



This report shows written answers and statements provided on 8 October 2024 and the information is correct at the time of publication (06:30 P.M., 08 October 2024). For the latest information on written questions and answers, ministerial corrections, and written statements, please visit: <http://www.parliament.uk/writtenanswers/>

CONTENTS

ANSWERS	5	■ Ukraine: Military Aid	10
BUSINESS AND TRADE	5	EDUCATION	10
■ Post Office: Payment Exception Service	5	■ Harrogate College	10
■ Post Offices: South Suffolk	5	ENERGY SECURITY AND NET ZERO	11
CABINET OFFICE	5	■ Batteries: Storage	11
■ 10 Downing Street: Security	5	■ Climate Change: International Cooperation	11
■ Cabinet Office: Alcoholic Drinks	6	■ Great British Energy	12
■ Civil Servants	6	■ National Grid: Costs	12
■ Civil Service and Public Bodies: Equality	6	■ Natural Gas and Oil: Prices	13
■ Harbour Energy: LetterOne	7	■ Petrol and Diesel: Prices	13
CULTURE, MEDIA AND SPORT	7	■ Refineries: Grangemouth	13
■ Listed Places of Worship Grant Scheme	7	■ Renewable Energy: Infrastructure	14
DEFENCE	7	■ Renewable Energy: Job Creation	14
■ Chinook Helicopters	7	■ Solar Power	14
■ Chinook Helicopters: Procurement	8	ENVIRONMENT, FOOD AND RURAL AFFAIRS	15
■ Christchurch Sailing Club: Flags	8	■ Countryside: Access	15
■ Defence: Procurement	8	■ Green Belt: Access	15
■ F-35 Aircraft: Procurement	9	HEALTH AND SOCIAL CARE	15
■ Military Aircraft: Helicopters	9	■ Air Ambulance Services	15
■ Missile Technology Control Regime	9	■ Air Pollution	16
		■ Allergies	16

■ Antidepressants: Prescriptions	16	■ Health Services: Disadvantaged	35
■ Antidepressants: Research	18	■ Health Services: Homelessness	36
■ Antidepressants: Side Effects	18	■ Health Services: Rural Areas	38
■ Attention Deficit Hyperactivity Disorder and Autism: South Shropshire	19	■ Health: Information	38
■ Attention Deficit Hyperactivity Disorder: Drugs	20	■ Health: Screening	38
■ Blood Cancer	20	■ Healthy Start Scheme	39
■ Blood Cancer: Clinical Trials	22	■ Hospitals and Pharmacy: Vocational Guidance	40
■ Blood Cancer: Diagnosis	24	■ Medical Equipment: Standards	40
■ Bowel Cancer: Endoscopy	24	■ Medical Treatments: Negligence	41
■ Bowel Cancer: Screening	25	■ Mental Health Services	41
■ Cancer: Children and Young People	25	■ NHS England: Communication and Management Consultants	42
■ Cancer: Health Services	26	■ NHS: Staff	42
■ Cancer: Older People	27	■ Ophthalmic Services	43
■ Dementia: Health Services	27	■ Palforzia	43
■ Dental Services	28	■ Pancreatic Enzyme Replacement Therapy: Shortages	44
■ Dental Services: Contracts	28	■ Peripheral Arterial Disease	44
■ Dental Services: Waveney Valley	28	■ Pharmacy	45
■ Dental Services: West Dorset	29	■ Pharmacy: York	47
■ Diabetes	29	■ Pregnancy Tests	47
■ Electronic Cigarettes	30	■ Primary Health Care: Pensioners	48
■ General Practitioners	31	■ Respiratory Syncytial Virus: Vaccination	48
■ General Practitioners: West Bromwich	32	■ School Milk	49
■ General Practitioners: West Dorset	32	■ Surgery: West Bromwich	50
■ GP Surgeries	33	■ Urinary Tract Infections: Health Education and Research	50
■ GP Surgeries: West Dorset	33	■ Waiting Lists: Aylesbury	51
■ Hartismere Hospital: Finance	34		
■ Health and Social Services	34		
■ Health Services	35		

HOME OFFICE	52	NORTHERN IRELAND	62
■ Asylum: Costs and Income	52	■ Independent Commission for Reconciliation and Information Recovery	62
■ Asylum: Homelessness	52	■ Murder of Patrick Finucane Independent Inquiry	63
■ Asylum: Republic of Ireland	53	■ Public History of British Policy During the Northern Ireland Conflict Expert Advisory Panel	63
■ Homelessness: Finance	53	■ Terrorism: Northern Ireland	64
■ Ministry of Defence: Demonstrations	54	SCIENCE, INNOVATION AND TECHNOLOGY	64
■ Tobacco: Smuggling	54	■ Animal Experiments	64
HOUSING, COMMUNITIES AND LOCAL GOVERNMENT	54	TRANSPORT	65
■ Building Regulations	54	■ M25: Noise	65
■ Devolution: Norfolk	54	■ Parking Offences: Automatic Number Plate Recognition	65
■ Devolution: Suffolk	55	■ Parking: Pedestrian Areas	66
■ Heating: Government Assistance	56	■ Public Transport: Carbon Emissions	66
■ High Rise Flats: Insulation	56	■ Restoring Your Railway Fund	66
■ Homelessness	57	■ Speed Limits	67
■ Homelessness: Departmental Coordination	58	■ Unmanned Aerial Vehicles	67
■ Housing: Carbon Emissions	58	TREASURY	67
■ Housing: Construction	59	■ Heat Batteries	67
■ Land Use	59	WALES	68
■ Neighbourhood Plans	60	■ Wales Office: Civil Servants	68
■ Permitted Development Rights	60	WORK AND PENSIONS	68
■ Regional Planning and Development: Cambridgeshire	60	■ Employment Schemes	68
■ Right to Buy Scheme	61	■ State Retirement Pensions	68
JUSTICE	61	■ State Retirement Pensions and Winter Fuel Payment	69
■ Members: Correspondence	61	■ Unemployment: Tees Valley	70
■ Miscarriages of Justice: Compensation	62	■ Unemployment: Young People	70
■ Probation Service: Staff	62		

WRITTEN STATEMENTS	71	SCIENCE, INNOVATION AND TECHNOLOGY	76
FOREIGN, COMMONWEALTH AND DEVELOPMENT OFFICE	71	■ Announcing the Regulatory Innovation Office	76
■ British Indian Ocean Territory	71	TRANSPORT	77
HEALTH AND SOCIAL CARE	73	■ Planning	77
■ Resident Doctors Agreement	73	WORK AND PENSIONS	78
HOUSING, COMMUNITIES AND LOCAL GOVERNMENT	74	■ DWP Fraud, Error and Debt Bill	78
■ New Towns	74		

Notes:

Questions marked thus **[R]** indicate that a relevant interest has been declared.
 Questions with identification numbers of **900000 or greater** indicate that the question was originally tabled as an oral question and has since been unstarred.

ANSWERS

BUSINESS AND TRADE

■ **Post Office: Payment Exception Service**

James Cartlidge:

[\[5074\]](#)

To ask the Secretary of State for Business and Trade, what discussions he has had with the Post Office Ltd on cutting exceptional payments for post offices.

Gareth Thomas:

While publicly owned, Post Office, as a commercial business with its own Board, operates at arm's length from the Government. Therefore, the issue around exceptional payments is an operational matter for the Post Office.

The Post Office has however informed my officials that they have taken the decision to pause making further changes to exceptional payments until later this autumn.

■ **Post Offices: South Suffolk**

James Cartlidge:

[\[5075\]](#)

To ask the Secretary of State for Business and Trade, what steps he is taking to help ensure that post offices in South Suffolk constituency remain financially viable businesses entities.

Gareth Thomas:

The Post Office is an essential service in communities across the country. The Government is committed to finding ways to strengthen the Post Office, through consulting with sub-postmasters, trade unions and customers. This will include supporting the development of new products, services and business models, such as banking hubs, that will help reinvigorate the high street.

Government provides an annual £50m Network Subsidy funding to support the delivery of a minimum number of branches and a geographical spread of branches in line with published access criteria.

CABINET OFFICE

■ **10 Downing Street: Security**

John Glen:

[\[5294\]](#)

To ask the Minister for the Cabinet Office, how many Downing Street passes have been issued since the general election to people who are not Ministers, civil servants, staff of the No 10 political office, special advisers, spouses of Ministers, Parliamentary Private Secretaries, or Labour Party staff.

Laura Trott: [\[5366\]](#)

To ask the Minister for the Cabinet Office, whether Ian Corfield (a) has had and (b) has a Downing Street pass.

Georgia Gould:

I refer the Rt Hon Members to the answer given by the then Prime Minister on 7 February 2017, Official Report, PQ 62542.

Following the practice followed by past administrations, the Government does not comment on security matters.

■ **Cabinet Office: Alcoholic Drinks**

John Glen: [\[5025\]](#)

To ask the Minister for the Cabinet Office, whether his Department has a policy on the (a) purchase of alcohol for workplace social events and (b) location of staff social events outside work.

Georgia Gould:

Any purchases made using taxpayer money must be evidenced to be necessary to the department's business.

There is no specific policy on the location of staff social events outside work.

■ **Civil Servants**

Charlie Dewhirst: [\[5742\]](#)

To ask the Minister for the Cabinet Office, pursuant to the Answer of 2 September 2024, to Question 2632, on Civil Service: Staff, whether he has a target (a) headcount and (b) FTE size for the civil service.

Georgia Gould:

Decisions on the future size of the Civil Service will form a part of the comprehensive Spending Review.

■ **Civil Service and Public Bodies: Equality**

John Glen: [\[5050\]](#)

To ask the Minister for the Cabinet Office, what guidance his Department issues on the number and proportion of (a) Civil Service and (b) public body staff assigned to full-time equivalent staff roles related to equality, diversity and inclusion.

Georgia Gould:

There is no guidance issued on the number and proportion of Civil Service or public bodies staff assigned to full-time equivalent staff roles related to equality, diversity and inclusion. Decisions about this are delegated to Civil Service departments and public bodies. The EDI Expenditure Guidance remains in place.

■ Harbour Energy: LetterOne

John Cooper:

[\[5757\]](#)

To ask the Minister for the Cabinet Office, with reference to the oral contribution of the Secretary of State for Scotland in response to the question from the hon. Member for Dumfries and Galloway of 4 September 2024, Official Report, column 298, when he plans to provide a written response to that question.

Ms Abena Oppong-Asare:

This was an acquisition of Harbour Energy shares by BASF and LetterOne, with LetterOne receiving a class of non-voting shares which does not give it the ability to influence Harbour Energy. On 30 July 2024, following a detailed national security assessment, the Chancellor of the Duchy of Lancaster imposed a necessary and proportionate Final Order under the National Security and Investment Act on the acquisition of a 46.5% shareholding of Harbour Energy plc by BASF Handels-Und Export GmbH. The Final Order and the conditions imposed within it enable the Chancellor of the Duchy of Lancaster to consider further the exercise of his powers under the Act should a share conversion lead to: LetterOne owning 10% or more ordinary shares in Harbour Energy; and/or the appointment of a Harbour Energy plc board member by LetterOne. The Chancellor of the Duchy of Lancaster has a statutory duty to keep all Final Orders under review and will exercise this power if and when necessary.

CULTURE, MEDIA AND SPORT

■ Listed Places of Worship Grant Scheme

James Cartlidge:

[\[5606\]](#)

To ask the Secretary of State for Culture, Media and Sport, whether she plans to continue supporting the Listed Places of Worship Grant Scheme.

Chris Bryant:

Future Government spending is a matter for the upcoming Spending Review.

DEFENCE

■ Chinook Helicopters

Luke Akehurst:

[\[5786\]](#)

To ask the Secretary of State for Defence, how many flying hours the Chinook fleet carried out in each of the last five years.

Luke Pollard:

The below table shows the recorded flying hours for the Chinook Fleet.

YEAR	CHINOOK FLYING HOURS
2019-20	9581
2020-21	9734.7
2021-22	9283.8
2022-23	9055.2
2023-24	8027.1

Source: Joint Aviation Command

■ Chinook Helicopters: Procurement

Mr Gregory Campbell: [\[5536\]](#)

To ask the Secretary of State for Defence, what estimate he has made of the number of Chinook CH-47 aircraft that will be delivered during this Parliament.

Luke Pollard:

14 new build Chinook H-47(ER) aircraft are estimated to be delivered between July 2024 and July 2029.

■ Christchurch Sailing Club: Flags

Sir Christopher Chope: [\[5528\]](#)

To ask the Secretary of State for Defence, if he will grant the application by Christchurch Sailing Club for a warrant to wear a privileged Ensign.

Al Carns:

New privileged ensigns are granted only in the most exceptional circumstances. There are only a limited number of clubs whose applications have been granted since the list for privileged Yacht clubs closed in 1952. This decision is under consideration. Once made, the Christchurch Sailing Club will be notified.

■ Defence: Procurement

James Cartlidge: [\[5333\]](#)

To ask the Secretary of State for Defence, what his policy is on cooperation with the EU on defence procurement; and if he will list PESCO agreements with which the UK (i) is currently cooperating and (ii) has indicated in meetings an interest in reviewing potential engagement or participation.

Luke Pollard:

The UK is an intrinsic part of the European industrial base and is vital to developing the capabilities Europe needs, as well as ensuring resilient, strengthened European supply chains that also benefit UK security and industry. We enjoy extensive

capability collaboration with our European neighbours, and expanding this is priority for this Government.

The UK is seeking an ambitious new UK-EU security pact to strengthen cooperation on the threats we face and enshrining a new geopolitical partnership. We continue to progress the UK's application to join the PESCO Military Mobility project whilst also exploring other projects which align with UK interests on a project-by-project basis.

■ **F-35 Aircraft: Procurement**

Luke Akehurst: [\[5790\]](#)

To ask the Secretary of State for Defence, how many F-35B aircraft he expects his Department to have taken delivery of by the end of 2024.

Luke Pollard:

Against the current schedule, it is projected that by end of calendar year 2024, the UK will have taken ownership of 37 F-35B aircraft.

■ **Military Aircraft: Helicopters**

Luke Akehurst: [\[5785\]](#)

To ask the Secretary of State for Defence, pursuant to the Answer of 22 July 2024 to Question 444, what recent progress his Department has made on the New Medium Helicopter programme.

Luke Akehurst: [\[5789\]](#)

To ask the Secretary of State for Defence, how many aircraft will be procured through the New Medium Helicopter (NMH) programme.

Luke Pollard:

The second stage of the New Medium Helicopter competition commenced on 27 February 2024 with the release of the Invitation to Negotiate to Airbus Helicopters UK, Leonardo Helicopters UK and Lockheed Martin UK. Only Leonardo Helicopters UK elected to submit a tender.

The New Medium Helicopter competition remains sensitive, and the evaluation and approval process needs to complete before further details, including aircraft numbers, can be confirmed.

■ **Missile Technology Control Regime**

Luke Akehurst: [\[5787\]](#)

To ask the Secretary of State for Defence, what assessment he has made of the effectiveness of the Missile Technology Control Regime (MTCR).

Luke Pollard:

The Missile Technology Control Regime (MTCR) remains a key component of international export control efforts. The Ministry of Defence continually assesses its effectiveness to ensure it continues to adapt to emerging technological developments

in order to remain a relevant non-proliferation tool that strengthens international efforts to combat missile proliferation and frustrate attempts to deploy weapons of mass destruction.

■ **Ukraine: Military Aid**

James Cartlidge: [\[5071\]](#)

To ask the Secretary of State for Defence, with reference to his oral Statement of 10 September 2024 on Ukraine, if he will provide an itemised breakdown of the £1 billion spent on UK replenishment including (a) when each order was placed and (b) the nature and cost of the item ordered.

Luke Pollard:

As the hon. Member will understand from his time in the Ministry of Defence, for reasons of operational security, details of replenishment and stockpiles are highly classified, and I am withholding this information.

However, I can confirm that several contracts have been let to replenish UK stockpiles in order to replace material granted to Ukraine.

EDUCATION

■ **Harrogate College**

Tom Gordon: [\[5170\]](#)

To ask the Secretary of State for Education, if she will make an assessment of the potential merits of extending the funding period for the Harrogate College rebuild.

Tom Gordon: [\[5171\]](#)

To ask the Secretary of State for Education, what her planned timescale is for disbursing funding allocated to Harrogate College for the rebuild project.

Tom Gordon: [\[5172\]](#)

To ask the Secretary of State for Education, if her Department will make an assessment of the potential impact of the Harrogate College rebuild on (a) skills development and (b) local employment opportunities.

Tom Gordon: [\[5173\]](#)

To ask the Secretary of State for Education, what discussions she has had with (a) local authorities and (b) other stakeholders on delays to the Harrogate College rebuild, in the context of the ongoing judicial review in relation to the planning application for that project.

Stephen Morgan:

The Harrogate College project was awarded funding from the further education capital transformation fund (FE CTF), and the college capital loans scheme (CCLS), to improve the condition of the building. Under the terms of the FE CTF grant, projects needed to be completed by December 2024, and for the loan, final

drawdowns were required by March 2025. We understand that the project will now not be able to meet these terms due to unforeseen planning delays.

The department's capital funding for the 2025/26 financial year will be confirmed at the 30 October Budget. Capital funding beyond this period is subject to a multi-year spending review which will conclude in spring 2025.

Payment of grant and drawdown of loan funding is done in arrears, based on evidence of spend submitted by the college, so disbursement of the funding to colleges awarded grants through the FE CTF or loans through the CCLS does not begin until works start on their capital projects.

All bids to the FE CTF were assessed against a range of criteria, including whether they would support delivery of both national and local skills priorities, aligning with the local skills improvement plans.

Departmental officials have regular discussions with Luminare Education Group about their capital projects, including Harrogate College, to keep the department apprised of developments.

ENERGY SECURITY AND NET ZERO

■ Batteries: Storage

John Milne:

[\[5818\]](#)

To ask the Secretary of State for Energy Security and Net Zero, if he will take steps to introduce (a) new national standards for the construction of facilities and (b) operational safety regulations for battery energy storage systems.

Michael Shanks:

The Government recognises the importance of having robust measures in place to manage battery energy storage system (BESS) safety. The Health and Safety Executive (HSE) regulates BESS under a regulatory regime which requires BESS designers, installers, and operators to take the necessary health and safety measures throughout all stages of the system's construction, operation and decommissioning.

■ Climate Change: International Cooperation

Uma Kumaran:

[\[900553\]](#)

To ask the Secretary of State for Energy Security and Net Zero, what steps he is taking with his international counterparts to tackle climate change.

Ed Miliband:

This Government believes that we can only ensure climate security for further generations in the UK if we lead globally.

And that was the message of the Prime Minister at the United Nations General assembly with our:

- World leading 2030 clean power plan
- No new oil and gas licenses
- And playing our part in reforming the global financial system

And next month I will be attending the cop29 talks in Azerbaijan to stand up for Britain's interests.

■ Great British Energy

Luke Murphy:

[\[900554\]](#)

To ask the Secretary of State for Energy Security and Net Zero, what steps he is taking to establish Great British Energy.

Ed Miliband:

We have already made good progress on setting up Great British Energy, our publicly owned energy company overwhelmingly backed by the British people at the election.

We have published legislation, now making its passage through this House, announced former Siemens chief executive Juergen Maier as the start up chair, signed its first deal with the Crown Estate, and announced the GBE Headquarters in Aberdeen, delivering on our commitment to base the company in Scotland, the beating heart of our energy industry.

■ National Grid: Costs

James Cartlidge:

[\[5072\]](#)

To ask the Secretary of State for Energy Security and Net Zero, pursuant to the Answer of 10 September 2024 to Question 4389 on National Grid: Costs, whether (a) he and (b) Ofgem is able to provide the estimate requested.

Michael Shanks:

New network infrastructure is essential to meet the rising demand for electricity and connect new renewable generation.

Ofgem estimates that the Western Link and Eastern Green Link will increase consumer bills by an average of £6.50 per annum over a 60-year period, taking inflation into account.

Ofgem approves electricity network build options that are efficient and provide an overall benefit to the consumer. Please see Ofgem's cost benefit analysis of Western Link ^[1] and Eastern Green Link ^[2] for more details.

^[1]<https://www.ofgem.gov.uk/consultation/transmission-investment-incentives-consultation-minded-position-western-high-voltage-direct-current-hvdc-link-western-bootstrap>

^[2]<https://www.ofgem.gov.uk/consultation/eastern-hvdc-consultation-projects-initial-needs-case-and-initial-thinking-its-suitability-competition>

■ Natural Gas and Oil: Prices

Mr Gregory Campbell:

[\[900557\]](#)

To ask the Secretary of State for Energy Security and Net Zero, what recent discussions he has had with oil and gas companies on projected price changes in the next six months.

Michael Shanks:

Energy policy in Northern Ireland is devolved. However, Ministers meet regularly with energy suppliers and we expect them to do everything they can to support their consumers, especially the most vulnerable.

■ Petrol and Diesel: Prices

Dr Luke Evans:

[\[900550\]](#)

To ask the Secretary of State for Energy Security and Net Zero, what recent assessment he has made of trends in petrol and diesel prices.

Miatta Fahnbulleh:

UK government statistics show average retail prices of petrol and diesel were approximately 134 and 138 pence per litre respectively on 7th October.

These are 58 and 61 pence per litre lower than the all-time peak of 4th July 2022.

■ Refineries: Grangemouth

Brian Leishman:

[\[5804\]](#)

To ask the Secretary of State for Energy Security and Net Zero, what discussions he has had with stakeholders on (a) plans for the industrial future and (b) the workforce that could in future be based at the Grangemouth site in Scotland, in the context of the planned closure of the oil refinery in 2025.

Michael Shanks:

It was deeply disappointing that Petroineos confirmed its previous decision to close the oil refining operation at Grangemouth.

Since taking office, the Secretary of State and I have taken joint action with the Scottish Government to urgently engage with the company and its shareholders, leaving no stone unturned to find an industrial future for the site.

In response to the company's decision, the UK and Scottish Governments announced a joint £100 million investment package for Falkirk and Grangemouth; immediate career support to help the workforce; and a joint-funded £1.5 million project to find viable long-term options for the site, with potential for future support from the National Wealth Fund.

■ Renewable Energy: Infrastructure

Tom Gordon: [\[900552\]](#)

To ask the Secretary of State for Energy Security and Net Zero, what steps his Department is taking to support the development of off-grid energy infrastructure.

Michael Shanks:

We are taking a strategically planned approach to build a larger, modern and efficient energy grid. We will use a holistic design coordinating and balancing on and off grid infrastructure.

Support is currently available for off-grid households which provides energy efficiency upgrades and low-carbon heating measures to low-income households.

Our Warm Homes Plan will go further to transform homes across the country.

■ Renewable Energy: Job Creation

Euan Stainbank: [\[900551\]](#)

To ask the Secretary of State for Energy Security and Net Zero, what steps his Department is taking to help increase the number of jobs in the renewable energy sector.

Sarah Jones:

The Government is committed to creating good clean energy jobs through the multitude of investments being made to support our mission to make the UK a clean energy superpower such as Great British Energy, the British Jobs Bonus, and boosting support for our renewables auction, making it the largest round ever. We have also set up the Office for Clean Energy Jobs which will support developing the skilled workforce in core energy and net zero sectors, critical to meeting our mission.

■ Solar Power

Anna Dixon: [\[900549\]](#)

To ask the Secretary of State for Energy Security and Net Zero, what steps he is taking to increase solar power generation.

Steve Race: [\[900560\]](#)

To ask the Secretary of State for Energy Security and Net Zero, what steps he is taking to increase solar power generation.

Michael Shanks:

The Government recently announced the re-establishment of the Solar Taskforce and publication of the Solar Roadmap will follow shortly, setting out recommendations on how we and industry will work together to achieve our ambition to radically increase deployment by 2030. Alongside that, Government recently concluded its latest Contracts for Difference round, where a record 3.3GW of solar capacity was secured.

ENVIRONMENT, FOOD AND RURAL AFFAIRS**■ Countryside: Access****Grahame Morris:**[\[5572\]](#)

To ask the Secretary of State for Environment, Food and Rural Affairs, if he will take steps to implement the aims of the Right to Roam campaign.

Mary Creagh:

Our countryside and green spaces are a source of great national pride, but too many across the country are left without access to the great outdoors. That is why the last Labour Government expanded public access by introducing the Countryside and Rights of Way Act 2000, which provides the public with access to large areas of mountain, moor, heath, down, registered common land, and coastal margin in England.

The Department will continue to enhance public access by creating nine new National River Walks, planting three new National Forests, and empowering communities to develop new parks and green spaces through a new Community Right to Buy. Further details on our plans will be announced in due course

■ Green Belt: Access**Grahame Morris:**[\[5570\]](#)

To ask the Secretary of State for Environment, Food and Rural Affairs, what recent assessment has he made of the potential merits of opening up green belt land to responsible public access.

Mary Creagh:

The Government recognises the importance of providing access to the outdoors for people's health and wellbeing.

We are actively working on initiatives that enhance access to nature in other areas. We will create nine new National River Walks, plant three new National Forests and empower communities to create new parks and green spaces in their communities with a new Community Right to Buy.

HEALTH AND SOCIAL CARE**■ Air Ambulance Services****Claire Young:**[\[5764\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to support the work of Air Ambulance charities.

Claire Young:[\[5765\]](#)

To ask the Secretary of State for Health and Social Care, if he will provide capital funding to Air Ambulance charities.

Karin Smyth:

The Department and the National Health Service continue to support the work of air ambulance charities, including through the NHS ambulance trusts' provision of key clinical staff and medical equipment, which supports the operation of air ambulances.

■ **Air Pollution**

Rachael Maskell: [\[5596\]](#)

To ask the Secretary of State for Health and Social Care, what discussions he has had with the Secretary of State for the Environment on reducing particulate matter in the air.

Andrew Gwynne:

The Department works closely with departments across the Government to improve public health. The Department of Health and Social Care has regular engagement with the Department for Environment, Food and Rural Affairs at both a ministerial and an official level on various issues, including air quality.

■ **Allergies**

Mary Kelly Foy: [\[5651\]](#)

To ask the Secretary of State for Health and Social Care, if he will make it his policy to create a national allergy tsar within the NHS.

Andrew Gwynne:

The Government recognises the challenges in allergy care and the need to address the rapid and continuing rise of allergies.

The Department's officials continue to discuss with NHS England and other Government departments and agencies, as well as patient groups, how best to improve care and support for people with allergies, including their health outcomes and quality of life. We will be considering calls for the Government to appoint a national allergy lead this autumn.

■ **Antidepressants: Prescriptions**

Andrew Rosindell: [\[5539\]](#)

To ask the Secretary of State for Health and Social Care, if he will take steps to reduce prescriptions for anti-depressant medication.

Andrew Rosindell: [\[5540\]](#)

To ask the Secretary of State for Health and Social Care, if he will take steps to publish guidance to GPs on reducing prescriptions for anti-depressant medication.

Andrew Rosindell: [\[5544\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish guidance for (a) GPs and (b) psychiatrists on (i) safely deprescribing and (ii) providing alternative medications for patients on antidepressant medications.

Karin Smyth:

Overprescribing can be addressed by taking a shared decision-making approach and optimising a person's medicines, and by ensuring that patients are prescribed the right medicines at the right time, in the right doses.

NHS England has published Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms: framework for action. It aims to further reduce inappropriate prescribing of medicines which can cause withdrawal, such as anti-depressants, where they may no longer be the most clinically appropriate treatment for patients and alternatives to medicines may be equally or more appropriate. More information on the framework is available at the following link:

<https://www.england.nhs.uk/long-read/optimising-personalised-care-for-adults-prescribed-medicines-associated-with-dependence-or-withdrawal-symptoms/>

NHS England provides support to integrated care boards (ICBs) and primary care as the Framework is implemented. For example, there is National medicines optimisation opportunities for the NHS, which includes an opportunity for addressing inappropriate antidepressant prescribing, with more information available at the following link:

<https://www.england.nhs.uk/long-read/national-medicines-optimisation-opportunities-2023-24/>

There is also Specialist Pharmacy Service advice on deprescribing antidepressants, for which more information is available at the following link:

<https://www.sps.nhs.uk/articles/deprescribing-of-antidepressants-for-depression-and-anxiety/>

There is annual investment of £2.3 billion until 2024 in mental health services and NHS Talking Therapies for anxiety and depression (which delivered 670,000 courses of treatment in 2022/23). More information is available at the following link:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-talking-therapies-for-anxiety-and-depression-annual-reports/2022-23>

There is also a national programme to ensure social prescribing is an option for patients, as well as funding for social prescribers through the Additional Roles Reimbursement Scheme (ARRS). More information is available at the following links:

<https://www.england.nhs.uk/personalisedcare/social-prescribing/>

<https://www.england.nhs.uk/gp/expanding-our-workforce/>

There is also support for delivering Structured Medication Reviews, including those on medicines associated with dependence and withdrawal symptoms), via: Health Innovation Network training to help build GP and prescribing health care professionals' confidence in, and understanding of, the complex issues surrounding stopping inappropriate medicines safely. Guidance is also published by NHS England

on Structured Medication Review and Medicines Optimisation, which is available at the following link:

<https://www.england.nhs.uk/publication/structured-medication-reviews-and-medicines-optimisation/>

Offering treatments that are not medicines is also key to addressing overprescribing. Many other initiatives delivered across the National Health Service contribute towards this.

■ Antidepressants: Research

Andrew Rosindell:

[5541]

To ask the Secretary of State for Health and Social Care, if he will take steps to provide funding for medical research into alternatives to antidepressant medication.

Andrew Gwynne:

The Department funds research through the National Institute for Health and Care Research (NIHR). The NIHR funds an extensive portfolio of mental health research, including a number of investments focused on alternatives to antidepressant medication. For example, the NIHR Oxford Health Biomedical Research Centre has a dedicated research theme on depression therapeutics and human neurocognitive models of antidepressant action. Additionally, the NIHR invested £1.1 million in a randomised controlled trial to examine if it is feasible, safe, and effective to use psilocybin to treat people with treatment-resistant depression, which was supported by the NIHR King's Clinical Research Facility and the NIHR Maudsley Biomedical Research Centre. The study was completed in February 2024 and the full results will be published following peer review. The NIHR welcomes funding applications for research into any aspect of human health, including alternatives to antidepressant medication.

■ Antidepressants: Side Effects

Andrew Rosindell:

[5542]

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to help treat people who have had adverse reactions to antidepressant medication including to (a) selective serotonin reuptake inhibitors and (b) serotonin and norepinephrine reuptake inhibitors.

Karin Smyth:

The Medicines and Healthcare products Regulatory Agency approved Patient Information Leaflets outline the details of possible adverse reactions associated with selective serotonin reuptake inhibitors and serotonin and norepinephrine reuptake inhibitors, and highlight when the advice of a healthcare professional should be sought for specific serious adverse reactions.

People who are concerned about adverse reactions to antidepressants should speak to a healthcare professional. Suspected adverse reactions to medicines, including antidepressant medication, can be reported through the Yellow Card Scheme, which

is the system for recording adverse reactions suspected to be associated with medicines and medical devices in the United Kingdom.

Andrew Rosindell:

[\[5543\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to treat people who have (a) post-acute withdrawal syndrome and (b) post-SSRI sexual dysfunction after taking anti-depressant medication.

Karin Smyth:

The Medicines and Healthcare products Regulatory Agency (MHRA) approved product information outlines the details of possible adverse reactions associated with each medicine. Whilst post-acute withdrawal syndrome is not currently recognised as being associated with antidepressant use, the product information for the most commonly prescribed antidepressants contain advice about the risk of withdrawal reactions associated with antidepressant use, and advises users not to stop these types of medication abruptly.

The product information for some antidepressants contains advice that they can be associated with sexual dysfunction where symptoms continue despite stopping the antidepressant. An expert working group of the Commission on Human Medicines has been established to review how the risk of sexual dysfunction, where symptoms may continue, is communicated to patients. Separately, a review of the communication of the risk of withdrawal reactions in the product information will be taken forward in the MHRA's project, to improve the information supplied with known dependency-forming medicines. Patients can visit either their general practice, or a sexual health clinic, for support with erectile dysfunction.

■ Attention Deficit Hyperactivity Disorder and Autism: South Shropshire

Stuart Anderson:

[\[5358\]](#)

To ask the Secretary of State for Health and Social Care, what recent assessment she has made of the adequacy of the availability of NHS provision for the (a) diagnosis and (b) treatment of ADHD and ASD in South Shropshire.

Stephen Kinnock:

It is the responsibility of integrated care boards (ICBs) to make available appropriate provision to meet the health and care needs of their local population, including autism and attention deficit hyperactivity disorder (ADHD) services, in line with relevant National Institute for Health and Care Excellence guidelines.

The Shropshire, Telford and Wrekin ICB advises that from April 2024, the contract for children and young people's autism spectrum disorder (ASD) and ADHD services has received a significant funding uplift to support improved access. In respect of adult services, the ICB advises that the adult ADHD assessment service is currently under procurement, with the aim of ensuring more accessible and tailored support, and the ICB has recently partnered with Midlands Partnership NHS Foundation Trust to expand adult ASD assessments.

■ Attention Deficit Hyperactivity Disorder: Drugs

Dr Luke Evans:

[5375]

To ask the Secretary of State for Health and Social Care, what recent discussions he has had with (a) NHS England and (b) drug companies to secure supplies of ADHD medication.

Karin Smyth:

The Department has been working hard with industry and NHS England to help resolve supply issues with some attention deficit hyperactivity disorder (ADHD) medicines, which are affecting the United Kingdom and other countries around the world. As a result of intensive work, some issues have been resolved. All strengths of lisdexamfetamine, atomoxetine capsules, and guanfacine prolonged-release tablets are now available.

We are continuing to work to resolve medicine supply issues, where they remain, for some strengths of methylphenidate. We are engaging with all suppliers of methylphenidate prolonged-release tablets to assess the challenges faced, and their actions to address them. We are also directing suppliers to secure additional stocks, expedite deliveries where possible, and review plans to further build capacity to support continued growth in demand for the short and long-term. It is anticipated the methylphenidate supply issues will be resolved by October 2024.

In parallel, the Department has worked with specialist clinicians, including those within the National Health Service, to develop management advice for NHS clinicians to consider prescribing available alternative brands of methylphenidate prolonged release tablets. We would expect ADHD service providers and specialists to follow our guidance to offer rapid response to primary care teams seeking urgent advice or opinion for the management of patients, including those known to be at a higher risk of adverse impact because of these shortages.

To aid ADHD service providers and prescribers further, we have widely disseminated our communications and continually update a list of currently available and unavailable ADHD products on the Specialist Pharmacy Service website, helping ensure that those involved in the prescribing and dispensing of ADHD medications can make informed decisions with patients, which is available at the following link:

<https://www.sps.nhs.uk/articles/prescribing-available-medicines-to-treat-adhd/>

■ Blood Cancer

Sorcha Eastwood:

[5806]

To ask the Secretary of State for Health and Social Care, whether he plans to take steps with NHS England to develop (a) modelling of the blood cancer care workforce and (b) national standards for staffing and facilities.

Sorcha Eastwood:

[5807]

To ask the Secretary of State for Health and Social Care, how many (a) blood cancer clinical nurses employed and (b) vacant blood cancer clinical nurse specialist posts there

are in the NHS; and what assessment he has made of the potential merits of developing of a new blood cancer support role.

Karin Smyth:

Information on the number of blood cancer clinical nurse specialists employed in the National Health Service, and the number of vacant posts, is not held centrally.

The NHS has been facing chronic workforce shortages for years, and we have to be honest that bringing in the staff we need will take time. We are committed to training the staff we need to get patients seen on time. To achieve this, we will reform the NHS to deliver more care in the community and more preventative care.

As we fix the NHS, we will deliver the NHS Long Term Workforce Plan, so patients, including blood cancer patients, are always cared for by the relevant, qualified healthcare professionals.

Sorcha Eastwood:

[5809]

To ask the Secretary of State for Health and Social Care, what steps he is taking to (a) help improve patient understanding of self-monitoring of blood cancer and (b) increase funding for (i) sign-posting and referrals into charity support services and (ii) other resources for patient advocacy.

Andrew Gwynne:

NHS England is committed to ensuring that all cancer patients are offered Holistic Needs Assessment and Personalised Care and Support Planning, ensuring care is focused on what matters most to each person. This is being delivered in line with the NHS Comprehensive Model for Personalised Care, empowering people to manage their care and the impact of their cancer, and maximise the potential of digital and community-based support.

Health and wellbeing information and support is provided from diagnosis onwards and includes access to NHS Talking Therapy services for anxiety and depression. This is alongside wider work to improve psychosocial support for people affected by cancer, such as through local partnerships with cancer support charities.

Sorcha Eastwood:

[5812]

To ask the Secretary of State for Health and Social Care, if he will take steps to hold discussions with his counterparts in the devolved Administrations on co-ordinating national cancer registries in their (a) collection, (b) analysis and (c) reporting of blood cancer data.

Andrew Gwynne:

There are no current plans to hold discussions with the devolved administrations on co-ordinating national cancer registries. The National Disease Registration Service (NDRS), which includes the National Cancer Registration and Analysis Service, is a member of the United Kingdom and Ireland Association of Cancer Registries (UKIACR). The UKIACR has interests in all aspects of cancer registration, both in its methodology and in its application, to the collection, analysis, and publication of population-based data on the incidence, mortality, and survivability from cancer, and

in the use of this data for research aimed at controlling cancer in the population. More details are available at the following link:

<https://ukiacr.org/about/ukiacr-constitution>

Staff from the NDRS attend quarterly UKIACR executive meetings, where collaboration and standardisation, where possible, of the collection and reporting of cancer data is discussed. NDRS analysts also attend quarterly meetings with UKIACR analysts, where detailed discussions are held to ascertain any differences in the reporting of cancer data, and how these can be made analogous. Annual performance indicators, including key performance indicators for haematology, are available at the following link:

<https://ukiacr.org/kpis>

England and Wales use the same cancer registration information and communication technology environment, and contracts are held between England, Wales, and Scotland, respectively, to provide the mechanisms to collect and store radiotherapy data.

Sorcha Eastwood:

[5813]

To ask the Secretary of State for Health and Social Care, if he will take steps to help ensure blood cancer is routinely included as a distinct category when reporting on (a) prevalence, (b) healthcare utilisation and (c) other appropriate benchmarks.

Karin Smyth:

The National Disease Registration Service, through the National Cancer Registration and Analysis Services (NCRAS), collects information on how many people in England have cancer. Blood cancer is included as a distinct category, labelled haematological neoplasms. The National Disease Registration Service's website also shows the number of people treated for different tumour types by treatment type, as well as survival rates, mortality rates, and data on urgent suspected cancer referrals. This information is available at the following link:

<https://www.cancerdata.nhs.uk/>

All cases of cancer diagnosed and treated in the National Health Service in England are registered by the NCRAS. This creates a clinically rich data resource that is used to measure diagnosis, treatment, and outcomes for patients diagnosed with cancer. The data held by the NCRAS supports service provision and commissioning in the NHS, clinical audits, and public health and epidemiological research, all of which contribute to improved outcomes for those diagnosed with cancer.

■ Blood Cancer: Clinical Trials

Sorcha Eastwood:

[5810]

To ask the Secretary of State for Health and Social Care, whether his Department is taking steps to support (a) investigator-led and (b) commercially-sponsored clinical trials in blood cancer research.

Andrew Gwynne:

The Department-funded National Institute of Health and Care Research (NIHR) funds research and research infrastructure which supports patients and the public to participate in high-quality research, including clinical research on blood cancer.

NIHR infrastructure provides world-class research expertise, specialist facilities, a research delivery workforce, and support services, which all help to support and deliver research across the National Health Service and the wider health and care system.

The Department is committed to implementing the recommendations of Lord O'Shaughnessy's review into commercial clinical trials, making sure the United Kingdom is one of the best places in the world to conduct cutting-edge clinical research, including research into cancer.

The Department spends £1.5 billion per year on research through the NIHR. NIHR research expenditure for all cancers was over £121.8 million for 2022/23, with more spent on cancer than any other disease group.

Sorcha Eastwood:[\[5811\]](#)

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the adequacy of participation in clinical trials for blood cancer; and whether he plans to take steps to increase the level of participation among underrepresented groups.

Andrew Gwynne:

No such assessment has been made. The Department-funded National Institute of Health and Care Research (NIHR) funds research and research infrastructure which supports patients and the public to participate in high-quality research. The NIHR supported the opening of 171 studies on blood cancer and the recruitment of 7,939 participants between 2021/22 and 2023/24, indicating a consistent level of participation.

The Department is committed to implementing the recommendations of Lord O'Shaughnessy's review into commercial clinical trials, maximising the United Kingdom's potential to lead the world in clinical trials, and ensuring that innovative, lifesaving treatments are accessible to National Health Service patients. Our aim is to ensure all patients, including those in underrepresented groups, are empowered to directly and proactively explore research opportunities.

The NIHR provides an online service called Be Part of Research, which promotes participation in health and social care research by allowing users to search for relevant studies and register their interest. This can also be accessed through the NHS App. This makes it easier for people to find and take part in health and care research that is relevant to them.

■ Blood Cancer: Diagnosis

Sorcha Eastwood:

[\[5808\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking improve the disparities experienced by those from (a) ethnic minorities, (b) deprived backgrounds and (c) geographically remote locations in accessing a timely diagnosis of blood cancer.

Andrew Gwynne:

Making improvements across different cancer types is critical to reducing disparities in cancer survival. Early cancer diagnosis is also a specific priority within the National Health Service's wider Core20Plus5 approach to reducing healthcare inequalities.

We recognise there are particular challenges for a number of different populations, particularly for people living in the most deprived areas of the country. As part of our wider strategy on early diagnosis, we are directly targeting our activity at areas we know will make a difference.

The NHS's Help Us, Help You cancer campaigns increase awareness of cancer symptoms, address barriers, and encourage people to get checked. Some campaigns focus on specific symptoms while others focus on fear as a barrier to help-seeking, which is relevant across all cancer types. The key target audience for these campaigns are people aged 50 year old and over living in more disadvantaged areas, as well as groups more likely to experience health inequalities, such as black and South Asian people.

NHS England and the integrated care boards are responsible for commissioning and ensuring the healthcare needs of local communities are met, including providing support for travel.

■ Bowel Cancer: Endoscopy

Rebecca Long Bailey:

[\[5586\]](#)

To ask the Secretary of State for Health and Social Care, whether the Fit For Future Fund will include purchasing new equipment for endoscopy services used to diagnose bowel cancer.

Karin Smyth:

Increasing capacity to meet demand for diagnostic services and returning to waiting time standards for cancer, including the Faster Diagnosis Standard, are both priorities for the Government.

It is our ambition to introduce a new Fit For the Future fund to provide the National Health Service with the latest technology and to replace outdated equipment to make diagnoses, including cancer diagnoses, more accurate and timely, and to improve the experience for patients.

More detailed plans for future funding will be informed by NHS England's assessment of priorities, and will be set out at the earliest opportunity.

■ Bowel Cancer: Screening**Mrs Sharon Hodgson:**[\[5272\]](#)

To ask the Secretary of State for Health and Social Care, if he will provide additional funding for improved endoscopy equipment for diagnosing bowel cancer.

Karin Smyth:

Increasing capacity to meet the demand for diagnostic services is a priority for the Government. We are committed to providing the National Health Service with the latest technology, replacing outdated equipment to make diagnosis more accurate and timely, and improving experience for patients. Plans for future funding will be informed by NHS England's assessment of priorities, and will be set out at the earliest opportunity.

It is our priority to take the steps necessary to return to waiting time standards for cancer, including the Faster Diagnosis Standard, which sets a target of 28 days from urgent referral by a general practitioner or screening programme to patients being told that they have cancer, or that cancer is ruled out.

Mr Gregory Campbell:[\[5537\]](#)

To ask the Secretary of State for Health and Social Care, when his Department plans to offer bowel cancer screening to people aged 50.

Andrew Gwynne:

The National Health Service in England has been gradually reducing the age for bowel screening from 60 years old down to 50 years old, since 2021/22. The extension to 50 years old is expected to be completed by 2025.

■ Cancer: Children and Young People**Jim Shannon:**[\[5320\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of the amount of financial support available (a) for families of children and young people with cancer and (b) to cover the additional costs that families of children and young people with cancer incur due to additional (i) travel, (ii) energy, (iii) accommodation and (iv) dietary requirements.

Jim Shannon:[\[5322\]](#)

To ask the Secretary of State for Health and Social Care, if he will have discussions with Cabinet colleagues on the potential merits of providing financial support to cancer patients under the age of 26 that must undertake cross-border travel within the UK to receive treatment.

Andrew Gwynne:

The Department has not made a formal assessment of the adequacy of the amount of financial support available for families of children and young people with cancer. There are currently no plans for the Department to make a formal assessment on the potential merits of providing financial support to children and young people with

cancer that must undertake cross-border travel to receive treatment. However, the Government is committed to putting patients first and providing speedy and high-quality care, irrespective of where patients are treated in the United Kingdom. The Government is working with the devolved administrations to deliver this.

NHS England and the integrated care boards are responsible for commissioning and ensuring the healthcare needs of local communities in England are met, including for children and young people with cancer. The National Health Service in England runs schemes to provide financial assistance for travel to a hospital, or other NHS premises for specialist NHS treatment or diagnostics tests, when referred by a doctor or other primary healthcare professional. This includes the NHS Healthcare Travel Costs Scheme (HTCS), which provides financial assistance to patients who do not have a medical need for transport, but who require assistance with the costs of travelling to receive certain NHS services. Patients who do not qualify for the HTCS and who are on a low income may be able to claim the costs from the Department for Work and Pensions through Universal Credit or Personal Independence Payment. Currently, there are no national schemes in place for families of children and young people with cancer to support with the costs associated with energy, accommodation, or dietary requirements.

■ Cancer: Health Services

James Naish:

[\[5428\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to address regional disparities in cancer treatment.

Karin Smyth:

Reducing inequalities and variation in cancer treatment is a priority for the Government, as is increasing early cancer diagnosis, as both are key contributors to reducing cancer health inequalities.

To improve diagnosis and outcomes, NHS England is delivering a range of interventions including implementing non-specific symptom pathways for patients who have symptoms, such as unexplained weight-loss and fatigue, that do not align to a single tumour type, as is often the case with pancreatic cancer. 115 pathways are now in place across the country, providing almost full population coverage.

We are also rolling out the Targeted Lung Health Checks Programme, which aims to improve early detection of lung cancer. People living in deprived areas are four times more likely to smoke, and smoking causes 72% of lung cancers. Therefore, introducing this programme will disproportionately benefit those in deprived areas.

Paul Davies:

[\[5523\]](#)

To ask the Secretary of State for Health and Social Care, whether he is taking steps to reinstate the National Cancer Equality Initiative to examine inequalities in cancer care.

Karin Smyth:

There are currently no plans to reinstate the National Cancer Equality Initiative. Making improvements across different cancer types is critical to reducing inequalities in cancer survival. Early cancer diagnosis is also a specific priority within the National Health Service's wider Core20Plus5 approach to reducing healthcare inequalities.

We recognise there are particular challenges for a number of different populations, particularly for people living in the most deprived areas of the country. As part of our wider strategy on early diagnosis, we are directly targeting our activity at areas we know will make a difference. This includes awareness raising campaigns such as the NHS Help Us, Help You campaign, to increase awareness of cancer symptoms and encourage people to get checked.

■ Cancer: Older People**Paul Davies:**[\[5524\]](#)

To ask the Secretary of State for Health and Social Care, if he will take steps to (a) collect and (b) analyse data on cancer in the over 70s as part of the National Cancer audit.

Karin Smyth:

The NHS England Cancer Programme commissions clinical cancer audits, which provide timely evidence for cancer service providers of where patterns of care in England may vary, increase the consistency of access to treatments, and help stimulate improvements in cancer treatment and outcomes for patients. Rather than a single audit, NHS England commissions ten audits, by tumour type, and are unaware of any intention to commission an audit into those over 70 years old.

For all patients in England, the National Cancer Registration and Analysis Service provides near-real time, comprehensive, quality-assured data covering the entire cancer pathway. The service collects data about all 500,000 patients diagnosed with cancer in England each year, and produces a variety of reports and publications using cancer registration data.

■ Dementia: Health Services**Mr Gregory Campbell:**[\[5535\]](#)

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the potential impact of the Major Conditions Strategy on outcomes for people with dementia.

Stephen Kinnock:

The plans to publish a final major conditions strategy were paused following the announcement of the general election. We are developing a 10-year plan to radically reform the National Health Service and build a health service that is fit for the future. As part of this work, we will consider how best to meet the needs of people with dementia.

■ Dental Services

Helen Whately:

[5618]

To ask the Secretary of State for Health and Social Care, what steps he is taking to increase the number of NHS dental appointments.

Stephen Kinnock:

The Government plans to tackle the challenges for patients trying to access National Health Service dental care with a rescue plan to provide 700,000 more urgent dental appointments and to recruit new dentists to the areas that need them most. To rebuild dentistry in the long term and increase access to NHS dental care, we will reform the dental contract, with a shift to focus on prevention and the retention of NHS dentists.

■ Dental Services: Contracts

Rachael Maskell:

[5591]

To ask the Secretary of State for Health and Social Care, if he will take steps to review the dental contract.

Stephen Kinnock:

To rebuild dentistry in the long term and increase access to National Health Service dental care, we will reform the dental contract, with a shift to focus on prevention and the retention of NHS dentists.

There are no perfect payment systems and careful consideration needs to be given to any potential changes to the complex dental system, so that we deliver a system better for patients and the profession.

■ Dental Services: Waveney Valley

Adrian Ramsay:

[5766]

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of access to NHS dentistry for (a) children and (b) adults in Waveney Valley constituency; and what discussions he has had with stakeholders on the potential impact of publishing a timeframe to reform the dental contract on retention of NHS dentists.

Stephen Kinnock:

Dental Statistics - England 2023-24, published by the NHS Business Services Authority on 22 August 2024, is available at the following link:

<https://www.nhsbsa.nhs.uk/statistical-collections/dental-england/dental-statistics-england-202324>

The data for the NHS Norfolk and Waveney Integrated Care Board, which includes the Waveney Valley constituency, shows that 36% of adults were seen by a National Health Service dentist in the previous 12 months, compared to 40% in England, and

that 48% of children were seen by an NHS dentist in the previous 24 months, compared to 56% in England.

To rebuild dentistry in the long term and increase access to NHS dental care, the Government will reform the dental contract, with a shift to focus on prevention and the retention of NHS dentists. We are continuing to work with the British Dental Association and other representatives of the dental sector to deliver our shared ambition to improve access to treatments for NHS dental patients.

■ Dental Services: West Dorset

Edward Morello:

[\[5730\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to improve the availability of dental practices offering NHS services in West Dorset constituency.

Stephen Kinnock:

The Government's ambition is to make sure that everyone who needs dental treatment can access a dentist. We will tackle the immediate dentistry crisis with a rescue plan to provide 700,000 more urgent dental appointments and to recruit new dentists to the areas that need them most. To rebuild dentistry in the long term, we will reform the dental contract, with a shift to focus on prevention and the retention of National Health Service dentists.

On 1 April 2023 responsibility for commissioning NHS dentistry was delegated to the integrated care boards across England. NHS Dorset is responsible for commissioning primary care services, including NHS dentistry, to meet the needs of the local populations, and for determining the priorities for investment in their area. Patients unable to access an urgent dental appointment directly through an NHS dental practice are advised to contact NHS 111 for assistance.

■ Diabetes

Rachael Maskell:

[\[5595\]](#)

To ask the Secretary of State for Health and Social Care, if he will implement a strategy to reduce levels of (a) diabetes and (b) complications as a result of diabetes.

Andrew Gwynne:

The Department has no current plans to publish a written strategy on the prevalence of, and complications arising from, diabetes. However, we are taking important steps to prevent type 2 diabetes and to improve care for people living with diabetes. The NHS Health Check identifies people at risk of diabetes and refers them into behaviour change interventions such as weight management and the NHS Diabetes Prevention Programme (DPP), to reduce their risk of developing the condition. For those living with type 2 diabetes, there is the NHS Digital Weight Management Programme and the highly effective Pathways to Remission programme.

The recovery and delivery of routine diabetes care following the pandemic is a key priority for the NHS England Diabetes Programme, and rates of routine care delivery are now almost back to the pre-pandemic level.

■ Electronic Cigarettes

Mary Glendon: [\[5310\]](#)

To ask the Secretary of State for Health and Social Care, what discussions his Department has had with the UK Vaping Industry Association since September 2023.

Mary Glendon: [\[5311\]](#)

To ask the Secretary of State for Health and Social Care, if he will meet the UK Vaping Industry Association to discuss work with the vaping industry on the Government's smoke-free ambitions.

Mary Glendon: [\[5312\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to consult with the vaping industry before the reintroduction of the Tobacco and Vapes Bill.

Mary Glendon: [\[5314\]](#)

To ask the Secretary of State for Health and Social Care, if he will meet with the UK Vaping Industry Association to discuss the introduction of a Vape Licensing Scheme.

Andrew Gwynne:

Since September 2023, the Department has not met with the UK Vaping Industry Association (UKVIA). However, we have received and responded to several items of correspondence.

The UKVIA, and other members of the vaping industry, did respond to the smoke-free generation and youth vaping consultation that ran from 12 October to 6 December 2023. We will also be consulting further with all interested parties before any future vaping regulations are introduced. Any meeting requests should be sent through the appropriate formal channels.

Mary Glendon: [\[5313\]](#)

To ask the Secretary of State for Health and Social Care, whether he will include measures in the Tobacco and Vapes Bill to ensure that vapes remain easily accessible as a smoking cessation tool.

Andrew Gwynne:

Our position on vapes is clear, that they can be an effective quit aid for adult smokers, but that they are not recommended for non-smokers or children, and there are legitimate concerns about the unknown long-term harms from vaping.

Following the introduction of the Tobacco and Vapes Bill, adult smokers will still be able to access vapes as well as other alternative methods to stop smoking. Vapes are commonly used alongside behavioural support within local Stop Smoking Services, helping thousands of adults each year to live healthier lives.

In addition, we remain committed to our national Swap to Stop scheme, supporting adult smokers to swap cigarettes for vapes under a new national scheme, the first of its kind in the world.

■ General Practitioners

Helen Whately:

[\[5616\]](#)

To ask the Secretary of State for Health and Social Care, whether he plans to allow GP practices to expand in areas with planned population increases.

Stephen Kinnock:

We understand that there is pressure on primary care estates and service provision in areas of high population growth. The Government is committed to delivering a National Health Service that is fit for the future, and this means better utilising and expanding primary care infrastructure across the NHS estate. That is why we have set out our intention to fix the front door to the NHS and bring healthcare closer to home, and the local community.

At a local level, the relevant integrated care board is responsible for commissioning, planning, securing, and monitoring general practice (GP) services within their health systems, through delegated responsibility from NHS England. The NHS has a statutory duty to ensure there are sufficient medical services, including GPs, in each local area. It should take account of population growth and demographic changes.

At a national level, we continue to work closely with the Ministry of Housing, Communities and Local Government to ensure all new and existing developments have an adequate level of healthcare infrastructure for the community.

Helen Whately:

[\[5617\]](#)

To ask the Secretary of State for Health and Social Care, whether he plans to free up more GP appointments.

Stephen Kinnock:

We know that patients are finding it harder than ever to see a general practitioner (GP), and we are committed to fixing this crisis in GPs.

Our plan to do so will require both investment and reform. Firstly, we will increase the proportion of funding for GPs in primary care, starting with a commitment to recruit over 1,000 newly qualified GPs through an £82 million boost to the Additional Roles Reimbursement Scheme. This will increase the number of GP appointments delivered, secure the future pipeline of GPs, and will take pressure off those currently working in the system.

Additionally, we will train thousands more GPs across the country, beginning with the training places set out in the NHS Long Term Workforce Plan, which will be key in increasing GP capacity.

■ General Practitioners: West Bromwich**Sarah Coombes:**[\[5815\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to improve patient satisfaction with GP services in West Bromwich constituency.

Stephen Kinnock:

We recognise that despite the hard work of general practice (GP) teams, patients are still struggling to access care from GPs nationally and in local areas such as Bromwich. We also know that while GPs are delivering record numbers of appointments, patient satisfaction has dropped nationally. We have a plan to fix this, which will require both investment and reform. Firstly, we will increase the proportion of funding for GPs, starting with a commitment to recruit over 1,000 newly qualified GPs through an £82 million boost to the Additional Roles Reimbursement Scheme. This will increase the number of appointments delivered in GPs, secure the future pipeline of GPs, as well as take pressure off those currently working in the system.

Additionally, we will deliver a modern booking system and end the 8:00am scramble for GP appointments, which we know impacts patient satisfaction. We will also bring back the family doctor by incentivising GPs to see the same patient to improve care for those with long-term conditions.

■ General Practitioners: West Dorset**Edward Morello:**[\[5727\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of the availability of GP appointments in West Dorset constituency.

Stephen Kinnock:

We know that patients are finding it harder than ever to see a general practitioner (GP) and we are committed to fixing the crisis in GPs. West Dorset sits within the NHS Dorset Integrated Care Board, where the percentage of appointments delivered within two weeks of booking is 7.9% lower than the national average.

Our plan will require both investment and reform. Firstly, we will increase the proportion of funding for GPs, starting with a commitment to recruit over 1,000 newly qualified GPs through an £82 million boost to the Additional Roles Reimbursement Scheme. This will increase the number of GP appointments delivered, secure the future pipeline of GPs, as well as take pressure off those currently working in the system. Additionally, we will deliver a modern booking system to end the 8:00am scramble for GP appointments and bring back the family doctor by incentivising GPs to see the same patient.

Edward Morello:[\[5728\]](#)

To ask the Secretary of State for Health and Social Care, how many full-time equivalent GPs were working in West Dorset constituency as of 31 August 2024.

Stephen Kinnock:

There were 58 full-time equivalent general practitioners working in the West Dorset constituency as of 31 July 2024, the most recent date for which data is available.

GP Surgeries**Helen Whately:**[\[5615\]](#)

To ask the Secretary of State for Health and Social Care, whether he plans to allow Integrated Care Boards to enter into sub-leases for large non-owned GP leased premises (a) via exception and (b) by amending the rules.

Stephen Kinnock:

Under the GP Contract, premises liabilities are the responsibility of the Contractor. Overall contractual payments reflect this arrangement, with the National Health Service also reimbursing direct premises costs including rent, business rates, water, and clinical waste.

There are 8,842 practice premises across England; of these, 51% are leased premises. Integrated care boards (ICBs) are not a formal party to the leases on these properties.

ICBs can hold leases for general practice (GP) or clinical premises, following the transition from clinical commissioning groups which were unable to hold such leases. However, this would require capitalisation of the lease under the International Financial Accounting Standard IFRS16, and limited NHS capital budgets would have to be diverted to offset this commitment, in addition to the payment of rents against the properties.

This would provide, in effect, a double payment of costs against the asset and would commit substantial capital funds to the exercise. Currently, Primary Care Estates capital allocation to integrated care systems would not be sufficient to offset such a capital liability and so an ICB would be required to look to other system partners to provide a capital allocation, thus limiting the ability of the system to invest in primary care estate, address secondary, community care and mental health critical and address the usual infrastructure maintenance requirements.

As a result, in general ICBs entering into sub-leases for large non-owned GP leased premises would not provide the best use of public funds.

GP Surgeries: West Dorset**Edward Morello:**[\[5729\]](#)

To ask the Secretary of State for Health and Social Care, how many and what proportion of GP surgeries are rated as good by the Care Quality Commission in West Dorset constituency.

Stephen Kinnock:

As of 16 September 2024, there are 12 general practices (GPs) in the West Dorset constituency rated Good by the Care Quality Commission (CQC), which is 92% as a

proportion of all GPs in the constituency. There are currently 13 GPs overall registered with CQC in the West Dorset constituency.

■ **Hartismere Hospital: Finance**

Adrian Ramsay:

[\[5522\]](#)

To ask the Secretary of State for Health and Social Care, whether he has had discussions with NHS leaders on (a) the adequacy of funding for existing provision and (b) support for a wider range of services at Hartismere hospital in Eye.

Karin Smyth:

My Rt. Hon. Friend, the Secretary of State for Health and Social Care, has regular conversations with senior National Health Service leaders. The Suffolk and North East Essex Integrated Care Board is responsible for commissioning services at the hospital, and I am advised that they are working with the property owner, NHS Property Services about the future service delivery requirements from the site on this particular issue.

It is the responsibility of the integrated care board to decide whether there is a need for a wider range of services at the hospital based on the needs of the local population. In terms of the adequacy of funding for existing provision, providers of NHS services can discuss with their commissioner appropriate levels of funding for the services they provide.

■ **Health and Social Services**

Tom Hayes:

[\[5721\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to improve the accessibility of information (a) provided by the NHS and (b) on adult social care.

Stephen Kinnock:

Under the Equality Act (2010), health and social care organisations must make reasonable adjustments to ensure that disabled people are not disadvantaged. Since 2016, all National Health Service organisations and publicly funded social care providers are required to meet the Accessible Information Standard (AIS), in order to meet the communication needs of patients and carers with a disability, impairment, or sensory loss.

NHS England is responsible for the AIS, and has completed a review as part of the revision of the AIS. The review considered the effectiveness of the current AIS, how the standard is implemented and enforced in practice, and identified recommendations for improvement.

Once the revised standard receives publishing approval, NHS England will support implementation of it to ensure NHS staff are better aware of the standard and their roles and responsibilities.

The Department is working to ensure that data and information about adult social care is collected, shared, and used more effectively. This will help people access the right care, allow for better planning of how care is organised, and join up health and care services to ensure good outcomes for people who receive care and support.

■ Health Services

Helen Whately:

[\[5614\]](#)

To ask the Secretary of State for Health and Social Care, what steps he plans to take to ensure there is adequate healthcare provision for (a) existing and (b) new populations in (i) towns and (ii) rural areas.

Karin Smyth:

The Department supports statutory integrated care systems (ICSs) in delivering National Health Services across England. ICSs are partnerships of organisations which come together to plan and deliver joined up health and care services, to improve the lives of the people who live and work in their area. This includes considering adequate healthcare provision for populations in towns and rural areas, and working collaboratively to plan for population change.

The organisations within an ICS include the NHS, local government, social care providers, charities, and other organisations working together to provide more joined up care for people, and to improve the outcomes for their populations.

■ Health Services: Disadvantaged

Paul Davies:

[\[5526\]](#)

To ask the Secretary of State for Health and Social Care, what plans he has to deliver a national health inequalities strategy.

Andrew Gwynne:

The Government is committed to building a fairer Britain by tackling the structural inequalities that contribute to poor health, particularly for disadvantaged groups. We are dedicated to ensuring that people live well for longer, spending less time in ill health, regardless of where they are born or their financial circumstances.

Our health mission in England will focus on addressing the social determinants of health, with the goal of halving the gap in healthy life expectancy between the richest and poorest regions.

We will work across the Government to address the root causes of health inequalities, including barriers to access to health and care services. We will prioritise prevention, shift more care into the community, and intervene earlier in life to raise the healthiest generation of children in our history.

■ Health Services: Homelessness

Tom Hayes: [5507]

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to increase understanding of homelessness across primary care networks.

Tom Hayes: [5509]

To ask the Secretary of State for Health and Social Care, if his Department will take steps to increase the number of neighbourhood health services staffed by people with lived experience of homelessness.

Tom Hayes: [5510]

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to help ensure hospital staff are trained to provide services which aim to address health inequalities, are inclusive and pay attention to the diverse experiences of people using these services.

Tom Hayes: [5511]

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to help ensure that hospitals work with (a) homelessness support teams and (b) drug and alcohol services to establish a clear understanding of (i) addiction, (ii) managing pain relief and (iii) managing withdrawal symptoms.

Tom Hayes: [5513]

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to support people experiencing homelessness to register with a (a) GP and (b) dentist.

Tom Hayes: [5514]

To ask the Secretary of State for Health and Social Care, what steps his Department are taking to drive innovation in meeting the health needs of people rough sleeping.

Andrew Gwynne:

The Department recognises the importance of reducing barriers to services for those experiencing rough sleeping. This is why we supported the development of the National Institute for Health and Care Excellence's (NICE) guidance, which provides recommendations on ways to improve access to, and engagement with, health and social care services for people experiencing homelessness. This guidance is available at the following link:

<https://www.nice.org.uk/guidance/ng214>

NHS England has delivered the Inclusion Health Framework, which includes focus on the homeless population. Inclusion health is an umbrella term which includes homeless people, and is used to describe people who are socially excluded, and who typically experience multiple interacting risk factors for poor health such as stigma, discrimination, poverty, violence, and complex trauma. The framework supports

regions and systems to review, plan, and improve health services for people in inclusion health groups, and is available at the following link:

<https://www.nice.org.uk/guidance/NG214>

NHS England is also delivering the Innovation for Healthcare Inequalities programme which has provided learning around effective new ways of improving equitable access to the latest health technologies and medicines, as well as being a springboard for further work at a system level in tackling healthcare inequalities. Further information is available at the following link:

<https://www.england.nhs.uk/aac/what-we-do/innovation-for-healthcare-inequalities-programme/>

We know that patients are struggling to access general practice (GP), especially those belonging to health inclusion groups. We are committed to fixing the front door to the National Health Service and ensuring that patients receive the care they deserve. The Government will bring back the family doctor, incentivising continuity of care so patients can see the same doctor at each appointment, which is key in improving complex and ongoing conditions. We will also introduce Neighborhood Health Centres to bring together vital health and care services, ensuring healthcare is closer to home.

The Introduction to inclusion health e-learning course is available to help NHS staff understand what inclusion health is, the factors that cause exclusion, and the practical actions that GPs can take to improve care for these patients. Further information is available at the following link:

<https://elearning.rcgp.org.uk/course/view.php?id=459>

In relation to dentists, patients in England are not registered with an NHS dental practice, although many NHS dental practices do tend to see patients regularly. There is no geographical restriction on which practice a patient may attend, allowing patients the choice of where they would like to receive a course of treatment. Community Dental Services are available across the country and provide specialised dental services to people who are unable to access dental treatment by a high street NHS dentist due to additional needs.

83 local authorities with the highest levels of need have received funding since 2021 for the Rough Sleeping Drug and Alcohol Treatment Grant to provide targeted support and treatment to people who sleep rough, or are at risk of sleeping rough, with substance dependency. Bournemouth, Christchurch, and Poole are receiving £1 million for these services in 2024/25, and Bournemouth is receiving an additional £1.3 million from the Department in 2024/25 for the Housing Support Grant. This is funding a team to provide targeted housing support to people in treatment for substance dependence, and is showing promising results around reducing evictions, which we hope will have an equally positive impact on people's treatment outcomes.

■ Health Services: Rural Areas**Adrian Ramsay:** [\[5521\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to (a) improve access to hospital services in rural constituencies and (b) encourage cross-county border working in rural health services.

Karin Smyth:

The Department supports statutory integrated care systems (ICSs) in delivering National Health Services across England. ICSs are partnerships of organisations which come together to plan and deliver joined up health and care services, and to improve the lives of the people who live and work in their area. This includes considering access to hospitals in rural areas, and looking at opportunities for collaborative working across different administrative footprints, including local councils.

The organisations within an ICS include the NHS, local government, social care providers, charities, and other organisations working together to provide more joined up care for people, and to improve the outcomes for their populations.

■ Health: Information**Dr Beccy Cooper:** [\[5784\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to improve the (a) quality and (b) accessibility of online NHS health information.

Karin Smyth:

We are working to improve access to digital services, outcomes, and experience for the widest range of people, based on their preferences. Patients unable to use digital channels can continue to access services via telephone and through traditional face to face services.

Citizens can access a range of information on different health conditions on the National Health Service's website, which is all clinically verified. Centrally built services, such as the NHS App and NHS website are designed to meet international accessibility standards. We are modernising the mobile patient experience within the NHS App, ensuring information is clearly structured and easy to find and understand.

NHS organisations and publicly funded social care providers in England are required to meet the Accessible Information Standard, in order to meet the communication needs of patients and carers with a disability, impairment, or sensory loss, including patients with sight or hearing loss.

■ Health: Screening**Rachael Maskell:** [\[5594\]](#)

To ask the Secretary of State for Health and Social Care, if he will take steps to ensure that health checks are available at all stages of life.

Andrew Gwynne:

Health checks throughout all stages of life are important, from ensuring the best start in life, through five health and development reviews before a child reaches two and a half years old, to 12 screening programmes from birth through to adulthood that help identify and protect people from a range of diseases, including cancer. In addition, through the NHS Health Check, all eligible people aged 40 to 74 years old are invited to have a cardiovascular disease check every five years. The Government has extended heart health checks to over 130,000 people in their workplaces, to make checks more accessible.

■ Healthy Start Scheme**Mr Connor Rand:**[\[5518\]](#)

To ask the Secretary of State for Health and Social Care, if his Department will take steps to obtain contact data for those who are eligible for but not accessing the Healthy Start scheme .

Andrew Gwynne:

The NHS Business Services Authority (NHS BSA) runs the Healthy Start scheme on behalf of the Department. The Department of Health and Social Care is working closely with the NHS BSA and the Department for Work and Pensions, to enable the NHS BSA to receive the personal data for those potentially eligible citizens from the Department for Work and Pensions, as soon as possible. The NHS BSA will use this data to reach out to those eligible, who are not currently in receipt of Healthy Start, to encourage them to apply for the Healthy Start scheme.

Mr Connor Rand:[\[5723\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to improve the take up of the Healthy Start Scheme.

Mr Connor Rand:[\[5725\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to improve the dietary health of young children from financially deprived backgrounds.

Andrew Gwynne:

The Government is committed to creating the healthiest generation of children ever, as set out in our Child Health Action Plan. The Healthy Start scheme was introduced in 2006 to encourage a healthy diet for pregnant women, babies, and young children under four years old from very low-income households. It can be used to buy, or can be put towards the cost of, fruit, vegetables, pulses, milk, and infant formula. Healthy Start beneficiaries have access to free Healthy Start Vitamins for pregnant women and children aged under four years old.

The NHS Business Services Authority (NHS BSA) delivers the scheme on behalf of the Department. The NHS BSA is committed to increasing uptake of the Healthy Start scheme to ensure as many children as possible have a healthy start in life.

The NHS BSA promotes the Healthy Start scheme through its digital channels and has created free tools to help stakeholders promote the scheme locally. The NHS BSA has also reached out to stakeholders to see how it can support them in promoting the scheme.

■ Hospitals and Pharmacy: Vocational Guidance

Dr Luke Evans: [\[5382\]](#)

To ask the Secretary of State for Health and Social Care, if he will hold discussions with the Secretary of State for Education on encouraging young people to pursue careers in (a) hospitals and (b) community pharmacies.

Karin Smyth:

It is the role of NHS England to work with National Health Service secondary care, community providers, and universities to ensure there is a supply of staff to take on the available roles providing NHS services in pharmacies, and to promote the vast array of careers available within the NHS. NHS England has developed a range of resources and interactive tools to encourage people of all ages to start a career in pharmacy. Wider NHS workforce plans aim to attract people across all generations, including those who have yet to join the workforce, to enter the pharmacy profession to train as a pharmacist and pharmacy technician.

■ Medical Equipment: Standards

Sorcha Eastwood: [\[5794\]](#)

To ask the Secretary of State for Health and Social Care, with reference to the report by Lord Darzi entitled Independent investigation of the NHS in England, published on 12 September 2024, what steps he plans to take to improve the quality of the NHS equipment referenced in that report.

Karin Smyth:

Professor Lord Darzi highlights that the National Health Service has been starved of capital, with outdated scanners, too little automation, and that the NHS is failing to enter the digital era. The findings provide a diagnosis of the challenges facing the NHS which will inform the solutions, including the 10-year plan to reform the NHS.

Digital transformation and technology are critical to the future of the NHS. We are committed to providing the NHS with the latest technology and replacing outdated equipment to catch cancer and other conditions earlier, thereby saving lives.

As part of this, we are progressing our commitment to double the number of magnetic resonance imaging and computed tomography scanners to address the challenges in diagnostic waiting times, accelerate cancer diagnosis, and build an NHS fit for the future. We will harness the power of technologies like artificial intelligence to transform the speed and accuracy of diagnostic services, saving potentially thousands of lives.

The Frontline Digitisation programme is working to improve digital maturity across the NHS, prioritising hardware, connectivity, and electronic patient record systems.

National support is in place for trusts to procure and implement electronic patient records.

■ Medical Treatments: Negligence

Ayoub Khan: [\[5732\]](#)

To ask the Secretary of State for Health and Social Care, if he will (a) repeal Section 2(4) of the Law Reform (Personal Injuries) Act 1948 and (b) make an assessment of the potential merits of other reforms of legislation covering clinical negligence costs.

Ayoub Khan: [\[5733\]](#)

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential merits of introducing a system of fixed recoverable costs in clinical negligence claims.

Andrew Gwynne:

The rising costs of clinical negligence claims against the National Health Service in England are of great concern to the Government. Costs have more than quadrupled in the last 17 years and are forecast to continue rising, putting further pressure on NHS finances.

Over recent years, the NHS in England has taken significant steps forward in addressing this issue. NHS Resolution, which manages claims against the NHS in England, has implemented the Early Notification scheme to improve maternity safety and support families in a cohort of maternity claims, and has made significant improvements in claim resolution, through greater use of alternative dispute resolution and mediation, across all claims.

The causes of the overall cost rise are complex and there is no single fix, as costs are likely rising because of a range of factors, including higher compensation payments and legal costs, rather than more claims or a decline in patient safety.

We recognise that this is an important issue, and ministers intend to look at all the drivers of cost, how to manage spending on clinical negligence, and the potential merits of the reform options.

■ Mental Health Services

Rachael Maskell: [\[5593\]](#)

To ask the Secretary of State for Health and Social Care, if he will place more mental health services in primary care.

Stephen Kinnock:

As part of our mission to build a National Health Service fit for the future, we will make sure mental health care is delivered in the community wherever possible, so that more people are prevented from needing to go into hospital, through new models of care and support available for those who are struggling.

■ NHS England: Communication and Management Consultants**Charlie Dewhirst:** [\[5740\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the answer of 2 September 2024, to Question 2636, on NHS England: Communication and Management Consultants and with reference to the document entitled Fixing the foundations: Public spending audit 2024-25, published by HM Treasury on 29 July 2024, whether savings in that document include reducing NHS spending on consultancy and communications.

Karin Smyth:

The document, Fixing the foundations: Public spending audit 2024-25, published by HM Treasury, set out the request for departments to identify savings. The Department is exploring options across all budgets within its remit to identify savings to contribute to pressures revealed in the audit document. This includes, but is not exclusive to, taking action to reduce non-essential consultancy and communications spending.

Charlie Dewhirst: [\[5741\]](#)

To ask the Secretary of State for Health and Social Care, Pursuant to the answer of 2 September 2024 to Question 2636 on NHS England: Communication and Management Consultants, what is the monetary value of the communications and engagement lot for consultancy and advisory services framework run by NHS Shared Business Services, announced on 20 August 2024.

Karin Smyth:

Lot four of the Consultancy and Advisory Services framework agreement for communications, engagement, and research services, managed by NHS Shared Business Services and announced on 20 August 2024, has an estimated value of £45 million, which is the maximum amount expected to be spent against this lot. The framework is available for use by the National Health Service and all United Kingdom public sector bodies outside of the NHS.

■ NHS: Staff**Ayoub Khan:** [\[5734\]](#)

To ask the Secretary of State for Health and Social Care, if he will meet the Medical Defence Union to discuss NHS staff morale.

Karin Smyth:

There are no plans for my Rt Hon. Friend, the Secretary of State for Health and Social Care, to meet with the Medical Defence Union to discuss National Health Service staff morale.

The Department works closely with NHS England to address issues around staff morale in the NHS and ensures staff are able to work in an inclusive, compassionate environment that supports their health and wellbeing.

■ Ophthalmic Services

Adrian Ramsay:

[\[5767\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of optometry aftercare following (a) cataract and (b) other optometry surgeries; and if he will take steps to ensure that private providers deliver adequate aftercare after those surgeries.

Stephen Kinnock:

Integrated care boards (ICBs) are responsible for commissioning primary and secondary eye care services in their areas, including those provided by National Health Service trusts and the independent sector.

ICBs are responsible for managing their contracts with local providers, which may include suitably qualified and equipped optometrists, and ensuring that all services are provided in line with those contracts.

NHS England produced cataract guidance in 2022, which reminded providers about their duty of care to patients undergoing eye surgery, including the requirements for post-operative care.

■ Palforzia

Sorcha Eastwood:

[\[5502\]](#)

To ask the Secretary of State for Health and Social Care, what the NHS geographic availability is of Palforzia as of September 2024; and if he will publish a regional breakdown the number of people that received Palforzia on the NHS since 2022.

Karin Smyth:

Palforzia is a peanut immunotherapy drug that helps reduce the severity of children's allergic reactions that may occur with exposure to peanuts. Data on the number and geographical location of children that have had access to Palforzia in England is not held by the Department.

The adoption of new treatments into the National Health Service in England is generally the result of National Institute for Health and Care Excellence (NICE) guidance and commissioner decisions. NHS England and integrated care boards are required to put access in place for any treatment that carries a positive recommendation from the Technology Appraisal programme, operated by the NICE.

Where treatments are approved by the NICE through the Technology Appraisal programme, the NHS is required to make them available within agreed timescales. Implementation of any NICE approvals should be supported by a service readiness assessment, and the development of additional capacity where necessary.

■ Pancreatic Enzyme Replacement Therapy: Shortages

Rebecca Paul:

[\[5817\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effectiveness of the Serious Shortage Protocols in place for Creon 10,000 and 25,000 capsules limiting prescriptions to one months' supply; and what steps he is taking to ensure children with cystic fibrosis have access to that medication.

Karin Smyth:

The Department has been working with suppliers to address current supply issues with pancreatic enzyme replacement therapy (PERT), including Creon, to help ensure patients, including children with cystic fibrosis, have access to this medicine. The supply issues are impacting countries throughout Europe and have been caused by limited availability of raw ingredients and manufacturing capacity constraints to produce volumes needed to meet demand.

The supplier of Creon has advised that there are regular deliveries of Creon 25000 and Creon 10000 scheduled for the remainder of the year in reduced quantities. Serious Shortage Protocols are in place for Creon 10000 and 25000 capsules, which pharmacists can use to restrict supply to one month at a time, to ensure more patients have access to it whilst stock is limited.

We have issued comprehensive guidance to healthcare professionals about these supply issues, which provides advice on how to manage patients whilst there is disruption to supply. In this guidance clinicians are asked to prioritise available stock of Creon 10000 for patients unable to take Creon 25000, to help ensure Creon 10000 remains available for those on lower doses or unable to swallow larger capsules, such as children with cystic fibrosis. This guidance is being kept under review and updates will be made as necessary.

The Department is continuing to work with all suppliers of PERT to help resolve the wider supply issues in the short and longer term. This includes asking that they expedite deliveries, source stock from other markets, and increase production.

The issues are mainly impacting Creon 25000 and Creon 10000 presentations, however there was a recent short term supply issue with Creon Micro, which is used in children. This issue was a result of an increased demand due to the issues with other PERT presentations and a delay in the resupply date. The Department worked quickly to issue communications to health care professionals with management advice to ensure patients who needed Creon Micro had access to it. The supply issue with Creon Micro is now resolved.

■ Peripheral Arterial Disease

Jim Shannon:

[\[5318\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to (a) raise awareness of peripheral arterial disease and (b) ensure that patients have access to safe and effective treatment options for the disease.

Jim Shannon:

[\[5319\]](#)

To ask the Secretary of State for Health and Social Care, what data his Department holds on the number of cases of (a) peripheral arterial disease and (b) lower-limb amputations carried out due to the progression of that disease each year.

Andrew Gwynne:

Cardiovascular disease (CVD) is largely preventable, through lifestyle changes and a combination of public health and National Health Service action on smoking and tobacco addiction, obesity, tackling alcohol misuse, and food reformulation.

Prevention is key to reducing the incidence of peripheral arterial disease, and the NHS England Long Term Plan, published in 2019, has committed to several key ambitions to support the delivery of the aim to help prevent up to 150,000 heart attacks, strokes, and dementia cases by 2029, through improving care and outcomes for those individuals with CVD. This includes enhanced diagnostic support in the community, better personalised planning, and increasing access to cardiac rehabilitation.

Furthermore, NHS England commissions vascular arterial care from a number of specialist vascular arterial centres to ensure appropriate management of the disease. NHS England also commissioned a two-year Commissioning for Quality and Innovation scheme from 2022 to 2024. This scheme incentivised the adoption of the Vascular Peripheral Arterial Disease Quality Improvement Framework to support timely interventions for revascularisation. Additionally, over three-quarters of patients undergoing procedures for peripheral arterial disease in 2022 were current or ex-smokers, with approximately half of patients suffering with diabetes.

The 2023 National Vascular Registry (NVR) State of the Nation Report, which covers the United Kingdom, reports on both lower limb revascularisation for peripheral arterial disease and major lower limb amputations, and states that during 2022 there were:

- 6,432 bypass or open procedures, with 3,565 being elective and 2,867 non-elective;
- 8,031 endovascular procedures, with 5,265 elective and 2,766 non-elective; and
- the NVR received details of 3,505 major lower limb amputations across the UK.

■ Pharmacy

Rachael Maskell:

[\[5592\]](#)

To ask the Secretary of State for Health and Social Care, if he will take steps to expand the scope of the Pharmacy First scheme to include the (a) management of long-term conditions and (b) provision of public health advice.

Stephen Kinnock:

We are committed to expanding the role of community pharmacies. We want to develop and better utilise the skills of pharmacists and pharmacy technicians to improve access to care in local communities and address inequalities.

That includes making prescribing part of the services delivered by community pharmacists. In preparation, NHS England is piloting the use of prescribing by community pharmacists in a range of pathways that will enable them to play an increasing role in delivering clinical services in primary care.

Local authorities' health and wellbeing boards (HWBs) have a statutory duty to undertake pharmaceutical needs assessments (PNAs) every three years to assess whether their population is adequately served, and to keep these assessments up to date until the next assessment is produced. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 outline minimum statutory requirements for PNAs, and an information pack was published in October 2021 to support HWBs in meeting their duty.

Whilst PNAs inform integrated care board commissioning and decisions on applications by new contractors wishing to provide NHS pharmaceutical services in the local area, contractors can also apply to open a new pharmacy if they can demonstrate that they will meet a need that was not foreseen by the PNA.

Neil O'Brien:

[\[5649\]](#)

To ask the Secretary of State for Health and Social Care, how many times the Pharmacy First service has been used in each month since its launch.

Stephen Kinnock:

Pharmacy First was launched on 31 January 2024, and the overall service consists of three core elements:

- clinical pathways, a new element;
- urgent medicine supply, previously commissioned as the Community Pharmacist Consultation Service; and
- National Health Service referrals to Community Pharmacy for minor illness, previously commissioned as the Community Pharmacist Consultation Service.

The following table shows a breakdown of all claimed consultations from February to May 2024:

	NUMBER OF CLAIMED CONSULTATIONS		
	Clinical pathways	Urgent medicine supply	Minor illness
February 2024	125,275	78,831	137,396
March 2024	144,389	95,789	131,715
April 2024	153,646	90,851	126,193
May 2024	168,447	110,710	127,706
Total	591,757	376,181	523,010

■ Pharmacy: York

Rachael Maskell: [\[5589\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to expand community pharmacy provision in York.

Rachael Maskell: [\[5590\]](#)

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the adequacy of local Pharmaceutical Needs Assessments.

Stephen Kinnock:

We are committed to expanding the role of community pharmacies. We want to develop and better utilise the skills of pharmacists and pharmacy technicians to improve access to care in local communities and address inequalities.

That includes making prescribing part of the services delivered by community pharmacists. In preparation, NHS England is piloting the use of prescribing by community pharmacists in a range of pathways that will enable them to play an increasing role in delivering clinical services in primary care.

Local authorities' health and wellbeing boards (HWBs) have a statutory duty to undertake pharmaceutical needs assessments (PNAs) every three years to assess whether their population is adequately served, and to keep these assessments up to date until the next assessment is produced. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 outline minimum statutory requirements for PNAs, and an information pack was published in October 2021 to support HWBs in meeting their duty.

Whilst PNAs inform integrated care board commissioning and decisions on applications by new contractors wishing to provide NHS pharmaceutical services in the local area, contractors can also apply to open a new pharmacy if they can demonstrate that they will meet a need that was not foreseen by the PNA.

■ Pregnancy Tests

Josh Simons: [\[5715\]](#)

To ask the Secretary of State for Health and Social Care, whether he has made an assessment of the potential implications for his policies of the report by the All Party Parliamentary Group on Hormone Pregnancy Tests, published in March 2024.

Andrew Gwynne:

We are hugely sympathetic to the families who believe that they or their children have suffered because of using hormone pregnancy tests (HPTs). The Medicines and Healthcare products Regulatory Agency, together with the wider Government, have committed to review any new scientific evidence which comes to light since the conclusions of the 2017 independent Expert Working Group (EWG), convened by the Commission on Human Medicines. In line with this commitment, we will be seeking

independent expert advice on Professor Danielsson's publication from the Commission on Human Medicines in due course.

On the other recommendation in the HPT All Party Parliamentary Group February 2024 report, we currently have no plans to set up an independent review to examine the findings of the EWG. In the interests of transparency, all evidence collected, and papers considered by the EWG, were published in 2018, along with full minutes of its discussions. Details of conflicts of interests and how these were managed were also published.

■ Primary Health Care: Pensioners

Mary Kelly Foy:

[\[5821\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure the adequacy of primary care provision for pensioners in (a) City of Durham constituency and (b) County Durham in winter 2024-25.

Stephen Kinnock:

The Government cares about pensioners and access to primary care services. We know that patients nationally and in Durham are struggling to access their general practitioner (GP), and that this can be worsened throughout the winter period when demand is higher. We have committed to restoring the front door of the National Health Service by shifting the focus of the NHS out of hospitals and into the community. We know when patients aren't able to get a GP appointment, they end up in accident and emergency, which is worse for the patient, more expensive for the taxpayer, and creates additional winter pressures.

Durham sits within the NHS North East and North Cumbria Integrated Care Board (ICB), where the percentage of appointments delivered within two weeks of booking is 1.7% lower than the national average. To address this, we will increase the proportion of funding for primary care, starting with a commitment to recruit over 1,000 newly qualified GPs through an £82 million boost to the Additional Roles Reimbursement Scheme. This will increase the number of appointments delivered in GPs, secure the future pipeline of GPs, and take pressure off those currently working in the system.

The Government will trial new neighbourhood health centres to bring community health services together under one roof. We will also bring back the family doctor, by incentivising GPs to see the same patient, so ongoing or complex conditions are dealt with effectively. In doing so, we will improve continuity of care, which is associated with better health outcomes and fewer accident and emergency attendances.

■ Respiratory Syncytial Virus: Vaccination

Daisy Cooper:

[\[5654\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 9 September 2024 to Question 3791 on Respiratory Syncytial Virus: Vaccination, whether

he has received any advice from the Joint Committee on Vaccination and Immunisation on whether that vaccine should be extended to those children over one year old with spinal muscular atrophy type 1.

Andrew Gwynne:

The Joint Committee on Vaccination and Immunisation (JCVI) has not provided advice on whether the respiratory syncytial virus (RSV) vaccine should be extended to children over the age of one year with spinal muscular atrophy type 1.

The JCVI considered a range of evidence in advising who should be offered an immunisation, including the impact of the vaccine in different age groups, as well as the capacity of the National Health Service to deliver the programme alongside other important healthcare priorities.

The vaccine for the national RSV programmes, Pfizer's Abrysvo, is approved only for use in pregnant women, for infant protection, and older adults, following clinical trials in these groups. The JCVI has not provided advice on other groups, as the analysis that informed their advice looked at burden by age.

In June 2023, the JCVI advised that existing infant risk groups eligible for RSV monoclonal antibody immunisation should preferentially be protected with nirsevimab over palivizumab. While children over the age of one year with spinal muscular atrophy type 1 are not currently in the eligible cohort, the JCVI's advice is that NHS specialised commissioning should work within the existing guidance on preventative treatment for children considered to be at equivalent risk based on clinical judgment. The JCVI may provide further advice on the use of RSV monoclonal antibody immunisation in risk groups outside of the current recommendations in the future.

■ **School Milk**

Clive Jones:

[\[5475\]](#)

To ask the Secretary of State for Health and Social Care, if he will make it his policy to change the the entitlement to Nursery Milk Scheme from ending at age five to the end of the academic year.

Andrew Gwynne:

The Nursery Milk Scheme allows early years childcare settings, such as childminders and nurseries, to reclaim the cost of providing one-third of a pint of milk to children under five years old, who attend their childcare setting for at least two hours per day. Schools are also allowed to claim under this scheme in respect of pupils under the age of five years old. There are no current plans to extend the Nursery Milk Scheme to the end of the academic year.

From the age of five years old onwards, pupils eligible for benefits-based free school meals are eligible for free school milk. In addition, the school milk subsidy scheme subsidises the cost of milk and certain milk products for children in primary and secondary schools, including those over five years old. This means that participating schools can sell the products in schools at a lower price. More information on this scheme is available at the following link:

<https://www.gov.uk/guidance/school-milk-subsidy-scheme#:~:text=The%20school%20milk%20subsidy%20scheme,eligible%20milk%20products%20or%20yoghurts>

Clive Jones: [5476]

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that funding for the Nursery Milk Scheme reflects the retail cost of milk.

Andrew Gwynne:

The Nursery Milk Scheme allows early years childcare settings registered with the Office for Standards in Education, Children's Services and Skills to reclaim the cost of providing one-third of a pint of milk to children in their care, who are under the age of five years old and who attend the childcare setting for at least two hours per day. The scheme's legislation allows childcare settings to reclaim the cost of the funds they have spent on milk, and the amount they can claim is not tied to a specific retail price of milk.

■ **Surgery: West Bromwich**

Sarah Coombes: [5719]

To ask the Secretary of State for Health and Social Care, what steps he is taking to reduce waiting times for elective surgeries in West Bromwich constituency.

Karin Smyth:

Tackling waiting lists is a key part of our Health Mission and a top priority for the Government, as we get the National Health Service back on its feet. Equality of both access to care and outcomes will be at the heart of building an NHS that is fit for the future.

We have committed to achieving the NHS Constitutional standard that 92% of patients should wait no longer than 18 weeks from Referral to Treatment by the end of this Parliament. As a first step to achieving this, we will deliver an extra 40,000 operations, scans, and appointments each week across the country, and will increase the number of computed tomography, magnetic resonance imaging, and other tests, that are needed to reduce elective and cancer waits.

NHS providers, including those serving the West Bromwich constituency, are focused on reducing waiting lists for planned treatment, and specifically focusing on patients waiting over 65 weeks by the end of September.

■ **Urinary Tract Infections: Health Education and Research**

Kim Leadbeater: [5710]

To ask the Secretary of State for Health and Social Care, what steps he is taking to increase awareness of urinary tract infections (UTIs); and if he will (a) take steps to support research on the (i) diagnosis and (ii) treatment of UTIs and (b) have discussions with the Secretary of State for Education on raising awareness of UTIs in schools.

Andrew Gwynne:

The Department has a number of existing partnerships to help promote awareness of urology conditions. NHS England is partnering with P-Wave for a campaign targeted at men, specifically focussing on blood in urine as a possible symptom of cancer. The partnership has seen more than 430,000 P-Wave urinal mats distributed around the United Kingdom since its launch, with the awareness message appearing in pubs, workplaces, and sporting and music venues. Further information is available at the following link:

https://www.p-wave.co.uk/pages/nhs-partnership?srsId=AfmBOooUskqp-sQbOb1cEBiXn8eYh73_kU1LJ5jDABF2ZTBvL2nC8WWr

NHS England has been focusing on improving the diagnosis and treatment of urological conditions. NHS England is undertaking a programme of work as part of its antimicrobial resistance programme focusing on prevention, diagnostics, and treatment of chronic urinary tract infections (UTIs).

Through funding the National Institute for Health and Care Research (NIHR), the Department has invested and supported multiple studies investigating the diagnosis and treatment of UTIs. Some examples of NIHR-funded UTI diagnosis and treatment research are: investigating the application of novel diagnostic tests to improve the symptom-treatment cycle time of UTIs; improving the diagnosis of recurrent UTIs; and the use of antimicrobial-impregnated catheters to reduce episodes of catheter-associated UTIs.

More specifically, the NIHR has recently invested £3.1 million into the Improving Primary Care Antibiotic Prescribing UTI programme, a research programme investigating improvements to primary care prescribing, to reduce antibiotic resistant urine infections. NIHR-funded research into UTI diagnosis and treatment has proven to benefit UK patient treatment, and in 2022 research funded by the NIHR found methenamine to be as good as and therefore an alternative to antibiotics, at preventing UTIs, and may reduce the incidence on antibiotic-resistant UTIs.

The National Institute for Health and Care Excellence has published the guideline Urinary tract infection in under 16s: diagnosis and management in 2007, and reissued in 2022, following an update. The guideline covers diagnosing and managing first or recurrent upper or lower UTI in babies, children, and young people under 16 years old. It aims to achieve more consistent clinical practice, based on accurate diagnosis and effective management. We have not held any discussions with my Rt Hon. Friend, the Secretary of State for Education about UTI diagnosis in schools.

■ Waiting Lists: Aylesbury**Laura Kyrke-Smith:****[5726]**

To ask the Secretary of State for Health and Social Care, what steps he plans to take to reduce NHS waiting lists in Aylesbury constituency.

Karin Smyth:

Tackling waiting lists is a key part of our Health Mission and a top priority for the Government, as we get the National Health Service back on its feet. Equality of both access to care and outcomes will be at the heart of building an NHS that is fit for the future.

We have committed to achieving the NHS Constitutional standard that 92% of patients should wait no longer than 18 weeks from Referral to Treatment by the end of this Parliament. As a first step to achieving this, we will deliver an extra 40,000 operations, scans, and appointments each week across the country, and will increase the number of computed tomography, magnetic resonance imaging, and other tests, that are needed to reduce elective and cancer waits.

NHS providers, including those serving the Aylesbury constituency, are focused on reducing waiting lists for planned treatment, and specifically focusing on patients waiting over 65 weeks, by the end of September.

HOME OFFICE**■ Asylum: Costs and Income****Nick Timothy:**[\[5435\]](#)

To ask the Secretary of State for the Home Department, what estimate she has made of the lifetime fiscal (a) cost of and (b) income generated by people granted asylum in the UK.

Dame Angela Eagle:

As has been the case under successive governments, there is no published estimate available of the requested information.

■ Asylum: Homelessness**Deirdre Costigan:**[\[5718\]](#)

To ask the Secretary of State for the Home Department, what steps she is taking to prevent people becoming homeless after leaving asylum accommodation.

Dame Angela Eagle:

Individuals granted asylum are able to work and access mainstream services that support their integration. We are working across Government to ensure smooth transition into work and to ensure these services meet the needs of all newly granted refugees. Those refused asylum and whose appeal rights are exhausted are expected to leave the United Kingdom.

All asylum seekers have access to a 24/7 AIRE (Advice, Issue Reporting and Eligibility) service provided for the Home Office by Migrant Help. Migrant Help or their partner organisation support all individuals when they receive a decision on their asylum claim. This support includes providing advice on employment and signposting to local authorities for assistance.

We continue to work with colleagues at the Ministry of Housing, Communities and Local Government to understand rough sleeping and homelessness pressures within local authorities. We share enhanced data sets (the Place Based Visibility tool - PBVT) with local authorities and statutory partners which we are continuing to develop further. The PBVT is complimented by the Discontinuation Prediction Tool (DPT) which is shared weekly; this data provides a real time view of discontinuation notices likely to be served in the next following 4-6 weeks.

■ Asylum: Republic of Ireland

Sir John Hayes:

[\[5258\]](#)

To ask the Secretary of State for the Home Department, how many asylum seekers have been sent from the Republic of Ireland to the United Kingdom in the last six months.

Dame Angela Eagle:

Following our departure from the EU, the previous government agreed to an operational arrangement with Ireland which allows for the return and readmission of asylum seekers. Ireland has not returned anyone to the UK under these arrangements in the last six months.

■ Homelessness: Finance

Deirdre Costigan:

[\[5717\]](#)

To ask the Secretary of State for the Home Department, if she will make an assessment of the impact of immigration-based restrictions to public funds on homelessness among non-UK nationals.

Seema Malhotra:

Those seeking to establish their life in the UK are generally expected to maintain and support themselves and their families without depending on the UK's welfare system.

The Home Office Homelessness Escalations Service (HES) provides immigration status information and an escalation service designed to help non-UK national rough sleepers, (or those at risk of such) to access services and support to which they are entitled (where they are granted Permission to Stay in the UK), or otherwise to allow those supporting them to decide what actions to take in the full knowledge of their immigration status.

Safeguards exist for those in need. Those who hold permission under the Family or Private Life, Human Rights or the Hong Kong BN(O) routes can apply, for free, to have their No Recourse to Public Funds (NRPF) condition lifted by making a 'change of conditions' application, if they are destitute or at risk of imminent destitution, if there are reasons relating to the welfare of a relevant child, or where they are facing exceptional circumstances affecting their income or expenditure. For all other immigration routes discretion can be applied to lift a NRPF condition, where particularly compelling circumstances may justify access to public funds.

Local authorities may also provide basic safety net support, regardless of immigration status, if it is established either that there is a risk to the wellbeing of a child or there

is a genuine care need that does not arise solely from destitution, for example, where a person has community care needs or serious health problems.

■ Ministry of Defence: Demonstrations

James Cartlidge: [\[5335\]](#)

To ask the Secretary of State for the Home Department, on how many occasions police have been required to be present at the picketing of defence factories in the last twelve months; and what the cost was to the public purse.

Dame Diana Johnson:

The management of demonstrations is an operational matter for the police and this data is not held centrally.

■ Tobacco: Smuggling

Sir John Hayes: [\[5263\]](#)

To ask the Secretary of State for the Home Department, how many shops have been served closure orders for the sale of illegal tobacco and vapes in (a) South Holland and the Deepings constituency and (b) Lincolnshire in each of the last five years.

Dame Diana Johnson:

The management of served closure orders is an operational matter for the Police.

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT

■ Building Regulations

David Simmonds: [\[5683\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, pursuant to the answer of 1 August 2024 to Question 1525 on Building Regulations, whether she plans to make deregulatory changes in any policy areas to help increase housebuilding rates.

Rushanara Ali:

When reviewing any regulatory changes to the built environment we will always consider safety and proportionality. We work closely with the Building Safety Regulator to ensure that the Building Regulations are under constant review and are delivering new buildings which are safe, high quality and sustainable whilst also enabling the construction sector to innovate and deliver the additional homes that we need.

■ Devolution: Norfolk

Steff Aquarone: [\[R\] \[5756\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, what steps she is taking to provide a devolution deal for Norfolk.

Steff Aquarone: [R] [5758]

To ask the Secretary of State for Housing, Communities and Local Government, if she will make an assessment of the potential merits of devolving further powers on transport to Norfolk local authorities.

Steff Aquarone: [R] [5760]

To ask the Secretary of State for Housing, Communities and Local Government, what discussions she has had with (a) Norfolk County Council and (b) North Norfolk District Council on a devolution deal for Norfolk.

Steff Aquarone: [R] [5761]

To ask the Secretary of State for Housing, Communities and Local Government, for what reason she has scrapped the proposed devolution deal for Norfolk.

Steff Aquarone: [R] [5762]

To ask the Secretary of State for Housing, Communities and Local Government, when her Department plans to bring forward the English Devolution Bill; and how that bill will impact Norfolk.

Jim McMahon:

This Government has recently announced that it will not be proceeding with the existing devolution deal with Norfolk County Council which was agreed with the previous Government in December 2022. Instead, Government are continuing with Norfolk to deliver a more ambitious new agreement as we lay the foundations for the English Devolution Bill.

This Government strongly believes that the benefits of devolution are best achieved through the establishment of combined institutions with a directly elected leader. Mayors should have a unique role in an institution which allows them to focus fully on their devolved strategic responsibilities, working hand in glove with council leaders who will vitally also focus on the delivery of the essential services for which they are responsible.

Conflating these two responsibilities into the same individual and institution, as is the case under the mayoral Single Local Authority model of devolution, would risk the optimal delivery of both and is not in line with the direction of travel we are setting out ahead of the English Devolution Bill.

■ Devolution: Suffolk

James Cartlidge: [5607]

To ask the Secretary of State for Housing, Communities and Local Government, with which members of (a) Suffolk County Council and (b) district councils in Suffolk she has discussed Suffolk's devolution deal.

Jim McMahon:

This Government has recently announced that it will not be proceeding with the existing devolution deal with Suffolk County Council. Instead, Government will

continue discussions Suffolk to deliver a more ambitious agreement as we lay the foundations for the English Devolution Bill. The Local Government Minister met with the Leader of Suffolk County Council recently to discuss next steps.

This Government strongly believes that the benefits of devolution are best achieved through the establishment of combined institutions with a directly elected leader. In this context mayors should have a unique role in an institution which allows them to focus fully on their devolved strategic responsibilities, working hand in glove with council leaders who will vitally also focus on the delivery of the essential services for which they are responsible.

Conflating these two responsibilities into the same individual and institution, as is the case under the mayoral Single Local Authority model of devolution, would risk the optimal delivery of both and is not in line with the direction of travel we are setting out ahead of the English Devolution Bill.

■ Heating: Government Assistance

Luke Taylor: [\[5496\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, if she will make an assessment of the potential merits of providing additional funding to community warm banks in winter 2024-25.

Jim McMahon:

Warm banks are locally led initiatives run by local authorities, charities and voluntary and community organisations.

The final Local Government Finance Settlement for 2024-25 made available up to £64.7 billion, the majority of which is un-ringfenced in recognition of local authorities being best placed to understand local priorities.

More broadly, DCMS, through its arms-length funding bodies, provide a range of funds charities and voluntary organisations, including warm banks, can bid for.

■ High Rise Flats: Insulation

Mark Ferguson: [\[5712\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, what data her Department holds on the number of buildings over (a) 11 and (b) 18 metres in Gateshead Central and Whickham constituency that have aluminium composite material cladding.

Mark Ferguson: [\[5713\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, what steps her Department is taking to help ensure that leaseholders do not have to fund remedial building modifications associated with aluminium composite material cladding.

Mark Ferguson:

[5714]

To ask the Secretary of State for Housing, Communities and Local Government, whether it is her policy that developers are responsible for financing (a) aluminium composite material assessments and (b) subsequent fire safety remedial modifications other than cladding.

Rushanara Ali:

The department collects data on the number of residential buildings over 18 metres in height in England with unsafe aluminium composite material (ACM) cladding. In the Gateshead Central and Whickham constituency, fewer than 10 such buildings have been identified, but the exact number cannot be disclosed to protect the privacy of individual buildings.

Leaseholders in buildings over 11 metres or five storeys are protected from paying for remediation of safety defects if the developer has signed the developer remediation contract. Additionally, the Government has made £5.1 billion available through the Building Safety Fund and Cladding Safety Scheme to cover cladding repairs for buildings over 18 metres where no responsible developer can be identified.

Furthermore, Remediation Contribution Orders provide leaseholders with a means to recover historical safety remediation costs from those responsible, such as developers.

The Leasehold Advisory Service (LEASE), funded by the department, offers free legal advice to leaseholders.

Developers who have signed the remediation contract are responsible for funding assessments and completing all fire safety work, including non-cladding issues, in line with PAS9980 standards for external works and relevant standards for internal works, all at their own expense.

■ Homelessness

Mary Glendon:

[2896]

To ask the Secretary of State for Housing, Communities and Local Government, what assessment her Department has made of the potential impact of social housing waiting lists on the capacity of homelessness services.

Rushanara Ali:

We recognise England is in an acute housing crisis, with the social housing waiting list standing at 1.29 million in March 2023, and there is insufficient social housing to meet demand.

This Government will deliver the biggest increase in social and affordable housebuilding in a generation, and has already set out a number of steps - [Housing targets increased to get Britain building again - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/housing-targets-increased-to-get-britain-building-again). We will be providing £450 million to enable councils to acquire and create homes for families at risk of homelessness and more widely we will develop a long-term strategy to put us back on track to ending homelessness.

Local authorities are required by law to give priority to certain categories of people when allocating social housing, this includes people who are homeless.

In addition, when designing their allocation scheme local authorities must consider their homelessness strategy. Where a Private Registered Provider has been requested by a local authority to assist them in the discharge of their homelessness functions, it must cooperate to such extent as is reasonable in the circumstances in offering accommodation to people with priority under the authority's allocation scheme.

Bell Ribeiro-Addy:

[\[5652\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, if she will publish a strategy on ending all forms of homelessness.

Rushanara Ali:

Homelessness levels are far too high. This has a devastating impact on those affected and harms our communities.

We must address this and deliver long-term solutions. The Government is considering these issues carefully and is committed to putting Britain back on track to ending homelessness. To do this we will develop a new cross-government strategy, working with mayors and councils across the country.

■ Homelessness: Departmental Coordination

Paula Barker:

[\[3214\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, what role her Department will have in coordinating a cross-departmental approach to ending homelessness.

Rushanara Ali:

Homelessness levels have sky-rocketed, and we must deliver long-term solutions. The Government will look at these issues carefully and will develop a new cross-government strategy, working with mayors and councils across the country, to get us on back on track to ending homelessness once and for all.

The Government is taking action by setting up a dedicated Inter-Ministerial Group which the Deputy Prime Minister will chair, bringing together ministers from across Government to develop this long-term strategy.

■ Housing: Carbon Emissions

Alicia Kearns:

[\[5394\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, whether she plans to respond to the consultation entitled The Future Homes and Buildings Standards: 2023 consultation which closed on 27 March 2024.

Rushanara Ali:

The Future Homes and Buildings Standards consultation was published in December 2023 and closed in March 2024, and a government response has not yet been issued. We fully support the need for low carbon homes, fit for a net zero future. We are reviewing proposals and feedback from the Future Homes and Buildings Standards consultation and will publish the Government response in due course.

■ **Housing: Construction****Wendy Morton:**[\[2342\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, what assessment she has made of the infrastructure (a) requirements and (b) costs of her proposed housing reforms.

Matthew Pennycook:

As set out in the National Planning Policy Framework, the purpose of the planning system is to contribute to the achievement of sustainable development, including the provision of supporting infrastructure in a sustainable manner.

Local development plans should address needs and opportunities in relation to infrastructure and identify what infrastructure is required and how it can be funded and brought forward. This will remain the case irrespective of whether any proposed reforms to the National Planning Policy Framework or wider national planning policy are taken forward.

When preparing a Local Plan, Planning Practice Guidance recommends that local planning authorities use available evidence of infrastructure requirements to prepare an Infrastructure Funding Statement. Such Statements can be used to demonstrate the delivery of infrastructure throughout the plan-period.

The Government provides financial support for essential infrastructure in areas of greatest housing demand through the Housing Infrastructure Fund.

■ **Land Use****Joy Morrissey:**[\[4421\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, what estimate her Department has made of the percentage of designated Green Belt in each constituency to be re-classified Grey Belt under the changes proposed to the National Planning Policy Framework.

Matthew Pennycook:

In our consultation on proposed reforms to the National Planning Policy Framework and other changes to the planning system, it was suggested that grey belt land be defined as Green Belt land which makes a limited contribution to the Green Belt's purposes, as set out in paragraph 143 of the current NPPF.

The government is proposing that assessments of what land is identified as grey belt be undertaken by local planning authorities themselves, informed by relevant guidance. As such, the Department is unable to provide the estimate requested.

■ Neighbourhood Plans

James Cartlidge: [\[5073\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, pursuant to the Answer of 5 September 2024 to Question 3747 on Neighbourhood Plans, what plans she has for the role of neighbourhood plans in planning policy when a planning authority has a (a) five-year and (b) three-year land supply.

Matthew Pennycook:

Under the Government's proposed reforms to the National Planning Policy Framework, the protections from speculative development for areas with a qualifying neighbourhood plan are retained.

■ Permitted Development Rights

Carla Denyer: [\[5775\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, whether she plans to respond to the consultation entitled Changes to various permitted development rights which closed on 9 April 2024.

Carla Denyer: [\[5776\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, if she will remove the requirement for air source heat pumps to be situated at least one metre from the property boundary.

Matthew Pennycook:

The Government is reviewing proposals and feedback from the changes to various permitted development rights consultation, and will publish a response in due course.

■ Regional Planning and Development: Cambridgeshire

Charlie Dewhirst: [\[5738\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, Pursuant to the answer of 5 September 2024, to Question 2635, on Ministry of Housing, Communities and Local Government: Public Expenditure, what changes she plans to make to the Cambridge Growth programme; and what assessment she has made of the potential impact of changes in funding of that programme on (a) housebuilding and (b) development in Cambridgeshire.

Matthew Pennycook:

I made clear the Government's intention to realise the full potential of Greater Cambridge in a letter to local leaders published on 23 August and I visited the city to discuss matters with them, as well as meet other stakeholders, on 12 September.

Working collaboratively with local partners, we are determined to support ambitious and high-quality sustainable growth in Greater Cambridge and to help overcome the significant barriers that have held up planned development for essential housing and laboratory space.

We will set out further detail about our approach in due course.

■ Right to Buy Scheme

David Simmonds:

[5675]

To ask the Secretary of State for Housing, Communities and Local Government, how many total Right to Buy sales there were in each local housing authority in each year since 2010-11; and what the average value of the discount was in each such authority in the most recent year for which figures are available.

Matthew Pennycook:

The number of Right to Buy sales by local authority can be found in [Live Table 691b_L](#). The associated discounts can be found in column b2ac of the [Local Authority Housing Statistics open data](#) published on GOV.UK.

David Simmonds:

[5679]

To ask the Secretary of State for Housing, Communities and Local Government, whether her Department has received representations on abolishing the Right to Buy from (a) the Mayor of London, (b) London Boroughs, (c) the London Councils organisation and (d) the Mayor of Greater Manchester.

Matthew Pennycook:

The Ministry of Housing, Communities and Local Government has not, as far as it is aware, received any direct representations on abolishing the Right to Buy from the Mayor of London, London Boroughs, the London Councils organisation, or the Mayor of Greater Manchester.

JUSTICE

■ Members: Correspondence

Liz Saville Roberts:

[5608]

To ask the Secretary of State for Justice, when she plans to respond to the letter of 23 July 2024 from the Rt hon. Member for Dwyfor Meirionnydd on the establishment of a women's residential centre in Wales.

Sir Nicholas Dakin:

The Lord Chancellor is meeting with the Rt hon. Member for Dwyfor Meirionnydd on 29 October to discuss this issue, as such no written response to the letter has been sent.

■ Miscarriages of Justice: Compensation

Andy Slaughter:

[5555]

To ask the Secretary of State for Justice, how many applications were received for compensation following a conviction being quashed in each year since 2018; what proportion of those applications were successful; and what the average compensation award was for successful claims.

Heidi Alexander:

The Miscarriages of Justice Application Service (MOJAS) has published management information which provides an overview of all applications received and decisions made for miscarriage of justice between April 2016 and March 2024. The statistics cover applications, outcomes, compensation awarded and time taken.

The link to this published data is here: [Miscarriage of Justice application service \(MOJAS\) claims Management Information - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/mojas-claims-management-information).

However, it is important to note that the overall number of applications made for compensation under section 133 of the Criminal Justice Act 1988 includes applications to the scheme by those who have not had a conviction quashed. The data on the proportion of applications which are successful specifically where the individual did have a quashed conviction can only be obtained at disproportionate cost.

■ Probation Service: Staff

Mr Gregory Campbell:

[5538]

To ask the Secretary of State for Justice, how many staff there are in the Probation service.

Sir Nicholas Dakin:

Information on staffing numbers of directly employed staff of HM Prison and Probation Service in England and Wales is published quarterly on GOV.UK.

The most recent publication can be found at:

<https://www.gov.uk/government/statistics/hm-prison-and-probation-service-workforce-quarterly-june-2024>.

NORTHERN IRELAND

■ Independent Commission for Reconciliation and Information Recovery

Alex Burghart:

[5353]

To ask the Secretary of State for Northern Ireland, with reference to his speech of 7 September 2024, entitled A new chapter in the UK-Ireland relationship, when he plans to set out his plans to increase the independence of the Independent Commission on Reconciliation and Information Recovery.

Hilary Benn:

The High Court found the Independent Commission for Reconciliation and Information Recovery (ICRIR) to be independent and capable of conducting human rights compliant investigations. The recent Court of Appeal judgment also recognised the structural independence of the ICRIR, while making declarations of incompatibility with the ECHR which the government is currently considering.

I have committed to exploring measures to further strengthen the ICRIR's independence, and am consulting widely, including with victims, survivors and families, on a practical way forward that can command the broadest support.

■ Murder of Patrick Finucane Independent Inquiry**Alex Burghart:**[\[5642\]](#)

To ask the Secretary of State for Northern Ireland, with reference to his oral statement of 11 September 2024 on Patrick Finucane Murder, Official Report, columns 842-3, when he plans to (a) appoint a chair of the inquiry and (b) have agreed terms of reference; and what steps he is taking to avoid unnecessary costs.

Hilary Benn:

The Government will follow due process under the Inquiries Act 2005 in establishing the inquiry into the death of Patrick Finucane. This will include the appointment of the Inquiry Chair and consulting him on the Terms of Reference.

As outlined in my oral statement of 11 September 2024, I have considered the likely costs and impact on the public finances. It is the Government's expectation that the inquiry will - while doing everything that is required to discharge the State's human rights obligations - avoid unnecessary costs given all the previous reviews and investigations and the large amount of information and material that is already in the public domain.

■ Public History of British Policy During the Northern Ireland Conflict Expert Advisory Panel**Alex Burghart:**[\[5352\]](#)

To ask the Secretary of State for Northern Ireland, what recent progress the Expert Advisory Panel for Public History of British Policy During the Northern Ireland Conflict has made.

Hilary Benn:

The advisory panel continues to work under the published terms of reference. I was pleased to meet with the panel on 17 September to discuss details of the project.

■ Terrorism: Northern Ireland**Alex Burghart:** [\[5643\]](#)

To ask the Secretary of State for Northern Ireland, with reference to his oral statement of 11 September 2024 on Patrick Finucane Murder, Official Report, columns 841-3, whether he is considering other requests for public inquiries into incidents from the Troubles.

Hilary Benn:

The Government considers all requests for public inquiries on a case-by-case basis.

As I outlined in my oral statement of 11 September 2024, there are exceptional reasons why I have decided to establish an inquiry into the death of Patrick Finucane.

SCIENCE, INNOVATION AND TECHNOLOGY**■ Animal Experiments****Saqib Bhatti:** [\[5669\]](#)

To ask the Secretary of State for Science, Innovation and Technology, pursuant to the Answer of 6 September 2024 to Question 2163 on Animal Experiments, what his planned timetable is for the work on requirements for phasing out animal testing.

Feryal Clark:

The Government has committed to partnering with scientists, industry, and civil society as we work towards the requirements for phasing out of animal testing and discussions on this subject are already underway. It is not yet possible to replace all animal use due to the complexity of biological systems and regulatory requirements for their use. Any work to phase out animal testing must be science led, in lock step with partners, and so we will not be setting arbitrary timelines for reducing their use.

Saqib Bhatti: [\[5670\]](#)

To ask the Secretary of State for Science, Innovation and Technology, with reference to the Answer of 12 September 2024 to Question 2163 on Animal Experiments, which scientists his Department has partnered with to work towards the requirements for phasing out animal testing; and how often he has met those scientists.

Feryal Clark:

We are currently engaging with partners from sectors with interests in animal science as to how we will take this commitment forward. This has included a meeting with representatives from the agricultural, chemical, pharmaceutical and cosmetics industries, and a meeting with government scientists and regulators, including MHRA, APHA, FSA, EA and UKHSA. Further engagement will take place as this work develops.

Saqib Bhatti: [\[5671\]](#)

To ask the Secretary of State for Science, Innovation and Technology, if he will conduct an impact assessment of his plans to phase out animal testing.

Feryal Clark:

The Government has committed to “partner with scientists, industry, and civil society as we work towards the phasing out of animal testing”, which is a long-term goal. We are currently engaging with partners from sectors with interests in animal science as to how we will take this commitment forward. This will include consideration of how the impact of any actions will be assessed.

Saqib Bhatti:[\[5672\]](#)

To ask the Secretary of State for Science, Innovation and Technology, whether he will prioritise phasing out testing on protected species when phasing out animal testing.

Feryal Clark:

The Government has committed to “partner with scientists, industry, and civil society as we work towards the phasing out of animal testing”. This includes all animals protected by the Animals (Scientific Procedures) Act 1986, including those with special protection.

TRANSPORT**■ M25: Noise****Rebecca Paul:**[\[R\] \[5795\]](#)

To ask the Secretary of State for Transport, what steps she is taking to (a) repair and (b) replace concrete sections of the M25 generating excessive noise.

Lilian Greenwood:

Work is being planned to treat the concrete sections of the M25 with a new technique known as Next Generation Concrete Surfacing (NGCS) to reduce noise. The treatment involves repairing the joints between the concrete sections and then retexturing and scoring the concrete road surface itself. The overall effect of repairing the joints and treating the concrete surface will reduce noise. National Highways regularly monitors the condition of the concrete road surface and the joints to carry out repairs as quickly as possible whenever maintenance is required.

■ Parking Offences: Automatic Number Plate Recognition**Helen Whately:**[\[5612\]](#)

To ask the Secretary of State for Transport, pursuant to the Answer of 2 September 2024 to Question 2438, whether her Department has issued guidance on the use of automatic number plate recognition by local authorities as a parking enforcement tool.

Lilian Greenwood:

The Department does not issue specific guidance pertaining to the use of automatic number plate recognition (ANPR). ANPR technology is not certified for the purpose of civil enforcement of road traffic contraventions by local authorities.

In contrast to the restrictions placed on local authorities, which cannot use ANPR technology to enforce a parking charge once a vehicle has left the car park, private

operators are allowed to use ANPR technology as the sole means of enforcement for parking on controlled land.

■ Parking: Pedestrian Areas

Carla Denyer: [5753]

To ask the Secretary of State for Transport, if she will make an assessment of the potential merits of clarifying rules on pavement parking in the proposed English Devolution Bill.

Lilian Greenwood:

In 2020, the Department undertook a public consultation on options for changing the way pavement parking is managed outside London. We are considering the views received to inform the Government's next steps for pavement parking policy. The formal consultation response will be available to view at:

www.gov.uk/government/consultations/managing-pavement-parking

■ Public Transport: Carbon Emissions

Mike Martin: [900539]

To ask the Secretary of State for Transport, what steps he is taking with Cabinet colleagues to help reduce emissions by increasing the use of public transport.

Simon Lightwood:

This Government is committed to delivering greener transport and supporting the missions to kickstart economic growth and to make Britain a clean energy superpower. The Department is working across government and the transport sector to turn this vision to reality.

This includes beginning the overhaul of public transport services and accelerating active travel infrastructure deployment. Changes that will make lower-carbon options an attractive choice for most people.

■ Restoring Your Railway Fund

Olly Glover: [5802]

To ask the Secretary of State for Transport, what support will be provided to schemes that have already received funding for early stage development under the Restoring Your Railway Fund.

Lilian Greenwood:

Former Restoring Your Railway (RYR) projects are being considered as part of the Department's capital spending portfolio review ahead of preparations for the Spending Review. As my Right Honourable Friend, the Chancellor has set out, decisions must be made based on the assessment of the spending inheritance from the previous Government

■ Speed Limits

Helen Whately: [\[5611\]](#)

To ask the Secretary of State for Transport, pursuant to the answer of 3 September 2024 to Question 2443 on Roads: Speed Limits, whether she plans to encourage more councils to adopt 20 mph speed limits.

Lilian Greenwood:

Decisions on whether to adopt 20mph limits rests with the local authority.

■ Unmanned Aerial Vehicles

Andrew Griffith: [\[5703\]](#)

To ask the Secretary of State for Transport, if she will take steps to support beyond visual line of sight drone trials.

Mike Kane:

The Government is committed to achieving routine beyond visual line of sight drone operations in the UK and has provided funding to support the Civil Aviation Authority's beyond visual line of sight drone trials, whilst also developing the right regulatory framework to make sure drone operations are safe, sustainable and secure.

Andrew Griffith: [\[5706\]](#)

To ask the Secretary of State for Transport, whether she has had discussions with the Civil Aviation Authority on beyond visual line of sight drone trials.

Mike Kane:

The Government is committed to achieving routine beyond visual line of sight drone operations in the UK and has provided funding to support the Civil Aviation Authority's beyond visual line of sight drone trials, whilst also developing the right regulatory framework to make sure drone operations are safe, sustainable and secure.

TREASURY

■ Heat Batteries

Deirdre Costigan: [\[5716\]](#)

To ask the Chancellor of the Exchequer, if her Department will widen the list of current Energy Saving Materials in the upcoming Autumn Statement to include heat batteries.

James Murray:

The installation of qualifying energy-saving materials in residential accommodation and buildings used solely for a relevant charitable purpose benefits from a temporary VAT zero rate until March 2027, after which they will revert to the reduced rate of VAT at five per cent.

Last year, a Call for Evidence (CfE) seeking views on additional technologies to potentially include within this relief was run. Heat batteries were one of the technologies put forwards by respondents. As set out in the Government response to the CfE, at that time, the Government was unable to identify sufficient independent data regarding the efficiency of heat batteries, making it difficult to assess the technology's energy-saving properties objectively.

The Government currently has no plans to add further technologies to this VAT relief. Nevertheless, the Government keeps all taxes under review as part of the policy making process. Changes to the tax system are announced at fiscal events in the usual way.

WALES

■ Wales Office: Civil Servants

John Glen: [\[6141\]](#)

To ask the Secretary of State for Wales, how many people, other than special advisers, have been appointed to civil service posts in her Department without open competition since 4 July 2024; what their (a) job titles and (b) salary bands are; and on what basis each was appointed.

Jo Stevens:

My Department has not made any appointments without a fair and open competition since 4 July 2024.

WORK AND PENSIONS

■ Employment Schemes

Mark Swards: [\[900512\]](#)

What recent discussions she has had with (a) mayors and (b) local councils on supporting people back into work.

Alison McGovern:

I've been pleased to meet many of our local leaders to discuss how we meet the shared challenge of our 80% employment rate, recognising that local people know best what their communities need.

■ State Retirement Pensions

Liz Saville Roberts: [\[5609\]](#)

To ask the Secretary of State for Work and Pensions, what steps her Department is taking to ensure that (a) old and (b) new State Pension recipients are equally financially supported.

Emma Reynolds:

We are absolutely committed to supporting pensioners and giving them the dignity and security they deserve in retirement.

Under both the old and new State Pension systems, the amount people receive varies according to their National Insurance record.

Over the course of this Parliament we expect over 12 million pensioners are likely to see their new State Pensions increase by £1700 as a result of our commitment to the Triple Lock.

■ State Retirement Pensions and Winter Fuel Payment**Ann Davies:****[5759]**

To ask the Secretary of State for Work and Pensions, what assessment has she made of the financial impact of planned changes to the Winter Fuel Payment on recipients of the old State Pension.

Emma Reynolds:

This Government is committed to pensioners – everyone in our society, no matter their working history or savings deserves a comfortable and dignified retirement.

In making a decision on Winter Fuel Payment eligibility, the Government had regard to an equality analysis in line with the Public Sector Equality Duty requirements. The published Equality Impact Assessment can be found here: [Responses to Freedom of Information requests on Equality Impact Assessments produced for targeting Winter Fuel Payment - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/123456/Responses_to_Freedom_of_Information_requests_on_Equality_Impact_Assessments_produced_for_targeting_Winter_Fuel_Payment_-_GOV.UK_(www.gov.uk))

Winter Fuel Payments will continue to be paid to pensioner households with someone receiving Pension Credit or certain other income-related benefits. They will continue to be worth £200 for eligible households or £300 for eligible households with someone aged 80 and over.

We know there are low-income pensioners who aren't claiming Pension Credit, and we urge those people to apply. This will passport them to receive Winter Fuel Payment alongside other benefits – hundreds of pounds that could really help them. We will ensure that the poorest pensioners get the support they need.

The Warm Home Discount scheme in England and Wales provides eligible low-income households across Great Britain with a £150 rebate on their electricity bill. This winter, we expect over three million households, including over one million pensioners, to benefit under the scheme.

We are also providing support for pensioners through our Warm Homes Plan which will support investment in insulation and low carbon heating – upgrading millions of homes over this Parliament. Our long-term plan will protect billpayers permanently, reduce fuel poverty, and get the UK back on track to meet our climate goals.

The Household Support Fund is also being extended for a further six months, from 1 October 2024 until 31 March 2025. An additional £421 million will be provided to

enable the extension of the HSF in England, plus funding for the Devolved Governments through the Barnett formula to be spent at their discretion, as usual.

■ **Unemployment: Tees Valley**

Luke Myer: [\[900511\]](#)

To ask the Secretary of State for Work and Pensions, what recent assessment she has made of trends in the level of economic inactivity in Teesside.

Alison McGovern:

The Office for National Statistics estimate that 110 thousand working-age people in Tees Valley are economically inactive. This is similar to the pre-pandemic level. This government has ambitious plans to devolve more power to local areas to help more people get into work.

■ **Unemployment: Young People**

Alex Baker: [\[900509\]](#)

To ask the Secretary of State for Work and Pensions, what recent assessment she has made of trends in the number of young people not in education, employment or training.

Sarah Edwards: [\[900510\]](#)

To ask the Secretary of State for Work and Pensions, what recent assessment she had made of trends in the number of young people not in education, employment or training.

Alison McGovern:

The Office for National Statistics estimate that nearly 1 in 8 young people are not in education, employment or training.

This is 872,000 young people, a number which has risen by 74,000 over the last year.

WRITTEN STATEMENTS

FOREIGN, COMMONWEALTH AND DEVELOPMENT OFFICE

■ **British Indian Ocean Territory**

Secretary of State for Foreign, Commonwealth and Development Affairs (Mr David Lammy): [\[HCWS109\]](#)

On 3 October the United Kingdom and the Republic of Mauritius reached an historic agreement on the exercise of sovereignty over the British Indian Ocean Territory/Chagos Archipelago. The Agreement secures the strategically important UK-US military base on Diego Garcia.

The base on Diego Garcia is critical to national and international security. It has enabled the UK, the US, and our allies and partners to combat some of the most challenging threats to global peace and security, including those from terrorism, organised crime, and instability.

However, since its creation, the British Indian Ocean Territory and the joint UK-US military base on Diego Garcia has had a contested existence. It has been challenged through various international courts and tribunals, threatening the long-term, secure operation of the base. In recent years, this threat had risen significantly. A legally binding decision against the UK seemed inevitable. It was only a matter of time before the UK would have had to choose between breaking international law or negotiating from a position of weakness and risking national security. The situation was also impacting our relationship with the US who did not want the legal uncertainty and strongly encouraged us to strike a deal.

In recognition of this, two years ago, the previous Government began sovereignty negotiations. Despite eleven rounds of negotiations, substantive and difficult issues remained.

This Government inherited unfinished business. We were not prepared to put the security interests of this country or our partners at risk. We therefore prioritised an agreement that fundamentally protected UK national interests, respected the interests of our partners, and upheld the international rule of law. The resulting Agreement fulfils these objectives.

It is strongly supported by our partners, including the United States. President Biden issued a statement 'applauding' this historic Agreement within minutes of its announcement. Secretary Blinken and Defence Secretary Austin have also voiced clear public support. India and the African Union have also hailed the Agreement. The agreement strengthens our arguments when it comes to issues like Ukraine or the South China Sea.

Under the terms of the Agreement, the United Kingdom will agree that the Republic of Mauritius has sovereignty over the British Indian Ocean Territory, also known as the Chagos Archipelago. In return, Mauritius will authorise us to exercise their sovereign rights needed for the long-term, secure, and effective operation of the joint military base.

The Agreement covers an initial period of 99 years, with the UK having the right to extend.

For the first time in over 50 years, the base will be undisputed and legally secure, able to operate to its full strategic capability without risk of challenge. The Agreement will mean that the UK and US will continue to operate the base well into the next century.

We have full Mauritian backing for robust security arrangements, including preventing foreign armed forces from accessing or establishing themselves on the outer islands. The base's long-term future is more secure under this agreement than without it.

The Agreement also addresses the wrongs of the past. This Government deeply regrets the way Chagossians were removed from the islands, and the way they were treated thereafter. Chagossian interests were at the heart of the agreement. For the first time since the establishment of the base, the Republic of Mauritius will be able to implement a programme of resettlement to the islands other than Diego Garcia. The UK and Republic of Mauritius have also committed to support the welfare of Chagossians. The UK will finance a new trust fund for the Republic of Mauritius to use in support of the Chagossian community and remains committed to supporting Chagossians in the UK.

Recognising that relations with our Overseas Territories are of great interest to this House, Members can be assured that this is a unique Agreement that has absolutely no bearing on wider UK government policy regarding our other Overseas Territories. Our sovereignty of the Cyprus SBAs, Gibraltar, Falklands, or any OT is not up for negotiation. Each Overseas Territory has a very different history and they cannot be compared. The UK remains committed to our Overseas Territories family.

This Agreement will be underpinned by a financial package which will be proportionate to the importance of ensuring international security.

This Agreement ushers in a new era in relations between the UK and the Republic of Mauritius, two close partners with deep and enduring ties. We intend to intensify cooperation on a wide range of shared priorities, including security, the environment, and economic growth. This will include cooperation to protect the archipelago's unique environment.

The Agreement is subject to the finalisation of a treaty which the Government intends to complete over the coming months. Further details will remain confidential until the final version of the Treaty has been signed by both sides. Following signature, the government intends to bring forward a Bill to make the necessary amendments to current legislation to implement the Agreement. Parliament will also have the opportunity to scrutinise the Treaty in the usual way under the Constitutional Reform and Governance (CraG) Act. Both processes are required to take place before ratification.

HEALTH AND SOCIAL CARE

■ Resident Doctors Agreement

Secretary of State for Health and Social Care (Wes Streeting): [\[HCWS113\]](#)

I am pleased to be able to inform the House that on 16 September 2024, the Government and the British Medical Association's Resident Doctors Committee (BMA RDC) (formerly known as the BMA Junior Doctors Committee) agreed a deal on pay for resident doctors (this includes those previously referred to as doctors and dentists in training). This follows BMA RDC agreeing to put the offer to their members.

We will now move to implement the deal, putting an end to strikes which have had a catastrophic impact not just on the country's economy – with NHS strikes costing the taxpayer almost £1.7 billion in the 2023-24 financial year – but to patients and the nation's health, with over 1.5 million appointments cancelled.

Resident doctors are a vital part of our NHS and go on to become the consultants and GPs we need tomorrow. This deal is the first step in rebuilding trust between the Government and the profession. This is a Government that cares for those who care for others.

In the deal, resident doctors will receive:

- an average investment of 4.05% into 2023-24 pay scales effective from 01 April 2023 with a payment to reflect backpay. This is on top of the average 8.8% uplift they have already received for 2023-24; and
- a further consolidated uplift of 6% + £1,000 in 2024-25, in line with the recommendations of the Review Body on Doctors and Dentists Remuneration (DDRB);

This deal will increase the base salary for a full-time doctor starting foundation training in the NHS to over **£36,600** compared to around **£32,400** before this deal. A full-time doctor entering specialty training will see their basic pay rise to over **£49,900** from around **£43,900** before this deal. On average resident doctors earn around 1/3 additional to their base salary in overtime and out-of-hours payments.

As agreed in the deal, we have now instructed the DDRB to consider, as part of its pay recommendations, the overall reward package and a career progression for resident doctors to ensure that medicine is an attractive and rewarding career choice to deliver our consultants and GPs of the future.

The Government has also committed to improve the current exception reporting process and to work in partnership with the BMA RDC and other health organisations to review the current system of training and rotational placements.

The BMA RDC will withdraw the rate card for doctors and dentists in training in England with immediate effect.

The Government recognises the significant challenges that affect resident doctors. Whilst this deal has agreed to review parts of the training system, we are also committed to

addressing challenges, for example through initiatives under NHS England's Working Lives programme, to improve the working and learning experience of resident doctors in the NHS. We continue to encourage local employers to engage with these policies to address these issues better locally.

This deal marks a significant step forward in fixing the NHS, rebuilding a relationship of trust with doctors and delivering better patient care.

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT

■ New Towns

Minister of State for Housing and Planning (Matthew Pennycook): [\[HCWS112\]](#)

The Government's vision for a new generation of new towns

The post-war New Towns programme was the most ambitious town-building effort ever undertaken in the UK. It transformed the lives of millions of working people by giving them affordable and well-designed homes in well-planned and beautiful surroundings. The 32 communities it created are now home to millions of people. This government will continue to invest in their regeneration, but we are also committed to bringing forward the next generation of new towns.

This government's new towns programme will include large-scale standalone new communities, but also a larger number of urban extensions and urban regeneration schemes that will work with the grain of development in any given area. The unifying principle will be that each of the new settlements will contain at least 10,000 homes, although we expect a number to be far larger in size. Collectively, we expect they could provide hundreds of thousands more homes in the decades to come.

This government believes that sustained economic growth is the only route to improving the prosperity of our country and the living standards of working people. Getting Britain building again is integral to kickstarting that growth. Our new towns programme will not just make a significant contribution to meeting housing demand and housing need across England but will also support economic growth by releasing the productive potential of constrained towns and cities across England and ensuring our housebuilding drive is aligned with our industrial strategy and national infrastructure plans.

We have been clear we want exemplary development to be the norm not the exception. The next generation of new towns must be well-connected, well-designed, sustainable and attractive places where people want to live and have all the infrastructure, amenities and services necessary to sustain thriving communities. The 'New Towns Code' will ensure they deliver to the highest standards and help meet housing need by targeting rates of 40% affordable housing with a focus on genuinely affordable social rented homes.

The New Towns Taskforce

We have established an independent New Towns Taskforce to support this mission.

The role of the Taskforce is to advise ministers on appropriate locations for significant housing growth. It will deliver a final shortlist of recommendations by summer 2025, but will have the freedom to share conclusions in respect of specific sites earlier if beneficial to the government's housebuilding drive. The Taskforce will work in partnership with local leaders and communities wherever possible, but its selection of sites will be made in the national interest.

The Taskforce is chaired by Sir Michael Lyons. Sir Michael has had a distinguished career in public service including over 26 years in local government, including 17 years as the chief executive of three major UK local authorities. He has a detailed knowledge of the housing sector, not least through the Lyons Housing Review commissioned by the then Leader of the Opposition, the Rt Hon Ed Miliband MP. He was also a former Chairman of the BBC. Sir Michael is the current non-executive Chairman of the English Cities Fund – which is a joint venture with largescale regeneration developments in London, Liverpool, Plymouth, Salford and Wakefield.

Sir Michael is supported in his role by Dame Kate Barker as Deputy Chair, a former non-executive director at Taylor Wimpey. Dame Kate is experienced in working with the government on housing policy and has previously been commissioned by the government to conduct a major independent policy review of UK housing supply, and subsequently a review of land use planning. Alongside her experience in housing policy, Dame Kate also chairs the trustees of the Universities Superannuation Scheme and has previously been an external member of the Bank of England's Monetary Policy Committee.

We have appointed a further eight members of the Taskforce, who have a wealth of expertise across housing, local government, planning, housebuilding. Full details on the Taskforces membership can be found [here](#).

The Taskforce has met twice, in Milton Keynes in September and Cambridge in October. At both meetings they met with local partners to understand the key lessons learnt from previous large site delivery.

They will continue their work to deliver a final report by summer 2025, and consider key matters including: the strategic case for new towns; location identification and selection; placemaking; design and standards; funding, risk and institutional investment; and unlocking delivery and innovation.

We will continue to update Parliament on the work of the Taskforce.

SCIENCE, INNOVATION AND TECHNOLOGY**■ Announcing the Regulatory Innovation Office****Secretary of State for Science, Innovation and Technology (Peter Kyle):****[\[HCWS111\]](#)**

British innovators and businesses are developing world-leading products and services powered by technologies such as artificial intelligence. However, they often encounter barriers and delays from red tape when trying to get started. This is why the government pledged in our manifesto to establish a new Regulatory Innovation Office (RIO) – a priority for ensuring innovation and promoting new opportunities for technologies through focused collaboration in the regulatory environment.

The RIO will help position Britain as the best place in the world to innovate by ensuring safety, speeding up regulatory decisions and providing clear direction in line with our modern industrial strategy. Today, I am pleased to update you on the early progress we have made to establish the RIO and foster safe innovation through regulation.

We are setting up the RIO as an office within DSIT, expanding existing functions such as the Regulatory Horizons Council and introducing new programmes to match our increased ambitions to support innovation. Consistent with our mission-driven approach, the RIO will work closely with other government departments to unlock change, including the Department for Business and Trade, which will continue to oversee wider cross-cutting work on regulator performance.

The new office will have three core pillars of activity: knowledge, strategy and capability building. The knowledge pillar will enhance our understanding of regulatory barriers to innovation, drawing on the work of the Regulatory Horizons Council. To address the most critical barriers, the strategy pillar will set clear priorities for regulatory innovation, aligning with our missions and Industrial Strategy, whilst ensuring safety. Through the capability building pillar, the RIO will work with regulators to ensure they have the necessary tools to achieve our shared goals. For example, it will build on the work of the Regulators' Pioneer Fund to provide strategic grant funding to regulators supporting the responsible development of novel or experimental regulatory approaches and on the work of the Regulators' Innovation Network to share skills and disseminate best practice among regulators.

The RIO's immediate focus will be on priority areas: drones and other autonomous technology, engineering biology, space, artificial intelligence and digital in healthcare. These four areas hold significant potential to drive innovation in support of the Government's missions, particularly our mission to grow the economy. For example, the UK drone economy is projected to be worth up to £45bn by 2030, if fully adopted. The cross-cutting nature of these emerging technologies, which do not fit neatly into existing regulatory frameworks can mean a slower process in getting them onto the market. The new Office will work closely with government departments, including the Department for Transport, the Department for Health and Social Care, and the Department for Environment Food and Rural Affairs, ensuring that while the RIO actively collaborates on

addressing regulatory barriers, regulatory responsibility remains with the relevant Department. The new Office will also bring regulators together and work to remove unnecessary obstacles and outdated regulations to the benefit of businesses and the public, unlocking the power of innovation from these sectors to generate tens of billions of pounds for the UK economy in the coming years.

We will also shortly be progressing a campaign to appoint a Chair. The Chair will offer trusted advice and challenge to both officials and regulators, helping to shape the design of the new office and supporting its successful delivery.

In the coming months, we will work in partnership with industry and regulators to address barriers in these critical sectors and unlock new opportunities.

Alongside the RIO, I am pleased to share our wider progress in supporting regulatory innovation. These advancements demonstrate how we can foster an environment where innovation thrives by adapting our regulatory approach:

- We are publishing on GOV.UK our response to the Regulatory Horizon Council's quantum report, accepting 11 of the 14 recommendations (and accepting in principle the remaining 3). This will see the UK become the first nation to outline its regulatory approach to quantum technologies, providing certainty to businesses and encouraging the responsible development of the sector. A copy of this report will be placed in the Libraries of both Houses.
- We are announcing the winners of the first round of the Engineering Biology Sandbox Fund. The sandbox will accelerate regulatory reforms for engineering biology-derived products and improve the quality of decision-making when assessing these products.
- Working closely with the Cabinet Office, we are publishing voluntary screening guidance for the providers and users of synthetic nucleic acid. The guidance contributes to the UK's vision of unlocking the societal and economic benefits of engineering biology research and innovation, whilst mitigating associated risks. The guidance keeps the UK at the forefront internationally of fostering responsible innovation in this transformative technology.

I am confident that together we can unlock Britain's dynamism and innovation, and kickstart economic growth.

TRANSPORT

■ Planning

Secretary of State for Transport (Louise Haigh):

[\[HCWS110\]](#)

This statement confirms that it is necessary to extend the deadline for a decision on the application by National Highways under the Planning Act 2008, for the A122 (Lower Thames Crossing) Development Consent Order.

Under section 107(1) of the Planning Act 2008, a decision on an application must be made within 3 months of receipt of the Examining Authority's report, unless the power, under section 107(3), is exercised to extend the deadline, and a Written Ministerial Statement is made to Parliament announcing the new deadline.

The Examining Authority's report on the Lower Thames Crossing Development Consent Order was received on 20 March 2024. The current deadline for a decision is 4 October 2024, having been extended from 20 June 2024 by way of a [Written Ministerial Statement, dated 24 May 2024](#).

The deadline for the decision is to be further extended to 23 May 2025 in order to allow more time for the application to be considered further, including any decisions made as part of the spending review.

The decision to set a new deadline is without prejudice to the decision on whether to grant the application development consent.

WORK AND PENSIONS

■ DWP Fraud, Error and Debt Bill

Secretary of State for Work and Pensions (Liz Kendall):

[\[HCWS114\]](#)

I would like to advise the House that the Government will bring forward a new Fraud, Error and Debt Bill in this Parliamentary session to be tough on criminals, fair for claimants and provide confidence to the taxpayer.

Fraud and error in the social security system currently costs the taxpayer almost £10 billion a year and, since the pandemic, a total of £35 billion of taxpayers' money has been incorrectly paid to those not entitled to the money – including to criminal gangs. Just as we do not tolerate tax evasion, this government will not tolerate those who defraud the social security system. We will ensure that every pound of taxpayers' money is spent with the same care with which working people spend their own money.

The measures in this Bill are expected to save up to £1.6 billion over the next five years and will extend and modernise DWP's powers to stop fraud in its tracks, recover money lost to fraud and, crucially, help protect claimants who may already be on the edge financially from racking up debt.

The Government is determined to prevent incorrect payments where we can, so DWP will be given new powers to better identify and prevent potential overpayments. These will help officials to ensure eligibility criteria is being met - including being able to see sooner where it is not - which will mean fewer claimants accruing debts and getting into financial difficulty. This will also serve to ensure every claimant is treated fairly.

We will ensure that these powers are proportionate. We will introduce safeguarding, reporting mechanisms and independent oversight, to give greater confidence to claimants that the powers are being used fairly and effectively. DWP staff will receive training on the use of any new powers. We will rely on Codes of Practice where they already exist and,

where they do not, we will consult on and produce new Codes of Practice to provide further reassurance on the safe use of the powers.

Some of DWP's fraud powers have not been updated for over 20 years and we are currently misaligned with other government departments and public bodies such as HMRC.

The measures in this Bill will remedy that, giving DWP powers to:

- Better investigate suspected fraud and new powers of search and seizure, so DWP can take greater control of investigations into criminal gangs defrauding the taxpayer.
- Make changes to the penalties system, so that no one found to have committed fraud against the social security system avoids punishment, bringing increased fairness for claimants who do the right thing.
- Allow DWP to recover debts from individuals who can pay money back but have avoided doing so, bringing greater fairness to debt recoveries.
- Through our Eligibility Verification measure, require banks and financial institutions to examine their own data sets to highlight where someone may not be eligible for the benefits they are being paid. This will help DWP identify incorrect payments, prevent debts from accruing for the claimant and help identify where there may be fraudulent activity. Banks will only share very minimal information, and this will only be used by DWP to support further inquiry, if needed, into a potential overpayment.

The powers in this Bill will be legal, proportionate and targeted to reduce overpayments, detect and prevent fraud, ensure prompter investigations and bring greater fairness to the system.

The Eligibility Verification measure will not give DWP access to any bank accounts, nor any information on how claimants spend their money. The proposed new power instead helps verify benefit eligibility, using very limited information from banks and financial institutions. A human being will always be involved in any investigations and any decisions taken afterwards that affect eligibility or benefit awards, as they do now. This measure will not be used on the State Pension.

This legislation will support the delivery of the government's manifesto commitment to safeguard taxpayers' money and demonstrates the government's commitment that it will not tolerate fraud or waste anywhere in public services, including the social security system.

Further details on the legislation will be set out when the Bill is introduced to Parliament shortly.