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**PARLIAMENTARY DEBATES**  
**(HANSARD)**

# **HOUSE OF LORDS**

## **WRITTEN STATEMENTS AND WRITTEN ANSWERS**

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<b>Baroness Anderson of Stoke-on Trent</b>	Spokesperson for NI Office, Scotland Office and Wales Office, Whip
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<b>Baroness Gustafsson</b>	Minister of State, Department for Business and Trade and HM Treasury
<b>Lord Hanson of Flint</b>	Minister of State, Home Office
<b>Baroness Hayman of Ullock</b>	Parliamentary Under-Secretary of State, Department for Environment, Food and Rural Affairs
<b>Lord Hendy of Richmond Hill</b>	Minister of State, Department for Transport
<b>Lord Hermer</b>	Attorney-General
<b>Lord Hunt of Kings Heath</b>	Minister of State, Department for Energy Security and Net Zero
<b>Baroness Jones of Whitchurch</b>	Parliamentary Under-Secretary, Department for Business and Trade and Department for Science, Innovation and Technology, and Whip
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<b>Lord Leong</b>	Whip
<b>Lord Livermore</b>	Financial Secretary, HM Treasury
<b>Baroness Merron</b>	Parliamentary Under-Secretary of State, Department of Health and Social Care
<b>Lord Ponsonby of Shulbrede</b>	Parliamentary Under-Secretary of State, Ministry of Justice, Whip
<b>Baroness Sherlock</b>	Parliamentary Under-Secretary of State, Department for Work and Pensions
<b>Baroness Smith of Cluny</b>	Advocate-General for Scotland
<b>Baroness Smith of Malvern</b>	Minister of State, Department for Education
<b>Baroness Taylor of Stevenage</b>	Parliamentary Under-Secretary of State, Ministry of Housing, Communities and Local Government, Whip
<b>Lord Timpson</b>	Minister of State, Ministry of Justice
<b>Baroness Twycross</b>	Parliamentary Under-Secretary of State, Department for Culture Media and Sport, Spokesperson, Cabinet Office, Whip
<b>Lord Vallance of Balham</b>	Minister of State, Department for Science, Innovation and Technology
<b>Baroness Wheeler</b>	Deputy Chief Whip

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# Written Statements

Monday, 13 January 2025

## Artificial Intelligence Opportunities Action Plan

[HLWS357]

**Lord Vallance of Balham:** I am repeating the following Written Ministerial Statement made today in the other place by my Right Honourable Friend, the Secretary of State for Science, Innovation and Technology; Rt Hon Peter Kyle MP:

In July, I commissioned Matt Clifford CBE, tech entrepreneur and Chair of the Advanced Research and Invention Agency, to develop an AI Opportunities Action Plan. Today, that plan, and the government's response to it, have been published.

This Government promised to deliver change and improve lives in every part of the country. To grow a faster, fairer economy with good jobs that put more money in working people's pockets. To rebuild our crumbling public services and provide our citizens with the world-class healthcare and education they deserve.

That clear sense of purpose has fundamentally shaped our approach to AI. This is no longer a technology that belongs in a distant future; the AI revolution is already happening, and it will define the decade to come. We must decide whether we sit back and wait for this technology to shape our lives or get ahead and ensure that British people are the first to benefit.

This Government is hugely optimistic about AI's potential to change our country for the better and deliver a decade of national renewal. AI is at the heart of our plan for change. From building an NHS fit for the future and making Britain a clean energy superpower, to taking back our streets and bringing down the barriers to opportunity for all, none of our national missions are possible without embracing the power of technology. Most importantly, an AI-powered economy will improve living standards for working people across the country.

We have led the world on AI safety. Now, we have a responsibility to capitalise on our unique position to provide global leadership in seizing the opportunities of AI. The AI Opportunities Action Plan proposes 50 recommendations reflecting the scale and pace required to strengthen the foundations of the UK's AI ecosystem, deliver real change for citizens through using AI in the public and private sectors, and securing our future by ensuring the UK is a first mover on AI.

In our response, we set out how we intend to shape the application of AI within a modern social market economy, based on the principles of shared economic prosperity, improved public services and increased personal opportunities. To deliver the plan's recommendations, we are taking decisive action to deliver enduring change:

- Creating AI Growth Zones (AIGZs), areas with enhanced access to power and streamlined planning approvals, to establish new public-private partnerships and accelerate the development of AI infrastructure on UK soil.
- Expanding our sovereign AI compute capacity by at least 20 times by 2030, ensuring that the UK can keep pace as our compute needs grow.
- Creating a new AI Energy Council, bringing together industry leaders from the energy and AI sectors, co-chaired by me and the Secretary of State for Energy Security and Net Zero. The Energy Council will provide expert insight on the energy needs of AI, alongside opportunities to accelerate investment in the develop of renewable and innovative energy solutions to meet those needs.
- Launching a new dedicated team with a mandate to strengthen the UK's sovereign AI capabilities by supporting our national champions at the frontier of AI. Operating with the agility of the Vaccines Task Force, the team will partner with AI companies and use every tool at Government's disposal to ensure they have access to the compute, data and talent they need to succeed.

The Action Plan shows us that we have a narrow window to secure our stake in the future of AI, and deliver a better future for British people. We must take decisive action before it is too late. Today, we have set out our plan to secure our global leadership in the AI revolution and fulfil our fundamental promise to the British people. This is a top priority for the Prime Minister. Working right across government, we will use AI to grow our economy, rebuild our broken public services and improve living standards for working people. Together, we will ensure that British citizens are the first to benefit from the extraordinary opportunities this technology can offer.

## Cambridge Waste Water Treatment Plant Relocation

[HLWS359]

**Baroness Hayman of Ullock:** My Right Honourable Friend, the Secretary of State for Environment, Food and Rural Affairs, Steve Reed MP, has made the following Written Statement:

This Government has committed to rebuilding Britain, delivering 1.5 million new homes along with the critical infrastructure that underpins economic growth. As set out in the Plan for Change, we will deliver housing in the right places, supporting our towns and cities to grow, and providing the homes people want near to businesses and employment opportunities. This Government is therefore committed to growth and has promised to take tough decisions to get Britain building.

One of our first actions was therefore to revise the National Planning Policy Framework (NPPF), which was formalised on the 12 December 2024. This marks the next

step in radically reforming the planning system to meet the needs of the country and made major changes to the rules around the green belt. It is therefore right that the application is now properly analysed with consideration given to the Government's updated policies.

This statement confirms that it is necessary to extend the deadline for the Secretary of State's decision on the application by Anglian Water under the Planning Act 2008, for the Cambridge Waste Water Treatment Plant Relocation Project Development Consent Order (DCO).

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

The DCO application for the Cambridge Waste Water Treatment Plant Relocation Project was received by the Planning Inspectorate under the previous Government's planning system.

The deadline for this decision is therefore to be further extended to 14 April 2025 to enable the application to be analysed in light of this key policy update.

The decision to set the new deadline for this application is without prejudice to the decision on whether to grant or refuse development consent.

### Live Events Ticketing: Resale and Pricing Practices

[HLWS358]

**Baroness Jones of Whitchurch:** My Honourable Friend the Minister for Employment Rights, Competition and Markets (Justin Madders MP) has today made the following statement:

The UK has a world leading music and live events sector which plays an important role in our national life, and it supports economic growth across the country. However, the Government is concerned that tickets for many live events have become inaccessible to fans due to highly inflated ticket prices on the resale market. In addition, new practices within the live events sector, such as dynamic pricing, are presenting challenges for fans when buying tickets, particularly around transparency.

We want to put fans first, ensure they are treated fairly and in so doing support an economically successful live events sector.

To support these objectives, the Department for Business and Trade and the Department for Culture, Media and Sport have published a consultation on the resale of live events tickets and a call for evidence on pricing practices in the live events sector, which are available on GOV.UK.

#### *Consultation on the resale of live events tickets*

The Government recognises that a well-functioning ticket resale market can play an important role: helping to redistribute tickets between genuine fans, allowing those

who cannot attend an event to give an opportunity to others to get a ticket, while recouping some or all of their costs. However, it appears that professional ticket touts are systematically buying up tickets on the primary market then reselling them to fans at often hugely inflated prices, with none of the profits going back to the performer, venue or the live events sector more generally. To address these issues, the Government is seeking views on a range of possible options, including:

- Limits on ticket resale such as via a price cap, making it illegal for tickets to be resold at more than a certain percentage above the original price; and fixed limits on the number of tickets that a seller can resell;
- Increasing the accountability of secondary ticketing platforms by placing a duty on them to ensure that information provided by sellers is accurate;
- Supporting the enforcement of existing consumer protection laws by updating provisions in the Consumer Rights Act 2015 to make enforcement more efficient and effective, including a licensing regime focused on resale platforms; and
- Encouraging industry-led actions to improve the transparency and accessibility of ticket sales, for example by phasing ticket distribution.

#### *Call for evidence on pricing practices in the live events sector*

The live events sector has adopted new approaches to selling tickets, including pricing strategies using new technologies. These practices are changing both how the system works and also the experiences of fans when they purchase tickets. It is important that fans are treated fairly and openly with timely, transparent and accurate information being presented ahead of sales, particularly when demand is high.

The call for evidence is seeking views to determine if there is a case for future intervention, specifically examining:

- How the ticketing market works in the UK, when and how tickets are sold using dynamic pricing; and other technologies used to sell tickets;
- If and how consumers have been impaired by a lack of transparency, for example the transparency and timeliness of information provided to inform purchasing decisions, and the extent of hidden fees, tiered pricing or pressure selling; and
- Whether the current legal framework provides sufficient protection, including whether gaps exist or if there is potential for new harms arising from emerging trends.

#### *Next steps*

The consultation and call for evidence will be open for 12 weeks. We encourage all interested stakeholders, including fans, ticketing platforms and the wider live events sector to respond.

I am placing a copy of the consultation and call for evidence in the Libraries of both Houses.

## UK-China Economic and Financial Dialogue: 2025

[HLWS356]

**Lord Livermore:** My right honourable friend the Chancellor of the Exchequer (Rachel Reeves) has today made the following Written Ministerial Statement:

I visited China 10 – 13 January to deliver the 2025 UK-China Economic and Financial Dialogue.

Growing the economy is the number one mission of this government. But that growth must be secure and resilient, built on the stable foundations that we have prioritised as we deliver on our Plan for Change and embark on a decade of national renewal.

National security and growth are not opposed. They are mutually reinforcing. We must and will continue to engage with international partners on trade and investment to grow our economy, while ensuring that our security and values are not compromised.

This means finding the right way to build a stable and balanced relationship with China. One that recognises the importance of cooperation in addressing the global issues we face, competing where our interests differ, and challenging robustly where we must.

It is for this reason that I visited Beijing and Shanghai for an economic and financial dialogue with China. I was accompanied by the Governor of the Bank of England, the

Chief Executive of the Financial Conduct Authority, and representatives from Britain's financial services firms. This dialogue unlocked market access for UK exporters in financial services and agri-products, providing greater certainty for business and an expected boost to the UK economy of £600 million over five years.

However, this is not a return to the 'golden era' of UK-China relations. Throughout the visit, I was clear that whilst we must cooperate on areas of mutual interest, we will also confidently express our economic and trade concerns to the Chinese, including on market access and wider market distorting practices. A key outcome of this dialogue is that we have secured China's commitment to improve existing channels so that we can openly discuss sensitive issues and the ways in which they impact our economy. Our engagement also advanced wider UK interests. I raised a range of UK concerns in meetings with Chinese government counterparts, including Russia's illegal war in Ukraine, developments in constraints on rights and freedoms in Hong Kong, and human rights. Our approach ensures we can confidently challenge China on areas where we disagree and uphold the UK's national security, the first duty of our government.

This visit builds a platform for a long-term relationship with China that works squarely in our national interest – ensuring our economy has the broad base and resilient foundations for the growth that makes working people in every corner of Britain better off.



# Written Answers

Monday, 13 January 2025

## Agriculture: Ecology

Asked by *Baroness Bennett of Manor Castle*

To ask His Majesty's Government what percentage of their funding for agriculture goes to agroecological practices [HL3717]

**Baroness Hayman of Ullock:** Agroecological practices promote sustainable and resilient approaches to farming. This aligns with the goals of the Government's Environmental Land Management (ELM) schemes, which will fund improvements to food security, biodiversity, carbon emissions, water quality, air quality and flood resilience. We consider much of the funding under our ELM schemes as supporting agroecological practices.

As announced in October 2024, Defra's farming budget will be £2.4 billion in 2025/26. ELM schemes remain at the centre of our offer for farmers, which will be funded by the largest ever budget directed at sustainable food production and nature's recovery in our country's history of £1.8 billion.

## Anaesthesia Associates and Physician Associates: Prescriptions

Asked by *Baroness Bennett of Manor Castle*

To ask His Majesty's Government what steps they have taken to ensure that the NHS and other services are following the prescribing standards stating that, from 13 December 2024, healthcare professionals working in designated physician associate or anaesthesia associate roles should not prescribe medicines, even if they hold prescribing rights from a previous profession or have previously been authorised to prescribe by their employer. [HL3719]

**Baroness Merron:** The physician associate (PA) and anaesthesia associate (AA) professions do not have prescribing responsibilities. Prescribing responsibilities are conferred upon specific professions by the Human Medicines Regulations 2012 and are not transferable to another regulated role or profession.

NHS Employers has recently published guidance which sets out information for employers on the PA and AA roles and how they fit within the National Health Service. This includes setting out information about prescribing and the supply and administering of medicines.

Subject to locally determined governance arrangements, a PA or AA may administer medicines under a patient specific direction (PSD). A PSD is a written instruction, signed by an authorised prescriber, for medicine or medicines to be administered to a named person after the prescriber has assessed the patient.

As the regulator of PAs and AAs, the General Medical Council has also published information on its website confirming that the roles are not able to prescribe.

## Cancer: Health Services and Medical Treatments

Asked by *Baroness Ritchie of Downpatrick*

To ask His Majesty's Government what assessment they have made of the adequacy of the support available to those on low incomes to access cancer treatments and appropriate care. [HL3841]

**Baroness Merron:** NHS England and the integrated care boards are responsible for commissioning and ensuring the healthcare needs of local communities in England are met, including to those on low incomes to access cancer treatments and appropriate care.

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.

## China: USA

Asked by *Viscount Waverley*

To ask His Majesty's Government what assessment they have made of the likelihood of a "G2", similar to the G20, between China and the United States, and what steps they are taking to influence the establishment of such a group. [HL3631]

**Baroness Chapman of Darlington:** We take a close interest in the relationship between the US and China as P5 members. We engage with the countries individually in pursuit of our interests. The US is an indispensable ally, and we are committed to the depth and breadth of the UK-US relationship across defence, intelligence and foreign policy. We will continue to work with the US on the basis of our shared values and interests. With China, we will take a consistent, long term and strategic approach to managing our relations, rooted in UK and global interests. We will co-operate where we can, compete where we need to, and challenge where we must.

## Chronic Illnesses: Exercise

Asked by *Lord Oates*

To ask His Majesty's Government what assessment they have made of the findings of the Nuffield Health and Manchester Metropolitan University report

Unlocking the 'miracle cure', published in December 2024, and whether those findings will inform their plans to integrate physical activity into NHS treatment pathways for preventing and managing long-term health conditions. [HL3754]

*Asked by Lord Oates*

To ask His Majesty's Government what steps they plan to take, following the Nuffield Health and Manchester Metropolitan University report Unlocking the 'miracle cure', published in December 2024, to support healthcare professionals in prescribing physical activity as part of routine NHS care. [HL3755]

**Baroness Merron:** The Government has not made a specific assessment of the report. However, the Government welcomes the announcement of the new venture between Manchester Metropolitan University and Nuffield Health and will be keen to learn from this work as it delivers physical activity support to people living with chronic conditions.

The National Health Service, together with local authorities, provides a range of services such as exercise on referral and social prescribing, including exercise classes, falls prevention through strength and balance classes for older adults, walking groups and promotion of digital support like the NHS Active 10 walking app.

Interventions like the one in Manchester demonstrate the valuable work across local areas to embed movement into people's care. There are other established examples of local NHS and local government approaches across the country that integrate physical activity into clinical care including perioperative care and cancer and cardiac rehabilitation.

NHS England is working closely with partners nationally and locally to explore how the NHS might galvanise support to make physical activity a core part of NHS care, to benefit patients, NHS staff and the wider public. By empowering clinicians and healthcare professionals with the skills and confidence to discuss and promote physical activity, by integrating it into key clinical pathways and by aligning it with Core20PLUS5 for adults, children and young people, the NHS could help to transform patient outcomes and reduce health inequalities.

Whilst the Government and NHS recognise the value of integrating physical activity into clinical care, prevention will always be better, and cheaper, than cure. The Health Mission, on which the Department leads, is focused on shifting towards a more preventative approach to healthcare.

## Constitutional Reform and Governance Act 2010

*Asked by Lord Norton of Louth*

To ask His Majesty's Government what mechanisms they have introduced to monitor compliance by each government department with section 3(6) of the

Constitutional Reform and Governance Act 2010. [HL3752]

**Baroness Twycross:** The Civil Service Code sets out the responsibility of civil servants to advise ministers in accordance with section 3(6) of the Constitutional Reform and Governance Act 2010. The Government takes seriously its commitment to uphold and support our constitutional arrangements including the conventions which underpin the relationship between Government and Parliament. The Leaders of both Houses are responsible for representing the interests of Parliament in Government and ensuring that the customs and principles that make Parliament unique are properly represented. The Parliamentary Capability Team provides training for civil servants which emphasises the importance of these constitutional principles. Each Government department has a parliamentary team which works with civil servants to give advice on how parliament works.

## Covid-19 Inquiry: Expert Evidence

*Asked by Baroness Bennett of Manor Castle*

To ask His Majesty's Government what assessment they have made of the letter of 22 October signed by the Covid Airborne Transmission Alliance addressed to the chief nursing officers of the four nations about expert evidence provided to the Covid-19 Inquiry, particularly about the airborne transmission of the virus and other respiratory viruses; and when they expect a response to the letter to be issued. [HL3721]

**Baroness Merron:** The Chief Nursing Officer for England has stated that a range of evidence on the issue of routes of transmission of COVID-19 was presented to the COVID-19 Inquiry during their examination of the impact of the pandemic on healthcare systems across the United Kingdom.

A response from the UK Chief Nursing Officers to the letter from the Covid Airborne Transmission Alliance will be sent shortly.

## Developing Countries: Food Insecurity

*Asked by Baroness Anelay of St Johns*

To ask His Majesty's Government, further to the World Food Programme and Food and Agriculture Organization for the United Nations joint report Hunger Hotspots: FAO-WFP early warnings on acute food insecurity, published on 5 June, what steps they are taking to prevent further food insecurity in the 22 countries mentioned; and assistance they will provide to (1) Haiti, (2) Mali, (3) Palestine, (4) South Sudan, and (5) Sudan, who were found to be at the highest risk of famine. [HL2340]

**Lord Collins of Highbury:** The UK is deeply concerned by the findings of the 2024 Hunger Hotspots report. We are the third largest government donor to the World Food Programme (WFP) and in 2024 have contributed over \$600 million (£495 million) to WFP

programmes, including in the Occupied Palestinian Territories (OPT), Sudan, South Sudan and Haiti. In November 2024, the UK doubled its support for those affected by the war in Sudan and we committed £112 million to the OPTs this financial year. On 30 December 2024, the Minister for International Development announced further humanitarian assistance to vulnerable communities, including up to £8 million for Burkina Faso, Mali and Niger.

### Food: Labelling

*Asked by Baroness Parminter*

To ask His Majesty's Government what assessment they have made of the effectiveness of the Calorie Labelling (Out of Home Sector) (England) Regulations 2021 in changing eating habits and tackling obesity, and what scientific evidence they have considered in making this assessment, including any scientific studies which suggest that mandatory calorie labelling policies are ineffective. [HL3894]

*Asked by Baroness Parminter*

To ask His Majesty's Government when they next plan to review the Calorie Labelling (Out of Home Sector) (England) Regulations 2021 as required by regulation 13, and whether in doing so they will consider (1) relevant scientific studies, and (2) the impact that calorie labelling has on those with eating disorders. [HL3895]

**Baroness Merron:** Legislation requiring large businesses in England, namely those with 250 or more employees, to display calorie information on non-prepacked food and soft drinks came into force in 2022. It aims to support consumers to make healthier choices for themselves and their families when eating out or getting a takeaway, with clear information about calorie content of potential purchases. It may also encourage businesses to reformulate and provide lower calorie options, helping to create a healthier food environment.

The published impact assessment, which included a summary of the evidence, estimated that by lowering calorie consumption amongst people living with overweight or obesity, the policy would produce savings to the National Health Service of £430 million and social care savings of £477 million over 25 years.

We continue to evaluate the impact of the Out of Home Calorie Labelling Regulations and have commissioned studies through the National Institute for Health and Care Research which includes an evaluation to understand the impact of the rules, including on people living with eating disorders.

We will publish a post-implementation review within five years of implementation which will consider the effectiveness of the policy and will include a review of relevant scientific studies.

### Fractures: Health Services

*Asked by Lord Black of Brentwood*

To ask His Majesty's Government whether they intend to use the NHS Planning Guidance to direct integrated care boards to establish and maintain high-quality Fracture Liaison Services. [HL3527]

**Baroness Merron:** Patients around the country, including those suffering from osteoporosis, are waiting too long for care and treatment. Our Plan for Change will get the health service back on its feet and make it fit for the future.

My Rt Hon. Friend, the Secretary of State for Health and Social Care has confirmed that planning guidance will be published in the new year.

*Asked by Baroness Hayter of Kentish Town*

To ask His Majesty's Government what assessment they have made of extending fracture liaison services to all integrated care boards; and what lessons they have drawn from the impact of fracture liaison services in other jurisdictions, including the devolved authorities. [HL3734]

**Baroness Merron:** Fracture liaison services (FLS) are a globally recognised care model for secondary fracture prevention and can reduce the risk of refracture by up to 40%.

FLS are commissioned by integrated care boards, which make decisions according to local need. Officials continue to work closely with NHS England to explore a range of options to provide better quality and access to these important preventative services. This includes how best to support systems, who are responsible for commissioning.

We are considering evidence and examples from a wide range of sources, including existing services and the devolved administrations.

### Gambling: Mental Health Services

*Asked by The Lord Bishop of St Albans*

To ask His Majesty's Government how many people were treated by the NHS for gambling disorders in (1) 2019, (2) 2020, (3) 2021, (4) 2022, (5) 2023, and (6) 2024. [HL3766]

**Baroness Merron:** The National Health Service collects data on the number of referrals into NHS gambling clinics. These referrals are for those requiring support for gambling-related harms because of either their own gambling or due to being impacted by someone else's gambling. The data on those receiving treatment specifically for gambling disorder is not available.

Data on referrals into NHS gambling clinics is collected by financial year. The following table shows the number of such referrals in each year since 2020/21, as the data for 2019/20 is not held by the NHS:



<i>Financial Year</i>	<i>Number of referrals</i>
2020/21	775
2021/22	1,013
2022/23	1,389
2023/24	2,284
2024/25 (April-September 2024)	1,914

Source: NHS England

*Asked by The Lord Bishop of St Albans*

To ask His Majesty's Government how much it cost the NHS to treat patients with gambling disorders in (1) 2019, (2) 2020, (3) 2021, (4) 2022, (5) 2023, and (6) 2024. [HL3767]

**Baroness Merron:** Each year, NHS England provides additional Service Development Funding for gambling disorders to integrated care boards (ICBs). The following table shows the annual allocation of funding for gambling treatment services since 2019/20:

<i>Financial Year</i>	<i>Amount (£,000)</i>
2019/20	970
2020/21	971
2021/22	1,346
2022/23	4,588
2023/24	5,400

Source: NHS England

## Genetically Modified Organisms: Regulation

*Asked by The Earl of Caithness*

To ask His Majesty's Government what assessment they have made of the implications of their commitment to introduce secondary legislation to implement the Genetic Technology (Precision Breeding) Act 2023 for a new trade deal with the European Union. [HL3726]

**Baroness Hayman of Ullock:** This is a devolved matter, and the information provided therefore relates to England only.

The European Commission has proposed to adopt a new, less restrictive, regulation for the marketing of plants obtained by certain new genomic techniques (NGTs) and their use for food and feed. An approach similar to that used in the Precision Breeding Act.

The proposal is still under consideration in the European Council and its contents are subject to change.

We will continue to monitor progress in the EU to understand implications for trade, including in the context of the Government's commitment to seek to negotiate a veterinary / Sanitary and Phytosanitary agreement with the EU.

## Georgia: Violence

*Asked by Lord Banner*

To ask His Majesty's Government what representations they will make to the government of Georgia to ensure that police violence towards protestors and journalists in that country ceases. [HL3424]

**Baroness Chapman of Darlington:** On 16 December in a call with the Georgian Foreign Minister, the Minister for Europe, the Americas and Overseas Territories stressed that police violence targeting peaceful demonstrators, opposition figures and journalists is unacceptable. The Foreign Secretary's statement of 9 December condemned the excessive use of force and outlined the suspension of programme support as a result of the violence. Protesters in Georgia are making clear their opposition to Georgian Dream's decision to stall the country's progress towards a European future, undermining the commitments in the Georgian Constitution. We continue to call on the Georgian authorities to realign with European values.

## Health Services: Public Consultation

*Asked by Baroness Ritchie of Downpatrick*

To ask His Majesty's Government whether they have any further plans to use public deliberation methods in healthcare beyond the 10 Year Health Plan. [HL3843]

**Baroness Merron:** People and communities are at the heart of everything the Government and the National Health Service does. The Department's and NHS England's statutory guidance sets out how the health system at both a local and national level has a legal and ethical duty to involve the public in planning, proposals, and decisions regarding NHS services.

Public deliberations are one method that can be used to involve the public in decision making and are already in use, beyond the 10-Year Health Plan, in national health policy, for example our current national engagement on data in health and social care.

Public engagement will remain a core part of all elements of the healthcare system, and we encourage local and national teams to consider deliberative methods depending on the type of project and resources available. Any other future public engagement or deliberative events would be considered on an as-needs basis.

## Hussam Abu Safiya

*Asked by Lord Alderdice*

To ask His Majesty's Government what representations they have made to the government of Israel on the safety and release of Dr Hussam Abu Safiyeh, director of Kamal Adwan Hospital in Gaza; and what representations they have made to facilitate him to re-institute emergency medical facilities. [HL3707]

**Lord Collins of Highbury:** We are concerned by the reports of the IDF operation at Kamal Adwan hospital, and the reported detention of Dr Hussam Abu Safiya and others. In recent weeks, the Minister for the Middle East raised this case, along with the wider need to ensure healthcare facilities in northern Gaza are protected, and to enable WHO and ICRC access, with both Israel's Ambassador to the UK, and Israeli Deputy Foreign Minister Haskel. Israel must allow medical staff to carry out their work unimpeded, and to travel around Gaza as needed. On 27 December, the Minister for the Middle East made it clear to Israel's government that the situation in Northern Gaza cannot continue and raised our serious concern about repeated strikes on Kamal Adwan hospital, and the safety of civilians and medical workers there.

Furthermore as the Minister for the Middle East reiterated on the 8th of January, Israel must urgently clarify the reasons for detaining health workers in Gaza, including Hassam Abu Safiya and Mohammed Hamouda, to ensure Gazans have access to effective healthcare and that civilians are protected at all costs.

*Asked by Lord Oates*

To ask His Majesty's Government what representations they have made to the government of Israel regarding the whereabouts and safety Dr Hussam Abu Safiya, the director of Kamal Adwan Hospital. [HL3753]

**Lord Collins of Highbury:** We are concerned by the reports of the IDF operation at Kamal Adwan hospital, and the reported detention of Dr Hussam Abu Safiya and others. In recent weeks, the Minister for the Middle East raised this case, along with the wider need to ensure healthcare facilities in northern Gaza are protected, and to enable WHO and ICRC access, with both Israel's Ambassador to the UK, and Israeli Deputy Foreign Minister Haskel. Israel must allow medical staff to carry out their work unimpeded, and to travel around Gaza as needed. On 27 December, the Minister for the Middle East made it clear to Israel's government that the situation in northern Gaza cannot continue and raised our serious concern about repeated strikes on Kamal Adwan hospital, and the safety of civilians and medical workers there.

Furthermore as the Minister for the Middle East reiterated on 8 January, Israel must urgently clarify the reasons for detaining health workers in Gaza, including Hassam Abu Safiya and Mohammed Hamouda, to ensure Gazans have access to effective healthcare and that civilians are protected at all costs.

### **Israel: Republic of Ireland**

*Asked by Lord Elliott of Ballinamallard*

To ask His Majesty's Government whether they will provide any consular support to citizens of Israel in the Republic of Ireland, following the closure of Israel's Embassy in Dublin. [HL3535]

**Baroness Chapman of Darlington:** The Foreign, Commonwealth & Development Office (FCDO) and UK embassies, high commissions and consulates provide consular assistance to British nationals abroad who need our support. An Israeli national would only be eligible for FCDO consular support in Ireland if they also held British nationality. Israeli/British dual nationals would be entitled to full FCDO consular services in Ireland.

### **Medical Records: Artificial Intelligence**

*Asked by Lord Taylor of Warwick*

To ask His Majesty's Government what steps they are taking to develop an AI policy for healthcare services to ensure the safe and responsible use of artificial intelligence when accessing patient records. [HL3777]

**Baroness Merron:** Artificial intelligence (AI) technologies have huge potential in improving efficiency across the National Health Service by supporting clinicians with faster and more accurate diagnosis, enhancing clinical decision-making about treatment plans and reducing the administrative burden faced by healthcare staff. The Department and NHS England are developing guidance for the responsible use of these tools and how they can be rolled out to make the day-to-day operations of the NHS more efficient.

There are strict safeguards in place throughout the NHS to protect data. All providers of services which handle patient data must protect that data in line with the United Kingdom General Data Protection Regulation (UK GDPR), and Data Protection Act 2018, and every health organisation is required to appoint a Caldicott Guardian to advise on the protection of people's health and care data, and ensure it is used properly. This includes where AI is used in relation to patient records.

We are considering how regulators should approach issues of privacy such as accessibility only to authorised users and how to safeguard against bad actors.

The NHS AI Lab and Sciencewise (UK Research and Innovation) held a public dialogue on how the public feels decisions should be made about access to their personal health data for AI purposes. The AI Lab is now procuring further research to design approaches to data stewardship based on these insights.

To mitigate the likelihood and severity of any potential harm to individuals arising from use of data in AI, the Information Commissioners Office has developed detailed AI guidance which provides an overarching view of data protection, including Data Protection Impact Assessments and UK GDPR. They have also produced an AI toolkit to support organisations auditing compliance of their AI-based technologies.

### **Medical Treatments**

*Asked by Baroness Ritchie of Downpatrick*

To ask His Majesty's Government what assessment they have made of England's international ranking in

terms of access to new and effective treatments for NHS patients. [HL3762]

**Baroness Merron:** The Department has made no assessment of the number of medicines that are available for the treatment of National Health Service patients in England compared with other countries. Analysis from the European Federation of Pharmaceutical Industries and Associations' Waiting to Access Innovative Therapies Indicators compares availability of new medicines across European countries. The availability in England of medicines that received a European Union marketing authorisation between 2019 and 2022 was slightly higher than the European average.

### Mental Health Services: Staff

*Asked by Baroness Ritchie of Downpatrick*

To ask His Majesty's Government what steps they are taking to increase mental health clinical staff within the NHS. [HL3842]

**Baroness Merron:** The Government recognises that more staff are needed. That is why, as part of our mission to build a National Health Service that is fit for the future, we will recruit an additional 8,500 mental health workers to cut waiting times and provide faster treatment. We recognise that bringing in the staff needed will take time and we are working with NHS England on options to deliver this expansion of the mental health workforce.

More broadly, we have launched a 10-Year Health Plan to reform the NHS. This plan will set out a bold agenda to deliver on the three big shifts needed to move healthcare from hospital to the community, analogue to digital, and sickness to prevention. A central part of this will be our workforce and how we ensure we train and provide the staff, technology, and infrastructure the NHS needs to care for patients across our communities.

In summer 2025, we will publish a refreshed Long Term Workforce Plan to deliver the transformed health service we will build over the next decade and treat patients on time again. We will ensure the NHS has the right people, in the right places, with the right skills to deliver the care patients need when they need it.

### NHS: Public Consultation

*Asked by Baroness Ritchie of Downpatrick*

To ask His Majesty's Government what steps they are taking to ensure that people from under-represented communities are able to engage in the development of the NHS 10 Year Health Plan. [HL3903]

**Baroness Merron:** We want to ensure the 10-Year Health Plan reflects the diversity of the people who use the National Health Service every day, and it is important that everyone can have their say as we develop it.

The online Change NHS platform is available in multiple formats, with a range of ways to respond to help make it accessible. This includes easy-read, British sign-

language formats, and language translations, with other formats available online and by request.

However, the online platform is one part of the wider engagement; we have run a series of in-person and online events in every region across England, and recruitment for these events has used recognised and best-in-class sampling methods to ensure people and staff from different backgrounds and experiences are included. Our in-depth deliberations with the public will consider their priorities and expectations on how we make the NHS fit for the future.

We are also working with partners who have an interest in health and care to hear from local communities, especially those whose voices often go unheard. We continue to monitor which groups we are hearing from and will tailor our approach to ensure we hear from under-represented groups.

We have also asked local health systems to plan engagement with their local communities, front line staff and partner organisations, taking care to ensure they cover their 'Core20PLUS5' groups and reach those who are under-represented. The NHS England Core20PLUS5 approach aims to inform action that targets the most deprived 20 per cent of the population and other inclusion health groups, with the aim of reducing health inequalities.

We have provided 'workshop in a box' materials to support local health systems and voluntary, community and social enterprise organisations to run workshops with their communities. These materials are also available in alternative formats, including easy-read and British sign-language formats. We have recently written to charities representing groups that are currently under-represented in the engagement exercise to ask them how we can help ensure that these voices are heard in the engagement exercise.

### NHS: Reform

*Asked by Baroness Neville-Rolfe*

To ask His Majesty's Government whether and how they expect the plans for NHS reform announced by the Prime Minister on 6 January to improve per capita productivity in the health sector; and from which local examples of good practice these plans draw. [HL3750]

**Baroness Merron:** The Government has now published its plan, Reforming elective care for patients, to tackle the National Health Service waiting lists. This plan sets out the reform and productivity efforts needed to ensure that patients are seen on time and have the best possible experience during their care, so that we can return to the NHS constitutional standard that 92% of patients should wait no longer than 18 weeks from referral. A copy of the plan is attached.

It prioritises reforms that help deliver a system which is not just better for patients but also more productive in every pound spent, for example, through cutting down on missed or unnecessary appointments.

The plan focusses on learning from best practice already in the system and includes a number of case studies that display examples of where trusts have made services more productive to improve the outcomes and experiences of their patients, for example, South West London Elective Orthopaedic Centre's use of surgical hubs or the use of primary and secondary care interface working at Berkshire West.

The Answer includes the following attached material:

Document for HL3750 [reforming-elective-care-for-patients.pdf]

The material can be viewed online at:  
<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2025-01-06/HL3750>

## Office of the Parliamentary Counsel

*Asked by Lord Black of Brentwood*

To ask His Majesty's Government, further to the Written Statement by the Minister of State for Housing and Planning on 21 November (HCWS244), whether, in light of the "serious flaws" identified in the Leasehold and Freehold Reform Act 2024, they intend to institute a review of the performance of the Office of the Parliamentary Counsel. [HL3525]

**Baroness Taylor of Bolton:** As outlined in the Written Ministerial Statement on November 21st, the Leasehold and Freehold Reform Act contains a small number of specific but serious flaws. Given the nature of the flaws, no review into the performance of the Office of the Parliamentary Counsel is needed.

## Prisoners: Neurodiversity

*Asked by Lord Bradley*

To ask His Majesty's Government, how many prisoners arriving in custody were screened for a neurodivergent need in the year to March 2024, and what proportion this represented of the total. [HL3801]

**Baroness Merron:** The information requested is not held centrally.

## Private Education: VAT

*Asked by Lord Kempson*

To ask His Majesty's Government whether they will exempt students in receipt of Music and Dance Scheme grants from paying VAT on independent school fees. [HL3742]

**Lord Livermore:** Since 1 January 2025, all education services and vocational training provided by private schools in the UK for a charge have been subject to VAT at the standard rate of 20 per cent. This also applies to fees paid by students in receipt of the Music and Dance Scheme grants.

This is to ensure fairness and consistency across all schools that provide education services and vocational training for a charge.

However, the Department for Education has decided to adjust its Music and Dance Scheme bursary contribution for families with a relevant income below £45,000 to account for the VAT that will be applied on fees, ensuring that the total parental fee contributions for families with below average relevant incomes remain unchanged for the rest of the 2024/25 academic year.

## Public Sector: Translation Services

*Asked by Lord Gilbert of Panteg*

To ask His Majesty's Government, further to the answer by Baroness Twycross on 17 December (HL3302), what records the Crown Commercial Service holds on which public bodies have taken out contracts for translation services using the framework agreement on translation into foreign languages. [HL3660]

**Baroness Twycross:** The Crown Commercial Service (CCS) collects information from suppliers for public bodies that have taken out contracts for translation services under its Language Services agreement (RM6141) only. These records contain the names of the public sector bodies (contracting authority) and their spend through the framework, an aggregate of £5,402,890 from 10 May 2021 to 10 December 2024.

Public bodies that have used the CCS commercial agreement RM6141 Language Services include: Barnsley Metropolitan Borough Council, Bridgend County Borough Council, British Library, British Transport Police, Cambridgeshire and Peterborough NHS Foundation Trust, Commonwealth War Graves Commission, Department for Transport, Department for Work and Pensions, Department of Health and Social Care, Environment Agency, Equality and Human Rights Commission, High Speed Two (HS2) Ltd, HM Revenue & Customs, Intellectual Property Office, London Borough of Brent Council, London Borough of Hammersmith and Fulham Council, London Borough of Lambeth Council, London Borough of Tower Hamlets Council, Mid and South Essex NHS Foundation Trust, Ministry of Defence, Ministry of Housing, Communities & Local Government, National Crime Agency, NHS England, NHS England - East of England, NHS England Sustainable Improvement Team, NHS Improvement, NHS South, Central and West Commissioning Unit, Nottingham University Hospitals NHS Trust, Office for National Statistics, Office for Nuclear Regulation, Oxfordshire County Council, Royal Borough of Kensington and Chelsea, Serious Fraud Office, Surrey and Borders Partnership NHS Foundation Trust, The Pensions Regulator, Transport for London, UK Health Security Agency, Westminster City Council and Wokingham Borough Council.

Information on individual contracts should be publicly available on Contracts Finder at the following link:  
<https://www.contractsfinder.service.gov.uk>



### Royal Household: Flags

Asked by *Lord Wigley*

To ask His Majesty's Government what discussions they have had, if any, since July 2024 with the Royal Household about the inclusion of a symbolic representation of Wales on the royal standard. [HL3783]

**Baroness Twycross:** Since July 2024, no discussion has been held with the Royal Household by the government about the inclusion of a symbolic representation of Wales on the royal standard.

### Ruxolitinib: Finance

Asked by *Baroness Ritchie of Downpatrick*

To ask His Majesty's Government how many patients self-fund access to ruxolitinib to treat myelofibrosis, which is available privately but not on the NHS. [HL3838]

**Baroness Merron:** The National Institute for Health and Care Excellence (NICE) recommends ruxolitinib as an option for treating disease-related splenomegaly or symptoms in adults with primary myelofibrosis, also known as chronic idiopathic myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis, in people with intermediate-2 or high-risk disease. Ruxolitinib is available to National Health Service patients in line with NICE's recommendations.

Information on the number of patients who self-fund ruxolitinib for myelofibrosis is not held centrally.

### Sodium Valproate and Surgical Mesh Implants: Compensation

Asked by *Baroness Ritchie of Downpatrick*

To ask His Majesty's Government when they will publish a timeframe for implementing The Hughes Report: Options for redress for those harmed by valproate and pelvic mesh, published on 7 February 2024. [HL3760]

Asked by *Baroness Ritchie of Downpatrick*

To ask His Majesty's Government when they plan to introduce and implement a redress scheme for sufferers of sodium valproate, as recommended in the The Hughes Report: Options for redress for those harmed by valproate and pelvic mesh, published on 7 February 2024. [HL3761]

**Baroness Merron:** The Government is carefully considering the valuable work done by the Patient Safety Commissioner and the resulting Hughes Report. The

report sets out options for redress for those harmed by valproate and pelvic mesh. The Government will be providing an update to the Patient Safety Commissioner's Report at the earliest opportunity.

### Sudan: International Criminal Court

Asked by *Lord Alton of Liverpool*

To ask His Majesty's Government whether they intend to press the United Nations Security Council to extend the International Criminal Court mandate from Darfur to cover the whole of Sudan; and, if not, why not. [HL3711]

**Lord Collins of Highbury:** The UK strongly supports the International Criminal Court's (ICC) active investigation into the situation in Darfur, including allegations of crimes committed since April 2023. We welcomed Prosecutor Khan's announcement in July 2023 that the current conflict was in scope of the existing ICC referral and subject to their investigations. Our assessment is that a new ICC referral beyond Darfur would not have the required support from members of the UN Security Council. It would not advance the cause of accountability in Sudan for an ICC referral to fail to win Security Council support or to be vetoed. The UK continues to support the work of the Centre for Information Resilience (CIR) to gather open-source evidence on the ongoing fighting, with a view to supporting future accountability efforts. In November, the UN Security Council sanctioned two senior Rapid Support Forces Commanders for involvement in human rights abuses.

### Visas: National Security

Asked by *Lord Jackson of Peterborough*

To ask His Majesty's Government, further to the Written Answer by Lord Hanson of Flint on 11 December (HL2987), when the new IT system to provide more reliable data currently under development will be fully operational, and what will be the cost. [HL3398]

**Lord Hanson of Flint:** The IT system which will provide centrally held, reliable data for cancellation of permission to stay decisions remains under development. It is currently progressing through standard test phases before becoming fully operational at a date to be determined.

The IT system referred to forms part of the wider Immigration Project Technology (IPT) project. Information regarding the cost of the wider project can be found here in the UKVI transparency data information, last updated 6 December 2024.



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