Beales). I can assure them and all Members that we are committed to supporting joint working between local authorities and the NHS, and that this Bill upholds the existing duties on NHS bodies and local authorities to co-operate. The task on the ground is making it happen, not creating additional legislative requirements. However, as I told my hon. Friend the Member for Shipley, we are very happy to continue working and using her expertise to help make that happen.

Turning to SEND and new clause 85, I pay tribute to the work of my hon. Friend the Member for Thurrock (Jen Craft). I agree with her that we need a much more joined-up approach across education and health, which is one of the reasons why the new Secretary of State for Health and Social Care has made clear to the Department and the NHS that we must give greater priority to maternity and child health. As we have heard, if children have to wait a long time for the treatment or support they need, the problems can last a lifetime. As such, I can tell my hon. Friend that we will strengthen the SEND expectations on ICBs in the new NHS planning framework, including joint commissioning, implementing local SEND reform plans, and the new experts at hand offer.

We are also determined to strengthen accountability, which is another issue that has been raised in the Chamber today. The Department of Health and Social Care will join NHS England and the Department for Education in reviewing this summer's local SEND reform plans to ensure proper ICB engagement, and the Bill gives the Secretary of State the power to intervene to ensure ICBs are upholding their duties. The framework of requirements on the NHS to provide care across local populations works very differently from the duties on local authorities to support individuals, so this kind of amendment would not be workable for the NHS. However, we share its sentiment, and we want to work with my hon. Friend the Member for Thurrock to ensure ICBs are accountable for their SEND responsibilities.

Several hon. Members *rose—*

Karin Smyth: I am going to move on, because there is a lot to get through.

My hon. Friend the Member for Bexleyheath and Crayford (Daniel Francis) made a powerful speech, based on his own experience and the terrible experiences of his constituents. I will write to him about what we want to do with ICBs to make that situation better.

I now turn to new clause 56, tabled by the hon. Member for Mid Sussex (Alison Bennett). I also thank my hon. Friend the Member for Blaydon and Consett (Liz Twist) for her ongoing work on, and interest in, carers throughout the passage of this Bill. I can assure the House that the Government fully recognise the importance of supporting carers' health and wellbeing, including ensuring that they can take breaks from their caring responsibilities where needed. The Care Act 2014 already includes duties to assess and address carers' current and future needs, and of course, we want to ensure that carers get the full benefit of the single patient record. To achieve this, we intend to use our regulation powers, which are already in the Bill.

The topic of inequalities has been highlighted a lot today. We are committed to ensuring that local areas are empowered to make decisions, tackle the specific health challenges they face and make real progress on health inequalities. I want to reassure the House that reducing health inequalities remains a priority for this Government. I know that the Chair of the Health and Social Care Select Committee, and the Committee as a whole, takes a great interest in this issue, and we are committed to working with them. I thank my hon. Friends the Members for Stoke-on-Trent South (Dr Gardner) and for Uxbridge and South Ruislip for their championing of this important issue and for our meeting last week.

I am not, however, convinced about new clause 91. Our focus is, and must remain, on delivering improvements in health outcomes, supporting prevention and tackling the causes of ill health, rather than creating additional statutory red tape. We already have a wide range of duties from the 2006 Act, and we have a new duty on combined authorities. There was a duty on ICBs in the Health and Care Act 2022, and there is a duty on foundation trusts. We have the public sector equality duty, as well as our commitment in the 10-year health plan. Again, the issue is making it work and empowering local leaders to do just that.

I commend the work of my hon. Friend the Member for Lewisham East (Janet Daby) on the APPG on sickle cell and thalassaemia, and I will write to her specifically on the issues she raised. She talked about specialised commissioning, a topic that was also raised by my hon. Friend the Member for Middlesbrough and Thornaby

East (Andy McDonald). We know that this is an ongoing concern across many areas, and I commit to keeping in touch with them and with other Members.

Turning to women's health—including mental health—and maternity services, again, I can assure the House that this is a priority for the Secretary of State. That is why we published the action-focused renewed women's health strategy. It is why we are undertaking a single national action plan on maternal health, overseen by the national maternity and neonatal taskforce, to drive improvements where it matters to families, clinicians and other experts. I know that many Members of this House are committed to improving mental health, but I take this opportunity to thank my hon. Friend the Member for Sherwood Forest (Michelle Welsh) for all her work in this area as the national maternity adviser.

Opposition Members mentioned the Hughes report, and I assure the House that the Government recognise the importance of providing a response. I do not have time to go into all the ongoing work at the moment, but I commit to doing so at the earliest opportunity. *[Interruption.]* The Conservatives had a long time. The hon. Member for Sleaford and North Hykeham (Dr Johnson) says that they were about to do it before the election, but that is not what we found when we came into power. The Conservatives left us a lot of work to do in this and many other areas, but we are committed to doing it.

Fertility services and reducing inequalities in maternity services has been raised by my hon. Friend the Member for Stockport (Navendu Mishra) and the right hon. Member for Stone, Great Wyrley and Penkridge (Sir Gavin Williamson), who has been a tireless advocate in this area, as have many others. I have recently written to him. NICE guidelines inform how ICBs should commission in this area, but I know that things are not uniformly implemented. We will continue to work with ICBs to evaluate the next steps.

There was a lot of discussion on primary care, and dental access across the country in particular. We are committed to rebuilding dentistry in England, but actions speak louder than words. We are making great strides in improving access, ensuring an urgent care safety net across the country, reforming the dental contract and developing a 10-year workforce plan. More broadly, we think it is right that under this Bill, primary medical services become the responsibility of ICBs. They have the right knowledge of their areas to make commissioning decisions, and that includes on eye care. They have responsibility for all primary medical services, but rightly they will be accountable to the Secretary of State for their performance.

The right hon. Member for Godalming and Ash (Sir Jeremy Hunt) is right that we will say that he could have dealt with the issues he raises while he was in power, but we do not always say that, and he is absolutely right about continuity of care. I have also visited the practice he talks about in Horfield in Bristol, and not just because I was on the primary care trust board when the 2004 changes happened. Broadly, Bristol does have different standards on some of these issues, and that highlights our point. We do not need to put some of these provisions in legislation. Exactly this sort of good practice can be shared in local systems through neighbourhood care plans, neighbourhood work and the work in primary care networks.

The single patient record is fundamental to the Government's mission to create a modern, joined-up NHS that puts patients at the centre of their care. On amendments 26, 42 and 43, I assure Members that the overarching purpose of making regulations to create and operate the single patient record is limited to the direct care of patients, and clause 51 is already explicit about that. Crucially, the clause does not create any new data sharing gateways for secondary purposes such as planning and commissioning, so these amendments are not necessary. On data safeguards, the security and privacy of people's health and social care data are paramount. As Members would expect, we will build the strongest safeguards into the record. On new clause 32, I can assure Members that the SPR will be designed to protect personal data by default, with the highest standards of cyber-security and information governance ensuring that only the right people can access the right information at the right time and only for the right reasons.

Finally, I have heard how important it is that the single patient record is accessible and inclusive. I thank my hon. Friend the Member for Battersea (Marsha De Cordova) for amendment 87 and the important work she is doing to publicise this hugely important area. I assure her and Members that we are confident that the Bill is drafted to enable information related to support needs and reasonable accommodations to be included in the SPR. The Department will have regard to the accessible information standard as the SPR is developed.

We are also committed to tackling digital exclusion. We have considered that as part of the single patient record equality impact assessment, and work is already under way to help address barriers around connectivity, skills and confidence. I heard what my hon. Friend the Member for Middlesbrough and Thornaby East said about the need to engage him and others about the single patient record as we go forward.

On the federated data platform, decisions about public contracts must be made through fair, open and non-discriminatory processes. That is governed by UK procurement law, which recognises certain international treaty obligations. NHS England is reviewing the federated data platform contract to determine whether it should continue with standard contract management processes. It will look at evidence of delivery and the impact of the platform, and that should be the basis on which a contract continuation is decided.

Martin Wrigley: Will the Minister give way?

Karin Smyth: I will not. We have heard a lot from the hon. Gentleman, and I want to make some clear points to the House this evening.

We have heard a great deal of discussion about commercial processes, and Members—including the hon. Member for Newton Abbot (Martin Wrigley)—have raised important points about data security, governance and ethical standards of contracts, and support for domestic suppliers and for voluntary, community and social enterprise organisations. Contracts involving NHS data and digital services must be subject to proper scrutiny. The Government's approach is to assess risks on the basis of the nature of the data, service and supplier access. Crucially, we already have the tools that we need to carry out appropriate due diligence through legal powers and robust contractual provisions.

[Karin Smyth]

I agree with the spirit of new clause 108, tabled by my hon. Friend the Member for Liverpool West Derby (Ian Byrne). I fully recognise the importance of ensuring that the NHS does not inadvertently support exploitation or rights abuses. UK legislation already incorporates some international laws: for example, the Human Rights Act 1998 incorporates the European convention on human rights into UK law. Similarly, we can use existing legislation and guidance to exclude suppliers from NHS procurements. Both the Procurement Act 2023 and the provider selection regime allow us to exclude providers when there has been serious misconduct or illegality. For instance, we could exclude a supplier under the Procurement Act for breaches of modern slavery and/or human trafficking laws. We have very high standards and expect all suppliers —including whichever companies go on to provide the single patient record—to meet them.

On a related note, the Chancellor has already written to the Secretary of State to ask that the NHS procurement better support British industry. In the light of that, the Secretary of State has commissioned, within the health family, a review of strategic procurement pipelines to find opportunities for the new social value model to support more British jobs, skills and innovation. The First Secretary of State, my right hon. Friend the Member for Sheffield Heeley (Louise Haigh), who is leading work on procurement across Government, would be happy to meet my hon. Friend the Member for Liverpool West Derby as part of this important work as it progresses, and I can assure him that the actions that we take will be fully in line with the principle of international law.

Steve Barclay: Will the Minister give way?

Karin Smyth: I thank my hon. Friend the Member for Stroud (Dr Opher)—with his example of the sore throat—for his help in driving down demand for healthcare. Indeed, I thank Members in all parts of the House for their contributions to what has been an interesting and helpful discussion. Their expertise and their scrutiny will continue to strengthen the Bill.

Steve Barclay: Will the Minister give way?

Rachael Maskell (York Central) (Lab/Co-op): Will my hon. Friend give way?

Karin Smyth: I will give way to my hon. Friend. *[Interruption.]*

Rachael Maskell: I have listened carefully to the debate. May I refer to my new clause 57? The challenge of the NHS is that so much significant, unaccountable power is being held that we, as Members of Parliament, cannot even deliver for our constituents. Will my hon. Friend look at her my new clause, and work with me to ensure that we get the Bill in the right place with regard to accountability before it goes to the Lords?

Karin Smyth: As my hon. Friend knows, I spoke from the Opposition Benches for many years about the lack of accountability of our local systems to local members of Parliament. I think that that was a great loss in the Lansley Bill. It was one of the things that drove me to become a member of Parliament, and in my role as the Minister of State I have endeavoured to make sure that local Members of Parliament have—

Steve Barclay: Will the Minister give way?

Karin Smyth: I will not. The right hon. Member was Secretary of State for Health twice, so he had his chance to put all the right things into legislation. *[Interruption.]* I am not helping my own sore throat.

As my hon. Friend mentioned, the Bill is about returning that democratic accountability directly to the Secretary of State. We have had a lot of pushback in different places, but that is what this Bill does. It returns accountability to the Secretary of State, it devolves that responsibility for delivering on the ground to NHS organisations, and, crucially, it empowers patients. Our new clause strengthens the Bill, and I commend it to the House.

Question put and agreed to.

New clause 96 accordingly read a Second time, and added to the Bill.

New Clause 97

Care and support: involvement of others and visitors

"In section 1 of the Care Act 2014 (promoting individual well-being), in subsection (3)—

(a) after paragraph (e) insert—

"(ea) the importance of the individual being able to involve other people in such decisions and of those people receiving the information and support necessary to facilitate that involvement;";

(b) after paragraph (f) insert—

"(fa) the importance of the individual having appropriate opportunities to receive visitors;

(fb) in the case of a person who is provided with accommodation in a care home, the importance of them having appropriate opportunities to take trips outside of the care home;"."—*(Karin Smyth.)*

Section 1(3) of the Care Act 2014 lists matters to which local authorities must have regard when exercising functions under Part 1 of that Act. The amendments refer to the importance of an individual being able to involve other people in decisions and to receive visitors etc.

Brought up, read the First and Second time, and added to the Bill.

10 pm

Proceedings interrupted (Programme Order, this day).

The Deputy Speaker put forthwith the Questions necessary for the disposal of the business to be concluded at that time (Standing Order No. 83E).

New Clause 6

Maternity Safety

"(1) The Secretary of State must ensure that every NHS maternity unit is rated "good" or

"outstanding" by the CQC.

(2) The Secretary of State must, within 6 months of the passage of this Act, establish a scheme to support NHS trusts to deliver the requirement under subsection (1), which includes—

(a) 24/7 consultant obstetrician cover on every labour ward,

(b) one-to-one midwifery care,

(c) a Director of Midwifery in every maternity service,

(d) ringfenced maternity service development funding, and

(e) a dedicated neonatal workforce plan.

(3) Within 12 months of the commencement of the scheme under subsection (2), and every 12 months thereafter, an annual report should be laid before both Houses of Parliament on the effectiveness of the scheme."*—(Helen Morgan.)*

This new clause would place a duty on the Secretary of State to create a scheme to ensure that every maternity unit in the country achieves a "good" or "outstanding" rating by the CQC.

Brought up.

Question put, That the clause be added to the Bill.

The House divided: Ayes 77, Noes 317.

Division No. 66] [10 pm

AYES

Adam, Shockat
Amos, Gideon
Anderson, Lee
Aquarone, Steff
Babarinde, Josh
Bennett, Alison
Berry, Siân
Brewer, Alex
Brown-Fuller, Jess
Campbell, Mr Gregory
Cane, Charlotte
Chadwick, David
Chamberlain, Wendy
Chambers, Dr Danny
Chowns, Dr Ellie
Coghlan, Chris
Collins, Victoria
Cooper, Daisy
Corbyn, rh Jeremy
Darling, Steve
Denyer, Carla *(Proxy vote cast by Siân Berry)*
Dyke, Sarah
Farage, Nigel
Farron, Tim
Foord, Richard
Franklin, Zöe
George, Andrew
Gibson, Sarah
Glover, Olly
Goldman, Marie
Gordon, Tom
Green, Sarah
Harding, Monica
Heylings, Pippa
Hobhouse, Wera
Hussain, Mr Adnan
Jardine, Christine
Jarvis, Liz
Jones, Clive
Khan, Ayoub
Kruger, Danny
MacCleary, James
MacDonald, Mr Angus
Mathew, Brian
Maynard, Charlie
Miller, Calum
Milne, John
Mohamed, Iqbal
Moran, Layla
Morello, Edward
Morgan, Helen
Morrison, Mr Tom
Munt, Tessa
Murray, Susan
Olney, Sarah
Perteghella, Manuela
Pinkerton, Dr Al
Pochin, Sarah
Ramsay, Adrian
Reynolds, Mr Joshua
Savage, Dr Roz
Shannon, Jim
Slade, Vikki
Smart, Lisa
Sollom, Ian
Spencer, Hannah
Sultana, Zarah
Swann, Robin
Taylor, Luke
Thomas, Cameron *(Proxy vote cast by Wendy Chamberlain)*
Voaden, Caroline
Wilkinson, Max
Wilson, Munira
Wilson, rh Sammy
Wrigley, Martin
Young, Claire

Tellers for the Ayes:
Bobby Dean and
Mr Will Forster

NOES

Abbott, Jack
Abrahams, Debbie
Ahmed, Dr Zubir
Akehurst, Luke
Aldridge, Dan
Alexander, rh Heidi
Al-Hassan, Sadik
Ali, Rushanara
Ali, Tahir
Allin-Khan, Dr Rosena
Anderson, Callum
Anderson, Fleur
Arthur, Dr Scott
Asser, James
Athwal, Jas
Atkinson, Catherine
Atkinson, Lewis
Bailey, Mr Calvin
Bailey, Olivia
Baines, David
Baker, Alex
Bance, Antonia
Barker, Paula
Barron, Lee
Beales, Danny
Beavers, Lorraine
Bell, Torsten
Benn, rh Hilary
Betts, Mr Clive
Billington, Ms Polly
Blake, Olivia
Blake, Rachel
Bloore, Chris
Blundell, Mrs Elsie
Bonavia, Kevin
Brackenridge, Sureena
Brash, Mr Jonathan
Brickell, Phil
Buckley, Julia
Burgon, Richard
Burke, Maureen
Burnham, rh Andy
Burton-Sampson, David
Byrne, Ian
Byrne, rh Liam
Caliskan, Nesil
Campbell, rh Sir Alan
Campbell, Juliet
Campbell-Savours, Markus
Carling, Sam
Carns, Al
Champion, Sarah
Charalambous, Bambos
Charters, Mr Luke
Clark, Feryal
Coleman, Ben
Collier, Jacob
Collinge, Lizzi
Collins, Tom
Conlon, Liam
Coombes, Sarah
Cooper, Andrew
Cooper, rh Yvette
Costigan, Deirdre
Cox, Pam
Coyle, Neil
Craft, Jen
Creagh, Mary
Creasy, Ms Stella
Crichton, Torcuil
Curtis, Chris
Daby, Janet
Dakin, Sir Nicholas
Dalton, Ashley
Darlington, Emily
Davies, Jonathan
Davies, Paul
Dean, Josh
Dearden, Kate
Dickson, Jim
Dixon, Anna
Dixon, Samantha
Dodds, rh Anneliese
Dollimore, Helena
Downie, Graeme
Duncan-Jordan, Neil
Eagle, rh Dame Angela
Eagle, rh Maria
Eccles, Cat
Edwards, Lauren
Edwards, Sarah
Efford, Clive
Elmore, Chris
Entwistle, Kirith
Eshalomi, Florence
Esterson, Bill
Evans, Chris
Fahnbulleh, rh Miatta
Falconer, rh Mr Hamish
Farnsworth, Linsey
Fenton-Glynn, Josh
Ferguson, Mark
Ferguson, Patricia
Fleet, Natalie
Foody, Emma
Fookes, Catherine
Foster, Mr Paul
Foxcroft, Vicky
Foy, Mary Kelly
Francis, Daniel
Furniss, Gill
Gardner, Dr Allison
Gemmell, Alan
German, Gill
Gilbert, Tracy
Gill, Preet Kaur
Glindon, Mary
Goldsborough, Ben
Gosling, Jodie
Grady, John
Greenwood, Lilian
Hack, Amanda
Haigh, rh Louise
Hall, Sarah
Hardy, Emma
Hatton, Lloyd
Hayes, Helen
Hayes, Tom
Hazelgrove, Claire
Hillier, Dame Meg
Hinchliff, Chris
Hinder, Jonathan
Hodgson, Mrs Sharon
Hopkins, Rachel
Hughes, Claire
Hume, Alison
Huq, Dr Rupa
Hurley, Patrick
Ingham, Leigh
Irons, Natasha
Jameson, Sally
Jogee, Adam
Johnson, rh Dame Diana
Johnson, Kim
Jones, rh Darren
Jones, Gerald
Jones, Lillian
Jones, Ruth
Jones, Sarah
Josan, Gurinder Singh
Joseph, Sojan
Juss, Warinder
Kane, Chris
Kane, Mike
Kaur, Satvir
Kendall, rh Liz
Khan, Naushabah
Kinnock, rh Stephen
Kirkham, Jayne
Kitchen, Gen
Kumar, Sonia
Kyrke-Smith, Laura
Lamb, Peter
Lavery, Ian
Law, Noah
Leadbeater, Kim
Leishman, Brian
Lewin, Andrew

Lewis, Clive
Lightwood, Simon
Long Bailey, Rebecca
Macdonald, Alice *(Proxy vote cast by Christian Wakeford)*
MacNae, Andy
Madders, Justin
Malhotra, Seema
Martin, Amanda
Mather, Keir
Mayer, Alex
McAllister, Douglas
McCarthy, Kerry
McCluskey, Martin
McDonald, Andy
McDonald, Chris
McDonnell, rh John
McDougall, Blair
McEvoy, Lola
McGovern, Alison
McIntyre, Alex
McKee, Gordon
McKenna, Kevin
McMahon, Jim
McMorrin, Anna
McNally, Frank
McNeill, Kirsty
Midgley, rh Anneliese
Minns, Ms Julie
Mishra, Navendu
Mohamed, Abtisam
Moon, Perran
Morden, Jessica
Morris, Grahame
Morris, Joe
Mullane, Margaret
Murphy, Luke
Murray, Chris
Murray, rh James
Murray, Katrina
Myer, Luke
Naish, James
Naismith, Connor
Nash, Pamela
Newbury, Josh
Nichols, Charlotte
Norris, rh Alex
Onn, Melanie
Onwurah, Dame Chi
Opher, Dr Simon
Oppong-Asare, Ms Abena
Osamor, Kate
Osborne, Kate
Osborne, Tristan
Owen, Sarah
Paffey, Darren
Pakes, Andrew
Patrick, Matthew
Payne, Michael
Peacock, Stephanie
Pennycook, rh Matthew
Perkins, Mr Toby
Phillips, Jess
Pitcher, Lee
Platt, Jo
Powell, Joe
Poynton, Gregor
Quigley, Richard
Qureshi, Yasmin
Race, Steve
Rand, Mr Connor
Ranger, Andrew
Reader, Mike
Reed, rh Steve
Reeves, rh Rachel
Reynolds, rh Emma
Reynolds, rh Jonathan
Rhodes, Martin
Ribeiro-Addy, Bell
Richards, Jake
Riddell-Carpenter, Jenny
Rigby, rh Lucy
Rimmer, Ms Marie *(Proxy vote cast by Rachael Maskell)*
Robertson, Dave
Roca, Tim
Rodda, Matt
Rushworth, Sam
Russell, Sarah
Rutland, Tom
Ryan, Oliver
Sewards, Mark
Shah, Naz
Shanker, Baggy
Shanks, Michael
Siddiq, Tulip
Slinger, John
Smith, David
Smith, Jeff
Smyth, Karin
Snell, Gareth
Sobel, Alex
Stainbank, Euan
Stevens, rh Jo
Stevenson, Kenneth
Stewart, Elaine
Strathern, Alistair
Streeting, rh Wes
Strickland, Alan
Stringer, Graham
Sullivan, Kirsteen
Sullivan, Dr Lauren
Swallow, Peter
Tami, rh Sir Mark
Tapp, Mike
Taylor, Alison
Taylor, David
Taylor, Rachel
Thomas, Gareth
Thompson, Adam
Timms, rh Sir Stephen
Toale, Jessica
Trickett, Jon
Tufnell, Henry
Turmaine, Matt
Turner, Laurence
Twist, Liz
Uppal, Harpreet
Vaughan, Tony
Vince, Chris
Wakeford, Christian
Walker, Imogen
Ward, Chris
Ward, Melanie
Webb, Chris
Welsh, Michelle
West, Catherine
Western, Andrew
Wheeler, Michael
Whitby, John
White, Jo
White, Katie
Whittome, Nadia
Williams, David
Witherden, Steve
Woodcock, Sean
Wrighting, Rosie
Yang, Yuan
Yasin, Mohammad
Yemm, Steve
Zeichner, Daniel

Tellers for the Noes:
Shaun Davies and
Jade Botterill

Question accordingly negatived.

New Clause 145

RESPONSE TO THE HUGHES REPORT: OPTIONS FOR REDRESS FOR THOSE HARMED BY VALPROATE AND PELVIC MESH

"The Secretary of State must, within 30 days of the day on which this Act is passed, publish the Government's response to the Hughes Report."*—(Dr Johnson.)*

This new clause would require the Secretary of State to publish the Government's response to the Hughes Report within 30 days of this Act being passed.

Brought up.

Question put, That the clause be added to the Bill.

The House divided: Ayes 170, Noes 316.

Division No. 67] [10.14 pm

AYES

Adam, Shockat
Allister, Jim
Amos, Gideon
Anderson, Lee
Andrew, rh Stuart
Aquarone, Steff
Atkins, rh Victoria
Babarinde, Josh
Bacon, Gareth
Baldwin, Dame Harriett
Barclay, rh Steve
Bedford, Mr Peter
Bennett, Alison
Berry, Siân
Bhatti, Saqib
Blackman, Bob
Bool, Sarah
Bowie, Andrew
Brandreth, Aphra
Brewer, Alex
Brown-Fuller, Jess
Burghart, Alex
Campbell, Mr Gregory
Cane, Charlotte
Chadwick, David
Chamberlain, Wendy
Chambers, Dr Danny
Chowns, Dr Ellie
Cleverly, rh Sir James
Clifton-Brown, Sir Geoffrey
Cocking, Lewis
Coghlan, Chris
Collins, Victoria
Cooper, Daisy
Cooper, John
Corbyn, rh Jeremy
Costa, Alberto
Coutinho, rh Claire *(Proxy vote cast by Mr Mohindra)*
Cox, rh Sir Geoffrey
Cross, Harriet
Darling, Steve
Davies, Ann
Davies, Gareth
Dean, Bobby
Denyer, Carla *(Proxy vote cast by Siân Berry)*
Dewhirst, Charlie
Dillon, Mr Lee
Dowden, rh Sir Oliver
Duncan Smith, rh Sir Iain
Dyke, Sarah
Evans, Dr Luke
Farage, Nigel
Farron, Tim
Foord, Richard
Forster, Mr Will
Fortune, Peter
Francois, rh Mr Mark
Franklin, Zöe
Freeman, George *(Proxy vote cast by Mr Mohindra)*
French, Mr Louie
Garnier, Mark
George, Andrew
Gibson, Sarah
Glover, Olly
Goldman, Marie
Gordon, Tom
Green, Sarah
Griffith, Andrew
Griffiths, Alison
Harding, Monica
Harris, Rebecca
Hayes, rh Sir John
Heylings, Pippa
Hinds, rh Damian
Hoare, Simon
Hobhouse, Wera
Holden, rh Mr Richard
Holmes, Paul
Huddleston, Nigel
Hudson, Dr Neil
Hunt, rh Sir Jeremy
Hussain, Mr Adnan
Jardine, Christine
Jarvis, Liz
Jenkin, Sir Bernard

Johnson, Dr Caroline
Jones, Clive
Khan, Ayoub
Kruger, Danny
Lake, Ben
Lamont, John
Leigh, rh Sir Edward
Lewis, rh Sir Julian
Lopez, Julia
Lumsden, Douglas
MacCleary, James
MacDonald, Mr Angus
Malthouse, rh Kit
Mathew, Brian
Maynard, Charlie
McVey, rh Esther
Medi, Llinos
Miller, Calum
Milne, John
Mohamed, Iqbal
Mohindra, Mr Gagan
Moran, Layla
Morello, Edward
Morgan, Helen
Morrison, Mr Tom
Morrissey, Joy
Morton, rh Wendy
Mundell, rh David
Munt, Tessa
Murrison, rh Dr Andrew
Obese-Jecty, Ben
O'Brien, Neil
Olney, Sarah
Paul, Rebecca
Perteghella, Manuela
Philp, rh Chris
Pinkerton, Dr Al
Pochin, Sarah
Pritchard, rh Mark
Raja, Shivani
Ramsay, Adrian
Rankin, Jack
Reed, David
Reynolds, Mr Joshua
Robertson, Joe
Savage, Dr Roz
Saville Roberts, rh Liz
Shannon, Jim
Shastri-Hurst, Dr Neil
Shelbrooke, rh Sir Alec
Simmonds, David
Slade, Vikki
Smart, Lisa
Smith, Greg
Smith, Rebecca
Sollom, Ian
Spencer, Hannah
Spencer, Patrick
Stafford, Gregory
Stephenson, Blake
Stuart, rh Graham
Sultana, Zarah
Swann, Robin
Swayne, rh Sir Desmond
Taylor, Luke
Thomas, Bradley
Thomas, Cameron *(Proxy vote cast by Wendy Chamberlain)*
Timothy, Nick
Tugendhat, rh Tom
Vickers, Martin
Vickers, Matt
Voaden, Caroline
Whately, Helen
Whittingdale, rh Sir John
Wild, James
Wilkinson, Max
Williamson, rh Sir Gavin
Wilson, Munira
Wilson, rh Sammy
Wood, Mike
Wrigley, Martin
Young, Claire

Tellers for the Ayes:
Sir Ashley Fox and Jerome Mayhew

NOES

Abbott, Jack
Abrahams, Debbie
Ahmed, Dr Zubir
Akehurst, Luke
Aldridge, Dan
Al-Hassan, Sadik
Ali, Rushanara
Ali, Tahir
Anderson, Callum
Anderson, Fleur
Arthur, Dr Scott
Asser, James
Athwal, Jas
Atkinson, Catherine
Atkinson, Lewis
Bailey, Mr Calvin
Bailey, Olivia
Baines, David
Baker, Alex
Bance, Antonia
Barker, Paula
Barron, Lee
Beales, Danny
Beavers, Lorraine
Begum, Apsana
Bell, Torsten
Benn, rh Hilary
Betts, Mr Clive
Billington, Ms Polly
Blake, Olivia
Blake, Rachel
Bloore, Chris
Blundell, Mrs Elsie
Bonavia, Kevin
Brackenridge, Sureena
Brash, Mr Jonathan
Brickell, Phil
Buckley, Julia
Burgon, Richard
Burke, Maureen
Burton-Sampson, David
Byrne, Ian
Byrne, rh Liam
Caliskan, Nesil
Campbell, rh Sir Alan
Campbell, Juliet
Campbell-Savours, Markus
Carling, Sam
Carns, Al
Champion, Sarah
Charalambous, Bambos
Charters, Mr Luke
Clark, Feryal
Coleman, Ben
Collier, Jacob
Collinge, Lizzi
Collins, Tom
Conlon, Liam
Coombes, Sarah
Cooper, Andrew
Cooper, rh Yvette
Costigan, Deirdre
Cox, Pam
Coyle, Neil
Craft, Jen
Creagh, Mary
Creasy, Ms Stella
Crichton, Torcuil
Curtis, Chris
Daby, Janet
Dakin, Sir Nicholas
Dalton, Ashley
Darlington, Emily
Davies, Jonathan
Davies, Paul
Dean, Josh
Dearden, Kate
Dickson, Jim
Dixon, Anna
Dixon, Samantha
Dodds, rh Anneliese
Dollimore, Helena
Downie, Graeme
Duncan-Jordan, Neil
Eagle, rh Dame Angela
Eagle, rh Maria
Eccles, Cat
Edwards, Lauren
Edwards, Sarah
Efford, Clive
Elmore, Chris
Entwistle, Kirith
Eshalomi, Florence
Esterson, Bill
Evans, Chris
Fahnbulleh, rh Miatta
Falconer, rh Mr Hamish
Farnsworth, Linsey
Fenton-Glynn, Josh
Ferguson, Mark
Ferguson, Patricia
Fleet, Natalie
Foody, Emma
Fookes, Catherine
Foster, Mr Paul
Foxcroft, Vicky
Foy, Mary Kelly
Furniss, Gill
Gardner, Dr Allison
Gemmell, Alan
German, Gill
Gilbert, Tracy
Gill, Preet Kaur
Glindon, Mary
Goldsborough, Ben
Gosling, Jodie
Grady, John
Greenwood, Lilian
Hack, Amanda
Haigh, rh Louise
Hall, Sarah
Hardy, Emma
Hatton, Lloyd
Hayes, Helen
Hayes, Tom
Hazelgrove, Claire
Hillier, Dame Meg
Hinchliff, Chris
Hinder, Jonathan
Hodgson, Mrs Sharon
Hopkins, Rachel
Hughes, Claire
Hume, Alison
Huq, Dr Rupa
Hurley, Patrick
Ingham, Leigh
Irons, Natasha
Jameson, Sally
Jogee, Adam
Johnson, rh Dame Diana
Johnson, Kim
Jones, rh Darren
Jones, Gerald
Jones, Lillian
Jones, Ruth
Jones, Sarah
Josan, Gurinder Singh
Joseph, Sojan
Juss, Warinder
Kane, Chris
Kane, Mike
Kaur, Satvir
Kendall, rh Liz
Khan, Naushabah
Kinnock, rh Stephen
Kirkham, Jayne
Kitchen, Gen
Kumar, Sonia
Kyrke-Smith, Laura
Lamb, Peter
Lavery, Ian
Law, Noah
Leadbeater, Kim
Leishman, Brian
Lewin, Andrew
Lewis, Clive
Lightwood, Simon
Long Bailey, Rebecca
Macdonald, Alice *(Proxy vote cast by Christian Wakeford)*
MacNae, Andy
Madders, Justin
Malhotra, Seema
Martin, Amanda
Mather, Keir
Mayer, Alex
McAllister, Douglas
McCarthy, Kerry
McCluskey, Martin
McDonald, Andy
McDonald, Chris
McDonnell, rh John
McDougall, Blair
McEvoy, Lola
McGovern, Alison
McIntyre, Alex
McKee, Gordon
McKenna, Kevin
McMahon, Jim
McMorrin, Anna
McNally, Frank
McNeill, Kirsty
Midgley, rh Anneliese
Minns, Ms Julie

Mishra, Navendu
Mohamed, Abtisam
Moon, Perran
Morden, Jessica
Morris, Grahame
Morris, Joe
Mullane, Margaret
Murphy, Luke
Murray, Chris
Murray, rh James
Murray, Katrina
Myer, Luke
Naish, James
Naismith, Connor
Nash, Pamela
Newbury, Josh
Nichols, Charlotte
Norris, rh Alex
Onn, Melanie
Onwurah, Dame Chi
Opher, Dr Simon
Oppong-Asare, Ms Abena
Osamor, Kate
Osborne, Kate
Osborne, Tristan
Owen, Sarah
Paffey, Darren
Pakes, Andrew
Patrick, Matthew
Payne, Michael
Peacock, Stephanie
Pennycook, rh Matthew
Perkins, Mr Toby
Phillips, Jess
Pitcher, Lee
Platt, Jo
Powell, Joe
Quigley, Richard
Qureshi, Yasmin
Race, Steve
Rand, Mr Connor
Ranger, Andrew
Reader, Mike
Reed, rh Steve
Reynolds, rh Emma
Reynolds, rh Jonathan
Rhodes, Martin
Ribeiro-Addy, Bell
Richards, Jake
Riddell-Carpenter, Jenny
Rigby, rh Lucy
Rimmer, Ms Marie *(Proxy vote cast by Rachael Maskell)*
Roca, Tim
Rodda, Matt
Rushworth, Sam
Russell, Sarah
Rutland, Tom
Ryan, Oliver
Sewards, Mark
Shah, Naz
Shanker, Baggy
Shanks, Michael
Siddiq, Tulip
Slinger, John
Smith, David
Smith, Jeff
Smyth, Karin
Snell, Gareth
Sobel, Alex
Stainbank, Euan
Stevens, rh Jo
Stevenson, Kenneth
Stewart, Elaine
Strathern, Alistair
Streeting, rh Wes
Strickland, Alan
Stringer, Graham
Sullivan, Kirsteen
Sullivan, Dr Lauren
Swallow, Peter
Tami, rh Sir Mark
Tapp, Mike
Taylor, Alison
Taylor, David
Taylor, Rachel
Thomas, Gareth
Thompson, Adam
Timms, rh Sir Stephen
Toale, Jessica
Trickett, Jon
Tufnell, Henry
Turmaine, Matt
Turner, Laurence
Twist, Liz
Uppal, Harpreet
Vaughan, Tony
Vince, Chris
Wakeford, Christian
Walker, Imogen
Ward, Chris
Ward, Melanie
Webb, Chris
Welsh, Michelle
West, Catherine
Western, Andrew
Wheeler, Michael
Whitby, John
White, Jo
White, Katie
Whittome, Nadia
Williams, David
Witherden, Steve
Woodcock, Sean
Wrighting, Rosie
Yang, Yuan
Yasin, Mohammad
Yemm, Steve
Zeichner, Daniel

Tellers for the Noes:
Jade Botterill and Shaun Davies

Question accordingly negatived.

Clause 21

MEMBERSHIP OF INTEGRATED CARE BOARDS

Amendments made: 60, page 15, line 34, at end insert "—

(a) at least one member nominated jointly by the local authorities whose areas coincide with, or include the whole or any part of, the integrated care board's area, and

This amendment restores the requirement for integrated care boards to have at least one member nominated jointly by the local authorities whose areas coincide with, or include the whole or any part of, the integrated care board's area (as well as any new mayoral nominated member).

Amendment 61, page 16, line 1, leave out from "for" to "as" in line 3 and insert "nominating the ordinary members mentioned in sub-paragraph (2).

(2) A person participating in the process for nominating the ordinary members".

This is consequential on amendment 60.

Amendment 62, page 16, line 9, at end insert—

""local authority" has the meaning given by section 2B(5);".—*(Karin Smyth.)*

This is consequential on amendment 60.

Clause 27

SPECIAL HEALTH AUTHORITIES: ESTABLISHMENT AND EXERCISE OF FUNCTIONS

Amendment made: 63, page 20, line 13, at end insert—

"(4) In section 271 (territorial limit of exercise of functions), in subsection (3), after paragraph (a) insert—

"(aa) Chapter 4 of Part 2 (Special Health Authorities),".".—*(Karin Smyth.)*

Section 271(1) of the NHS Act 2006 provides that ministerial functions under that Act are generally exercisable only in relation to England. This amendment creates an exception for powers to establish Special Health Authorities etc since they may be used to carry out certain functions beyond England (eg operating information systems).

Clause 39

JOINT WORKING AND DELEGATION ARRANGEMENTS

Amendment made: 64, page 29, line 5, leave out subsection (8).—*(Karin Smyth.)*

This removes an unnecessary amendment to subsections (7B) and (7H) of section 75 of the NHS Act 2006 (those subsections are removed entirely by clause 40(3) of the Bill).

Schedule 1

CONFERRAL OF PRIMARY CARE FUNCTIONS ON INTEGRATED CARE BOARDS ETC

Amendments made: 70, page 73, line 33, leave out from "for" to end of line and insert—

""NHS England may recognise a committee formed for an area which it is satisfied" substitute "An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board's area if it is satisfied that the committee".".

This amendment makes the geographical extent of a local pharmaceutical committee which can be recognised by an integrated care board consistent with the geographical extent of other, similar committees (for other examples, see paragraphs 12(2), 24(2) and 37(2) of Schedule 1).

Amendment 71, page 74, line 6, leave out sub-paragraph (5).—*(Karin Smyth.)*

This amendment is consequential on amendment 70.

Bill to be further considered tomorrow.

Business without Debate

DELEGATED LEGISLATION

Motion made, and Question put forthwith (Standing Order No. 118(6)),

Environmental Protection

That the draft Nature Restoration Levy Regulations 2026, which were laid before this House on 18 June, be approved.—*(Rachel Hopkins.)*

Question put and agreed to.

Motion made, and Question put forthwith (Standing Order No. 118(6)),

Plant Health

That the draft Plant Health, Seeds, Seed Potatoes and Plant Propagating Material (Amendment) (Northern Ireland) Regulations 2026, which were laid before this House on 22 June, be approved.—*(Rachel Hopkins.)*

Question put.

The Deputy Speaker's opinion as to the decision of the Question being challenged, the Division was deferred until Wednesday 9 September (Standing Order No. 41A).

Trade Unions

That the draft Protection Against Detriment (Industrial Action) Regulations 2026, which were laid before this House on 24 June, be approved.—*(Rachel Hopkins.)*

Question put and agreed to.

BUSINESS OF THE HOUSE

Ordered,

That notices of Amendments, new Clauses and new Schedules to be moved in Committee in respect of the Sovereign Grant Bill may be accepted by the Clerks at the Table before it has been read a second time.—*(Rachel Hopkins.)*

ENVIRONMENT, FOOD AND RURAL AFFAIRS

Ordered,

That Jenny Riddell-Carpenter be discharged from the Environment, Food and Rural Affairs Committee.—*(Jessica Morden, on behalf of the Committee of Selection.)*

JOINT COMMITTEE ON THE NATIONAL SECURITY STRATEGY

Ordered,

That Edward Morello be discharged from the Joint Committee on the National Security Strategy and Helen Maguire be added.—*(Jessica Morden, on behalf of the Committee of Selection.)*

PROCEDURE

Ordered,

That Tom Morrison be discharged from the Procedure Committee and Martin Wrigley be added.—*(Jessica Morden, on behalf of the Committee of Selection.)*

PETITION

Local Government Reorganisation in Devon

10.29 pm

Caroline Voaden (South Devon) (LD): The Government recently backed a proposal to replace Devon's councils with four unitary authorities, which would expand the councils of Exeter, Plymouth and Torbay while leaving an unworkable rural Devon council spanning a 100-mile drive from Lynton to Salcombe. An online petition about this issue has been signed by 1,783 people. I have been contacted by hundreds of constituents who are deeply concerned about the risk posed to vital local services.

Devolution should be built from the ground up, not imposed by Whitehall. The plan made a mockery of that. It is not what rural Devon wants. I appreciate that a review is now under way; I welcome it.

The petition states:

"The petitioners therefore request that the House of Commons urge the Government to reverse its decision on local government reorganisation in Devon and to reconsider alternative options.

And the petitioners remain, etc."

Following is the full text of the petition:

[The petition of residents of the United Kingdom,

Declares that the Government's decision to accept the proposal to expand Exeter, Plymouth and Torbay's councils and to create a rural Devon Council spanning over 80 miles from Lynton to Salcombe is unworkable and puts rural Devon at great disadvantage; further declares that the proposed reorganisation risks breaking up children's services which could put vulnerable children at greater risk, could lead to increased council tax, and would undermine local accountability; and further declares that devolution should be built from the ground up, shaped by local knowledge and consent.

The petitioners therefore request that the House of Commons urge the Government to reverse its decision on local government reorganisation in Devon and to reconsider alternative options.

And the petitioners remain, etc.]

[P003231]

VAT on Medication: Compassionate Access Schemes

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

10.30 pm

Danny Beales (Uxbridge and South Ruislip) (Lab): I begin by welcoming the Government's decision at the start of the summer to pause the application of VAT on medicines donated for free to patients through compassionate access, early access and related schemes. The health charities, patients and industry bodies that I have worked with are grateful to Ministers for recognising that this issue needs to be addressed, and in particular for the ministerial statement setting out the Government's intention to introduce a new approach to VAT on free-of-charge donations of medicines.

I know that my right hon. Friend the Financial Secretary to the Treasury, and previously my hon. Friend the Exchequer Secretary, have both worked a great deal on this issue. I thank them for their commitment to find a resolution. Without a permanent solution, however, pharmaceutical companies do not have the legal certainty to fully re-engage with early access programmes. Although, to date, only Bayer has withdrawn from these schemes outright, I have heard from a number of other companies that tell me that the uncertainty is causing them to reconsider, drug by drug, whether they can afford to continue offering free access, for fear of creating open-ended VAT liabilities.

Tragically, the people who are paying the price for the delay are patients. I know that the Government recognise the consequences for patient outcomes, which is why they have committed to bringing forward a new approach, either through changes to VAT rules or through a reimbursement scheme. I welcome the fact that the new approach, once introduced, will apply to donations made on or after 23 June 2026. However, a pause is simply not good enough to resolve this issue fully. I called for this debate to ask the Government to reconfirm their commitment to find a permanent solution and to ask them to move forward as quickly as possible in determining that comprehensive solution.

Lizzi Collinge (Morecambe and Lunesdale) (Lab): My constituent Joseph was diagnosed with a brain tumour at just 28 years old. He was fortunate to receive early access to vorasidenib through compassionate access schemes. However, vorasidenib is only the second new NHS-approved brain cancer drug in 20 years. Does my hon. Friend agree that, given the painfully slow progress we have seen in developing treatment for brain tumours, we should be removing every possible avoidable barrier to patients receiving these promising new medicines?

Danny Beales: I thank my hon. Friend for that. As chair of the all-party parliamentary group on access to medicines and medical devices, I have heard those stories far too often. I completely agree that we should be removing every single barrier.

Jim Shannon (Strangford) (DUP): I commend the hon. Gentleman on bringing forward the debate. He has hit the nail on the head on an issue that is a matter of life and death for families right across the United Kingdom. For His Majesty's Revenue and Customs to sweep in and penalise that relief is a disgrace. Does he not agree that, although a temporary pause from the Treasury is welcome, it is simply not a solution when the clock is ticking for cancer patients and those with rare diseases, and that the Government should commit to working with the Treasury and devolved health executives—including those for my constituency of Strangford—to secure a permanent VAT exemption and ensure that tax bureaucracy never stands in the way of human empathy?

Danny Beales: I agree that we do need to find a permanent and comprehensive solution. Hopefully we can air those issues fully today.

Fundamentally, the principle underlying this issue is very straightforward: if a pharmaceutical company is willing to provide a lifesaving medicine to a patient free of charge because that patient has a serious or life-threatening condition and has exhausted the available standard treatment options, the tax system should not make access to those lifesaving drugs more difficult. That reflects the points raised by the hon. Member and my hon. Friend the Member for Morecambe and Lunesdale (Lizzi Collinge).

Pharmaceutical companies already operate these schemes at a loss. For example, over the last four years, AstraZeneca alone has given more than 2,500 patients access to innovative, lifesaving medicines free of charge, costing millions of pounds. This is clearly not a commercial transaction. It is a moral, compassionately motivated decision and programme, and in my view that means it should be supported, championed and facilitated by Government, not blocked, disincentivised, or made administratively more burdensome—but unfortunately that is exactly what has been happening since HMRC started charging VAT on those donations.

This is not just a line on a tax return, impacting on the bottom line; the impact is also having real-world consequences on patient groups. The consequences of this delay are gut-wrenching and deeply frustrating for clinicians, patients and their families. Every day, every week and every month that we wait for a permanent solution to move forward, more severely ill patients are denied access to drugs that could save or extend their lives, at no cost to the NHS.

It is also important to note that patients with rarer cancers are disproportionately affected by this issue, as they generally have fewer treatment options. In August, I was contacted by Emma and her husband Ian. Ian and Emma are currently watching this debate online from Ian's hospital room at University College hospital, as they could not be here in person. Ian has an advanced, rare and aggressive bile duct cancer. Following his latest chemotherapy, his consultant Professor Bridgewater recommended regorafenib as Ian's next treatment. Regorafenib was previously supplied free of charge by Bayer through a compassionate use programme. However, since Bayer became liable for VAT on the medicines it was donating, it withdrew from the programme, meaning that Ian lost free access to this potentially life-extending treatment. Ian and Emma are now urgently trying to find the money to pay privately for Ian's treatment, and the cost is thousands of pounds per month. It goes without saying that many families cannot afford to pay thousands of pounds, each and every month, for treatment.

Working with Sarcoma UK, I have also heard from Dr Robin Young, a consultant medical oncologist at Weston Park cancer centre. He reported that a 62-year-old patient with metastatic leiomyosarcoma, whose disease had progressed through all the standard chemotherapy options, was also denied this drug in January 2026 because of Bayer's withdrawal. That patient subsequently self-funded an alternative treatment at a cost of £3,500 for one month, before deciding that he could not afford to continue with that treatment. These are heartbreaking decisions for patients and their families. I have also heard from Dr Alex Lee, a consultant medical oncologist at the Christie NHS foundation trust, who has reported that two patients with advanced osteosarcoma were refused access to the drug earlier this year, with Bayer citing the VAT position. Tragically, one of those patients has since died. She was just 20 years old.

I hope these stories make clear the urgency of resolving this issue as soon as possible. This would not only enable Bayer to re-engage, but ensure that existing participants could continue to access their drugs through the programme and enable potential new drugs to enter early access and compassionate access schemes in the future. On paper, this might be a niche and complex part of tax policy, but in real life it is a desperately ill patient, it is a family and it is a clinician having to explain why a medicine that had previously been made available can no longer be provided.

I shall turn now to the position of the pharmaceutical industry. Patients, clinicians and the Minister will be pleased to hear that the pharma companies are keen and willing to re-engage with compassionate, early access and other similar schemes once a suitable solution has been finalised with Government. However, I have heard concerns from the industry about the pace and scope of negotiations since the Government announced the pause.

The first issue is about the breadth of the definition of the products that will be exempted from VAT liabilities. The definition used to determine any VAT exemption should include the full range of schemes that pharma companies engage in to provide these medicines free of charge. These include: compassionate use, where a clinician requests a specific medicine as a last resort once other options are exhausted, usually off-licence; early use, for new patients immediately after a trial; post-trial provision, for patients who responded well during a trial and need to continue; and bridging prescriptions, for patients where a drug has been approved but is not yet funded on the NHS.

However, I have been told that the definition initially suggested by HMRC during negotiations has been too narrow to cover all those uses. I encourage the Minister to look again at this, given that compassionate use of off-licence drugs accounts for a substantial proportion of the patients who benefit from donations to the programme. I understand that the Government may be now moving to a better position on this point, and I would welcome confirmation of that from the Minister.

The second issue I have heard is that HMRC is considering attaching two conditions to any VAT exemption: first, that the patient must be treated on the NHS rather than by a private clinician; and secondly, that medicines must be supplied directly by the company to the NHS. I am sceptical of the merits of both those points. First, patients should not potentially lose access to a lifesaving free treatment, which is at the cost of industry, just because the clinician recommending the treatment is a private doctor. On the second point, I would be grateful if the Minister would explain how such an arrangement would work on a practical level. We know that the NHS can refer to private clinics and that clinicians can, particularly for specialist issues, work regularly between NHS practices and private clinics. The fundamental question must surely be whether the medicine is clinically needed and whether it is free at the point of use for the patient.

The third issue raised by pharma pertains to the question of historical liabilities. My understanding is that many pharma companies have already paid VAT for historical liabilities, and it is important to say that we do not expect that they will be able to recover that in full. However, given the upcoming changes, it would be helpful if the Government provided some clarity on the legal position on historical liabilities before the pause. I urge that settlements should be negotiated constructively and with understanding based on the nature of these liabilities.

Closely related to the issue of historical liabilities is that of co-ordination between Departments on this issue. AstraZeneca has told me that, despite ongoing negotiations with HMRC and the pause announced in July, it is currently being pursued by His Majesty's Treasury for accounts by the end of September, which it has been indicated should include VAT liability on compassionate access—a position AstraZeneca is not confident is consistent with what it is hearing from HMRC. Business needs certainty to prepare accounts. I encourage the Minister to ensure that HMRC and the Treasury are working from the same hymn sheet.

On the method and pace of resolution, my understanding is that the Government are looking at creating an exemption for the compassionate donation of medicines through a legislative change to the Value Added Tax Act 1994. However, have the Government considered issuing a business brief from HMRC to clarify the new position, given that this could be a faster and more effective route? I would be grateful for the Minister's perspective on that.

As well as the patient benefits, there is also a key strategic opportunity for us as a country to be a global industry leader in life sciences research. Many other countries have complex schemes in place, and sometimes charge VAT or the equivalent on such things. However, I understand that although liabilities technically exist in the Netherlands, they are not enforced in practice. If the UK were to fully resolve this issue and put it beyond doubt, this would be a genuine point of competitive advantage in attracting life sciences investment, research and clinical trials to this country, at a time when our overall competitiveness in the sector is under pressure from other directions and policies. It would also encourage the participation of innovative new drugs and potential wider patient applications of them, driving forward potential research opportunities and improving healthcare practice.

To sum up, my questions to the Minister are as follows. First, can he confirm that a permanent solution will define eligible products as widely as possible, to include the full range of schemes that are currently used? Will he reconsider the proposal to restrict eligibility to NHS-treated patients only?

[Danny Beales]

Secondly, the Government have said that they will act as soon as possible, but for a patient with a life-threatening disease, that phrase can feel like a very long time. Will the Minister set out a clearer timetable about actions and next steps, and when the consultation with industry is likely to conclude? Will the Government decide to bring forward a reimbursement mechanism? Can the Minister explain why a business brief route has not been preferred, or whether one can be explored? When is detailed guidance likely to be published and operational?

Finally, what is being done to repair the relationships with industry, which have been damaged as a result of this policy? Where a company such as Bayer has withdrawn, I hope that it will be strongly encouraged to re-engage as soon as possible, so that the patients we have heard about today can gain access quickly. Will the Treasury work with the Department of Health and Social Care to engage industry and be in direct communication with clinicians to help to identify which patient groups have been most affected, so they can be notified as soon as possible that the treatments may become available again?

This is, on paper, a narrow, technical issue of tax policy—not always the thing that makes the front pages of newspapers or the most engaging social media videos—but in practice, a clear and quick resolution to this issue is a life-and-death issue for many thousands of people. It is the difference between a patient like Ian fighting to save thousands of pounds a month—just to be able to focus on his health and his loved ones— or not. It is the difference between a clinician having to explain why a medicine that was available last year is not available now, and being able to provide that innovative and lifesaving drug to them and many more patients besides. It is the difference between a pharmaceutical company that wants to do the right thing, providing drugs to patients for free or at a low cost, and it withdrawing its drugs completely because the costs become significant.

Once again, I strongly welcome the ministerial statement and the pause from June. I thank the Minister and his predecessor considerably for their work to date, which has made a difference. I know that he is committed to engagement on this issue and to finding a way forward.

10.44 pm

The Financial Secretary to the Treasury and Paymaster General (James Murray): It is a pleasure to respond to this debate. I thank my hon. Friend the Member for Uxbridge and South Ruislip (Danny Beales) for securing it, and for all his engagement and campaigning on this important issue. I know from my conversations with my hon. Friend that he cares deeply, as do I, about ensuring that patients can access innovative medicines, particularly when there is unmet clinical need.

Free-of-charge arrangements play an important role in giving patients early access to medicines, as my hon. Friend so powerfully illustrated when he spoke about the patients and families who have shared their stories with him. I was moved to hear the experiences of those patients, and am grateful to my hon. Friend for sharing them this evening. My thoughts, as I am sure every Member's thoughts will be, are with those patients and families, including the family of the young woman who my hon. Friend told us had tragically passed away. I am sure that everyone in this House agrees that we must find a solution that means that those patients, and others like them, can continue to access lifesaving medicines.

Before responding to the points made, I will first set out some of the context for the existing VAT treatment of donated medicines. This evening's debate concerns the application of long-standing VAT rules to some medicines supplied free of charge. Under UK VAT law, some transactions where no money changes hands are treated as though a supply has been made, and these are known as deemed supplies. These rules help to keep the VAT system fair where a business has reclaimed VAT on its costs. These are not new rules introduced by this Government; they are long-standing features of the VAT system dating back to the early days of VAT, before the VAT Act 1994.

His Majesty's Revenue and Customs wrote to the sector in 2023 as part of the process of ensuring that businesses pay the correct tax. However, the Government recognise concerns raised by pharmaceutical companies and patient groups about the potential impact of this treatment on free-of-charge access and, ultimately, on patients. That is why, as my hon. Friend mentioned, on 23 June, my predecessor announced that the Government would bring forward a new approach as soon as possible. As set out in the written ministerial statement on 2 July, the Government are considering either changes to the VAT rules or a reimbursement scheme. The new approach will be effective for donations made on or after 23 June 2026.

Officials in the Treasury, HMRC and the Department of Health and Social Care have been working closely together and engaging constructively with the pharmaceutical sector to develop the detail of both options. That work must ensure that any approach supports patients while being legally robust, operationally workable and sustainable. We recognise that free-of-charge medicines are supplied through a variety of arrangements. Those include early and expanded access, post-trial access and arrangements that operate after Medicines and Healthcare products Regulatory Agency authorisation.

My hon. Friend raised the question of which medicines would be in scope of the new approach, and the Government are considering this question carefully in collaboration with the sector. The solution must capture genuine patient access arrangements without creating unintended consequences elsewhere in the VAT or supply systems. It is important that we complete that work quickly, so that patients across the UK can benefit from innovative medicines as quickly and safely as possible. It is equally important that we get this right to avoid inadvertently omitting important avenues by which medicines are donated, or opening the door to abuse. That is why we are working closely with industry to craft the scope appropriately.

My hon. Friend asked which forms of donation would be in scope, and whether the solution would apply only to donations to the NHS. He will appreciate that I am not in a position to announce any final decisions today, while work remains ongoing with the firms. However, I can reassure him that I have no desire to artificially circumscribe the scope of the new approach and unduly leave out genuine donation practices.

My hon. Friend asked about timelines. I regret that as we are talking about a potential tax change, I cannot give further detail, beyond reassuring him that I have reiterated the urgency that we both feel, and the need to

reach a swift resolution, and I have imparted that urgency to my officials. On historical liabilities, the new approach will apply to donations made on or after 23 June 2026, but I am happy to hear input from firms on that point as we go through the process. On co-ordination in the case of AstraZeneca, it would not be appropriate for me to comment on the tax affairs of an individual taxpayer, but I would certainly encourage firms in the round to share the detail of any specific concerns they have with my officials. On whether HMRC could publish a business brief to fix this issue, as a matter of existing law, firms must account for VAT on donated medicines. An HMRC brief can communicate a change in policy only when the law itself has changed, or following a judicial decision requiring a change in law. A Revenue and Customs brief cannot itself make the change in law.

Finally, I share my hon. Friend's desire to see Bayer return to the early access scheme, so that patients can regain access to innovative medicines. We have committed to applying the new approach retrospectively to donations made on or after 23 June 2026, and I hope that Bayer takes confidence from that and rejoins the early access scheme as soon as possible.

Danny Beales: The Minister is being very generous in giving way, as ever, and I appreciate his response about the limitations of the business brief process. If amending the VAT Act 1994 is the right route, does the Minister know roughly how long that would take to find a resolution? I fully his support his point about Bayer re-engaging. The Government have moved in good faith, and I hope Bayer will, too.

James Murray: As the changes we are discussing concern a potential tax change, I am afraid I cannot give my hon. Friend further detail about any timeline, but I reiterate that I have imparted to my officials in the Treasury and HMRC the urgency that I feel about this, and that my hon. Friend and others will share. I am glad he joins me in calling on Bayer to take confidence from what we have announced and to rejoin the early access scheme as soon as possible.

I again thank my hon. Friend for securing this debate, and for the constructive way in which he has raised this issue, both this evening and in the past. In concluding, I would like to pause to reflect on the impact of continued access to medicines for patients. Individual Members have raised with me the importance that early access to medicines can have, especially for those in the most tragic of circumstances, who sadly have few other options. I have been moved in hearing those cases, and it is vital that we keep those medicines accessible. I am grateful to Members from across the House for bringing this issue the attention it deserves. I am also grateful for the constructive engagement that my officials have had with the pharmaceutical sector, and I know we have a common goal of resolving the issue swiftly. I look forward to setting out further detail once that work has concluded and when final decisions have been taken.

Question put and agreed to.

10.52 pm

House adjourned.

Westminster Hall

Monday 7 September 2026

[Mark Pritchard *in the Chair*]

Surrogacy Law and Legal Parenthood

4.30 pm

Dave Robertson (Lichfield) (Lab): I beg to move,

That this House has considered e-petition 763161 relating to surrogacy law and legal parenthood.

It is always a pleasure to serve with you in the Chair, Mr Pritchard, and I am sure today will be no different. The petition calls for a change in the law so that the intended parents of babies born through surrogacy can be considered to be the legal parents from the moment of their child's birth. Under current law, that is not possible. Intended parents must go through a months-long process in the courts and be visited by a social worker before they are considered to be the parents of the children in the eyes of the law.

Ahead of this debate, I met the petition's creator, Adam, his fiancé, Jamie, and their daughter, Leven, who was born via surrogacy in Connecticut. I am pleased to say that Adam and Jamie have joined us in the Public Gallery today. Although baby Leven has not joined them, she made a cameo appearance on our call ahead of the debate. Adam and Jamie are listed as Leven's parents on her birth certificate in the United States, but more than six months after her birth, they still are not recognised as her legal parents at home in the UK. That is what prompted Adam to create this petition. When we met, he said,

"We're changing Leven's nappies, we're putting her to bed—we are her parents, we're bringing her up"

and yet he says that babies like her are in "legal limbo" under current legislation.

My role today is to introduce the petition by setting out the petitioners' views and framing the debate to follow. It is good to see so much interest from Members across the House. In preparation, as well as meeting Adam, I have drawn on the expertise of a range of organisations and individuals, with the expert support of the petitions team. They are often not thanked enough, so I place on record my thanks to the entire team for their support in preparing for the debate.

We met groups such as Surrogacy Concern, Stop Surrogacy Now UK and Brilliant Beginnings, and Dr Herjeet Marway of the University of Birmingham, who is the founding chairperson of SurrogacyUK's ethics committee. We also met Professor Nick Hopkins of University College London, a former law commissioner for England and Wales, and Professor Gillian Black of the Scottish Law Commission and the University of Edinburgh. Together, they authored the joint Law Commission report on surrogacy reform, which was published in 2023. I will start with the current state of the law and the reforms proposed by that Law Commission report.

When a child is born to parents via surrogacy, whether in this country or abroad, as baby Leven was, the surrogate mother is considered the legal mother at birth under UK law. If she is married or in a civil partnership, her partner will automatically be the second parent on the birth certificate, irrespective of the child's genetics. There are children out there today whose parents, as considered under UK law, have no genetic relationship to the child at all. That is because in UK law, the person who gives birth to a baby, and no one else, is considered the mother. That has led to a complicated reality in today's world, where a growing share of babies are not born via natural conception.

If you give birth using a donor egg, you are considered to be the child's mother in the eyes of the law. But if you cannot carry a baby, and if you and your partner have an embryo that is biologically yours carried by a surrogate, you are not considered to be the legal parents when your child is born. Intended parents and their surrogates can draft a surrogacy agreement setting out how they want parental rights to be arranged for the child, but those documents have no legal standing in the UK.

To become legal parents, intended parents must apply for a parental order through the courts. They have to make that application between six weeks and six months after the baby's birth. Organisations that specialise in assisting intended parents say that the process normally takes between six and 12 months to complete. In that time, the baby will almost invariably be living with the intended parents, but legally, they are strangers to that child.

Jim Shannon (Strangford) (DUP): The hon. Gentleman is putting the case very well. There are also very practical hurdles, such as registering the child with a GP, the child's medical circumstances and applying for a passport. The whole thing is illogical. The practicalities add to the timescale, and it is time that the Government address the issue.

Dave Robertson: It is always a pleasure to see the hon. Member for Strangford (Jim Shannon) in his place in this Chamber. I will touch on health later, so I ask him to hold fire.

Gordon McKee (Glasgow South) (Lab): My hon. Friend is being very generous with his time, which I very much appreciate. He and I share the desire for strict rules to prevent abuse of any kind, as I am sure everyone in the House does.

I want to make a point relevant specifically to Scotland. In England, the suitability of intended parents is assessed by the courts and through a publicly funded system, but it is funded privately in Scotland, which means that intended parents potentially have to pay £2,000 or £3,000 extra of their own money to go through the process. Will my hon. Friend join me in calling on the Scottish Government to find a reform to fix that system?

Dave Robertson: My hon. Friend is right to raise the issue of finance, which I will touch on briefly, so I ask him to bear with me as I get to that part of my speech.

Opponents say that the parental order process is really complex. The document that intended parents have to submit is 200 pages long, meaning that many will seek legal advice. Adam and Jamie say that they expect legal fees for their parental order to be in excess of £10,000. We have just heard from my hon. Friend that it can be even more costly in other parts of the United Kingdom. That money is very real, and intended parents face very

[Dave Robertson]

real financial difficulties. As the hon. Member for Strangford (Jim Shannon) said, the process can cause real practical problems. In fact, I have heard of cases in which surrogates have had to dial in to medical appointments for their child in the US for months after birth, because the hospital at home is unable to recognise the intended parents as responsible for their child's health decisions.

Experts say that, in their experience, the most distressing part of the process for most intended parents is the court-mandated social worker visit. Supporters of the current arrangement compare it to a visit from a health visitor, but opponents say that there is no comparison. The Children and Family Court Advisory and Support Service is the agency that advises the courts on children's welfare, and in the vast majority of cases it is involved where a child is believed to be at risk. However, CAFCASS is also involved in surrogacy cases. Its assessments for a parental order involve criminal checks, child protection reports, home visits with parents and a full, detailed report. Although it is incredibly rare to see CAFCASS reports on intended parents that are anything but wholly positive, parents find it extremely distressing to be questioned and scrutinised in a way that parents conceiving without the need for a surrogate simply do not experience.

In 2018, as a result of those difficulties, a previous Government asked the Law Commission for England and Wales and the Scottish Law Commission to jointly consider reforms to UK surrogacy law. It was a significant piece of work, and the report was published in 2023. It recommended

"a new pathway to legal parenthood"

in surrogacy cases, with the screening of intended parents taking place before birth, so that they could be recognised as legal parents from birth. The proposed pre-birth arrangements included an agreement between the surrogate and the intended parents, with independent legal advice provided to all parties, a preconception assessment of the child's welfare, and the agreement of a regulated surrogacy organisation to recognise the surrogacy agreement. If the surrogate then withdrew consent, the existing parental order process would apply. If the surrogate changed their mind before the birth, they would be the legal parent at birth. If they changed their mind in the six weeks following birth, they would be able to apply for a parental order.

The authors of the report strongly felt that that struck a balance between protecting all parties—the surrogate, the parents and the children—and, crucially, keeping the child's welfare as the central concern. Having said that, it is really important to bring in the voices of Professor Hopkins and Professor Black, who made it very clear ahead of this debate that they never intended that part of their proposal to be carved out and delivered in isolation. They proposed a wider package of reforms, and they say that it was only part of a comprehensive solution. Although some who advocate changes to surrogacy law argue that the issue of parental orders can be dealt with as a quick win, the professors believe that it should be addressed as part of a wider package. That package includes, for example, creating a mandatory surrogacy register so that children could find out more about their birth mother and, with their consent, her family, if they wish.

It is also important to note that the Law Commission's proposal for a new pathway to legal parenthood for intended parents would only apply to surrogacy arrangements here in the UK. It is proposed that the existing parental order system would continue to apply when babies are born abroad via surrogacy. The Law Commission report concluded that it would be impossible to ensure that laws abroad are in line with what we would consider UK norms. That concern is flagged by some of the groups opposed to surrogacy arrangements, as the second most popular destination for UK surrogacy is Nigeria—a country currently subject to special restrictions when it comes to adopting a child due to child welfare concerns.

In preparing for this debate, I heard worrying reports of surrogate mothers, often living in real poverty abroad, being pressed to sign legal agreements under extreme time pressure and without independent legal advice. That is far from being the case everywhere. However, it can never be acceptable, and we should make sure there are proper legal safeguards in place. The Law Commission's hope is that, by maintaining the UK's altruistic approach to surrogacy—that is, keeping it not for profit—and updating the law, more intended parents will be able to pursue surrogacy here in the UK and make use of a new parental pathway to be recognised as legal parents from birth.

The petition focuses on a specific part of surrogacy law, but it feeds into a much wider debate. There are some quite stark divisions on the issue, which is understandably very emotive for a large number of people. However, what seems clear is that the current law on surrogacy is no longer working and that a wider conversation about how we should change the legislation in this area would be welcome. I know the Government have said that they will look at this issue when time and capacity allow, but I am very interested to hear more from the Minister about what that might look like and when we might be able to expect it.

4.41 pm

Rebecca Smith (South West Devon) (Con): It is a pleasure to serve under your chairmanship, Mr Pritchard. I welcome this debate.

As we know, the petition asks for parental orders to be permitted at birth. I believe that Members should approach the proposal with extreme caution. The number of people who have signed the petition—over 113,000, including 226 of my own constituents—is clearly testament to the strength of feeling on the issues. However, the petitioners frame the parental order process as an obstacle to parental rights, but that is fundamentally misleading. The legal process provides important protections for surrogate women and the children they carry. Currently, intended parents can apply for parental orders only after six weeks from the birth, and they must usually do so within six months. That cooling-off period provides a vital safeguard for the surrogate mother, and we should not dispense with it lightly.

I believe we need to take a step back and remember why this House has historically approached surrogacy with so much caution. It is now undeniable that we have moved well beyond the purposes originally used to justify IVF and assisted reproductive technologies. IVF was initially intended to help a childless couple have a child, not to create a contractual market out of pregnancy.

That sense of mission creep is also evident when we look at the Surrogacy Arrangements Act 1985. The Warnock committee, whose report led to the Act, did not regard surrogacy as simply another form of fertility treatment. Now, over 40 years later, surrogacy has become just another service routinely offered at clinics across the country. Technology allows us to separate genetic parenthood, gestational motherhood and social parenthood. However, it does not mean those relationships are interchangeable. Technology may give us choices, but it does not absolve us from making ethical judgments about those choices.

It is worth noting that the UK is an outlier in allowing any form of surrogacy at all. Surrogacy is much more strictly limited, or even completely prohibited, in countries including France, Germany, Italy, Spain, Sweden and Switzerland. We know that some of those countries are particularly liberal in other areas, so the fact that they are strong on this gives us reason to question why they take that position. That reflects the serious ethical questions that arise when a child is intentionally separated from the woman who carried them in the womb. Commercial surrogacy is illegal across the EU, where it is classed as a form of child trafficking. Indeed, the UN special rapporteur on violence against women and girls has recommended the global abolition of surrogacy. Last year she described surrogacy as characterised by the exploitation of women and children, including girls.

In any future reforms of surrogacy legislation, the welfare and safety of women and children should remain our paramount concern. I acknowledge that the desire of many people who turn to surrogacy is for a child, and that that is a profound need within them. I think that is something on which we are all able to agree. Some women face infertility or repeated pregnancy loss, and some face medical conditions that make it impossible or even unsafe for them to carry a pregnancy themselves. For some people, surrogacy may seem to be the only path to having a child with a genetic connection to them. I do not question the deep desire for that, nor do I underestimate the pain that can come from wanting a child and being unable to have one. That said, compassion for those experiences cannot require us to overlook the women and children affected by surrogacy. By its very nature, surrogacy involves a woman's body becoming a means to an end. She is carrying a child for the benefit of another family. My concern is that our efforts to help people to become parents risk constructing a system in which women's reproductive capacity becomes merely a resource for others to use.

One of my main concerns with the petition is that it implies that surrogacy is closer to natural conception than to adoption; I believe that is again misguided. With adoption we do not pretend that the birth mother is irrelevant simply because she will not raise the child herself. That woman has already nurtured the child in her womb for nine months and the law rightly recognises that her role matters: the original birth record remains in existence and the adopted child can access it later in life, as an adult, if they wish. Similarly, a surrogate may not intend to raise the child she carries, but that does not mean that her role should be legally obliterated at birth.

We should also consider the needs of the child. A baby bonds with their mother in utero regardless of whether the surrogate uses her own egg in the pregnancy. The child's birth mother is an important person in the child's story and the law should therefore recognise the birth mother's indispensable contribution in bringing new life into the world.

I also have concerns about financial incentives. In this country a surrogate mother cannot simply be paid a fee for producing a baby. She may receive reasonable expenses, including for things such as maternity clothing, travel and loss of earnings, but typical reimbursements now reach as much as £25,000. I think we would all agree that that is quite a substantial sum, which should give us pause for thought. There is an important distinction between reimbursement and income. It is one thing if a woman is compensated for genuine expenses, but if pregnancy becomes a source of substantial financial benefit, we need to ask whether we are still talking about altruism or whether we are creating a market in all but name. Pregnancy is not risk-free; it can involve serious medical complications. However, uncertainty about whether a payment is reimbursement of an expense or a fee clouds the situation.

We cannot discuss this issue without considering the wider international picture. Most parental orders for UK parents now involve commercial surrogacy abroad; we have heard a lot about that already. It should concern us all that international surrogacy takes place in jurisdictions where the economic circumstances of surrogate mothers are very different from those in Britain. If wealthy countries normalise the commissioning of pregnancies, there will inevitably be markets that meet that demand. In most cases, the women with the least economic power become the people expected to take the greatest physical risks.

I will finish by reiterating that I have enormous sympathy for people who want children and cannot have them naturally. Their longing is real, but true compassion must extend to everyone involved, including to the women whose bodies bear the burdens of pregnancy and childbirth and to the children they bear. Do the Government remain committed to the parental order process and the safeguards that it provides? Those safeguards are not outdated as the petition suggests; indeed, they are needed now more than ever, especially as international surrogacy arrangements are becoming the norm for intended parents in the UK. The parental order process exists to ensure that a child's welfare comes first and that a surrogate mother's consent is freely given. Any reform should strengthen those protections for women and children, not diminish them.

4.48 pm

Tracy Gilbert (Edinburgh North and Leith) (Lab): It is a pleasure to serve under your chairship, Mr Pritchard. In the years since the passage of the Surrogacy Arrangements Act, the number of babies born as a result of surrogacy has increased and the nature of surrogacy arrangements has evolved. As I look through *Hansard* it appears that, in spite of that change, surrogacy has seldom been debated in this place. I therefore welcome this debate; although I do not agree with its framing, I believe it is long overdue.

This debate is critical as there are fundamental human rights at stake. The first are the rights of women: the rights of women as parents to be protected, to have the very best care and to have no outside pressure on

[Tracy Gilbert]

decisions relating to their healthcare and their bodies; and the right of women living in poverty, in war zones or in vulnerable situations, here in the UK and across the globe, not to be forced, coerced or trafficked to service the growing demand for surrogates. The second are the rights of children, as set out in the United Nations convention on the rights of the child, to know where they came from, to have a nationality, and to be cared for by their parents, not separated from them, where possible.

Today I will focus on the rights of women. The Law Commission's previously published proposals recommend tipping the balance of power away from the rights of the birth mother. That is clearly stated in the introduction of its core report:

> "Our reforms respect the autonomy of the surrogate—if she withdraws her consent, the courts will make the final decision on parental status."

If we were to put those proposals on the statute book, a woman who used her own egg as part of a surrogacy agreement, gave birth to a child and then changed her mind would end up in a court battle in which the judge would decide who the parent or parents of the child are. At present, if the surrogate withholds her consent, a parental order cannot be made; she remains the legal parent. However, under the commission's preferred model, the birth mother's name would be removed from the birth certificate altogether, and a judge would be forced to consider the living arrangements of the child until the court proceedings concluded.

The commission's proposals would shift the balance of rights to the intended parents, but it is important that we, as legislators, consider the bigger picture. There is likely to be an economic imbalance between the surrogate mother and the intended—commissioning—parents: by definition, they are commissioning a child. At present, the expenses paid to surrogates far exceed what was anticipated when the 1985 Act was passed. Although the Law Commission's proposals claim to provide clarity on expenses, they could still result in commissioning parents paying tens of thousands of pounds to a surrogate, including payments for holidays and gifts. That economic power imbalance prompts the question: is it ever a free choice for a surrogate to enter into a surrogacy agreement?

Before concluding, I want to talk about the international impact of surrogacy. Analysis by Stop Surrogacy Now UK suggests that, in most years since 2013, more than 60% of parental order applications in England and Wales related to surrogacy arrangements where the child was born abroad. It is false hope to think that these proposals will stop the demand from the UK for international surrogacy.

Phil Brickell (Bolton West) (Lab): Two of my constituents recently travelled to Mexico, where their children were born by surrogacy. Those births were facilitated by a company called My Surrogacy Journey, which is listed on gov.uk. While in Mexico, they had repeated traumatic experiences with the company relating to issues including insurance for their children, accusations of bullying towards staff and repeated efforts to silence any constructive criticism. I understand that other Members of this House have received similar complaints. Given the severity of these matters, does my hon. Friend agree that the Government should take My Surrogacy Journey down from gov.uk pending a review by the Human Fertilisation and Embryology Authority?

Tracy Gilbert: I agree, and I will come to some of those matters shortly.

It is estimated that the international surrogacy industry will be worth more than $200 billion by 2032. The decisions that we take about surrogacy in the UK can help protect vulnerable women and girls in war-torn countries such as Ukraine, as has been mentioned, and low-income countries such as Nigeria from being forced, coerced and trafficked to service the growing demand.

I appreciate the time and consideration that the Law Commission gave to this issue. It heard directly from women who had acted as surrogates, were left displaced and received inadequate medical care. It found that women who had been used as surrogates had not even been told about the genetic parentage make-up of the embryos that had been transferred into their bodies and, as a result, had no information about any inherited conditions that could affect the pregnancy and put them or the baby at risk.

I also welcome the spotlight document published in the last few days by the Independent Anti-Slavery Commissioner, who makes it clear that women in the UK are not only at risk of forced surrogacy but already being identified as such. I have called for a wider debate on surrogacy that would have at its heart women at risk of forced surrogacy and their children.

The Government must fully reject the Law Commission's proposals. The Scottish Government have already drafted guidance in preparation for the proposals being put on the statute book. Until they are rejected by the UK Government, such preparation will continue.

I hope I have evidenced why we must have a much wider debate on surrogacy. Fifty per cent of responses to the Law Commission's consultation called for a total ban on surrogacy in the UK. I fully support such a ban, but it should be based on a wider debate that draws on evidence and focuses on reducing harm. In the interim, the Government must immediately recognise the harm and risk that is being inflicted on women and children through international surrogacy and take steps to cut off the UK's growing demand for it, as that is the only way to play our part in ending the coercion and trafficking of women and children. I understand people's desire to become parents, but that desire should not take priority over the rights of a child. Surrogacy asks all of us to answer very difficult questions, but answer them we must.

4.55 pm

Shivani Raja (Leicester East) (Con): The topic of this debate is a matter of great sensitivity, but I oppose the proposal in the petition. Automatically recognising intended parents as legal parents from birth could remove important safeguards at precisely the moment when a child is most vulnerable.

We should begin with the most important person in this debate: the child. A child cannot consent to a surrogacy arrangement, and they cannot understand the promises adults have made. They cannot know what might happen if circumstances change—and circumstances can change. We have seen cases where arrangements that began with everyone in agreement broke down

during the pregnancy. In 2023, the Court of Appeal dealt with a case where a parental order was set aside and the surrogate mother was ultimately awarded contact with the child four times a year. That child was conceived using the surrogate's own egg. She had to fight for that contact against the wishes of the commissioning parents.

When we are told that everything is agreed before birth, we have to ask what happens when it is not. The current law recognises that possibility. A parental order cannot be applied for until six weeks after birth, and the surrogate has to confirm that she is willingly giving up her parental rights. That six-week period is not a pointless delay; it is a breathing space and a safeguard. It recognises that giving birth to a child is not simply the completion of a contract, but a profound physical and emotional event, and that the law should allow time for circumstances and feelings to be properly considered. The current system also provides scrutiny through the family court and CAFCASS social workers. If we remove that oversight, we are not simply removing paperwork; we are removing an independent layer of protection around a child.

We need to understand how much that matters, because surrogacy is growing rapidly. Parental order applications increased from just 117 in 2011 to 537 in 2025, and the majority of applications now involve international surrogacy. That should make us more cautious, not less. When a child is born through an international arrangement, there can be questions about consent, identity, immigration, the circumstances of the surrogate and whether proper safeguards were followed. As recently as 2025, the High Court dealt with a case where the intended parents had never met the surrogate carrying the child, and did not even have information about her identity. The case took more than 15 months and involved four court hearings. That shows us why proper scrutiny is necessary.

Compassion must never mean abandoning scrutiny, because when adults disagree, a child has to live with the consequences. That is why I cannot support automatic legal parenthood from birth. The child must come first.

4.58 pm

Steve Yemm (Mansfield) (Lab): It is a pleasure to serve under your chairmanship this afternoon, Mr Pritchard.

I will begin by recognising the very understandable motivation behind this petition. People who pursue surrogacy do so because they desperately want a family, and nobody should doubt the love that intended parents have for the children they raise. However, I cannot support the change proposed by the petition. The question before us is not whether intended parents are real parents, nor whether they should ultimately receive legal recognition; the question is whether the woman who has carried and given birth to a child should lose her legal status as that child's mother from the moment of birth. I do not believe that she should.

In our society, some things should never be reduced to questions of contract, individual choice or intention, and motherhood is certainly one of them. Pregnancy cannot simply be a service provided by one person for another, a woman's body cannot merely be the means by which someone else's parental intentions are fulfilled and the relationship created through nine months of pregnancy and childbirth cannot be written off because an agreement was reached beforehand.

At present, our law recognises that reality: the woman who carries and gives birth to a child is the legal mother. Intended parents can subsequently acquire legal parenthood through a parental order, but crucially, that process cannot normally begin until six weeks after the birth and requires the mother's consent. Some describe that as outdated and difficult bureaucracy, but I describe it as a safeguard. Before conception, we cannot know with certainty how a woman will feel after pregnancy, childbirth and holding the baby whom she carried for the first time. Consent matters enormously, but genuine consent must include one having the ability to change one's mind when the reality is fundamentally different from what could have been understood beforehand. Consent given before pregnancy cannot simply become irrevocable after childbirth.

Another important question is that of independent oversight. Parental orders allow the courts to consider the circumstances of the arrangement, require the mother's consent and provide for CAFCASS involvement. That protection becomes particularly important in the international dimension of surrogacy, which other Members have mentioned. In the first 11 months of 2025, 139 parental order applications were made for babies born through surrogacy in the UK, compared with 357 for babies born through surrogacy abroad. Therefore, we should think carefully before weakening the safeguards in our law. If parental orders take too long, let us consider making them quicker, and if intended parents face practical difficulties, let us try to address them. We can make the system work better without changing the principle at its heart.

Family, motherhood and childhood cannot be understood through the language of intention and contract, and it is particularly important that the law continues to recognise the reality of motherhood at the moment of birth. A woman who has carried and given birth to a child should not find that her legal relationship with that child has already been extinguished. I cannot support automatically recognising intended parents as the legal parents from birth. The six-week period after birth, the mother's consent and independent judicial oversight are not antiquated obstacles to modern families, but protections for women and children—important safeguards that I believe are worth keeping.

5.3 pm

Jim Shannon (Strangford) (DUP): It is a real pleasure to serve under your chairship, Mr Pritchard. I thank the hon. Member for Lichfield (Dave Robertson) for introducing the debate on this petition on behalf of the Petitions Committee. As the DUP's health spokesperson, I am particularly interested in advocating for the protection of the women and children at the heart of this process. Although health and social care are devolved, surrogacy policy is a reserved matter and is decided by Westminster. The thrust of my concern and contribution to this debate is more about urging caution to ensure that, while we need to legislate for the new scenarios that we face in modern life, protection is in place and the legislation is thoroughly considered. I think that reflects the opinion of most of us who are putting forward points in the debate.

I recognise that surrogacy can be a lifeline for those struggling with infertility or who are unable to have children themselves. Surrogacy can no doubt represent

[Jim Shannon]

an extraordinary act of kindness where a woman chooses to help a friend or family member to fulfil their dream of becoming a parent. However, I must stress that I have significant concerns about the increasing commercialisation of surrogacy. I have spoken on this issue in a separate debate in Westminster Hall and I want to reiterate the concerns that I expressed then. An important distinction must be made between the women who voluntarily agree to carry a child for someone they know, perhaps with reasonable expenses being covered, and the wholly exploitative system whereby a woman's womb becomes a service that can be bought. That concerns me greatly.

The background information that we got from the House of Commons Library—we always thank the Library for its contributions—refers to the international and regional human rights relevant to surrogacy: the right to respect for family life, the rights of the child, women's rights, the right to equality and non-discrimination, the right to dignity, and protection from human trafficking. A number of issues were outlined in the background information that we got from the Library. We must tread very carefully to not contribute to a market that preys on the financially vulnerable and pressures them to use their bodies for the benefit of others. Compensation for genuine expenses incurred in carrying a baby is one thing; paying a woman for carrying a baby is quite another. The distinction becomes increasingly blurred—the hon. Members for Leicester East (Shivani Raja) and for South West Devon (Rebecca Smith) both made contributions on this, and I would echo them—when payments for carrying a child are disguised as expenses. There must be no room for ambiguity in this process. I should have welcomed the Minister to her place. We wish her well in the role that she now plays, and we look forward to her responses to our concerns.

In my intervention on the hon. Member for Lichfield, I referred to the practical hurdles, such as registering the child with a GP, making critical medical decisions for a child who may have complex medical needs, and applying for a passport. Prolonged uncertainty is not in the best interests of the child, nor is it fair to the families who have planned for, prayed for and loved that baby from the beginning. Does the Minister not agree that access to these scientific advances means that we must regulate well for them? That is the thrust of what I am putting forward.

I must also raise my wider concerns about the rapidly growing fertility market, as young women are being encouraged to donate their eggs in return for compensation. In fact, it is the clinics themselves that profit most substantially from the donation, and clinics take advantage —I say this with respect—of those who may be in financial difficulties or who need the money. I would argue that sufficient information is not being provided to these women about the potential long-term health consequences of egg retrieval. I am deeply grieved by any idea that promotes fertility as something that can be bought and sold. That is wrong, and I put that on the record.

The concerns that I have outlined become even more significant when we look internationally. Commercial surrogacy is illegal in the UK but permitted in some countries abroad, leading many UK couples to circumvent the law by using a surrogate abroad. That leaves room for exploitation, as the UK Government cannot control the protections available to those surrogate mothers. I ask the Minister what is being done to close those loopholes. We should legislate, if necessary, to ensure that protection is in place. Will any Government action extend to Northern Ireland? I understand that it will, because the matter is not devolved from Westminster. Therefore, if the Government take a decision here, it will apply to us, but I am keen to have that confirmed.

That brings me to the petition, which calls for the intended parents to become the legal parents of the child from birth, rather than having to go through a parental order process. In the Strangford constituency, 131 people have signed the petition. They did so for a simple reason—because they have concerns. I want to reflect their opinion on this process. I can understand why some families may want to simplify the process, and there is perhaps a balance to be achieved. However, does the Minister agree that any reforms cannot be allowed to come at the expense of safeguards for surrogate mothers and the children themselves? The Minister is a compassionate lady—I say that in all honesty and know it to be the case. In my dealings with her over the years, I have always found her to be of that opinion, but we need some reassurance.

Surrogacy should remain an incredible act of generosity. It cannot be anything else—not a commercial transaction that risks exploiting vulnerable women and commodifying their children. That can never happen. With that in mind, I look forward to the Minister's answers.

5.10 pm

Josh Newbury (Cannock Chase) (Lab): It is a pleasure to serve under your chairship, Mr Pritchard. I thank my constituency neighbour, my hon. Friend the Member for Lichfield (Dave Robertson), for opening this debate so thoroughly and thoughtfully. When I read Adam's petition, I was taken back to the moment that I became a dad. My husband and I fostered and then adopted our children. I remember holding my daughter and son for the first time like it was yesterday. In those moments, there was no question in my mind that I wanted to be their dad, and that is what I am. That is why I was struck by Adam's description of the moment he and his partner first saw their baby. They became dads in that moment too. However, as my hon. Friend set out, the law does not recognise that reality.

I understand why the current system came about. The rights and autonomy of surrogates and the need to safeguard children should never be brushed aside. Judicial oversight is also important, and reform should not mean removing protections for the surrogate or the child. However, I think we should ask whether the current system gets that balance right.

We now have a situation where almost 1,000 children were born through surrogacy in 2025—roughly double the number a decade earlier. For families who choose surrogacy, the journey to having a child has often already been extraordinarily long. So once that child is born and is being cared for by their intended parents, it is reasonable to ask whether the law should leave their legal parenthood unresolved for months. That has practical implications, which I remember from my time fostering, such as not being able to give consent for something as simple as a vaccination or blood test.

There is a practical point here about our courts. We rightly ask our family courts to deal with cases where there is a genuine dispute, where a child's welfare needs judicial consideration or where someone's rights need to be protected. But if a surrogacy arrangement has been properly assessed before the birth, the intended parents have undergone the appropriate checks, the surrogate has had any independent advice and counselling she may need and the necessary safeguards are in place, do we really need to go through a court process to establish legal parenthood?

Steve Yemm: My hon. Friend neglected to mention the consent of the mother in his list. Does he agree that that is also of paramount importance?

Josh Newbury: Yes, absolutely. I am making the case that where everybody involved—of course, the mother is paramount in that—is happy with the arrangement and wants to go ahead with it, it could happen ahead of time. My personal belief is that there should be a cooling-off period, even if there is a reform, to ensure space for mothers to change their minds. I am making the point that the system could be far more efficient. I am not suggesting that we remove the courts from the process altogether—they should be there when needed—but a properly regulated system could allow straightforward cases to be dealt with before birth while retaining a route to the courts where there is disagreement, a safeguarding concern, consent changes or judicial oversight is required. That would not weaken safeguards; it would allow the courts to focus their time and attention on the cases where their intervention matters most.

Rebecca Smith: The hon. Member and I have a great shared interest in fostering and adoption and have spoken about those issues a lot in the past. To clarify, is he saying that there should still be a six-week gap between the birth and the parental order being signed, or that there should not, but that if there was a problem, the courts could still get involved afterwards? That strikes me as clouding the water even more. I appreciate where he is coming from, but I was not 100% clear on what he was saying.

Josh Newbury: I am not a legal expert and do not intend to insert myself into that particular legal debate, but my perspective is that if arrangements are made beforehand and a birth mother changes her mind, there should be a route back to the court and that should be built into the system. We have the six-week window that allows time for reflection, but I believe there is a way in the vast majority of cases where everybody will be happy for the arrangements to go forward and for the intended family to move on with their lives, without having to go to court, unless there is a change of heart.

Jess Brown-Fuller (Chichester) (LD): It is worth putting on record that the Law Commission report in 2023 suggested that, if everything was decided before the birth, the legal parents could have the rights from day one, but the biological, or surrogate, mother would have a chance to go against that in the first six weeks of the baby's life. Does the hon. Member agree with the Law Commission report, which still has that fundamental safeguard, but which also recognises that the intended parents are the parents from day one?

Josh Newbury: The hon. Lady and I are very much on the same wavelength; I was about to move on to that. On the carefully formulated proposals the Law Commission came forward with, it has been through that debate and has struck a fair balance. It recommended a new regulated pathway under which intended parents could become legal parents from birth, but with screening and safeguards, while retaining parental orders for cases where court involvement is still necessary, as we have heard.

I would like to acknowledge and thank the 268 of my Cannock Chase constituents who signed the petition—the highest number of signatures in the west midlands. I do not know the individual circumstances of those signatories: some might have experienced infertility, some might be part of the LGBT community and some might simply believe that our laws should better reflect the reality of modern families. However, the signatures of our constituents right across the country show us that this issue touches many more lives than we realise.

I therefore welcome the Government's recognition that the current pathway and delay to legal parenthood can cause some uncertainty. My ask is simply that we move the conversation and the debate forward. Will the Minister tell us whether discussions are taking place about how we might modernise the system and make sure our courts deal with the cases that genuinely require their time, while retaining the safeguards that matter to surrogates and children? Call me naive, Mr Pritchard, but I believe we can do both, and I hope this rich debate can be a step towards getting the balance right.

Mark Pritchard (in the Chair): No west midlands Member of Parliament is naive, so don't worry about that.

5.17 pm

Rachel Taylor (North Warwickshire and Bedworth) (Lab): It is a pleasure to serve under your chairmanship, Mr Pritchard. I give credit to all Members, who have participated in this difficult and sensitive debate in a thoughtful and constructive manner, and particularly to my hon. Friend the Member for Lichfield (Dave Robertson) for leading it. I thank Adam and Jamie for starting the petition and the more than 113,000 people who signed it. Many of my constituents asked me to attend the debate today, and I am proud to do so to stand up for families created through surrogacy.

When Adam and Jamie's daughter was born, they became her dads the moment they held her. They had chosen to become parents and had prepared for their daughter's arrival. They had so much love to give her, but the law did not recognise them as her parents. Often parents have to go to court to prove that they are the parents of the child they are already loving and caring for. That is just not right for the parents, for the surrogates and, more importantly, for the children, and it does not reflect the reality of the families involved. It creates unnecessary stress and anguish at an already difficult time when people are raising a newborn child.

To suggest that the concept of consent can be questioned after consent has been given is dangerous. No surrogate mother enters into this relationship lightly. It is something that women consider very carefully. I have spoken to friends who would happily be surrogate mums for other families to enable them to have children, because they enjoyed the experience of pregnancy. They would be happy to help in that way, but they would consent to

[Rachel Taylor]

that in the knowledge that they would not be that child's mum. They would expect that child to have another mother, or mothers, or other fathers. That is the basis on which they give their consent.

To take the concept of consent in legal arguments, when people make wills—they might be vulnerable people or, much of the time, elderly people—there are always questions about whether they were put under undue influence, but there are legal mechanisms to check that that was not the case. Similarly, there are mechanisms to check whether a woman has given consent for sexual intercourse. We need to strengthen checks for consent in surrogacy relationships, but we cannot have a situation where somebody can give consent, which has been adequately checked and monitored, and then withdraw it afterwards. We have to be careful about challenging that, because it goes to the very root of consent, and it is dangerous to do so.

Rebecca Smith: Will the hon. Lady give way?

Rachel Taylor: I would like to make some progress, and the hon. Lady has made a number of points in her own speech and in other interventions.

Same-sex couples, disabled mums or mums who simply cannot have children have gone through an incredibly demanding process to start a family, and their family is treated differently from the moment their child is born. They can be left in limbo for months while social workers carry out assessments and family courts, with already massively long delays, consider their application for a parental order. That leaves them in limbo if their child is ill, taken into hospital, starts nursery school, or any number of things. Meanwhile, they are changing nappies, comforting their baby through all the sleepless nights and making every decision about their care.

Families should not be penalised because of the gender or sexuality of the people who love and raise that child. Our surrogacy laws are more than 40 years old. Families have changed and society has changed; the law must now change too. That is why the Law Commission's proposals are so important. They set out a new pathway through which intended parents could be recognised as legal parents from birth, rather than waiting for months to obtain a parental order.

The work has been done, the evidence has been gathered and a draft Bill has already been produced. Will the Minister listen to the families who have shared their experiences, publish the Government's full response to the Law Commission's report and set out a clear timetable for reform? Adam and Jamie became dads the moment they held their daughter. It is time the law recognised that reality.

5.22 pm

Jonathan Hinder (Pendle and Clitheroe) (Lab): It is a pleasure to serve under your chairmanship, Mr Pritchard. However good the intentions of those bringing forward this petition for affected parents are, and I do not question them, any loosening of the surrogacy laws would be a serious mistake. The text of the petition says that the current law is "outdated" because the woman giving birth to the child is recognised as the legal mother

"even with no biological connection or intention to parent the child."

Just think about how cold and clinical those words are: "no biological connection", when that woman carried that child in their body and brought that child into this world. That is the commodification of women's bodies. To carry a child for nine months, share your body, feel new life kicking inside you and endure the trauma and joy of childbirth—those are experiences that create a profound, undeniable biological connection.

What of intention? The principle behind the petition is that the matter of parenthood would be settled in favour of the commissioning parents according to an intention formed before the child was born. But we all know that an emotional bond, and indeed a physical one, grows as the pregnancy develops. New mothers say that they feel a bond with their newborn that they have never felt before. They often do not want to spend a moment away from their baby when it is born.

The petition asks the law to privilege an arrangement made before pregnancy and birth over the women who actually give birth, many of whom go on to deeply regret their role as a surrogate mother.

Jess Brown-Fuller: The hon. Member says "many" go on to deeply regret the decision to be a surrogate. What does the data show? How many end up regretting their decision, in terms of a percentage of the surrogates in the UK?

Jonathan Hinder: I cannot answer that specific question, but I will reference a case later on, and I have personally met such mothers here in Parliament.

Pregnant women are not factories, and babies are not goods to be ordered. I believe this is crossing an ethical line, where human life is treated as a business transaction. The child must have the right to know where it has come from and how it came to be in this world. When a newborn is handed over not because of a tragedy, but because that separation was arranged before the child was even conceived, that child has become a commodity, which it should never be. These children are removed from their birth mothers, and it is simply wrong to treat children in this way.

Implementing the demands of the petition would seal the commodification of mothers and babies through surrogacy, and we need only look at the global surrogacy industry to see where that leads: wealthy couples exploiting desperate women; international human trafficking rings; and exportation and erasure. That is the end destination when we start from the principles implied in the petition.

Even in Britain, where commercial surrogacy is banned, women suffer the consequences. Marie Anne, a surrogate mother, told her story at a conference in Brighton. Recalling the chilling moment after she gave birth, she said:

"They had the baby. They were happy. They didn't need me anymore so they told me to go home."

She describes doing a handover in a hospital car park. She also describes the impact on her life, saying:

"I have been diagnosed with complex PTSD…I have a deep fear of hospitals, children and babies…The damage done to me will never be repaired."

France, Germany, Spain and Italy have all banned surrogacy outright. As President Emmanuel Macron said, surrogacy is

"not compatible with the dignity of women".

I therefore conclude by urging colleagues to reject both the commodification of babies and mothers implied by the petition and the loosening of surrogacy laws in Britain.

5.26 pm

Jess Brown-Fuller (Chichester) (LD): It is a pleasure to serve under your chairmanship, Mr Pritchard. I pay tribute to the hon. Member for Lichfield (Dave Robertson) for opening the debate and for so thoughtfully laying out both sides, which have been well exercised today.

Being able to start a family is one of life's greatest privileges. However, for those in many families, whether they are struggling with infertility, are in same-sex relationships or have health issues that would prevent them from having a safe pregnancy, surrogacy has become an option that would allow them to start a family.

The landscape of surrogacy has changed in the years since the first known surrogate baby was born in 1984. Surrogacy is now being widely recognised as a pathway to parenthood, with 67 parental order applications received by the family courts in 2008, rising to 514 in 2025, although I recognise that many different numbers have been suggested today.

Tracy Gilbert: I want to pick up on the hon. Lady's point about healthcare and situations in which women cannot carry a pregnancy. Is she aware of the health risks posed by women carrying embryos that are not their own, and the additional risks to surrogate mothers from being a surrogate?

Jess Brown-Fuller: I do not think any woman enters into any pregnancy lightly, whether it is their own pregnancy or a surrogate pregnancy. I would assume that any surrogate mother is well informed of the risks they are taking in growing a life over nine months, which is no mean feat.

Since 2018, there have been 350 parental order applications from couples in a same-sex relationship, according to Brilliant Beginnings. Adam and Jamie, who brought this petition to the House today, chose to go abroad to the US because they would be recognised as Leven's parents from day one. I am sure it would have come as a shock to them to discover, before Leven was born, that their home—the UK—does not recognise them as Leven's legal parents under UK law until the parental order is completed, which can take anywhere between six and 12 months.

John Milne (Horsham) (LD): Ian and Stuart, who are constituents of mine in Horsham, welcomed their daughter through surrogacy last October. Although Ian is the biological father, at birth it was the surrogate mother and, remarkably, her partner who were named as the child's parents, not Ian. As my hon. Friend said, it typically takes up to 12 months to correct the record in such cases. Ian understands why surrogates need legal protection, but there must be a better way to do this. The Law Commission's 2023 report set out a simple, proportionate fix: a new pathway to recognising that at least one parent, where genetically related to the child, is a legal parent from birth. Does my hon. Friend agree that the Government should now respond to that report?

Jess Brown-Fuller: My hon. Friend pre-empts what I will go on to say, but he also makes an important point. If I chose to be a surrogate for a friend or a family member, I think my husband would be pretty shocked at being named as the father on a birth certificate, when it was my decision to be a surrogate. Regardless of where we sit in this argument, I think we can all agree that that does not make any sense.

I commend Adam and Jamie for their bravery in sharing their journey to parenthood and the additional challenges that they have faced in securing their rights, which they are already recognised as having in the US, as their daughter's parents. The journey they took is more common today. Around 500 babies are born through surrogacy to UK parents every year, and nearly three quarters are now born through international surrogacy. The most popular destination is the USA, with the other quarter spread over countries including Canada, Colombia, Georgia, Kazakhstan, Mexico, Nigeria and Ukraine.

It is legitimate to raise concerns about surrogacy practices in other countries, especially ones where it is not regulated and there is a risk of trafficking and exploitation. That is why the subject needs to be handled with such sensitivity. We must ensure that the rights of the surrogate, the baby and the intended parents are at the heart of everything we do, and that legislation reflects that.

The recommendations of the Law Commission's report into surrogacy law, published in 2023, attempted to address many of those issues. The report, requested by the UK Government of the day, sought to create a new pathway to parenthood for UK surrogacy, with intended parents recorded on their child's birth certificate provided the surrogate does not change her mind. It also called for regulation of non-profit UK surrogacy organisations to oversee the new pathway, including requirements for a written surrogacy agreement, screening, legal advice and counselling, as well as tighter categorisation of permitted payments to UK surrogates. The hon. Member for Strangford (Jim Shannon) highlighted that there should be no doubt between payments and legitimate expenses, and I agree with him.

The Law Commission's report found a lack of clarity about what payments can be made by the intended parents to the surrogate, which makes the law difficult to apply in practice. We need a law that can be clearly and fairly applied, to ensure that families and surrogates alike understand their rights and responsibilities. However, the report has not had a formal response from Government, even though it was published three years ago, nor has any time been given for the House to debate the wider conversation around surrogacy so that we can reflect the changing environment—a call made by hon. Members from across the House. That is why this needs to be looked at as a matter of urgency.

I ask the Minister today to explain what work is being done to improve clarity on the issue and whether we can expect legislation to address it. As the hon. Member for North Warwickshire and Bedworth (Rachel Taylor) said, there is a Bill ready to go. The Liberal Democrats recognise that the current system can create long delays as intended parents apply for a parental order after birth, and we recognise the distress that delays can cause to those involved. It is clear that delays can also cause practical issues for parents who have caring responsibilities but lack legal security, which creates problems around registering.

Rebecca Smith: There have been a couple of mentions of the time it takes to get an order, but parents in the UK adoption system have equally long—often much longer—waits to take on parental rights over a child. We are in danger of creating two separate systems, so that putting in an order for a child through a surrogate is a quick option to become a parent, but we are making it harder for people who have gone through the care system to foster or adopt, or who have gone through a long adoption process. I wonder whether we are inadvertently suggesting that there should be a two-tier system. I wonder what the hon. Lady's thoughts are on that, because I know that she, like me, is a big advocate of fostering and adoption.

Jess Brown-Fuller: I am in no way suggesting that we create a two-tier system. Talking about how long the adoption process can take, especially for those who have had fostering responsibilities and are transitioning into adopting those children, and talking about how arduous that process can be, including when making sure that children have up-to-date health records and so on, would be a separate debate. We are clearly talking about health services as well. If a child is born with a health concern, the intended parents who are providing their day-to-day care should have the facility to act on behalf of that child to make sure they are well looked after.

It is also worth pointing out at this stage that, if a heterosexual couple presented in a hospital with a child who is poorly, it is very unlikely that a health professional would ask, "Can you please prove that you are the legal parents?", but for same-sex couples it is more likely that someone would ask that question. We are creating a two-tier system between heterosexual couples who choose surrogacy and homosexual or same-sex couples who choose surrogacy, and I am not in favour of a two-tier system at all.

The Liberal Democrats also believe that, as with all the issues raised in this debate, any decisions regarding the legal parenthood of a new baby must ensure that the rights and wellbeing of all those involved are balanced and respected. I ask the Minister when the Government intend to respond to the report in full and whether they intend to bring forward any legislation on this issue for Parliament to consider—because, although this is Adam and Jamie's debate, they represent a much wider group of people.

I will finish by saying that so few people have touchpoints with our Parliament and our political system, and passing the threshold to have an issue debated in Parliament is no mean feat; but it should not be the end of the story. It would be helpful if the Minister could set out what the next steps are, to ensure that the conversation about this issue continues.

5.36 pm

Dr Neil Shastri-Hurst (Solihull West and Shirley) (Con): It is a pleasure to serve under your chairmanship this afternoon, Mr Pritchard. I start by declaring an interest in this debate as a former member of the appeals panel of the Human Fertilisation and Embryology Authority.

I pay tribute to the hon. Member for Lichfield (Dave Robertson) for the tone in which he opened the debate, and I recognise the more than 113,000 people who have signed this petition. Behind many of their signatures will be personal experience of infertility and loss, and a long-held wish to start a family. For intended parents, surrogacy is not simply a legal process; it is about getting a family they never thought they could have, and in many cases, it comes at the end of a long and difficult journey.

Nobody doubts the love that such parents have for their children. Families formed through surrogacy deserve dignity, certainty and respect. However, our job in this House is to consider more than the wishes of the adults involved. We must speak for the child who cannot speak for themselves. We must also protect the woman who carries and gives birth to that child.

The issue for us to consider is whether legal parenthood should pass automatically at birth, before the state has considered the child's welfare, the surrogate mother's consent and the circumstances in which the arrangement was made. As a starting-point, any reform to the legislation must do three things: first, and most importantly, it must protect the child; secondly, it must preserve the free and continuing consent of the woman who gives birth; and thirdly, it must address the safeguarding concerns arising from the increase in international commercial surrogacy.

First, on protecting the child, the petition describes the upset and strain of months of court proceedings and visits from social services workers before the intended parents are legally recognised. I understand why that process might feel intrusive and unsettling. Intended parents have planned for the child and cared for them from birth, and already see themselves as a family. However, a parental order is not merely words on a piece of paper; it is the legal means by which parenthood is transferred from one person to another. That is a serious act, with lifelong consequences for the child.

The process, as it currently stands, allows a court to consider the child's welfare, establish that the surrogate mother has freely consented, examine any payments that have been made either through expenses or cash, and consider the circumstances in which the child will be raised. CAFCASS provides an independent assessment, so that the decision is not based only on what the adults expected or agreed before the child was born.

It is argued by some people that those checks are unnecessary because the overwhelming majority of applications are approved. I simply do not accept that. The fact that a system usually finds that everything is in order does not mean that the checks serve no purpose at all. Their existence helps to ensure that proper standards are followed. If the process is too cumbersome, it should be made more intuitive; if families receive inconsistent advice, that advice should be made clearer; and if the courts or CAFCASS lack the resources to deal with applications promptly, the Government should address that. Delays should be reduced, but that does not warrant the underlying protections' being diminished. I ask the Minister whether the Government remain committed to the parental order process, and what they will do to reduce unnecessary delays while retaining independent welfare assessments.

My second point concerns the woman who gives birth. Under the present law, the woman who carries and gives birth to a child is the child's legal mother. Legal parenthood is transferred only after she has given valid consent following the birth. It would be ill-judged to dismiss that as an outdated legal technicality,

as it recognises the physical, medical and emotional consequences of pregnancy and childbirth. The law normally prevents consent from being given until six weeks after the child is born. That period of time is necessary: a decision made before childbirth cannot fully account for the experience of giving birth, the mother's health afterwards or how she may feel when the child is born.

If intended parents became legal parents automatically, that protection would be reversed. The woman who carried and delivered the child would instead have to take legal action if she wished to withdraw her consent or assert her own rights. That should concern us all, particularly where there is a financial or social imbalance between the surrogate mother and the intended parents. A system that depends on someone's having the knowledge, confidence and money to begin legal proceedings may offer very little protection in practice.

Compassion for intended parents cannot require Parliament to treat the woman who gives birth as a temporary party to somebody else's story, nor should this be presented as a contest between traditional and modern families. Recognising different kinds of family does not require us to reduce the rights of the woman who carries the child. If the Government are considering recognising intended parents from birth, I ask the Minister to set out what protection would remain for a surrogate mother who changed her mind after giving birth.

The third issue is of growing concern: the increase in international commercial surrogacy. The majority of parental order applications now concern children born overseas. Applications relating to children born internationally reportedly rose from 215 in 2021 to 509 in 2025; in that same year, there were 150 applications relating to children born in the United Kingdom. That marks a significant change in surrogacy in this country. International arrangements may involve large differences in wealth and power, commercial contracts that would not be enforceable here, complicated payment arrangements made through intermediaries and serious doubts about whether consent was properly informed and freely given.

Jim Shannon: I should have said this in my earlier contribution, but I refer the hon. Gentleman to page 31 of the Library's "Surrogacy in the UK" briefing, where it refers to some physical circumstances and risks that came up in a Canadian population-based surrogacy study that I think are incredibly important. It says:

"Some research suggests that using an egg from a relative may reduce these risks".

Does the hon. Gentleman agree that we need to consider the Canadian perspective and the surrogacy study that they did?

Dr Shastri-Hurst: The hon. Member always comes to these debates well prepared and well briefed. I think the point he is making, which we can all agree on, is that this is an incredibly complex area that we cannot rush to legislate on, nor should we seek to water down the clear protections that currently exist.

Steve Yemm: We now prohibit commercial arrangements in the UK, yet we allow intended parents to travel overseas to exploit that type of arrangement. I am interested to know whether the shadow Minister thinks that that is a morally coherent position, and whether we should be looking at the rights of UK citizens to exploit commercial surrogacy overseas.

Dr Shastri-Hurst: It is almost as if the hon. Gentleman can read my mind, because I was going to say that there is a clear inconsistency in prohibiting the practice here, while allowing such arrangements to be made abroad.

Of course, intended parents may also encounter immigration and nationality problems that they are aware of before entering the arrangement, if those arrangements take place overseas. In some cases, a British court may have difficulty locating the surrogate mother when deciding whether valid consent has been provided. In that case, a parental order process and a CAFCASS assessment would be the only independent scrutiny carried out in this country. The Government's overseas surrogacy guidance was last updated by the Foreign, Commonwealth and Development Office in 2022. Given the rise in international cases, it needs to be updated. It should deal clearly with safeguarding, consent, payments, independent legal advice, immigration and nationality. With that in mind, will the Minister commit to reviewing the international surrogacy arrangements and to publishing updated guidance?

Some will say that the law is outdated. I understand the frustrations behind that argument. There is a case for a quicker process, clearer guidance and greater consistency, but making a process easier for one party does not necessarily make the law better. Reforming the law must also protect those with less power and ensure that the child's interests are the main consideration.

Of course, families formed through surrogacy deserve our support. However, the child whose future is being decided also deserves independent protection. The woman who gives birth should not lose her rights before she knows how the experience of childbirth has affected her. We can shorten needless delays and give families greater certainty without discarding the principles on which the current system rests. Legal parenthood should be transferred only after the child's welfare has been properly considered, the surrogate mother's consent has been confirmed and the arrangement has received the necessary independent scrutiny. In surrogacy as in every other part of family law, the wishes of the adults are important but the welfare of children must always come first.

5.46 pm

The Minister for Public Health and Patient Safety (Dame Diana Johnson): It is always a pleasure to serve under your chairmanship, Mr Pritchard. I thank my hon. Friend the Member for Lichfield (Dave Robertson) for his opening speech on behalf of the Petitions Committee. I am pleased to respond to this debate on the proposal, made by a petition signed by over 113,000 members of the public, to change surrogacy law to recognise intended parents from birth. I welcome the shadow Minister, the hon. Member for Solihull West and Shirley (Dr Shastri-Hurst), to his place and congratulate him on his appointment to that role.

This is a well-attended debate, and there have been many valuable contributions. The hon. Member for South West Devon (Rebecca Smith) and my hon. Friend the Member for Edinburgh North and Leith (Tracy Gilbert) both spoke with great passion about the welfare of women and children, including in the international dimension of surrogacy. I wanted to tell my hon. Friend the Member for Bolton West (Phil Brickell), who is no

[Dame Diana Johnson]

longer in his place, that I was concerned to hear his intervention about his constituents who had a very poor experience going to Mexico with a certain company. The Department is looking into the allegations about My Surrogacy Journey. As part of that assessment, the Department will consider whether it is appropriate for that company to remain on the gov.uk list of agencies.

The hon. Member for Leicester East (Shivani Raja) talked about the rights of the child coming first. My hon. Friend the Member for Mansfield (Steve Yemm) talked about the strength of motherhood and discussed the important issue of consent. The hon. Member for Strangford (Jim Shannon) raised concerns about the commercialisation of surrogacy. My hon. Friend the Member for Cannock Chase (Josh Newbury) talked about his personal experience of becoming a dad. My hon. Friend the Member for North Warwickshire and Bedworth (Rachel Taylor) spoke about the personal experience of Adam and Jamie. She made a strong speech for reform and also spoke about consent. My hon. Friend the Member for Pendle and Clitheroe (Jonathan Hinder) talked about the ethics of surrogacy and referred to the approach taken by other European countries. The hon. Member for Chichester (Jess Brown-Fuller), the spokesperson for the Liberal Democrats, made a typically thoughtful speech that set out the Law Commission's report in some detail.

It is worth saying from the outset that the Government recognise that surrogacy is a complex and sensitive policy issue where detail matters to all those involved in a surrogacy arrangement. The Government always recommend that anyone considering surrogacy should have a clear understanding of what is required for parenthood to legally transfer to the intended parents and should seek specialist legal advice before beginning the process.

I am grateful for the opportunity to reflect on this area of law. The UK was, of course, one of the first countries to introduce a legislative framework for domestic surrogacy. The Government support surrogacy as part of a range of assisted conception options and recognise the important part it can play in supporting people seeking to start a family. In the Surrogacy Arrangements Act, Parliament decided that altruistic surrogacy arrangements would be legally allowed and that surrogates would be entitled to reasonable expenses. The Act was introduced to prevent surrogacy arrangements from taking place on a commercial basis.

I am grateful to my hon. Friend the Member for Lichfield for his informed contribution. He and my hon. Friend the Member for North Warwickshire and Bedworth set out the issues raised by the petitioners, Adam and Jamie, and shared their experience of starting a family through surrogacy and of the pathway to legal parenthood in the United Kingdom. The Government recognise the difficulties that intended parents may encounter when applying for a parental order. We are very grateful to those with lived experience of this matter who feel able to share their stories.

I will set out the current legal position on parental orders. Under the Human Fertilisation and Embryology Act 2008, the person who gives birth to the child—in this case, the surrogate—is the legal mother when the child is born and has parental responsibility until the courts put in place a parental order. A parental order makes the intended parents the legal parents and permanently removes the surrogate's legal motherhood. We recognise that the application process for a parental order can be a difficult period for intended parents. Although the safeguarding assessments take time, they are necessary to support the court's considerations of parental order applications. Each application is carefully considered by the family court on the facts of the individual case, although I note the issues raised about delays in the system.

The debate has highlighted broader questions about whether the current legal framework in the UK continues to reflect modern family formation and contemporary surrogacy practice. The Government acknowledge those concerns and recognise the arguments on both sides—that the law should provide greater clarity, better support and a more streamlined pathway to legal parenthood while maintaining robust safeguards for children, surrogates and intended parents.

There are many reasons why people pursue international surrogacy arrangements. It is a very complex area. The process to bring the child or children to the UK after birth can be long and complicated. Foreign Office guidance makes it clear that if people are considering surrogacy in a foreign country, they are strongly advised to seek specialist independent legal advice in the UK and the relevant country before making any arrangements.

I hear loud and clear the calls for legislative change this afternoon but, given the limited parliamentary time available, the Government are not in a position to bring forward legislation on surrogacy reform immediately. We will, however, continue to consider options for future reform, and we remain engaged with the issues raised by stakeholders, parliamentarians and families with lived experience of surrogacy.

Rebecca Smith: I thank the Minister for making a very thoughtful summing-up speech, as ever. Has she had any conversations with her colleagues in the Department for Work and Pensions about providing clarity on whether the expenses that surrogate mothers receive should count towards their benefits? Under legacy benefits, they did, but under the new version of universal credit, they do not count as unearned income. That thorny issue needs to be looked at, particularly given that £25,000 can be paid to women who may be on benefits, but it does not count as income. Has the Minister had that conversation, and can she look into that?

Dame Diana Johnson: I am very happy to take that point away and write to the hon. Lady.

Any future reforms need to protect the welfare of children and safeguard those involved in surrogacy arrangements, as well as to maintain public trust. As noted throughout the debate, the Department supported the joint project of the Law Commission for England and Wales and the Scottish Law Commission to review the current surrogacy regime. The Law Commissions consulted widely on this topic, generating a wide diversity of views. The previous Government welcomed the Law Commissions' 2023 report on surrogacy reform, and this Government will respond in due course as time allows.

I am very grateful to all those who have contributed to both sides of the debate. The contributions made today have highlighted again both the strengths of the current surrogacy framework and the challenges that may be faced when navigating it. The Government are clear that the welfare of children born through surrogacy must remain paramount. We recognise the importance of ensuring that children are protected, intended parents are supported in having families, surrogate mothers are protected and surrogacy arrangements operate within a framework that commands public confidence. I am sure that the Minister in the Lords, who has responsibility for this area, would be happy to meet hon. Members to discuss this further. Once again, I thank my hon. Friend the Member for Lichfield for introducing this important debate and acknowledging the families impacted.

5.56 pm

Dave Robertson: It is always a pleasure to sum up these debates and thank hon. Members for their contributions. The hon. Members for South West Devon (Rebecca Smith) and for Leicester East (Shivani Raja) and my hon. Friends the Members for Edinburgh North and Leith (Tracy Gilbert), for Mansfield (Steve Yemm) and for Pendle and Clitheroe (Jonathan Hinder) brought to the table points on the balance of rights between the different parties involved, how disagreements between intended parents and surrogates can be worked through and the importance of surrogates' rights, and a focus on the rights of the child.

We also heard about the legal complexities around devolution from a number of Members, particularly in Holyrood and Stormont, but I am sure that is also the case for Cardiff. My hon. Friends the Members for Cannock Chase (Josh Newbury) and for North Warwickshire and Bedworth (Rachel Taylor)—I always say it should be pronounced "Beduth"—highlighted the difficulties faced by intended parents and families navigating a very complex process, the importance of consent as we navigate it, the value of surrogacy to families and how families find a way to start using the process.

It was also great to hear contributions from the hon. Member for Horsham (John Milne), my hon. Friends the Members for Glasgow South (Gordon McKee) and for Bolton West (Phil Brickell), the hon. Member for Strangford (Jim Shannon), the party spokespersons—the hon. Member for Chichester (Jess Brown-Fuller) for the Liberal Democrats and the hon. Member for Solihull West and Shirley (Dr Shastri-Hurst) for the Conservatives—and the Minister.

It was clear today that this is an incredibly complex and detailed debate, and one that needs to be considered fully. While I am sure the petitioners would have preferred to hear a further update from the Minister, she was very clear when she outlined the current legal position and advice from the Government on surrogacy and that the Government are staying exactly where they are and will get to this when time allows—that was a very paraphrased version of her conclusion. I thank everybody for their time today, and especially you, Mr Pritchard, for chairing.

Question put and agreed to.

Resolved,

That this House has considered e-petition 763161 relating to surrogacy law and legal parenthood.

Hate Crime Law: Misogyny

[Sir Edward Leigh *in the Chair*]

6 pm

Tony Vaughan (Folkestone and Hythe) (Lab): I beg to move,

That this House has considered e-petition 746640 relating to crimes motivated by misogyny and hate crime law.

It is always a privilege to serve under your chairmanship, Sir Edward.

In February, Amara Relf wrote an excellent blog post called "Students need misogyny to be recognised as a hate crime". This is how the post starts:

"When we began our roles as sabbatical officers, one priority was clear: improving student safety. Very quickly, it became apparent that while serious sexual offences can carry severe sentences, the everyday behaviours that shape women's lives, catcalling, groping, sexually suggestive comments, and harassment, are too often minimised, overlooked, or left entirely unpunished.

Sexual harassment, as its own category, is rarely criminalised in practice. As a result, many students are left asking a difficult question: why report something when it feels unlikely that anything will be done?"

This lack of consequence not only enables harmful behaviour but also actively discourages reporting. This is why we—Lily, Amara, and Holly—have launched a petition calling for misogyny to be recognised as a hate crime."

I thank Amara, Lily and Holly for the petition, which has attracted 114,927 signatures, including 123 from my own constituency. Amara and her colleagues also commissioned a survey among Russell Group universities that found that 67% of students would be more likely to report their experiences if misogyny were treated as a hate crime. Amara argues that

"Legal change alone won't shift deeply ingrained attitudes—but without it, cultural change becomes even harder to achieve."

The ingrained attitudes that the petitioner is talking about are reflected in the fact that, according to the Office for National Statistics, 23% of women aged 16 to 24, and 16% of those aged 25 to 34, have reported experiencing some form of sexual harassment in the previous year. That is compared with around 5% of women aged 35 and older. It is clear that younger women are bearing the brunt of this sexual harassment epidemic.

The petitioner is right that the law needs to change. Take the criminal offence of harassment, which is, broadly, unwanted conduct that causes a person harassment, alarm or distress. If the perpetrator of that harassment is motivated by hostility to the victim's religion, it is a statutory aggravating factor, which in practice means the offender's sentence is more severe. But if the perpetrator is motivated instead by hostility to the victim's sex or gender, that is not currently an aggravating factor. That is, in my view, wrong.

Misogyny is not currently a centrally monitored hate crime characteristic in England and Wales, so data is not currently collected about offending with a misogynistic element specifically. I am pleased to say that we are seeing positive change with this Labour Government. Following an amendment tabled to the Crime and Policing Bill—now the Crime and Policing Act 2026—by my hon. Friend the Member for North Warwickshire and Bedworth (Rachel Taylor), the Minister agreed to bring forward a Government amendment in the Lords. The resulting clause on aggravated offences is now section 145 of the Act. That will extend the racially and

[Tony Vaughan]

religiously aggravated offences in sections 29 to 32 of the Crime and Disorder Act 1998, which includes offences like assault, harassment and criminal damage, to also cover hostility based on sex, disability, sexual orientation and transgender identity. That means that the higher maximum penalties already available for race and religion are now available in those cases too.

I strongly support that change because tackling misogyny needs to be embedded in the Government's approach to hate crime more generally. I also support it so that hostility based on misogyny is centrally recorded, and we can finally have a true national picture of the scale of this problem.

The petitioner has also called for tougher laws against online abuse and to tackle anti-feminist hate groups that target and radicalise young people online. As she said in her article,

> "For students, the online dimension is inescapable—group chats where women are rated and degraded, anonymous platforms where harassment flourishes, social media pile-ons. The algorithmically-driven spread of 'manosphere' content means that young men are being radicalised into misogynistic worldviews at scale, and women students are experiencing the consequences in their seminars, their societies, and their relationships."

Last October, Ofcom issued guidance to tech firms requesting that online platforms introduce measures, such as abusability testing, time-outs for repeat offenders, easier mass-blocking tools and the demonetisation of misogynistic content. I support those measures and they all sound good in theory, but the fact that the guidance is voluntary means that it is unclear how platforms will be forced to act. As the End Violence Against Women Coalition told the Women and Equalities Committee last year, nothing less than a binding violence against women and girls code of practice is required for us to stand a chance of turning the tide against the wave of online misogyny that we are seeing.

There is also the question of the capacity of the criminal justice system to respond sensitively and effectively to victims who are brave enough to raise a complaint. The Equality and Human Rights Commission tracker notes that there is currently no compulsory training for existing police officers on responding to rape and sexual offences; only new recruits are covered. The UN Committee against Torture specifically recommended that the UK provide mandatory training on the prosecution of gender-based violence to all justice officials and law enforcement personnel, not just new recruits. Extending mandatory refresher and specialist training to serving officers would close that gap.

Women's Aid has also called for specialist domestic abuse training to be provided to all judges, not just those in jurisdictions that frequently see VAWG cases. My constituency caseload indicates that tackling domestic abuse and violence against women presents system-level challenges. I pay tribute to brilliant local organisations, such as Rising Sun domestic violence and abuse service, Home-Start Shepway and Beech House, as well as the local police force for everything it does to support victims in our community.

There is always further that we can go, and the need for better specialist training is underlined by evidence given to the Women and Equalities Committee last year suggesting that police and safeguarding professionals often do not recognise manosphere-linked misogyny or incel ideology as a warning sign in the same way that they would with other radicalisation indicators. Training gaps often mean that genuinely concerning behaviours do not meet thresholds for intervention, such as through the Prevent programme, because they are misogynistic rather than linked to a proscribed organisation.

The petitioner is right to hope that stronger criminal laws, stronger awareness among criminal justice and safeguarding professionals, stronger support for victims and stronger online protections may help and are needed to help turn the tide of misogyny, but that is a whole-of-society effort that requires everyone, particularly men, to demonstrate what healthy attitudes to women look like.

The petitioner has made a compelling case: misogyny constrains women's daily freedom, safety and willingness to participate fully in education, work and public life. I welcome the important progress made through section 145 of the Crime and Policing Act, but legislation must be matched by properly trained police, prosecutors, safeguarding professionals and judges; by meaningful support for those who come forward; and by enforceable action by online platforms against the abuse and radicalisation they too often enable.

We cannot wait until hatred escalates into the most serious offences before we act. We must recognise misogyny where it is present, challenge it wherever it appears and make it clear to every woman and girl that the law is on her side. I hope the Minister will set out how the Government will build on that important legislative framework so that women and girls, including students in Folkestone, Hythe and Romney Marsh, can live, study and participate in a public life—free from harassment, intimidation and misogynistic abuse.

Olivia Bailey (Reading West and Mid Berkshire) (Lab): I thank my hon. and learned Friend for making an excellent speech, which I agree with wholeheartedly. Before he finishes, does he agree that it is also important for us to reflect on the intersectional nature of hate crime? Women will experience hate crime for lots of different reasons, including being a woman who is gay or a woman who is black, Asian or minority ethnic. Would he say a little about that and its importance?

Tony Vaughan: I defer to my hon. Friend and pay tribute to the work that she has done in this area over many years. It is important that she has raised that issue, because it is something that the petitioners wrote about in the article that led to the petition and this debate.

The way that discrimination and prejudice operate is not compartmentalised by protected characteristics in the Equality Act 2010. Quite often, a number of those characteristics are present at the same time. It is important that we have a system that understands that first and foremost, so that we can ensure that the way that victims are dealt with actually takes account of those different needs. We will not necessarily treat everyone the same, but we will treat them in the way that they need to be treated, having regard to their protected characteristics. I thank my hon. Friend for raising that point.

In her summing up speech, will the Minister address some particular questions? First, when will section 145 of the 2026 Act be commenced? I understand it is not yet in force. Secondly, what assessment have the Government

made of the merits of introducing sex as an aggravating factor in respect of all offending, not just offences under the Crime and Disorder Act, which is the ask of the petitioners? Finally, do the Government have any plans to require existing police officers to undergo training on gender-based violence, given that it is currently only for those being brought into the system? I look forward to hearing from her.

6.11 pm

Wera Hobhouse (Bath) (LD): It is a pleasure to serve with you in the Chair, Sir Edward. I congratulate the hon. and learned Member for Folkestone and Hythe (Tony Vaughan) on introducing the debate so thoughtfully.

For months, I have been campaigning for legislation to combat the alarming trend of nightlife filming. Women are being filmed in public without their knowledge or consent, with the footage then shared online for millions to view. Collectively, such content has been viewed more than 3 billion times in just three years. Algorithms are not neutral; they elevate what captures attention, which is often what is extreme, polarising or degrading. Nightlife videos are accompanied by misogynistic comments and abuse, driving engagement and generating profits for the video creator. That means that misogynistic content is not just present; it is incentivised and rewarded.

For victims, the impact is devastating. They are ridiculed and humiliated, they face reputational damage, and they are left fearing for their safety in public. Yet, once again, the law is scrambling to catch up with emerging forms of misogynistic abuse. I saw this during my campaign to make the disgusting act of upskirting a criminal offence, which led to the Voyeurism (Offences) Act 2019. At the time, there was a clear gap in the law and an urgent need to act, but even then it was obvious that we were responding to one manifestation of a much wider problem.

Today, we are seeing increasingly sophisticated forms of online abuse, from artificial intelligence-generated deepfake imagery to co-ordinated harassment campaigns.

Tom Gordon (Harrogate and Knaresborough) (LD): My hon. Friend talks about co-ordinated campaigns and harassment. Over the weekend, I, like many people, saw the manhandling of a female protestor at the Reform conference and the horrendous comments made about that individual on social media. Does she agree that that was completely unacceptable, that we should condemn it and that it is shameful that Members from some other political parties are not here to talk about violence against women and girls and misogyny is all its forms?

Wera Hobhouse: I thank my hon. Friend for raising that disgusting footage and the events that led up to the video being made. All of that reinforces the message that people act with impunity because they think that is the way they can behave towards women. Making misogyny a hate crime would ultimately, at its root, stop that. It will not change everything, but it will at least challenge the attitudes that some members of the public still display towards women or minority groups. On sex-based harassment and violence, my hon. Friend is right, and I thank him for raising the matter.

This is happening at a pace and scale that we have not seen before. Technology has made it easier to commit these acts, and social media platforms have made it easier for them to spread. However, the underlying issue has not changed: violence against women and girls is an epidemic in the UK and, to be honest, not just in the UK—it spans other countries and continents. One in four women in England and Wales will experience domestic abuse in their lifetime and one in four have been raped or sexually assaulted since the age of 16. Those are not isolated crimes; they are part of a wider pattern. We always use these numbers, but each instance is a tragedy—it is something that ruins a life.

In December, the Government published their new violence against women and girls strategy. Its focus on prevention, education and early intervention is welcome and long overdue. The strategy must remain a priority for the new Government. The Government's amendment to the Crime and Policing Act to recognise misogyny as an aggravating factor in some crimes is a welcome step in the right direction, but they must go further. That means amending the Sentencing Act 2020 so that all crimes motivated by misogyny are classed as hate crimes. Not long ago, following the rape and murder of Sarah Everard, there was strong political momentum behind doing exactly that. The Labour party itself committed to making misogyny a hate crime, yet now it is in government, it has gone quiet. Instead, we are left legislating against each new form of technology-facilitated abuse as it emerges, without addressing the hostility towards women that underpins them all.

Misogyny must be recognised in hate crime legislation. This matters for three reasons. First, it would help us properly understand the scale of the problem. Without consistent recording, misogyny remains largely invisible in official data, despite being a common factor in many forms of abuse. Secondly, it would improve accountability. Where crimes are motivated by hostility towards women, that should be reflected in how they are investigated and prosecuted, just as it is for other forms of hate crime. Thirdly, it would recognise what many women already know: that these experiences are not random; they are rooted in attitudes towards women that continue to shape behaviour both offline and online.

Recognising misogyny as a hate crime would not on its own end violence against women and girls, but it would be an important step towards treating this as a connected problem rather than a series of unrelated offences. If we are serious about prevention, we cannot ignore the role that misogyny plays. If we continue to avoid naming it, we will remain stuck in a cycle of reacting to harm rather than preventing it.

6.17 pm

Luke Myer (Middlesbrough South and East Cleveland) (Lab): It is a pleasure to serve under your chairmanship, Sir Edward. I congratulate my hon. and learned Friend the Member for Folkestone and Hythe (Tony Vaughan) on introducing the debate. I am grateful to the petitioners for bringing this important issue before the House, and to the more than 114,000 people who signed the petition, including over 100 from my constituency. Might I say, as a former sabbatical officer myself, that this is yet more evidence that the phrase "student politics" should be seen as a compliment in this place, rather than a criticism?

Misogyny and violence against women and girls are not inevitable, and they should not be dismissed as something that women and girls simply have to put up with, whether on the street, in the workplace, in school or, increasingly, as the hon. Member for Bath (Wera Hobhouse) said, online. I have spoken in this

[Luke Myer]

place before about the scourge of deepfakes and AI-enabled abuse. In the spirit of cross-party collaboration, I also commend the work of Baroness Owen in this regard.

I welcome the Government's commitment to tackle violence against women and girls and halve it within a decade. Prevention, early intervention, relentless pursuit of the perpetrators and proper support for victims are the foundations that we absolutely need. We need to deal with the attitudes and behaviours that allow violence and abuse to develop in the first place.

That is particularly important when we consider the growth of misogynistic material online. Young people can now be exposed very quickly to content that presents contempt for women as normal, glorifies control and abuse, and can draw boys and young men into increasingly extreme communities. That is why the Government are right to put prevention at the heart of their strategy, including through schools, colleges and universities, and to recognise the particular challenge posed by online misogyny. However, there is much more to do, and the petitioners are right to ask us to recognise misogyny as a hate crime.

The fact is that our hate crime framework has developed unevenly, although we have seen some progress. As we heard from the hon. Member for Bath and my hon. and learned Friend the Member for Folkestone and Hythe, the Crime and Policing Act added sex to the characteristics covered by aggravated offences, which is a significant step forward. But the petition raises the wider question of consistency, and I hope the Minister will look carefully at whether hostility on the basis of sex or gender should be reflected consistently across the wider sentencing framework. There is also the question of stirring up hatred. The Law Commission has previously recommended extending such offences to cover sex or gender, in part because of the growth of extremist misogynistic ideologies and their potential to contribute to serious offending.

I heard today from organisations working on the frontline in my constituency, and what they told me should be part of this debate as well. My Sister's Place supports women experiencing domestic abuse across Teesside. We have had some progress recently in the form of domestic abuse specialists now embedded in the 999 control centre at Cleveland police—something that the Government promised in their manifesto and are now starting to deliver. That is a positive step forward, but one issue that My Sister's Place raised with me is that there are simply not enough refuge spaces or suitable move-on housing locally in Middlesbrough, so a woman who makes the extraordinarily difficult decision to leave an abusive relationship faces the question, "Where is it safe to go?" I would welcome the Minister's saying a little about how the Government intend to improve the availability of safe accommodation and, crucially, the route from emergency refuge provision to decent and permanent housing.

Wera Hobhouse: I thank the hon. Member for mentioning women fleeing domestic abuse. Their recovery should be subject to a longer-term strategy; it is not just about finding crisis accommodation. Often, women face their abusers for many years and do not get any support. Does he agree that we need to look at the longer-term effects, too?

Luke Myer: I absolutely agree, and I thank the hon. Member for making that point.

That takes me to the next point I wanted to raise, from the second specialist organisation that I spoke to today. ARCH Teesside does vital work supporting victims and survivors of sexual violence and preventing harm before situations escalate; it puts wraparound support around an individual. It raised with me today a practical concern about what will happen to prevention funding, particularly when police and crime commissioners are abolished from 2028. They are often a main source of funding for local specialist violence against women and girls organisations. ARCH Teesside is concerned that the need for services will not change when the structures change, and it does not have certainty about the funding currently held by PCCs.

Organisations such as ARCH need to be able to plan ahead, retain specialist staff and know what funding framework they will be working with. I will be grateful if the Minister can give some reassurance that specialist local services will not lose dedicated prevention funding as responsibilities move away from PCCs, and tell us a little about the clarity that organisations will receive about the future framework into which they will need to bid.

Marie Goldman (Chelmsford) (LD): The hon. Gentleman makes a really important point about certainty of funding. Some of the organisations that I have spoken to in my Chelmsford constituency that deal with victims of domestic abuse point out to me that often the funding is project-based. It is not about what they have tried before, have proven to work and want to continue with; they find that people say, "Oh, yes, but we're starting this new project now, so we're only accepting bids for new projects and things that haven't been done before," and all the great work that has been done before is forgotten. Does he agree that we are always going to be chasing our tails in that way, and nobody will be well served by it, and that we need certainty of funding for things that are proven to work as well as for trialling new stuff?

Luke Myer: I agree. This is slightly tangential to this debate—I apologise—but when I was in local government, we set up a specialist team to work with families and young people at risk of exploitation, and we gave them that sort of long-term focus and freedom to approach things in a range of different ways, rather than giving them time-limited funding, say for three months. Chopping and changing can be very disruptive for families, and it is exactly the same here.

The petitioners are right to ask Parliament to take misogyny more seriously. The Government have taken some important steps, which I welcome, but I hope they will now build on that work, look carefully at the remaining gaps in the law and, above all, make sure that the ambition of halving violence against women and girls is matched by what women experience in communities such as mine.

6.24 pm

Sarah Edwards (Tamworth) (Lab): It is an honour to serve under your chairship, Sir Edward. I want to thank everybody who signed the petition, as a number of Members have thanked those in their constituencies who signed it; it is incredibly important that we hear

from them in this manner. I thank my hon. and learned Friend the Member for Folkestone and Hythe (Tony Vaughan) for opening the debate and setting out so clearly the breadth of this issue and why it is so important.

The Government's landmark violence against women and girls strategy was published last December. It stressed a whole-of-society approach to prevention, in which all of us have a responsibility to call out harmful behaviours and to role-model positive behaviours. That responsibility cuts right across the public sphere: our shared spaces, our workplaces, our institutions and, of course, online.

Online influencers hold a unique position in the public sphere, and their reach often goes further than that of our newspapers and broadcasters, yet their content is far less regulated. That is concerning given how social media platforms work: influencers profit financially from engagement, incentivising content that amplifies shocking images, awful videos and abuse, and that shapes the attitudes of impressionable young people. The platforms profit, too; they make huge sums of money from this.

According to Government figures, in 2025, 95% of young people had heard of Andrew Tate. Ninety-five per cent—that is unbelievable. It gets worse, though, because 40% of the young men in that figure had a positive impression of this individual. This is somebody with allegations against him of sex trafficking and all manner of horrendous crimes. It is deeply concerning that the online sphere has given those young people the impression that this is a good thing and that this person is somebody to emulate or look up to.

Exposure to content driven by that toxic masculinity starts very early, with 83% of teachers reporting concerns about their students holding extreme views on gender and a quarter reporting instances of misogynistic abuse in their own classrooms. I have heard from my teachers in Tamworth about how worried they are, how difficult this is to deal with, and how much the phones that many young people carry with them and have in the classroom are impacting their ability to see the world as many of us wish it really was, rather than as they are seeing it through this lens. This content is harming women and girls by normalising harmful rhetoric and behaviours, and it is harming boys by distorting their view of the world and their perception of what constitutes a healthy relationship with women and girls. As a female MP, I can attest to the sheer avalanche of abuse that I and many colleagues receive on a daily basis.

Children are not born with misogynistic views; these views are learned through socialisation. Sadly, sometimes they come from parents, and sometimes from peers, but increasingly—and as we all fear—they come through exposure to the manosphere, which happens to a great extent online.

Wera Hobhouse: It is pretty clear that young people fall into all sorts of traps, and we do not want our prisons to be full of young offenders who have displayed misogynistic behaviours and attitudes, but sometimes the law can act as a regulator of this type of behaviour. Does the hon. Member agree, therefore, that changing the law is a powerful tool in our toolkit for changing behaviour altogether?

Sarah Edwards: I absolutely agree, and I will go on to extol the virtues of what many people are calling for. It is imperative that there is real clarity on this, so that people take it more seriously than I think they do, and so that we are extremely clear about what is and is not accepted. There is this creep right across society whereby, as soon as you hear something online, it becomes okay, and therefore the more it is repeated. We really do have to make sure that the law reinforces that it is not okay and that we have to stop it happening.

Many parents hope to instil in their children the values of a good society, but they cannot do that if they are constantly being undermined by all these posts and by individuals such as Andrew Tate. The law must recognise that disproportionate influence; if an individual or organisation profits from the engagement of a larger audience, they must fulfil a duty to that audience by making sure that their content is fully reflective of the law. I hope that when we change the law, content will have to change as a result.

Classifying misogyny as a hate crime, as many Members might agree, would raise the degree of legal and social scrutiny of these influencers. To support that new framework, scrutiny must be proportionate to the size of somebody's following, with influencers who have tens of thousands of followers given an enshrined duty of care for their audience. I advocate that even those with 500 or more followers are influential, and they need to recognise that. We need this to be supported by legislation that tackles online individuals and the way they communicate with their audiences.

What I am suggesting would bring regulation of the new media more in line with that of traditional sources. Social media outlets must be held responsible for the algorithms they push and the weighting they give to the information they are ultimately distributing. More than 20 years ago, Ofcom was created in recognition of the power that our broadcasters had over the culture and norms of our country. In the 2020s, Parliament must bring forward a new framework fit for this new media landscape. I hope that the Minister has some good news about how we will be able to tackle these new outlets and platforms, where a huge number of people now get their so-called news.

I also agree with the calls to make binding codes of practice rather than simple guidance. That is really important, and I hope that the Minister can outline some of the thinking behind and trajectory for that, as well as how we will scale up our efforts to protect women and girls from violence and hatred. I support calls for the Government to amend the Powers of Criminal Courts (Sentencing) Act 2000 to record crimes motivated by misogyny as hate crimes; to introduce tougher laws for online abuse—as I have already stated, that should apply to the individual and to the platform much more forcefully; and, as has been mentioned, to fund the training of police officers and prosecutors so that they are better able to handle this and understand their response. The future of our country depends on a much tougher stance being taken, particularly on this subject. I really fear for the future if we do not do this.

6.32 pm

Marie Goldman (Chelmsford) (LD): It is a pleasure to serve with you in the Chair, Sir Edward. I thank those across the country who signed this petition to ensure that we had this really important debate. Violence against women and girls is a national emergency. As others have said before me, it is really important that we

[Marie Goldman]

underline that: it is an emergency. This is affecting a whole generation, and I am terrified of what that means for society if we do not deal with it.

Liberal Democrats have long called for misogyny to be made a hate crime so, while we very much welcome the Government's amendment to extend the list of aggravated offences under hate crime legislation to cover sex or presumed sex, and while I was proud to sponsor the amendment that extended that to LGBT people and disabled people in the last parliamentary Session, my Liberal Democrat colleagues and I agree with the petitioners that Ministers should go further and amend the Sentencing Act to ensure that all crimes motivated by misogyny are classed as hate crimes. I also want to highlight that the extension of aggravated offences to cover sex, disability, sexual orientation and transgender identity has not yet been brought into force, so I hope to hear a timeline from the Minister on when that will be brought forward by the required secondary legislation. Hatred is just as unacceptable no matter its type; that means that there must be zero tolerance for misogyny.

As the petitioners noted, misogyny can fuel crimes including sexual violence. The need to make misogyny a hate crime and the importance of tackling it early on is borne out by the data: studies have confirmed what women, from our own experiences and those of our friends, know to be true: that the majority of us have, at some point, encountered some form of abuse in outdoor spaces, and that this is so commonplace that very few ever bother to report such incidents to the police. That is why, in a similarly themed Westminster Hall debate at the start of this year, I pressed the Government to accept and begin implementing all 13 recommendations of part 2 of the Angiolini inquiry, set up after Sarah Everard's murder. That has not happened, I am sad to say.

One recommendation yet to be taken up was to "immediately" improve national data collection and sharing on sexually motivated crimes against women in public spaces. The inquiry found that data is fragmented and inconsistently documented across police forces. Given that making misogyny an aggravated offence under hate crime legislation should allow for greater information gathering, I ask the Minister here today how she anticipates making use of that if data on more serious sexual violence is not being effectively collected right now.

The petitioners also called on the Government to act on anti-feminist hate groups and the harassment and online abuse that they perpetrate. I am sure that many of us are aware of the abbreviation IRL, meaning "in real life", which differentiates between the online space and in-person, so-called real spaces. However, there is increasingly less distinction with what is happening IRL and, instead, a blurring of boundaries between our digital and in-person experiences. Both cross over into the other's realms with relative ease. That is why it is as important as ever to take decisive action to tackle misogyny wherever it originates, including online, as other Members have said.

From cyber-flashing to sharing intimate images without consent, or the more recent development of AI-generated sexual images, it is crucial that the Government do all they can to keep pace with the rapid technological changes that pose particular harm to women and girls. We need legislation that tackles that in advance of it happening. It is important that we are a bit more prescient as to what might come next, rather than constantly playing catch-up, because when we are playing catch-up, the harm has already been done.

For example, 98% of deepfake intimate images reported to the revenge porn helpline are of women. As organisations such as Internet Matters have underlined, given that not every case that I have mentioned reaches the hate crime threshold, taking strong measures against them is crucial to ensure that misogynistic attitudes are dealt with early and the tools that misogynists may use against women and girls are disrupted. Research by Internet Matters found that a shocking 14% of children aged between 13 and 16 had experienced some form of intimate image abuse and harassment, such as cyber-flashing or having a non-consensual image of them shared. The organisation states that

"these behaviours are becoming normalised".

For those of us who grew up a few decades ago—let us not go into it too much—that was not the norm back then. Things are changing rapidly, and we must recognise that.

On that note, when the violence against women and girls strategy was announced to Parliament last December, I pressed the then Minister to tackle harmful, misogynistic online content, highlighting the fact that Ofcom's official guidance was only voluntary and that waiting until 2027 to strengthen it would be far too late. Tomorrow marks the deadline that the previous Minister set for tech companies to implement on-device safety measures to protect children from taking, receiving or viewing nude images—exactly the kind of harm that Internet Matters found children are increasingly being exposed to. I would therefore be grateful if this Minister confirmed whether the Government will uphold the previous Prime Minister's deadline to big tech—and if not, whether and by which date they will take action on this matter. Liberal Democrats are clear that the Government's first duty must be to tackle online harms and misogyny, not to prioritise the profits of big tech.

More broadly, I and Members from across the House would very much welcome a recommitment from the Minister to the violence against women and girls strategy published at the end of last year and, in particular, the goal of halving violence against women and girls within a decade. I very much welcome that, and Members from across the House have been welcoming it, too. With data showing that more than four in 10 people arrested during the 2024 riots had previously been reported for domestic abuse, taking on violence against women and girls is not a stand-alone aim; it is inherently linked to facing down the normalisation of extremist, far-right rhetoric and policies. We cannot allow this VAWG strategy to fail where others have failed before. It must be a top priority for this Government. We must not accept a world that tells women and girls to expect violence and abuse.

I thank again all those who brought forward and signed this petition. I expect the Government to consider their calls very carefully and, most of all, to recognise and indeed take confidence in the strength of feeling and breadth of public support that exists for tackling violence against women and girls.

6.39 pm

Blake Stephenson (Mid Bedfordshire) (Con): Thank you very much for chairing the debate, Sir Edward. I thank all hon. Members for their very good contributions and the petitioners for securing this important debate with so many signatures.

The practice of misogyny—a hatred of or prejudicial attitude towards women—is one of the most disgusting behaviours in our society. As a member of a party that wants to treat people on the basis of their actions and decisions, I consider crimes committed against someone because of their sex to be clearly reprehensible; the people involved deserve to face the full weight of the law.

Female hon. Members across the House will be acutely aware of the abuse and terrible attitudes directed towards women. Almost too many statistics could be used to illustrate how so many people experience abuse and crimes directed at them merely because they are women. Without pre-empting the Minister's response, I am aware that the Government may point to the changes implemented through the amendment of the Crime and Policing Act that made changes to the Crime and Disorder Act. I noted that the Government's response to the petition made it clear that they believe that that change responds to many of the concerns addressed, alongside other measures they are taking in their violence against women and girls strategy. In addition, I understand that the independent review of public order and hate crime legislation will feed into considerations of whether further steps are to be taken.

Although there are interesting and worthwhile conversations to be had about the legislative elements of this challenge, it is important to discuss an even more fundamental element: what is the best approach to stop these crimes from occurring in the first place? Such an approach must be rooted in achieving the most effective results for women and girls, in using the laws that we have more effectively, and in increasing enforcement.

The targets set out by Government on violence against women and girls are clearly essential. In the spirit of the Prime Minister's call to work cross-party and to illustrate the importance of tackling crimes motivated by misogyny, I refer back to the first oral question asked by the former shadow Home Secretary, my right hon. Friend the Member for Braintree (Sir James Cleverly), after the 2024 election. He asked about the Government's commitment to halving violence against women and girls, and what needed to be done to increase arrest rates. In response there was some political points-scoring by the former Home Secretary, the right hon. Member for Pontefract, Castleford and Knottingley (Yvette Cooper)—I am sure the Minister will refrain from that—but the overall question still stands: what can be done to increase enforcement?

One element, inextricably tied to enforcement, that I believe to be paramount is ensuring that there are sufficient numbers of officers. The Minister will know that there has been a fall in officer numbers of just under 2,000 over the period of this Government. Will the Minister provide assurances that that decrease has not adversely impacted the ability of the police to respond to the crimes discussed in this debate, which are clearly motivated by a hatred of women?

We must consider the decisions associated with Government policy, especially those made in relation to the early release scheme. Although I will not relitigate debates already held in this House, I hope that the Minister can acknowledge how damaging that decision will be for women who have been victims of crimes such as domestic violence and rape. That view has been reiterated by numerous organisations that work to stop such crimes. In a statement, Women's Aid said, about funding to aid victims:

"it cannot eradicate the impacts, including the increased danger that they will face, and the responsibility for managing this rests with statutory services."

To pre-empt any statement that we have had early release schemes before, I point to comments made by the CEO of Rape Crisis England and Wales, who stated:

"We are in unchartered territory with the new early release scheme, and so remain extremely concerned about its impact on survivors and specialist sexual violence services like Rape Crisis Centres."

We know that that issue is tied to this debate because such crimes so often fall upon women. The release of those individuals only puts women further at risk. Will the Minister explain what conversations the Government have had with police forces about taking steps to mitigate the impact of the early release scheme, and to support the victims of crimes whose perpetrators will be back on the streets?

The contributions to this debate have rightly recognised the underlying importance of the internet as a tool for misogyny, and the necessity of ensuring that the next generation of young men do not grow up with distorted views. Our party's efforts to push for social media bans for younger people are precisely about ensuring that when someone grows up, it is their family, their education and our society more broadly that can shape their future, not some of the repugnant content online, which seeks to monetise young people and to present them with ideas that, if embraced, make misogynistic traits more likely.

On that issue, early this year the shadow Safeguarding Minister, my hon. Friend the Member for Rutland and Stamford (Alicia Kearns), asked the Government whether the police were using to the fullest extent their powers under sections 42 to 49 of part 2 of the Serious Crime Act 2007, which set out the existing offence of encouraging or assisting crime, including the criteria for an offence and how they can be utilised to stop those who encourage the raping of women and girls.

Although my hon. Friend's question was focused on the Tate brothers, who the hon. Member for Tamworth (Sarah Edwards) referred to in her very good speech today and who are clearly engulfed in a range of other legal matters, I think the question still applies, considering that there has been reporting about websites and forums that encourage sexual assault. Does the Minister see the police using these existing laws to stop crimes that are clearly prompted by a complete disregard for the autonomy of women, because if we are going to tackle these crimes, we must utilise the tools that we already have available to us?

Also, although I appreciate that it is not solely the purview of the Minister, I want to ask about the evidence gap and what we can do to reduce it. Some of the more troubling data about young people and misogyny in the last year was released by the Youth Justice Board. However, the specific section on misogynistic attitudes in its report stated that there were evidence gaps in the UK on matters that included: proving a causal pathway

[Blake Stephenson]

from misogynistic attitudes in childhood to sexual violence and abuse, as well as non-sexual violence; on misogynistic attitudes among children under 18 in England and Wales, as most evidence is from young adults and studies conducted in the USA; and evidence on how algorithmic exposure to misogynistic and sexual content translates into offline abuse.

Today, Members have rightly talked about the online sphere, which is specifically addressed by the petition. However, that suggests that there is a knowledge gap. How can we deal with the online sphere if we lack some pretty essential evidence about it? What can we do better to understand the links between misogynistic attitudes and criminal behaviour?

We must all work to support female survivors of crime, whether that means giving them the answers they deserve through inquiries such as that into grooming gangs or working harder to enforce the law, in order to stop people becoming victims to begin with.

6.46 pm

The Parliamentary Under-Secretary of State for the Home Department (Satvir Kaur): It is a pleasure to serve under your chairmanship, Sir Edward, and I am grateful to my hon. and learned Friend the Member for Folkestone and Hythe (Tony Vaughan) for opening this debate on behalf of the Petitions Committee.

I pay tribute to the organisers of the petition, including several student unions, whose commitment and hard work have helped to ensure that this important issue receives the attention it deserves. Sadly, their report, which highlights the scale of the problem, is only reinforced by other surveys and research. We know that people aged between 16 and 24 are more likely to be victims of sexual assault, and that those aged 16 to 19 experience higher levels of harassment than any other age group. As has been mentioned, we also know that non-contact abuse strongly leads to contact abuse. In addition, we know that behind every statistic is a daughter, a niece, a friend, a colleague or another loved one.

To the petition organisers, to those who have signed the petition, and to the women and girls whose experiences lie behind it, I want to be clear that misogyny, harassment and violence against women and girls have no place in our homes, on our streets, where we study, where we work or anywhere in our society, and that tackling this is and will remain a Government priority. My hon. and learned Friend has my personal commitment to the violence against women and girls strategy, and everything that it seeks to deliver. For me, it has a particular focus on prevention.

The petition calls for misogyny to be considered within the hate crime legislative framework, alongside wider action against harassment, assault and online abuse of women and girls. I recognise that for many people who signed this petition, this debate is about so much more than legislative frameworks; for them, it is about whether women and girls feel safe, whether their experiences are taken seriously, and whether the law adequately recognises the harm caused by misogynistic behaviour and abuse. Like too many women, I have personally experienced it, and I am determined to do all I can to ensure that my daughter does not grow up in a world where feeling unsafe or being harassed purely because you are a woman is the norm.

As Members know, the Government have already legislated to recognise sex-based hostility within the aggravated offences framework, and we are taking action to tackle violence against women and girls. I will take each of those points in turn before addressing the petition's calls directly, and I will respond to questions asked throughout the debate.

As Members know, when talking about hate crime legislation in England and Wales, we are referring not to a single Act, but to a framework. Therefore, calls to recognise misogyny as a hate crime may refer to different parts of the framework, each of which covers different protected characteristics and serves a distinct legal purpose. Broadly speaking, the framework operates through three main mechanisms: aggravated offences, enhanced sentencing provision and offences that criminalise the stirring of hatred against particular groups.

As mentioned throughout the debate, through the Crime and Policing Act, the Government legislated to extend the aggravated offences framework part to cover sex and presumed sex, alongside disability, sexual orientation and transgender identity. Under the Act, offences motivated by hostility towards those characteristics will be treated on the same basis as those involving race or religion. As my hon. Friend the Member for Reading West and Mid Berkshire (Olivia Bailey) said, it is all interconnected. That means that for the first time, the courts will be able to recognise hostility based on sex and reflect the additional harm caused when someone is targeted because of their sex.

The new legislation also targets nudification tools, which several hon. Members, including the hon. Member for Chelmsford (Marie Goldman), raised. Such tools use artificial intelligence to generate intimate images of individuals without their consent. The legislation criminalises making, adapting, supplying or offering to supply such tools, and helps to tackle a growing form of online abuse that disproportionately affects women and girls, as mentioned throughout the debate. Those measures build on wider action to combat image-based abuse and ensure that those who create or facilitate such harmful content can be held to account. In addition, the Government have commenced the Protection from Sex-based Harassment in Public Act 2023, which has already seen perpetrators brought to justice.

In response to the question about the commencement of the Crime and Policing Act, I assure Members that the Government are going as quickly as possible. We are working across Government, particularly with the Ministry of Justice, and hopefully we can get that through as quickly as possible.

Wera Hobhouse: The Minister is listing a series of measures, which we all welcome, but I do not hear her actually committing to making misogyny a hate crime. It does not sound like the Government are really considering that. Could she explain why?

Satvir Kaur: As I said earlier, it is useful for Members to understand the context—what is already happening and how we built to that—before I directly address the call from the petition.

To further support our collective efforts, our cross-Government violence against women and girls strategy was published in December 2025. Actions include making the UK one of the hardest places for children to access harmful online content and misogynistic influences. We are doing that through our online safety regime and by banning under-16s from major social media platforms, backed by one of the toughest enforcement regimes in the world. We will always seek to go further where we can, with a focus on preventing rather than just reacting.

The Ministry of Justice will launch a call for evidence to better understand online misogynistic image-based abuse. In addition, the Department for Education has updated relationships, sex and health education curriculums, which now include teaching on online safety and awareness, healthy relationships and positive role models. Hon. Members talked about a whole societal shift. It is important that we focus on prevention, so I welcome that. Guidance and resources will be provided to support hard-working teachers to recognise the signs of ideologies so that we can intervene swiftly and effectively.

The higher education regulator has introduced strict new requirements that will ensure that every university works to prevent, address and investigate any incidents of sexual harassment and abuse affecting its students. To help address the issue that many people who engage in harmful behaviour do not always recognise their actions as abusive, we have developed a cross-Government behaviour change campaign called Enough. A few Members mentioned people not recognising what is not okay, and also the evidence gap and lack of reporting. It is really important that this campaign explicitly helps people in all walks of life—both victims and perpetrators—to recognise what is and is not acceptable.

I will directly address the petition's call for misogyny to be recognised more broadly in the hate crime framework beyond the changes already made through the Crime and Policing Act. Although I cannot commit the Government to such changes today, we must always ensure that the hate crime framework is fit for purpose. It is right to mention alternative views, such as those from the Law Commission's 2021 review, which concluded that adding sex or gender to the existing hate crime framework would not necessarily provide the most effective response in tackling violence against women and girls, and cautioned that reform in this area could have unintended consequences.

Hon. Members will be aware that the Home Secretary commissioned Lord Macdonald in October 2025 to undertake an independent review to consider whether public order and hate crime legislation remains effective. The review engaged extensively with stakeholders from across civil society, academia and community organisations to ensure that a wide range of perspectives informed its conclusions. Lord Macdonald has submitted his final report, which the Government is currently considering, and a response will follow in due course. It is right and fitting that the review's conclusions help to underpin decision making on any further changes to the hate crime framework and how best to protect women and girls.

On the broader calls from petitioners about tackling violence against women and girls, we know that legislation is an important part, but only one part, of the solution, and cannot tackle violence against women and girls on its own. We must also prevent offending, challenge harmful attitudes, support victims and improve criminal justice responses. We want women and girls to have the confidence to come forward and report crimes while knowing that they will be taken seriously, treated with respect and supported to secure justice. This Government are meeting the petition's request to fund support for victims and the training to support it. A few Members mentioned training and funding, and I reassure them that training is being expanded and that specialist VAWG teams are being rolled out to all local police forces. The deadline for that was brought forward by the Prime Minister only a couple of weeks ago.

This year, the Home Office is investing more than £13.9 million in the national centre for VAWG and public protection to help ensure that all victims receive the right response. That is part of the Government's wider investment of over £1 billion to support victims of VAWG, including nearly £500 million for local authorities to provide support in safe accommodation to victims of domestic abuse in Middlesbrough and across the country—I thank the hon. Member for Middlesbrough South and East Cleveland (Luke Myer) for raising that issue. More than £550 million will be invested across justice to pay for counselling, court guidance and children's services to support victims. Up to £50 million will also be invested in therapeutic support for child victims of sexual abuse, alongside a further £5 million to support victims of VAWG.

Blake Stephenson: I want to be absolutely clear, because the hon. Member for Middlesbrough South and East Cleveland (Luke Myer) made an interesting point about the funding that organisations receive through their police and crime commissioner. Can the Minister confirm that, once police and crime commissioners disappear from our framework, the same funding—or more, perhaps—will be available to those organisations? If so, how will they receive that money?

Satvir Kaur: As the Home Secretary said during her statement to the House last week, it will form part of the ongoing policing reform. That will naturally have an impact on how regional and local areas are funded, and that is right and proper.

Luke Myer: PCCs will be abolished in 2028, but the reforms will take much longer than that. In many parts of the country the PCC role will easily transfer over to a mayoral role, but that will not be the case in Cleveland, where the boundary of the police is not coterminous with that of the combined authority. The Minister mentioned that one of my councils is very advanced in this work. Can she take away the proposals for some of the funding and powers to go straight to the local authority level in cases where there are such tensions between different government boundaries and bodies?

Satvir Kaur: I am more than happy to arrange a meeting with the relevant policing Minister to ensure that that is explored fully.

Before I conclude, I want to cover the other issues that have been raised. On data gaps and reporting, I want to highlight that the Enough campaign is bearing fruit, but it is obviously a big piece of work. Specialist VAWG teams are also going into local areas, and a part of their role is ensuring that local police forces work with local communities so that there is an uptick in

[Satvir Kaur]

reporting, which must be taken more seriously to help address data gaps, because we know that is an ongoing concern.

I was asked about conversations with police forces, and those are ongoing. The hon. Member for Harrogate and Knaresborough (Tom Gordon) has left the Chamber, but he mentioned what happened to the female protester at the Reform conference. That was disgusting and unacceptable, and I know that the police are encouraging the victim to come forward; I feel we should all do the same to ensure that justice is done.

Tony Vaughan: I thank the Minister for her response, but I want to highlight the question asked by my hon. Friend the Member for Tamworth (Sarah Edwards) about cracking down on platforms that facilitate misogynistic abuse. Forgive me if the Minister has covered this, but Ofcom has come out with voluntary guidance that suggests various mechanisms for providers to follow. Ultimately, however, if they are not mandatory requirements in the same way as Ofcom's amended codes of practice, how will that ever force these platforms to stop the monetisation of misogyny and the sorts of practices that are leading to the mass indoctrination of young people? Can she say something about how we might be tightening that up?

Satvir Kaur: On online abuse and harm, it is right and fitting that we work with tech companies because, fundamentally, we all have a responsibility. Where they are failing to come forward, legislation must always be the backstop. Of course, legislation is not the solution and the answer to everything, and working proactively should always be the first step, but we must ensure that we use all possible levers. The VAWG strategy makes it absolutely clear that we will continue to do that.

To conclude, I thank all Members who have participated today. The Government share the determination behind this petition. As I have set out, we have already taken significant action in this area through the Crime and Policing Act, and any further changes to hate crime legislation will be informed by the findings of Lord Macdonald's independent review on public order and hate crime legislation. More broadly, our work to tackle violence against women and girls continues at pace. The VAWG strategy sets out a blueprint, and this Government are determined to deliver on our mission.

Tackling violence against women and girls is everyone's business, and it is one of the biggest challenges of our time. The Government recognise that it is far too serious and important an issue for us not to act firmly on it, and we will continue to do so until women and girls—whoever they are and wherever they live—feel safe and can live free from fear.

7.4 pm

Tony Vaughan: I thank Amara, Lily and Holly for creating the petition that resulted in this debate, and for the opportunity to ask the Minister a lot of important questions about this vital issue. I also thank the Members who spoke in the debate, all of whom supported tightening up the current laws through the amendment to the 2026 Act. The online dimension to this problem came across particularly strongly in Members' contributions. On the one hand, the hon. Member for Bath (Wera Hobhouse) talked about the horrendous practice of nightlife videos; on the other, my hon. Friend the Member for Tamworth (Sarah Edwards) rightly underlined the critical importance of cracking down on platforms that facilitate and promote online misogyny. As the Minister said, non-contact abuse does lead to contact abuse, which is why it is particularly insidious. My hon. Friend the Member for Middlesbrough South and East Cleveland (Luke Myer) also rightly raised the important question of ensuring that support is available for victims as the systems change.

I thank the Minister for all her remarks. The petitioners will have heard them: Lord Macdonald is a former Director of Public Prosecutions and he knows the system; I do not know what he has recommended, and neither does anyone else apart from the Minister, perhaps, but it will contain the answer to the petition regarding misogyny as an aggravating feature in all cases. As the Minister has said, it is important that changes to the law have the intended effect and that is something that has to be looked at carefully. It was also encouraging to hear from her that there is expanded specialist training for police officers and that the Prime Minister has recently sped that up.

I again thank the petitioners for their petition. I also thank all those Members who have attended this debate and I thank the Minister and the Government for the significant and strong range of measures that we are taking to tackle VAWG. There is always more that we have to do. We have to go faster and we have to go further to address this issue; as the Minister says, it is one of the most important issues of our time, and we owe it to the young people here and listening across the country to succeed.

Question put and agreed to.

Resolved,

That this House has considered e-petition 746640 relating to crimes motivated by misogyny and hate crime law.

7.6 pm

Sitting adjourned.

Written Statements

Monday 7 September 2026

BUSINESS, INNOVATION, SCIENCE AND TRADE

Corporate Reporting Modernisation: Consultation

The Minister for the Future of Work (Kate Dearden): I am pleased to announce that today the Government have launched a public consultation on modernising corporate reporting. As announced in the House in October 2025 by Minister McDougall, this is a significant step in our programme to simplify, streamline and modernise the UK's corporate reporting framework.

The consultation sets out the Government's proposals on how to reset the purpose of company annual reports and accounts, ensuring they provide decision-useful, financially material information for investors, creditors and others It also invites views on creating a more proportionate, flexible and modern reporting framework, including:

simplifying strategic, governance and remuneration reporting;

moving towards a more proportionate financial reporting regime;

focusing non-financial disclosures on what is genuinely material; and

embedding digital-first corporate communications where appropriate.

These reforms, among others, are intended to remove duplication and unnecessary requirements, improve clarity for preparers and users and future-proof the UK's reporting system, consistent with international developments. By simplifying and refocusing corporate reporting on decision-useful information, the proposed reforms in the consultation aim to improve and attract capital allocation, reduce unnecessary burdens on business and help unlock investment that drives growth across the UK economy.

The programme builds on the Government's previous work on non-financial reporting and expands it into a wider review of the entire corporate reporting landscape. Many of the reforms test the value of non-financial and governance disclosures, particularly for private companies, and explore more coherent thresholds governing when reporting applies.

Next steps

The consultation opens today and will remain open for 12 weeks. Following the consultation period, the Government will move quickly to analyse responses, refine policy proposals, and set out additional next steps including any proposed legislative or regulatory changes.

I will place copies of the consultation in the Libraries of both Houses and it will be published on www.gov.uk

[HCWS313]

CABINET OFFICE

Artificial Intelligence

The Minister for Artificial Intelligence (Kanishka Narayan): I am today updating the House on the rapidly advancing capabilities of frontier artificial intelligence, a series of recent incidents, and the action the Government are taking in response.

Artificial intelligence is one of the defining technologies of our age. It could drive a new era of economic growth, accelerate breakthroughs in science and medicine, transform public services, and help to strengthen the security of our country. This Government are determined that Britain should seize that opportunity and that we should be a country which develops, deploys, and benefits from the most advanced AI, not one that watches the next technological revolution happen elsewhere.

Seizing that opportunity requires confidence in and understanding of the technology itself. The capabilities of frontier AI models continue to advance rapidly. Frontier AI models are increasingly able to act autonomously, use digital tools, and complete long and complex tasks with little or no human intervention beyond the setting of the task. Testing by the AI Security Institute published in May found that the length of cyber-tasks that frontier models could reliably complete had doubled every five months since late 2024, with most recent models substantially exceeding that trend.

As the capabilities of these models rapidly advance, our ability to understand, secure, and control these systems must advance with them.

Over the summer, there have been several high-profile cases in which AI agents, while carrying out tasks set by humans, undertook consequential actions beyond what their operators intended. These include incidents reported by OpenAI, Anthropic, and the AI Security Institute itself.

In each case, an AI agent was given a task by its operators, usually along with details about its environment or rules on how to complete it. The agent was then left to complete that task, over hours or days, with little or no further human involvement or instruction. How it went about the task was decided by the agent alone. Across the reported incidents, AI agents acted in ways their human operators had not anticipated, including: circumventing technical controls, including in one case exploiting a previously unknown vulnerability to break out of an isolated test environment; gaining access to real-world systems they were not intended to reach; establishing unintended channels of communication to co-ordinate with other agents—in one case, at a scale of hundreds of agents over several days—and, in some instances, attempting to get real humans to take action in the real world, in ways their operators had not intended, for example uploading malicious code on to the internet.

These incidents should be understood in context. All arose in testing or development environments designed to probe or improve the capability limits of frontier models, in some cases with safeguards deliberately reduced for that purpose and, in AISI's case, with internet access enabled by design. In some cases, the environments were misconfigured, the tasks set were impossible to

complete as instructed, or models were told they were in a simulation and continued to believe this after reaching the real internet. Existing best practice security measures and technical controls for keeping agentic AI operating within intended limits, as advised by the UK's National Cyber Security Centre, as well as comprehensive monitoring would have almost certainly prevented these incidents.

Nevertheless, these incidents demonstrate how advances in AI capability can create new security challenges if safeguards do not keep pace. They occurred because highly capable AI models were operating without sufficiently robust controls to contain them. As the capabilities of frontier models continue to advance, the standard of security and oversight techniques required to contain them will advance too. Should AI capabilities advance faster than the techniques to secure, control, or reliably direct them, this could pose a significant risk to public safety and national security.

That is why the Government are already acting.

As part of the defence investment plan, we have committed £115 million to two new programmes: one on AI biosecurity, and one to build a UK Government agentic AI incident response capability. The National Cyber Security Centre published practical advice in August on deploying agentic AI systems securely and is continuing to develop and pioneer formal guidance and standards in this area so businesses and the public can manage the risks and opportunities of AI with confidence. The NCSC is also leading development of Cyber Shield: a longer-term, national-scale and collaborative approach to AI-enabled cyber-defence, working with industry to identify and mitigate cyber-risk. This sits alongside our wider work to strengthen the country's cyber-resilience. Our Cyber Security and Resilience Bill will strengthen the cyber-defences of the UK's most critical services, including health, energy and transport, by requiring organisations to identify, manage and mitigate evolving cyber-threats, including those enabled by AI. It is complemented by the Government Cyber Action Plan, backed by £210 million to rapidly improve the cyber-security and resilience of public services, and by a further £90 million committed over three years to build resilience across the wider economy.

I am working closely with the Security Minister (Dan Jarvis) to ensure that the lessons from these incidents inform the continued development of the UK's cyber-security framework. We will consider whether protections for increasingly autonomous AI systems should be clarified or strengthened through the cyber assessment framework, the forthcoming statutory code of practice or NCSC technical guidance. AISI will provide evidence and technical expertise to support that work.

Alongside this, the work of the AI Security Institute continues.

AISI grew out of the commitments made at Bletchley Park in 2023 and was the first body of its kind anywhere in the world. AISI was established to build a rigorous, scientific understanding of the capabilities of the most advanced AI systems and the risks they may pose, to work with developers to strengthen security and alignment before models are released, and to ground Government action and policy in independent evidence, working alongside national experts including the NCSC. Following the detection of its own incident, AISI stopped all relevant activity and carried out an investigation, the results of which it has published. AISI is now strengthening the security of its own evaluation environments, including tighter constraints on internet access, real-time monitoring of evaluations, and stronger model and agent sandboxing, drawing on NCSC advice.

This risk is not confined to those with weak or no defences. In each incident the organisations affected had met cyber-security standards in their jurisdictions. That is why we will continue to monitor risks from AI and will step up our efforts where required, working in lockstep with our partners.

As the United Kingdom invests in the capacity to use increasingly powerful AI, we will invest in parallel in the capacity to understand it, to control it, and to recover when something goes wrong. These risks are inherently transnational: the systems involved are developed and deployed across borders, and no country can address them alone, as has been the case in wider technology for the last three decades. The UK will continue to work closely with international partners, including through the AI Security Institute's relationships with counterpart bodies overseas and the National Cyber Security Centre's peer agencies. We will approach this challenge with both confidence and urgency, ensuring that the UK can harness the benefits of frontier AI while managing the risks responsibly.

[HCWS314]

TREASURY

Economic Growth

The Chancellor of the Exchequer (John Healey): The Government are committed to delivering good growth in every postcode of the United Kingdom.

Today I am setting out more detail on how we will deliver on this promise—in order that people and places see the benefits of this growth as soon as possible.

The UK has significant strengths and economic potential: life sciences, defence, technology, creative industries and financial services.

However, global instability continues to present challenges. Conflicts and trade tensions have driven up inflation and interest rates, while borrowing and debt costs have increased.

We have shown resilience in the face of these challenges: borrowing is falling; growth, although still fragile, was the fastest in the G7 in the first half of this year; and productivity is increasing.

In the context of continued global uncertainty, we must not become complacent. Fiscal credibility is indivisible from growth, and is my first priority.

The Prime Minister set out last week a clear diagnosis of what has gone wrong: political power was centralised, economic enablers have been privatised or outsourced, and the country deindustrialised.

The Government will change this through a fundamental shift that starts with restoring power and resources to local leaders to build infrastructure, boost private investment and develop local industrial strategies. This will unlock the potential of their region to do the things they do best in a way that Whitehall simply cannot. Greater public control through a more effective and strategic state at all levels will enhance oversight of the essentials. This will create the conditions for a new civic partnership

between Government, business and academia. Alongside this, national policy on investment, innovation and jobs will create the right conditions for the private sector.

The UK has had the lowest investment rate among G7 countries for most of the last 20 years, and the regional disparities between current levels of public investment per head are too great. We have made progress recently but need to do more. This includes sharpening the focus of our public financial institutions to align with this Government's priorities, reducing unnecessary consultation, litigation and administration, and changing the Green Book to support projects with more long-term potential in places across the country.

The UK has a strong record on innovation: world leaders in frontier technologies, including quantum, nuclear fusion and space technology; as well as AI—a general-purpose technology that requires oversight but also brings great opportunity. The Government will earmark dedicated funds to back British innovation through public investment, procurement and closer co-operation between local leaders, universities, investors and businesses. It will strengthen support for high-growth businesses and emerging technologies, with the ambition of doubling the number of unicorn firms in this country.

We need to take advantage of our human potential and recognise that skills and labour markets vary across the country. The Prime Minister has set out his plan on technical education. We are moving funding and power for the skills system to local areas to improve work experience and employment opportunities for young people, tailored to the needs and strengths of places. This autumn, Alan Milburn will set out his full recommendations to the Government on how to address the blight of youth unemployment.

These measures will increase investment, accelerate innovation and support more people into work, ultimately raising productivity and growth.

[HCWS312]

Written Corrections

Monday 7 September 2026

Ministerial Corrections

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT

Representation of the People Bill

The following is an extract from the debate on the Representation of the People Bill on 2 September 2026.

Florence Eshalomi: These Government amendments therefore propose a ban on political donations made in cryptoassets, in line with the recommendations in the Rycroft review. The ban applies to donations of all values. The specific risk associated with foreign interference and crypto donations is not the same as the risk associated with donations made by bank transfers.

The ban will apply retrospectively. Any donations made in cryptoassets from 25 March 2026 must be returned within 30 days following the commencement of these provisions.

[*Official Report*, 2 September 2026; Vol. 790, c. 263.]

Written correction submitted by the Minister for Homelessness, Democracy, Communities and Faith, the hon. Member for Vauxhall and Camberwell Green (Florence Eshalomi):

Florence Eshalomi: These Government amendments therefore propose a ban on political donations made in cryptoassets, in line with the recommendations in the Rycroft review. The ban applies to donations of all values. The specific risk associated with foreign interference and crypto donations is not the same as the risk associated with donations made by bank transfers.

The ban will apply retrospectively. Any donations made in cryptoassets **on or after** 25 March 2026 must be returned within 30 days following the commencement of these provisions.

The following is an extract from the debate on the Representation of the People Bill on 2 September 2026.

Florence Eshalomi: The ban will apply retrospectively, ensuring that any donations made after 25 March 2026 will be returned.

[*Official Report*, 2 September 2026; Vol. 790, c. 264.]

Written correction submitted by the Minister for Homelessness, Democracy, Communities and Faith:

Florence Eshalomi: The ban will apply retrospectively, ensuring that any donations made **on or after** 25 March 2026 will be returned.

The following is an extract from the debate on the Representation of the People Bill on 2 September 2026.

Florence Eshalomi: As drafted, a number of the Bill's provisions apply specifically to registered political parties. These include the restrictions relating to donations and regulated transactions involving cryptoassets, the cap on donations made by, and transactions involving, overseas electors, and restrictions on donations made by transactions including companies and LLPs.

[*Official Report*, 2 September 2026; Vol. 790, c. 267.]

Written correction submitted by the Minister for Homelessness, Democracy, Communities and Faith:

Florence Eshalomi: As drafted, a number of the Bill's provisions apply specifically to registered political parties. These include the restrictions relating to donations and regulated transactions involving cryptoassets, the cap on donations made by, and transactions involving, overseas electors, and restrictions on donations **made by and transactions involving companies and LLPs.**

The following is an extract from the debate on the Representation of the People Bill on 2 September 2026.

Florence Eshalomi: The new clause also allows the Secretary of State to impose similar restrictions on the use of gifts made by overseas contributors and companies to incorporated associations making political donations.

[*Official Report*, 2 September 2026; Vol. 790, c. 267.]

Written correction submitted by the Minister for Homelessness, Democracy, Communities and Faith:

Florence Eshalomi: The new clause also allows the Secretary of State to impose similar restrictions on the use of gifts made by overseas **electors** and companies to incorporated associations making political donations.

ORAL ANSWERS

Monday 7 September 2026

WRITTEN STATEMENTS

Monday 7 September 2026

WRITTEN CORRECTION

Monday 7 September 2026

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

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Monday 14 September 2026

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Volume 790
No. 39

Monday
7 September 2026

CONTENTS

Monday 7 September 2026