



This report shows written answers and statements provided on 25 July 2019 and the information is correct at the time of publication (06:33 P.M., 25 July 2019). For the latest information on written questions and answers, ministerial corrections, and written statements, please visit: <http://www.parliament.uk/writtenanswers/>

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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

ATTORNEY GENERAL

■ Slavery: Victims

Richard Burgon:

[\[278560\]](#)

To ask the Attorney General, what estimate his Department made of the number of victims of modern slavery who have been charged with a criminal offence committed in connection to their being a victim of slavery.

Lucy Frazer:

The Crown Prosecution Service (CPS) does not maintain a central record of the number of cases in which a defendant has been charged with, or prosecuted for a criminal offence where it subsequently becomes known that their actions were the result of their being a victim of modern slavery

The CPS has published clear legal guidance which recognises the principle of non-prosecution of victims of trafficking or slavery. It has delivered training on the steps to be taken, where there is a reason to believe that a suspect or defendant in a criminal case might be a victim. In those circumstances, the prosecutor will consider what further evidence or information might be required and will review whether the prosecution should proceed or not. The guidance sets out that where there is sufficient evidence that the accused is a victim and the conditions provided for in section 45 of the Modern Slavery Act 2015 are met, the case should not be charged or proceeded with.

CABINET OFFICE

■ Cabinet Office: Contracts

Jon Trickett:

[\[278363\]](#)

To ask the Minister for the Cabinet Office, how many contractors employed by the Cabinet Office have been paid more than £750 per day in the last two years.

Oliver Dowden:

From July 2019, Ministers have introduced an enhanced approvals process where all business cases with rates of £750 per day and above will require ministerial approval.

The information regarding the number of contractors employed by the Cabinet Office in the last two years with a day rate of more than £750 is not held centrally and could not be provided without incurring disproportionate cost.

■ Committee On the Grant of Honours Decorations and Medals

Ian Blackford: [\[280264\]](#)

To ask the Minister for the Cabinet Office, on how many occasions the reformed Advisory Military Sub Committee has met.

Oliver Dowden:

The reformed Advisory Military Sub-Committee, with a new independent membership under the chairmanship of Dr Charles Winstanley, held its first meeting in May 2019.

■ Conflict, Stability and Security Fund

Dan Carden: [\[280367\]](#)

To ask the Minister for the Cabinet Office, what the recommendations of the independent assessment commissioned by the Joint Funds Unit of Overseas Security and Justice Assistance policy were.

Oliver Dowden:

Pursuant to my answer to Question 276193, the audit's findings highlighted the importance of context, and areas where the process could be improved. The audit showed that the majority of programme teams have a good understanding of the human rights risks facing their programmes, and a realistic view of the extent to which risks can be mitigated.

Responding to the audit's recommendations, the JFU is updating CSSF programmatic guidance, and the Stabilisation Unit is updating its core security and justice training for HMG staff to align with the revised guidance.

As stated in my answer to Question 249954, there are no plans to publish the OSJA audit.

■ Electoral Register

Chris Ruane: [\[280149\]](#)

To ask the Minister for the Cabinet Office, what information he holds on the cost to the public purse of (a) central and (b) local government spending on advertising to promote voter registration in each of the last 10 years for which figures are available.

Oliver Dowden:

The Electoral Commission (EC) has a statutory responsibility to promote awareness of elections, including registration. In this capacity, the EC leads public awareness campaigns on voter registration, notably ahead of elections.

The Government does not have an allocated budget for advertising voter registration deadlines

The exception was a government funded campaign in 2015 targeted specifically at overseas electors. The budget was £500k and new registrations increased by 570%, exceeding the target to receive 100k new applications from overseas electors before the registration deadline.

We do not hold any figures on local government spending on advertising to promote voter registration.

Chris Ruane:

[\[280151\]](#)

To ask the Minister for the Cabinet Office, if he will make it his policy to collate information on the (a) amount spent by local authorities on electoral registration, (b) number of staff employed by local authorities on electoral registration and (c) local authorities with the (i) highest and (ii) lowest levels of electoral registration.

Oliver Dowden:

The Government maintains an estimate of the annual cost of electoral registration. This is supported by cost data from Electoral Registration Officers and volume data provided by electoral management systems and other sources of information.

The Government recognises that Electoral Registration Officers within local authorities are best placed to make decisions on how best to target their work to ensure their electoral registers are complete and accurate. We welcome the sharing of best practice between local authorities on increasing levels of registration. The Electoral Commission provides guidance for EROs and sets and monitors their performance against standards under their Performance Standards Framework, details of which can be found on the EC's website <https://www.electoralcommission.org.uk/>

Chris Ruane:

[\[280152\]](#)

To ask the Minister for the Cabinet Office, whether he has made a recent assessment of the potential merits of using vehicle registration databases held by the Driving and Vehicle Licensing Agency to increase levels of voter registration.

Oliver Dowden:

Prior to the introduction of Individual Electoral Registration (IER) in 2014, the potential benefits of using Driving and Vehicle Licensing Agency (DVLA) data as part of implementing IER were assessed. This investigation demonstrated that DVLA data could not readily be used to verify individuals' identity, nor ascertain the names and addresses of people who are not registered but are entitled to be registered to vote.

The Government decided upon using National Insurance Numbers for verifying applicant's identities during the registration process.

The Government is committed to increasing the levels of voter registration and voter registration processes are subject to ongoing review.

■ Electoral Register: Finance

Chris Ruane:

[\[280150\]](#)

To ask the Minister for the Cabinet Office, if he will make an assessment of the potential merits of ring-fencing funds allocated by his Department to local government for the purpose of voter registration.

Oliver Dowden:

Funding for the annual household canvass and year round electoral registration (in addition to funding for polls at a local level) is paid for by the local authority using monies from the Revenue Support Grant (RSG) provided through MHCLG and the revenue raised by the authority through council tax, business rates and any reserves. This provides the majority of the funding for electoral registration.

Since the transition to Individual Electoral Registration (IER) in 2014, central Government has provided annual direct funding to local authorities to cover the additional costs of IER compared to the previous household system.

Since 2015/16, five years of annual funding has been provided by Cabinet Office to cover these additional costs, totalling £96M to date. It is expected that planned reform of the annual canvass of electors will significantly reduce the overall cost of registration. The Government is not therefore minded to make an assessment of the potential merits of ring-fencing IER grant funding.

Electoral Registration Officers are responsible for delivering electoral registration services and securing funding from the local authorities that appoint them. It is for local authorities to decide how they allocate their budgets.

■ Electoral Register: Standards**Chris Ruane:**[\[280148\]](#)

To ask the Minister for the Cabinet Office, which local authorities have failed one or more Electoral Commission performance indicators for electoral registration in each of the last four years.

Oliver Dowden:

The Electoral Commission sets performance standards for Electoral Registration Officers and assesses how they are delivering against these standards. Reports on delivery against the performance standards for electoral registration are produced by the Electoral Commission and can be found at: www.electoralcommission.org.uk/i-am-a/electoral-administrator/performance-standards-data/performance-in-running-electoral-registration

■ Local Government: Staff**Chris Ruane:**[\[280165\]](#)

To ask the Minister for the Cabinet Office, what estimate he has made of the number of people employed by local authorities in England in (a) 2010 and (b) 2019.

Chris Ruane:[\[280166\]](#)

To ask the Minister for the Cabinet Office, how many local authorities in England have reduced their total workforce by (a) 500-999 employees, (b) 1,000-1,999 employees and (c) over 2,000 employees since 2010.

Oliver Dowden:

The information requested falls within the responsibility of the UK Statistics Authority. I have asked the Authority to reply.

Attachments:

1. UKSA Response [Combined PQ280165 and 280166.pdf]

■ Vetting: Hyperactivity**Dr Rupa Huq:**[\[280432\]](#)

To ask the Minister for the Cabinet Office, how many individuals with ADHD have been given security clearance and then had that clearance withdrawn in each of the last five years.

Dr Rupa Huq:[\[280433\]](#)

To ask the Minister for the Cabinet Office, what recent steps he has taken to ensure the equity of the civil service recruitment process for people with ADHD.

Oliver Dowden:

The Civil Service do not gather information on individual medical conditions.

United Kingdom Security Vetting (UKSV), the UK's centralised vetting provider, does not collate or report on specific medical conditions. This is due to vetting confidentiality. While medical conditions may be collected as part of vetting processes, these are recorded in narrative form. Reviewing the narrative data would require individual examination of many thousands of records. Similarly, it is not possible to collate data for withdrawals or suspensions citing medical factors, due to how this is recorded. Regardless, individuals are not denied clearance, or have clearances revoked, solely on the basis of possessing a particular medical condition. Rather, Vetting Officers, Medical Advisers and other staff build a holistic understanding of each candidate to assess any vulnerabilities or risk factors and make a judgement accordingly.

CHURCH COMMISSIONERS**■ Churches: Grants****Mr Gregory Campbell:**[\[280172\]](#)

To ask the right hon. Member for Meriden, representing the Church Commissioners, what steps are being taken to promote the new four year Grant Programme through the Churches Trust.

Dame Caroline Spelman:

The Church of England's Church Buildings Council regularly communicates with all grant-making bodies and information about the grants available to parishes is communicated through the Diocesan Advisory Committees.

The Church of England offers general advice to its parishes about restoration, repair and grants on the Church Care section of its website:

<https://www.churchofengland.org/more/church-resources/churchcare>

■ Crimes of Violence: Young People

Vicky Foxcroft: [\[279089\]](#)

To ask the right hon. Member for Meriden, representing the Church Commissioners, what steps the Church of England plans to take to implement the decision taken at the General Synod in July 2019 in relation to the motion on Tackling Serious Youth Violence.

Dame Caroline Spelman:

[Holding answer 22 July 2019]: The Church of England's Mission and Public Affairs Division sponsored the debate at the General Synod in July 2019 and is working with dioceses to develop best practice information and training for church leaders and communities to tackle serious youth violence.

Vicky Foxcroft: [\[279090\]](#)

To ask the right hon. Member for Meriden, representing the Church Commissioners, what steps the Church of England's Education Department is taking to implement the decision taken at the General Synod in July 2019 in relation to the motion on tackling serious youth violence in schools; and what guidance it is planning to issue to youth workers.

Dame Caroline Spelman:

[Holding answer 22 July 2019]: The Church of England Vision for Education identifies four core themes (wisdom, knowledge and skills; hope and aspiration; community and living well together; dignity and respect) which underpin all of our work in education. School leadership networks will be focusing on serious youth violence as part of these core themes. An education which promotes hope, aspiration and dignity is a vital part of addressing serious youth violence.

One aspect of this debate relates to the impact of school exclusions on vulnerable young people. Church of England schools exclude fewer children than non-church schools and the Church's commitment to the vulnerable and disadvantaged means that we will continue to explore ways of further reducing the negative impact of exclusion.

DEFENCE

■ Army

Nick Smith: [\[279429\]](#)

To ask the Secretary of State for Defence, with reference to the hon. Member for Blenau Gwent's oral contribution of 8 July 2019, Official Report, column 11, when the full-time trained strength target for the Army will be reached.

Mark Lancaster:

As I said to the hon. Member on 8 July, it is difficult to put an exact date on when the Army will reach its full trade trained strength. However, the Army have a series of initiatives in place aimed at improving both recruitment and retention. These are starting to yield benefits but ensuring the Army is at the appropriate size requires sustained effort and investment. However, most importantly the Army continues to meet all of its operational commitments that keep Britain safe.

■ **Turkey: Arms Trade****Sir Nicholas Soames:**[\[280113\]](#)

To ask the Secretary of State for Defence, what representations she has made to her Turkish counterpart on the implications for their NATO membership of their purchase of a Russian Anti-Air System.

Mark Lancaster:

My right hon. Friend the then Secretary of State for Defence (Penny Mordaunt) met with Turkey's Defence Minister in Brussels last month, when she raised our concerns about Turkey's purchase of the Russian S-400 air defence system. Turkey is a valued NATO Ally, and while we are disappointed that Turkey has chosen to acquire the S-400 we remain committed to our strategic partnership. We will continue to discuss our concerns with Turkey.

■ **Warships: Deployment****Andrew Rosindell:**[\[278426\]](#)

To ask the Secretary of State for Defence, when (a) HMS Dauntless and (b) HMS Daring will next be put to sea.

Stuart Andrew:

Both HMS DAUNTLESS and HMS DARING are in planned deep maintenance periods. I am withholding information on their future programmes as this would, or would be likely to, prejudice the capability, effectiveness or security of the Armed Forces.

■ **Yemen: Military Intervention****Stephen Twigg:**[\[280116\]](#)

To ask the Secretary of State for Defence, whether any of the weapons used in the airstrike by the Saudi-led coalition on Al-Kubra Hall in Sanhan, Yemen on 8 October 2016 were supplied by British companies under licence from the Government.

Stephen Twigg:[\[280117\]](#)

To ask the Secretary of State for Defence, whether any of the aircraft used in the airstrike by the Saudi-led coalition on Al-Kubra Hall in Sanhan, Yemen on 8 October 2016 were supplied by British companies under licence from the Government.

Stephen Twigg:

[\[280118\]](#)

To ask the Secretary of State for Defence, whether any of the personnel involved in the airstrike by the Saudi-led coalition on Al-Kubra Hall in Sanhan, Yemen on 8 October 2016 had previously received training in international humanitarian law from UK personnel.

Mark Lancaster:

This information is not held. The UK is not a member of the Saudi-Led Coalition. We do not have any role in setting Coalition policy, or executing air strikes in Yemen.

ENVIRONMENT, FOOD AND RURAL AFFAIRS

■ [Subject Heading to be Assigned]

John Grogan:

[\[912191\]](#)

What recent assessment he has made of the effect of sewage discharges on water quality in rivers.

Dr Thérèse Coffey:

Last year, the Environment Agency (EA) reported that there had been good progress in meeting water quality targets. Since 1995, investment in sewage treatment has achieved a 61% reduction in the amount of phosphorus and a 72% reduction in the amount of ammonia discharged to rivers. We will continue to work with the water companies.

Ben Bradley:

[\[912192\]](#)

What steps he is taking to prevent animal cruelty.

Eddie Hughes:

[\[912197\]](#)

What steps he is taking to prevent animal cruelty.

David Rutley:

This Government is leading the way in promoting animal welfare by bringing forward legislation that will increase the maximum custodial penalty for animal cruelty in England from 6 months' to 5 years' imprisonment. We have also made it a requirement for all slaughterhouses to have CCTV; updated and improved the laws regulating dog breeding and pet sales; and banned the third party sale of puppies and kittens.

Robert Halfon:

[\[912194\]](#)

What steps the Government is taking to ensure that domestic climate change adaptation policy does not disproportionately affect low-income households.

David Rutley:

The Government considers the distributional impact of its interventions on different groups, including low income households, and our National Adaptation Programme sets out the steps the Government will be taking, until the next five year plan in 2023, to further adapt to climate change. Its central aim is to build resilience across the

economy, and draws from across a large body of cross-Government work. To take just one example, the Government's capital investment programme in flooding and coastal erosion is expected to provide over a ten-fold economic return on the initial outlay.

Mrs Pauline Latham: [\[912196\]](#)

What steps he is taking to ban products of trophy hunting from being imported to the UK.

Dr Thérèse Coffey:

We must proceed on the basis of evidence. We will publish a Call for Evidence on the impact of international trade in hunting trophies between the UK and other countries, to understand whether further action is needed to address impacts on the species, and the profound ethical concerns involved.

Mary Glendon: [\[912198\]](#)

If he will bring forward legislative proposals to recognise animal sentience.

David Rutley:

There has never been any question that this Government's policies on animal welfare are driven by the fact that animals are sentient beings. However, the Government has been very clear that we will make any necessary changes required to UK law in a rigorous and comprehensive way to ensure animal sentience is recognised after we leave the EU.

Ross Thomson: [\[912200\]](#)

What steps he is taking to tackle marine pollution.

Dr Thérèse Coffey:

Our Resources and Waste Strategy sets out actions we are taking, including a ban on the sale and/or supply of plastic straws, stirrers and cotton buds by April 2020. We are leading global efforts through the Commonwealth Clean Ocean Alliance, which we support with a package worth up to £70m. We also work with the International Maritime Organisation to tackle litter from ships and are helping shape a new international action plan on shipping litter.

HEALTH AND SOCIAL CARE

■ Autism and Learning Disability: Psychiatric Hospitals

Jo Stevens: [\[280332\]](#)

To ask the Secretary of State for Health and Social Care, whether his Department will review the use of orders for assessment and treatment under the 1983 Mental Health Act in cases where the patient only has a learning disability or autism.

Jo Stevens: [\[280333\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of orders for assessment and treatment under the 1983 Mental Health Act on patients with learning disabilities or autism.

Jo Stevens: [\[280334\]](#)

To ask the Secretary of State for Health and Social Care, how many and what proportion of people in England subject to an order under the 1983 Mental Health Act (a) have a learning disability or autism and (b) only have a learning disability or autism and no other mental health condition.

Caroline Dinéage:

The Government commissioned an independent review of the Mental Health Act 1983, which reported in December 2018. The review recommended that the Government should amend the Act's Code of Practice to clarify best practice when the Act is used for autistic people, learning disability or both and for Care and Treatment Reviews to be given statutory force in the Mental Health Act. The independent review also investigated the definition of learning disabilities and/or autism as a 'mental disorder' but did not come to a clear conclusion. The Government is currently considering all the review's recommendations and will publish a White Paper in response by the end of the year.

The statistical information requested is not collected centrally.

■ Autism: Homeopathy

Andrew Gwynne: [\[280214\]](#)

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the effectiveness of Complete Elimination of Autistic Spectrum Expression therapy.

Caroline Dinéage:

The National Institute for Health and Care Excellence (NICE) reviewed the relevant evidence that met the scope of its autism spectrum disorder guidelines in 2016. It has not made any recommendations on Complete Elimination of Autistic Spectrum Expression therapy and has no current plans to undertake an assessment of its effectiveness. Later in 2019, NICE is planning to conduct a surveillance review to identify any new, good quality evidence that would impact the existing recommendations in the guidelines.

NHS England has no plans to review the effectiveness of Complete Elimination of Autistic Spectrum Expression therapy.

■ Blood: Contamination

Catherine West: [\[280426\]](#)

To ask the Secretary of State for Health and Social Care, what assessment has been made of the adequacy of palliative care arrangements and support in place for the victims of the contaminated blood scandal.

Jackie Doyle-Price:

The England Infected Blood Support Scheme (EIBSS) does not currently have direct support provisions for palliative care arrangements. EIBSS does however support beneficiaries to manage their health conditions via discretionary one-off payments.

Discretionary one-off payments are a form of financial support that beneficiaries and bereaved spouses/partners may apply for to cover the cost of certain essential, health-related items or services.

Some examples of the one-off payments we support are for home adaptations and repairs to support an individual's medical conditions, assisting with respite breaks to aid recovery from periods of ill health and supporting the attendance of appointments by providing payments for car repairs and travel costs.

A full list of the items or services currently supported through EIBSS is available on the NHS Business Services Authority website at the following link:

<https://www.nhsbsa.nhs.uk/support-scheme-members/discretionary-support-scheme>

■ Brain: Injuries

Anne-Marie Trevelyan: [280449]

To ask the Secretary of State for Health and Social Care, what estimate his Department has made of the number of people treated for a head injury by age-group for each of the last 25 years.

Stephen Hammond:

Data is not available in the format requested.

■ Breast Cancer: Screening

Daniel Zeichner: [279074]

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 12 June 2019 to Question 260033, what annual assessment is planned for the activity undertaken through the Genomic Laboratory infrastructure; and whether that information will be made public.

Caroline Dinéage:

NHS England collects management information on all services that it commissions and is establishing standardised reporting for the Genomic Laboratory Hubs.

Management information, including activity and quality data, will be reviewed as part of NHS assurance with the Genomic Laboratory Hubs.

NHS England intends to make aggregate level information available for broad clinical themes, however, this will only be possible once robust and consistent reporting has been established.

■ Clinical Commissioning Groups

Grahame Morris:

[\[279427\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the merits of the change from primary care trusts to clinical commissioning groups for the NHS.

Stephen Hammond:

[Holding answer 24 July 2019]: On 1 April 2013, clinical commissioning groups (CCGs) replaced primary care trusts (PCTs) as the primary commissioner of National Health Service services in England.

Unlike PCTs, CCGs are clinically led, and so are better able to use clinical expertise to assess and prioritise those treatments that provide the safest and most effective outcomes for their population. The evidence suggests that general practitioner-led CCGs have allowed the redesign of patient pathways and local services based on clinical evidence, and a more effective dialogue and partnership with other parts of the health system.

■ Clinical Commissioning Groups: North East

Grahame Morris:

[\[279425\]](#)

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential effect on public engagement in the NHS of the proposed merger of five clinical commissioning groups in the North East.

Stephen Hammond:

[Holding answer 24 July 2019]: The clinical commissioning groups (CCGs) are currently looking at different options as to how they can work together in the future to consolidate their current collaborative working arrangements. The emerging preferred option from the public, member, staff, partner and stakeholder engagement so far, is a single CCG in Durham, which would be co-terminus with the local authority and a single CCG in the Tees Valley (covering the Tees Combined Authority area) with a shared management arrangement.

The CCGs in Durham have been working together for some time with joint appointments since 2014 and 'in-common' meetings since May 2017. NHS Durham Dales, Easington and Sedgefield CCG and NHS North Durham CCG also have a shared lay member for patient and public participation.

Should the CCGs decide to progress the merger application at the end of August, a Communication and Engagement Strategy, which is currently in development, will be submitted with the application.

■ Continuing Care: Finance

Julian Knight:

[\[280298\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to allow individuals in receipt of continuing healthcare funding to transfer their funding between CCGs in the event they move home.

Caroline Dinenage:

Determining which clinical commissioning group (CCG) is responsible for an individual's care is relevant to broader National Health Service provision as well as to Continuing Healthcare. In 2013, NHS England published guidance on this subject: 'Who Pays? Determining responsibility for payments to providers'. This includes guidance on transferring funding between CCGs in the event that an individual moves home. The guidance is available at the following link:

<https://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf>

The NHS England guidance sets out that the key element for determining responsibility is identifying the 'usual residence' of the individual concerned. This is based either on where the individual is registered with a general practitioner (GP) or, if they are not registered with a GP, the place where the individual is living.

Both this guidance and the National Framework for NHS Continuing Healthcare and NHS-funded nursing care emphasise the importance of ensuring continuity of care when a patient moves.

If there is a dispute between CCGs then CCGs should agree interim measures until the dispute is resolved through their own local dispute resolution process. If the dispute cannot be resolved in this way, then the matter should be forwarded to NHS England.

■ Cot Deaths

Andrew Rosindell:

[\[280217\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to reduce the number of cases of sudden infant death syndrome.

Jackie Doyle-Price:

Public Health England (PHE) works to reduce the incidence of sudden infant death syndrome.

PHE does this through the provision of professional leadership and guidance to the health visiting profession such as PHE's Early Years High Impact Area five - Managing minor illnesses and reducing accidents, to improve outcomes for all children and prevent avoidable deaths. This can be viewed at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756697/early_years_high_impact_area_5.pdf

The Start4Life programme provides information on safe sleeping and sepsis through its Information Service for Parents email programme and the Start4Life website.

Information leaflets, posters and social media toolkits are available to general practitioners, hospitals, children's centres and local authorities. Start for life and the campaign resources can be viewed at the following links:

<https://www.nhs.uk/start4life>

<https://campaignresources.phe.gov.uk/resources/campaigns/2-start4life/resources>

PHE also works with the Lullaby Trust such as Safer Sleep Week, co-produced fact sheets for parents and professionals on safer sleep spaces to promote safer choices. This can be viewed at the following link:

<https://www.lullabytrust.org.uk/wp-content/uploads/Facts-and-Figures-for-2015-released-2017.pdf>

■ Department of Health and Social Care: Credit Unions

Gareth Thomas:

[279367]

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 9 July 2019 to Question 271334, for what reasons his Department does not offer a payroll deduction service to enable employees to join a credit union; and if he will make a statement.

Caroline Dinenge:

Access to credit unions through payroll is something that has been explored and for which we plan further work to be undertaken in the future to assess if this will be implemented.

■ Department of Health and Social Care: Ethnic Groups

Seema Malhotra:

[279051]

To ask the Secretary of State for Health and Social Care, how many BAME staff are employed at (a) grade 7, (b) grade 5 and (c) grade 3 in his Department.

Caroline Dinenge:

As part of our commitment to achieving a workforce representative of the society we serve and providing equality of opportunity, we monitor representation of all protected characteristics across the Department.

Providing diversity information relies on employees voluntarily completing their diversity information on our electronic HR system and we continue to encourage staff to complete their self-declaration.

The declaration rate for ethnicity with the Department is 67% (data as at 30 September 2018) and therefore it should be noted that the information provided below regarding black, Asian and minority ethnic staff refers only to staff who have completed their self-declaration. This information refers only to Departmental staff and does not include staff from our executive agencies or arm's length bodies.

Grade 7 – 38

Grade 5 (SCS1) – 7

Grade 3 (Director) – Nil

■ Eating Disorders: Mental Health Services

Ms Lisa Forbes:

[\[277857\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that people with eating disorders receive treatment based on their mental state.

Jackie Doyle-Price:

All patients should receive necessary treatment appropriate to their individual circumstances.

National Institute for Health and Care Excellence guidelines suggest that eating disorder specialists and other healthcare teams should collaborate to support effective treatment of physical or mental health comorbidities in people with an eating disorder.

When collaborating, teams should use outcome measures for both the eating disorder and the physical and mental health comorbidities, to monitor the effectiveness of treatments for each condition and the potential impact they have on each other.

Tim Farron:

[\[280277\]](#)

To ask the Secretary of State for Health and Social Care, when he will publish the adult commissioning guidance on adult eating disorder services.

Jackie Doyle-Price:

The NHS Mental Health Implementation Plan 2019/20 – 2023/24 published on 23 July 2019, states that publication of guidance on developing community-based services for adults with eating disorders is imminent.

The guidance for commissioners and providers will aid the development of eating disorder services for adults and to inform sustainability and transformation plans for transforming community services for adults with eating disorders.

■ General Practitioners: Disclosure of Information

Mr Jonathan Lord:

[\[279434\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to publicise whistleblower rights and protections for GPs.

Caroline Dinage:

We are committed to ensuring that all National Health Service staff, including general practitioners, are aware of how and where they can speak up about their concerns and that when they do so they are supported, and their concerns are taken seriously. A national speaking up helpline 'Speak Up Direct' provides advice and support on speaking up in the NHS for all staff.

The National Guardian we set up in 2016 and the local network of Freedom to Speak Up Guardians are playing a crucial role across the country in providing safe avenues

for staff to raise concerns within their own organisations. The National Guardian also works to raise awareness of speaking up opportunities for all NHS staff and promotes the value of a healthy 'speaking up' culture.

In 2016, NHS England published Freedom to Speak Up guidance for primary care and the National Guardian is currently focusing on accelerating the implementation of Freedom to Speak Up and the local Guardian role in primary care organisations.

■ Health Services: Immigrants

Kate Hoey: [\[279372\]](#)

To ask the Secretary of State for Health and Social Care, what criteria his Department uses to estimate the average cost per year in England on treating non-EEA surcharge payers.

Stephen Hammond:

The estimate of the average cost per year in England of treating non-European Economic Area surcharge payers is based on the actual costs of treating surcharge payers in secondary care, and estimates for other National Health Service services based on age, gender and other demographics relative to the general population in England.

■ Health Visitors

Tim Loughton: [\[277600\]](#)

To ask the Secretary of State for Health and Social Care, what plans he has in place to tackle the variation in the (a) quality of health visiting services and (b) delivery of the Health Child Programme among local authorities in England.

Tim Loughton: [\[277601\]](#)

To ask the Secretary of State for Health and Social Care, what recent estimate he has made of the deficit in trained health visitors.

Tim Loughton: [\[277602\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department has taken to measure the adequacy of the health visitor workforce to implement the Healthy Child Programme.

Jackie Doyle-Price:

The Government wants children to get the best start in life, recognising the lasting impact this has on health outcomes and life chances. The Department is working in partnership with Public Health England, the National Health Service and Local Government Association to modernise the Healthy Child Programme, with an initial focus on the first 1,001 days and early years, to improve a range of childhood outcomes including early development and school readiness. Health visitors, with other professionals, have an essential role supporting babies and their families.

The Interim People Plan, published in June, sets out the vision for people who work in the NHS to enable them to deliver the NHS Long Term Plan. Within this are specific plans for supporting community nurses, through growing pre-registration clinical placement capacity, a clear emphasis on high-quality learning experiences being provided within community settings. There is also a clear commitment to work with partners to identify how to support growth in the community workforce including district nursing, general practice nursing, health visitors and school nursing.

A Specialist Community and Public Health Nurse apprenticeship (Level 7) is currently in development. This will offer an alternative route directly into the health visiting profession. There are also nursing apprenticeship pathways currently in place to become a Registered Nurse, following which an individual has the option to choose to complete a postgraduate course to go onto qualify as a health visitor.

■ Health: Children and Young People

Sue Hayman:

[\[278519\]](#)

To ask the Secretary of State for Health and Social Care, whether the Government has made an assessment of the effect of trends in the level of poverty on the health of children and young people throughout the UK.

Jackie Doyle-Price:

The circumstances we are born in to and the conditions in which we live all have a major bearing on our health and wellbeing. The Government remains committed to tackling poverty so that we can make a lasting difference to long-term outcomes. There is clear evidence about the importance of work in tackling poverty now and in the future. Households where all adults are in work are around six times less likely to be in relative poverty than adults in a household where nobody works. The Government has lifted 400,000 people out of absolute poverty since 2010 and the number of people in employment has increased by over 3.7 million, there are around one million fewer workless households and around 667,000 fewer children in such households.

Sue Hayman:

[\[278520\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the implications for his policies of the conclusions in the report entitled, State of Child Health: Two years on, published by the Royal College of Paediatrics and Child Health.

Sue Hayman:

[\[278522\]](#)

To ask the Secretary of State for Health and Social Care, if the Government will introduce a children and young people's health strategy to link policies that affect child health and to tackle the social determinants of health outcomes.

Jackie Doyle-Price:

The Department welcomes the contribution provided by the Royal College of Paediatrics and Child Health (RCPCH), which has highlighted a number of challenges that must be addressed. We are pleased with the progress noted by the

RCPCH in the most recent assessment, particularly on the NHS Long Term Plan including its focus on maternity, support for mental health, learning disabilities and cancer.

There are no current plans to introduce a separate children and young people's health strategy as suggested by the RCPCH and other bodies. Our Prevention Vision is clear on the importance of action in our earliest experiences, the environment around us and from the services we receive. We are focussed on tackling the root causes of poor health, not just treating the symptoms and will continue to lead a range of policies to influence the wider issues that impact on child health.

■ Health: Disadvantaged

Chi Onwurah:

[280359]

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of trends in the level of north-south health inequalities.

Jackie Doyle-Price:

There are differences in health outcomes relating to socioeconomic status, ethnicity, geographical area and other social factors. Public Health England regularly publishes data on health outcomes, and the wider determinants of health, for the regions of England in the Public Health Outcomes Framework at the following link:

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

The Government is working to improve the quality of people's lives across the whole country. The Prevention Green Paper sets out proposals to secure five extra years of health, independent life by 2035 and reducing the gap between the rich and poor. The NHS Long Term Plan also commits to narrowing health inequalities over the next five and 10 years. We want everyone to have the same opportunity to have a long and healthy life wherever they live and whatever their circumstances.

■ Healthy Start Scheme

Mr Steve Reed:

[279060]

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to increase the take-up of the healthy start scheme.

Jackie Doyle-Price:

The Department is developing a digital approach to Healthy Start, which should make it easier for families to apply for, receive and use Healthy Start benefits. An online application form to replace the current paper form is currently being developed and tested, as part of the digitisation process.

■ Integrated Care Systems and Sustainability and Transformation Partnerships

Tom Brake: [\[280114\]](#)

To ask the Secretary of State for Health and Social Care, whether integrated (a) care systems and (b) sustainability and transformation partnership will be required to publish local long-term plans in the Autumn.

Stephen Hammond:

The NHS Long Term Plan Implementation Framework asked both integrated care systems and sustainability and transformation partnerships to undertake strategic system planning.

System plans for delivery through to 2023/24 are being developed, with an initial submission in September 2019 and a final submission to follow by mid-November 2019. Plans should fully align across the organisations within each system so that they can subsequently be translated into organisational plans for 2020/21, which will be required in early 2020.

■ Kawasaki Disease: Research

Kevin Brennan: [\[279384\]](#)

To ask the Secretary of State for Health and Social Care, what recent comparative assessment he has made of the UK level of research funding into Kawasaki disease with that of other EU member states.

Caroline Dinenage:

[Holding answer 24 July 2019]: The Department has not made a recent comparative assessment of the United Kingdom level of research funding into Kawasaki disease with that of other European Union member states.

The EU has recently agreed to fund a Kawasaki disease study led from Great Ormond Street Hospital/University College London. The trial, which aims to recruit 262 children from 40 centres across Europe, will look at the effectiveness of using of steroids in addition to the standard treatment for Kawasaki syndrome, intravenous immunoglobulins. The award is for over €5 million in funding for the trial to be run through a new European consortium, connect4children.

The National Institute for Health Research (NIHR) Imperial Biomedical Research Centre was funded between 2013-18 to carry out a project on the 'Genetic determinants of Kawasaki disease for susceptibility and outcome' with NIHR funding of £77,000.

■ Maternal Mortality

Ruth Jones: [\[280405\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the implications for his policies of the MBRRACE-UK maternal deaths and morbidity statistics 2014-16 showing that (a) Asian women are nearly twice as likely, (b) mixed race

women are twice as likely and (c) black women are five times as likely to die during or up to six weeks after pregnancy than white women.

Jackie Doyle-Price:

The NHS Long Term Plan takes a concerted and systematic approach to reducing health inequalities and addressing unwarranted variation in care. NHS England and NHS Improvement are leading the work through the Maternity Transformation Programme to support maternity services to provide high-quality maternity care for all women.

Targeted and enhanced continuity of carer can significantly improve outcomes for women from ethnic minorities. The NHS Long Term plan sets out that 75% of black women will receive continuity of carer from midwives by 2024.

The Department is also funding research to investigate the factors associated with the excess perinatal mortality experienced by black/black British and Asian/Asian British ethnic groups and identify the factors associated with the excess risk of maternal death for black and South Asian women.

■ **Medical Equipment: UK Notified Bodies**

Chris Green:

[\[277763\]](#)

To ask the Secretary of State for Health and Social Care, what recent representations he has received from the medical technology sector on the capacity of Notified Bodies to meet the demand for their services under the provisions of the Medical Devices Regulation; and if he will make a statement.

Chris Green:

[\[277764\]](#)

To ask the Secretary of State for Health and Social Care, whether he plans to seek an extension to the implementation period of the Medical Devices Regulation from the EU.

Chris Green:

[\[278523\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of the number of notified bodies to service medical devices under the terms of the Medical Devices Regulation.

Jackie Doyle-Price:

New European Union Regulations for medical devices (MDR) entered into force in May 2017 and will fully apply from May 2020.

The new Regulations substantially strengthen the regulatory framework for medical devices and notified bodies are having to make significant changes to meet the enhanced requirements. These changes have the aim of improving the quality, consistency and rigour of notified body assessments, which was one of the Government's key aims for the new legislation.

Ministers have met with and received letters from industry representatives who have raised concerns about capacity in the notified body sector across the EU to support the implementation of the MDR. The Government recognises the importance of

having competent notified bodies across the EU in place in sufficient time to ensure continuity of supply of products to the United Kingdom market.

For this reason, at the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council on 14 June, the Parliamentary Under-Secretary of State (Baroness Blackwood of North Oxford) raised the Government's concerns about the readiness of critical infrastructure required to implement the MDR and the risk that some existing and new to market products will not be available to patients as a result.

We very much recognise the benefits of the new Regulations and the imperative of full implementation as soon as possible in the interests of patient safety. Therefore, at EPSCO the Government emphasised the importance of finding a coordinated solution at an EU level and we will continue to do what we can to influence these discussions.

In parallel with this activity, the Medicines and Healthcare products Regulatory Agency (MHRA) has been engaging with its notified bodies on an ongoing basis to ensure that sufficient resources are in place and notified bodies are prepared for the implementation of the new EU legislation. The MHRA is also offering a substantial amount of resource to the EU in order to support and expedite the designation process.

Through the Office for Life Sciences, the Government plans to work with stakeholders to come to a shared understanding of the issues and discuss what further mitigating action could be taken. Further engagement with industry will therefore take place in the short term.

■ **Medicine: Research**

Jim Shannon:

[\[277741\]](#)

To ask the Secretary of State for Health and Social Care, what discussions he has had with the Chancellor of the Exchequer on the adequacy of funding for medical R&D in advance of the Spending Review.

Caroline Dinenge:

My Rt. hon. Friend the Secretary of State for Health and Social Care met regularly with the former Chancellor (Rt. hon Philip Hammond MP) and other Cabinet colleagues to discuss a range of issues related to funding for medical research and development.

The Department's National Institute for Health Research (NIHR) budget for 2019/20 is just over £1 billion and welcomes funding applications for research into any aspect of human health. Applications are subject to peer review and judged in open competition, with awards being made on the basis of the importance of the topic to patients and health and care services, value for money and scientific quality. Information on individual projects funded by the NIHR can be found at the following link:

<https://www.journalslibrary.nihr.ac.uk/programmes/>

The future of budgets outside of the NHS England resource settlement, including capital budgets for research and development, will be confirmed later this year at the Spending Review 2019.

■ **Mental Health Services: Children**

Catherine West: [\[279115\]](#)

To ask the Secretary of State for Health and Social Care, how many and what proportion of (a) sixth-form, (b) secondary, and (c) primary school students received mental health referrals in each of the last five years.

Catherine West: [\[279116\]](#)

To ask the Secretary of State for Health and Social Care, how many and what proportion of (a) sixth-form, (b) secondary, and (c) primary school students started mental health treatment in each of the last five years.

Catherine West: [\[279117\]](#)

To ask the Secretary of State for Health and Social Care, how many and what proportion of (a) sixth-form, (b) secondary, and (c) primary school students were waiting to start mental health treatment at the start of each of the last five years.

Catherine West: [\[279118\]](#)

To ask the Secretary of State for Health and Social Care, what the average waiting time was for (a) sixth-form, (b) secondary, and (c) primary school students for mental health treatment after receiving a referral in each of the last five years.

Jackie Doyle-Price:

The information requested is not available as health and care providers do not routinely collect information on the education status of patients.

For the number of people receiving mental health referrals, the closest information that could be provided is the number of people aged 0-18 who have been referred to children and young people's mental health services. This is available at the following link:

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/final-march-2019>

■ **Mental Health Services: Hospital Beds**

Toby Perkins: [\[279409\]](#)

To ask the Secretary of State for Health and Social Care, what estimate his Department has made of the number of occasions when there have been mental-health beds available in hospital wards in England in (a) 2018 and (b) 2019.

Toby Perkins: [\[279410\]](#)

To ask the Secretary of State for Health and Social Care, what estimate his Department has made of the number of occasions when a patient needed a mental-health bed but none were available in each CCG area in (a) 2018 and (b) 2019.

Jackie Doyle-Price:

Information on mental health bed availability is not collected centrally.

Toby Perkins: [\[279411\]](#)

To ask the Secretary of State for Health and Social Care, what estimate his Department has made of the number of occasions when a patient was transported to a mental-health bed in a different area because none were locally available in each CCG area in (a) 2018 and (b) 2019.

Jackie Doyle-Price:

The information is not held in the format requested.

■ **Mental Health Services: Nottinghamshire****Ben Bradley:** [\[280383\]](#)

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the (a) availability and (b) waiting times for therapeutic services for mental health conditions in Nottinghamshire.

Jackie Doyle-Price:

Information on the availability of therapeutic services for mental health conditions delivered through the Improving Access to Psychological Therapies (IAPT) programme in Nottinghamshire clinical commissioning groups (CCGs)¹ is not collected.

Information on waiting times for such services in the Nottinghamshire CCGs in 2019 is in the following table.

MONTH	NUMBER OF REFERRALS FINISHING A COURSE OF TREATMENT	MEAN WAIT TO ENTER TREATMENT ² (DAYS)	PERCENTAGE OF FINISHING REFERRALS ³ SEEN WITHIN 6 WEEKS
January 2019	1,345	24.3	83
February 2019	1,290	24.8	81
March 2019	1,510	25.3	79
April 2019	1,280	27.4	76

Source: NHS Digital, IAPT dataset

Notes:

¹ NHS Bassetlaw CCG, NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

² Waiting time to enter treatment is calculated as the number of days between the referral received date and the first attended treatment appointment. Referral received date and the first treatment appointment dates do not necessarily occur in the same month.

³ In order to finish a course of treatment, a referral must have ended in the month with at least two treatment appointments having been attended in the course of the referral.

■ **Metamizole: Spain**

Luciana Berger: [\[280288\]](#)

To ask the Secretary of State for Health and Social Care, what recent assessment has been made of the side-effects of the drug metamizole.

Luciana Berger: [\[280289\]](#)

To ask the Secretary of State for Health and Social Care, if he will have discussions with his Spanish counterpart on the effect of dispensing metamizole to (a) UK and (b) Spanish residents in Spain.

Luciana Berger: [\[280290\]](#)

To ask the Secretary of State for Health and Social Care, what steps the Government is taking to raise awareness of the potential side-effects of the drug metamizole among UK citizens and tourists in Spain.

Jackie Doyle-Price:

Metamizole is a medicine used in some European Union countries to treat severe pain and fever. Metamizole magnesium is authorised in Spain, Portugal and Poland (as a generic medicine and under various brand names including Nolotil in Spain and Portugal and Pyralgina in Poland). The medicine has not been licensed for use in the United Kingdom.

As with all medicines, the safety of metamizole is kept under close review within the EU. A European review was conducted last year to assess all data available concerning the maximum daily dose and its contraindications on pregnancy and breastfeeding. This review was completed in December 2018 and led to agreement of harmonised information on the maximum dose to be used and that it should not be used during the third trimester of pregnancy. It was also recommended that use during breast-feeding should be avoided. As a result, consistent warnings will be available in the product information for patients and healthcare professionals within each country where authorised for use.

A recent evaluation by the European Pharmacovigilance Risk Assessment Committee noted reports of cases of agranulocytosis (lowered white blood cell count) which had occurred in UK residents in Spain. Agranulocytosis is a known risk of

metamizole and is described in the product information for healthcare professionals. However, based on the review of available data, the Spanish Medicines Agency has taken further action to strengthen the warnings with regards to the risk of agranulocytosis. We are also aware that in October 2018 a communication was issued to healthcare professionals in Spain reminding them of this risk and the need to advise patients of the signs and symptoms and to avoid use in patients who have risk factors for agranulocytosis.

All medicines are supplied with information for patients which contain information on all known side effects and those signs and symptoms which they need to be aware of. Patients being treated with metamizole medicines who have any questions or concerns should talk to a healthcare professional.

■ MMR Vaccine

Adam Holloway:

[280999]

To ask the Secretary of State for Health and Social Care, what steps he is taking to help ensure (a) transparency and (b) accountability in the process of manufacturing the MMR vaccine.

Jackie Doyle-Price:

Two Measles, Mumps and Rubella (MMR) vaccines are licensed for use in the United Kingdom: M-M-RVaxPro and Priorix. Both vaccines are on the National Health Service's routine immunisation schedule. The quality, safety and efficacy of both M-M-RVaxPro and Priorix have been evaluated before they were given a Marketing Authorisation in Europe, and the Marketing Authorisation Holder for each vaccines is legally required to submit periodic safety update reports to the regulator, which are documents intended to provide an evaluation of the risk-benefit balance of a medicinal product at defined time points after its authorisation. The sites at which the products are manufactured are also required to undergo periodic inspections to ensure that they comply with Good Manufacturing Practices. Each batch of vaccines is tested by an official medicines control laboratory (OMCL). OMCL testing is independent of and in addition to the manufacturer's testing. These procedures ensure that the MMR vaccines available in the UK are safe and efficacious and that the manufacturers/Marketing Authorisation holders are held accountable for their products.

A European Public Assessment Report (EPAR) for M-M-RVaxPro is available at the following link:

https://www.ema.europa.eu/en/documents/scientific-discussion/m-m-rvaxpro-epar-scientific-discussion_en.pdf

Priorix was approved before public assessment reports were a requirement. The EPAR for M-M-RVaxPro contains a general summary of the manufacturing information that was provided during the assessment process; however, the specific details of the manufacturing process are confidential.

■ MMR Vaccine: Safety**Adam Holloway:**[\[280998\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to maintain and improve pharmacovigilance in relation to the MMR vaccine.

Jackie Doyle-Price:

As with all vaccines and medicines, the safety of the Measles, Mumps and Rubella (MMR) vaccine remains under continual review by the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA uses all available sources of evidence in pharmacovigilance, including regular review of suspected adverse reactions submitted through the Yellow Card Scheme, data from clinical and epidemiological studies, the medical literature and information from pharmaceutical companies and other worldwide regulatory authorities. The MHRA's processes and data analysis systems are regularly evaluated to ensure optimal performance in monitoring the safety of vaccines and medicines.

The balance of benefits and risks of MMR vaccine remains overwhelmingly favourable.

■ NHS: Pensions**Catherine West:**[\[278568\]](#)

To ask the Secretary of State for Health and Social Care, what discussions he has had with the British Medical Association and other representative bodies on proposals to mitigate the effect of pension taxation on the NHS.

Stephen Hammond:

The Government is listening to concerns raised by doctors that pension tax charges are driving decisions to retire early or limit their National Health Service commitments, and has incorporated the views of the British Medical Association (BMA) and other key stakeholders into the consultation 'NHS Pension Scheme: proposed flexibility'.

The consultation sets out a potential 50:50 option, offering 50% pension accrual and halved contributions. As part of the five-year general practitioner contract announced earlier this year, the BMA and NHS England asked the Government to consider introducing a 50:50 option as an appropriate flexibility, and the BMA have welcomed this as a step in the right direction.

The consultation period is an opportunity to listen to a range of views before reaching a final position that works for both staff and taxpayers. The Department encourages NHS staff and employers to contribute their views.

■ Non-surgical Cosmetic Procedures: Children

Mr Kevan Jones:

[\[280927\]](#)

To ask the Secretary of State for Health and Social Care, what legal duties govern the administering of dermal fillers to people under the age of 18 by non-regulated practitioners.

Jackie Doyle-Price:

Currently there are no restrictions that limit the administration of dermal fillers on young people under the age of 18 years old.

The Department is exploring options to introduce age restrictions on access to cosmetic procedures, bringing them in line with legislation on tattoos, teeth whitening and the use of sunbeds. From May 2020 all dermal fillers, irrespective of their composition and intended use, will be regulated as medical devices under Annex XVI of the Medical Device Regulations (EU 2017/745). The new Regulations will significantly improve the quality and safety of dermal fillers.

The Government is committed to improving the safety of cosmetic procedures through better training for practitioners, and clear information so that people can make informed decisions about their care. The growth in non-surgical treatments increases the need for consumer protection and we are currently working with stakeholders to strengthen the regulation of cosmetic procedures.

We urge anyone seeking a cosmetic procedure to take the time to find a reputable, insured and appropriately qualified practitioner who is either subject to statutory regulation or on a voluntary register accredited by the Professional Standards Authority.

■ Nurses: Recruitment

Sir David Evennett:

[\[280144\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to support the recruitment and retention of nurses in (a) London and (b) England.

Stephen Hammond:

Capital Nurse is a National Health Service programme with over 90 projects working to support recruitment and retention of nurses in London. The Capital Nurse vision and objective is to 'get nursing right for London', so that London has the right number of nurses, with the right skills in the right place, working to deliver excellent nursing wherever it is needed. The programme is jointly sponsored by Health Education England, NHS England and NHS Improvement.

NHS Improvement and NHS Employers have been working in partnership to deliver a national programme of action to support NHS trusts to improve retention of the nursing and clinical workforce. This provides targeted support to trusts on key issues affecting retention, such as flexible working, supporting new starters and older workers, and development and career planning. Trusts' commitment has enabled a

national improvement in nursing turnover rates from 12.5% to 11.9% since the beginning of the programme (June 2017).

Around 1 million NHS workers are already benefiting from the Agenda for Change (3 year) pay and contract reform deal agreed last year. The deal includes important changes to pay and non-pay benefits to help support recruitment and retention of all staff, including nurses, and boost productivity in return for additional pay investment.

■ **Nurses: Vacancies**

Sir David Evennett:

[280143]

To ask the Secretary of State for Health and Social Care, how many unfilled NHS nursing posts there were in (a) London and (b) England in each of the last five years.

Stephen Hammond:

NHS Improvement collects vacancy data for three staff groups; doctors, nurses and 'other staff'. These vacancy statistics are published for England and at the regional level of North, Midlands and East, London and South.

NHS Digital published the latest NHS Improvement vacancy data which can be found in the following link:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/february-2015---march-2019-provisional-experimental-statistics>

The latest statistics show that as of March 2019, there are over 39,500 nursing and midwifery vacancies in England. In London, there are over 9,300 nursing and midwifery vacancies. The majority of these are filled by bank and agency staff.

NHS Improvement and NHS Employers have been working in partnership to deliver a national programme of action to support National Health Service trusts to improve retention of the nursing and clinical workforce. This provides targeted support to trusts on key issues affecting retention, such as flexible working, supporting new starters and older workers, and development and career planning.

■ **Prisoners: Synthetic Cannabinoids**

Ben Bradley:

[280382]

To ask the Secretary of State for Health and Social Care, what programmes there are in prisons to provide support for prisoners with synthetic cannabis drug dependency.

Jackie Doyle-Price:

In prison, patients presenting with problematic psychoactive substance use are assessed in the same way as other drug users and offered an appropriate range of psychosocial interventions.

In April 2018, NHS England and NHS Improvement published its updated service specification on 'Integrated Substance Misuse Treatment Service in Prisons in England'. This is fully aligned to 'Drug Misuse and Dependence: UK Guidelines on

Clinical Management', which sets out how clinicians should treat people with drug misuse and drug dependence problems.

The service specification describes a fully recovery orientated, integrated prison substance misuse treatment service, which covers traditional drugs of abuse, psychoactive substances (including synthetic cannabis), illicit abuse of prescribed and over the counter drugs and alcohol.

This improved substance misuse service offer is now being commissioned across all prisons and secures integration with mental health services so that growing numbers of people in prisons can access services to support their recovery and wellbeing.

■ Public Health: Disadvantaged

Jim Shannon: [\[280246\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of reductions in public health funding on health inequalities.

Jim Shannon: [\[280247\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of reductions in public health funding on the health and wellbeing of the most marginalised people in the UK.

Jackie Doyle-Price:

Public health services can have a significant impact in improving the health of the population and reducing unfair differences between marginalised groups of people or communities.

The Government has made difficult choices to protect public services in the long term. We remain committed to securing five extra years of healthy, independent life by 2035 and reducing the gap between rich and poor with proposals set out in the Prevention Green Paper and a Long Term Plan for the National Health Service with a greater focus on prevention. We want everyone to have the same opportunity to have a long healthy life, whoever they are and whatever their social circumstances.

■ Public Health: Expenditure

Jim Shannon: [\[280248\]](#)

To ask the Secretary of State for Health and Social Care, what the percentage change has been in the (a) NHS budget and (b) local authority public health grant in each year from 2013-14 to 2019-20.

Stephen Hammond:

The following table shows the percentage change in total funding for NHS England and the local authority public health grant in each year since 2013:

YEAR	NHS ENGLAND FUNDING INCREASE %	PUBLIC HEALTH GRANT INCREASE %
2013/14	First year of NHS England	5.5%
2014/15	3.6%	5%
2015/16	3.3%	24% ^{1,2}
2016/17	5.5%	-2.2%
2017/18	3.6%	-2.5% ³
2018/19	4.6%	-2.6%
2019/20	7.8%	-2.6%

Notes:

¹ 2015-16 includes a £200 million in-year cut implemented in advance of Spending Review 2015.

² Spending Review 2015 baseline, includes the transfer in October 2015 of funding from NHS England to local authorities for commissioning services for children aged 0 – 5 in October 2015.

³ From 2017/18, includes funding retained by 10 Greater Manchester local authorities as part of a business rate pilot, not allocated via a grant.

■ Public Lavatories: Disability

Mr Jim Cunningham:

[\[280137\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to increase the number of changing places toilets with hoist and a bench throughout the UK.

Caroline Dinenege:

In December 2018, we announced £2 million funding for National Health Service trusts in England to install Changing Places facilities in hospitals and significantly improve provision. From 31 May 2019, NHS trusts can bid for this funding, on a matched basis.

We are supportive of the Ministry of Housing, Communities and Local Government consultation which ran from 12 May 2019 to 22 July 2019 and sought views on how to increase provision of Changing Places toilets in specific new, large buildings commonly used by the public, as well as those undergoing building works. They propose to introduce a mandatory requirement for Changing Places in Building Regulations for some specific new, large buildings.

■ Society of Homeopaths**Andrew Gwynne:**[\[280213\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect on patients of the accreditation of the Society of Homeopathy by the Professional Standards Authority.

Stephen Hammond:

The Department has made no assessment of the effect on patients of the accreditation of the Society of Homeopathy by the Professional Standards Authority (PSA).

The PSA sets standards for organisations holding voluntary registers for health and social care occupations and accredits those registers that meet them. The PSA's list of accredited registers can be used by employers and members of the public to choose a practitioner to meet their needs and be assured they are safe and competent to practise.

The PSA is clear that accreditation is not an endorsement of a particular treatment or therapy or its efficacy but ensures that practitioners are part of a body that works to good practice and is committed to protecting the public.

■ Suicide: Children**Catherine West:**[\[279119\]](#)

To ask the Secretary of State for Health and Social Care, what estimate he has made of the number of school students attempting suicide after receiving a mental health referral but before starting treatment in each of the last five years; and if he will make a statement.

Jackie Doyle-Price:

We have made no such estimate.

Suicide prevention is a priority for this Government. We published the first ever cross-Government suicide prevention workplan, in January 2019 and we are supporting young people with mental health problems at an earlier stage through bringing education and mental health closer together in schools-based mental health support teams.

HOME OFFICE**■ 101 Calls****Neil O'Brien:**[\[280458\]](#)

To ask the Secretary of State for the Home Department, how many and what proportion of calls to the 101 service were (a) answered in under 30 seconds, (b) answered between 30 to 60 seconds, (c) answered between 60 seconds and 120 seconds, (d) answered between 120 and 180 seconds, (e) answered between 180 and 300 seconds (f)

answered between 300 and 600 seconds (g) answered after 600 seconds, (h) unanswered in each of the last three years for which information is available; and how many calls there were in total in each of those years.

Mr Nick Hurd:

The Home Office does not collect data on the 101 service, this is an operational decision for individual forces.

■ **British Nationality**

Mr Steve Reed:

[280357]

To ask the Secretary of State for the Home Department, what criteria his Department used to calculate the £250 cost for nationality status letters issued by his Department.

Caroline Nokes:

The fee of £250 to make an application for a nationality status letter is set at the estimated unit cost to process the application.

The Home Office publish a summary of how estimated unit costs are calculated and include this narrative as a footnote to the table published on Gov.UK, which can be found by the following link: <https://www.gov.uk/government/publications/visa-fees-transparency-data>

■ **European Arrest Warrants: British Nationals Abroad**

Jo Stevens:

[280335]

To ask the Secretary of State for the Home Department, what contingency plans he has for the repatriation of UK defendants from the EU in the event the UK leaves the EU without a withdrawal agreement and is therefore no longer party to the European Arrest Warrant procedure.

Mr Nick Hurd:

In a No Deal scenario and the absence of access to the European Arrest Warrant, the UK will operate the European Convention on Extradition with EU Member States.

■ **Gurpal Viridi**

Sir Peter Bottomley:

[280115]

To ask the Secretary of State for the Home Department, with reference to the GOLD Group on Operation GIANNA overseeing the Metropolitan Police Department of Professional Standards investigation into allegations in relation to Gurpal Viridi, how many participants in the GOLD Group had the rank or role of (a) Deputy Commissioner, (b) Deputy Assistant Commissioner, (c) Commander, (d) Chief Superintendent, (e) Superintendent, (f) Detective Chief Inspector, (g) Detective Inspector, (h) Detective Sergeant, (i) member of SCD2 Sapphire, (j) member of the Department of Media and Communications and (k) member of the Department of Legal Services; whether representatives of the Crown Prosecution Service were ever present; how many meetings were held; which attendees asked whether there was any evidence that Gurpal Viridi was

present at the arrest of the complainant in autumn 1986; which attendees asked whether there was evidence taken from PC Markwick on the arrest for which he was the officer in charge; which attendees asked why evidence was not sought from PC Mady on the arrest of the complainant in spring 1987; what assessment he has made of the equity of the only review of the investigation being conducted by the Department of Professional Standards into its original investigation; and if he will make a statement.

Mr Nick Hurd:

Oversight and review of investigations conducted by professional standards departments are operational matters for forces and, where appropriate, the Independent Office for Police Conduct (IOPC). Such decision making is in-dependent of government.

■ **Home Office: Staff**

Anneliese Dodds:

[\[280370\]](#)

To ask the Secretary of State for the Home Department, how many staff have worked in the Country of Origin Information Team in each year since 2014.

Caroline Nokes:

The following table shows the number of staff in the Country Policy and Information Team as at 1st April for each year since 2014.

<i>AS AT</i>	<i>NO OF STAFF</i>
<i>1 April 2014</i>	<i>16</i>
<i>1 April 2015</i>	<i>17</i>
<i>1 April 2016</i>	<i>17</i>
<i>1 April 2017</i>	<i>15</i>
<i>1 April 2018</i>	<i>17</i>
<i>1 April 2019</i>	<i>19</i>

■ **Immigration: EU Nationals**

Jo Swinson:

[\[280173\]](#)

To ask the Secretary of State for the Home Department, how many EU citizens (a) have been and (b) will be prevented from obtaining settled status due to the technical inability of the settlement scheme app to convert pre-settled status into settled status.

Caroline Nokes:

The UK has a proud history of providing protection to those who need it. Each case is carefully considered on its individual facts and merits in accordance with our

international obligations under the Refugee Convention and European Convention on Human Rights (ECHR).

Each individual assessment is made against the background of the latest available country of origin information and any relevant caselaw.

Our assessment of the situation in Sudan is set out in the relevant country policy and information notes, which are available on the Gov.uk website.

Where someone establishes a well-founded fear of persecution or serious harm in their country they are normally granted protection and are not expected to return there.

Paul Blomfield:

[\[280266\]](#)

To ask the Secretary of State for the Home Department, how many applications for administrative review have been made to the EU Settlement Scheme; how many of those applications were (a) successful and (b) successful due to new evidence or an error by the caseworker in the original decision.

Caroline Nokes:

In the period up to 31 May 2019, the last point at which data was assured, 368 applications were received for administrative review of decisions made on applications under the EU Settlement Scheme. Of these:

- 30 administrative review applications were rejected, e.g. because no EU Settlement Scheme application had been received;
- in all the remaining 253 cases, the applicant was challenging a grant of pre-settled status rather than settled status, of which:

o 22 of these grants of pre-settled status were upheld following the administrative review; and o 231 of these grants of pre-settled status were overturned, and the applicant was instead granted settled status following administrative review. In these cases, the applicant had generally accepted a grant of pre-settled status when making their application and then provided additional evidence of their eligibility for settled status with their application for administrative review.

■ Post Office: Biometric Residence Permits

Marion Fellows:

[\[280258\]](#)

To ask the Secretary of State for the Home Department, when his Department plans to announce a decision on extending the biometric residence permit collection service with Post Office Ltd.

Caroline Nokes:

The contract with the Post Office Ltd to provide the biometric residence permit (BRP) collection service started on 29 August 2014. The service commenced in February 2015 and became fully operational on 1 August 2015.

The current BRP Collection contract is due to end on 31 July 2019. It is our intention to take up the final 1-year extension option which allows the service to run until 31 July 2020.

■ Refugees: Sudan

Jo Swinson: [\[280177\]](#)

To ask the Secretary of State for the Home Department, what assessment he has made of the viability of return to Sudan for people from Darfur or Nuba ethnicities.

Caroline Nokes:

The UK has a proud history of providing protection to those who need it. Each case is carefully considered on its individual facts and merits in accordance with our international obligations under the Refugee Convention and European Convention on Human Rights (ECHR).

Each individual assessment is made against the background of the latest available country of origin information and any relevant caselaw.

Our assessment of the situation in Sudan is set out in the relevant country policy and information notes, which are available on the Gov.uk website.

Where someone establishes a well-founded fear of persecution or serious harm in their country they are normally granted protection and are not expected to return there.

Anneliese Dodds: [\[280369\]](#)

To ask the Secretary of State for the Home Department, what his policy is on risks to individuals from the Darfur or Nuba ethnicities in Sudan.

Caroline Nokes:

The UK has a proud history of providing protection to those who need it. Each case is carefully considered on its individual facts and merits in accordance with our international obligations under the Refugee Convention and European Convention on Human Rights (ECHR).

Each individual assessment is made against the background of the latest available country of origin information and any relevant caselaw.

Our assessment of the situation in Sudan is set out in the relevant country policy and information notes, which are available on the Gov.uk website.

Where someone establishes a well-founded fear of persecution or serious harm in their country they are normally granted protection and are not expected to return there.

■ Visas: Overseas Students

Gordon Marsden: [\[280139\]](#)

To ask the Secretary of State for the Home Department, what recent discussions he has had with the Secretary of State for the Education on the financial implications for

universities of delays in the processing of free visa applications for international students who have been offered places by universities to study in the UK.

Gordon Marsden: [\[280168\]](#)

To ask the Secretary of State for the Home Department, what recent discussions he has had with representatives from Cardiff University on delays in the processing of visa applications for international students who are enrolling in autumn 2019.

Gordon Marsden: [\[280171\]](#)

To ask the Secretary of State for the Home Department, what recent discussions he has had with the Secretary of State for Education on the adequacy of procedures to process tier 4 visa procedures.

Caroline Nokes:

The Home Office regularly engages with representatives from the education sector, including the Department for Education. This has included recent discussions on Tier 4 services during the Autumn. Operationally we are currently deciding Tier 4 visa applications within published service standards.

Gordon Marsden: [\[280169\]](#)

To ask the Secretary of State for the Home Department, what recent discussions he has had with the Secretary of State for the Education on increasing the number of free appointments for international students who require visas to allow them to enrol at Cardiff university in autumn 2019.

Gordon Marsden: [\[280170\]](#)

To ask the Secretary of State for the Home Department, what assessment he has made of the adequacy of UK Visa and Citizenship Applications Services in providing free appointments for international students at (a) its Cardiff centre and (b) its other five centres.

Caroline Nokes:

We wrote to Tier 4 sponsors, including Cardiff University on 11 July 2019 to set out Sopra Steria's offer for Tier 4 students applying in the Autumn, which includes the provision of dedicated Tier 4 Service Points.

HOUSE OF COMMONS COMMISSION

■ Speaker's Advisory Committee on Works of Art

Patrick Grady: [\[912182\]](#)

To ask the right hon. Member for Carshalton and Wallington, representing the House of Commons Commission, how frequently the Commission receives reports from the Speaker's Advisory Committee on Works of Art.

Tom Brake:

The Speaker's Advisory Committee on Works of Art produces an annual report which is published and considered by the House's Finance Committee. The Commission does not receive routine updates. The last annual report was published on the Committee's website in October 2018. This year's annual report is due to be considered by the Advisory Committee in September and will be published later in the year.

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT**■ Building Regulations: Fire Prevention****Mr Steve Reed:**[\[280352\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, whether his Department's technical review of the Building Regulations statutory guidance on fire safety (Approved Document B) will include a review of the regulations covering the self storage industry.

Mrs Heather Wheeler:

The statutory guidance on fire safety (Approved Document B) does already provide some provisions for self storage units.

The technical review of Approved Document B will be wide ranging and will cover all of the guidance in the document. We published a call for evidence which ended on 15 March 2019, we are currently analysing the results and will publish a response in due course.

■ Buildings: Insulation**Mr Steve Reed:**[\[280244\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, whether Class B High Pressure Laminate cladding with combustible insulation can be reused on a building in the event that the combustible insulation is replaced.

Mrs Heather Wheeler:

The Department published in April 2019 a Frequently asked Question on the Government website one of which answer the question "How do the Building (Amendment) Regulations 2018 affect buildings undergoing remediation?"

The requirement is that building work on such buildings must be carried out so that only materials which achieve European Classification A1 or A2-s1, d0 become part of an external wall or specified attachment (as defined in regulation 2) unless covered by one of the exemptions in the regulations.

This means that materials which are already part of the external wall, or are existing specified attachments, and are not becoming part of the wall are not covered by the ban (unless there is a change of use). However, during this process care must be

taken to ensure that the building is no less compliant in relation to building regulation requirements than before the work was carried out (e.g. cavity barrier).

The full list of frequently asked questions is available at

<https://www.gov.uk/government/publications/building-amendment-regulations-2018-frequently-asked-questions/building-amendment-regulations-2018-frequently-asked-questions>.

Mr Steve Reed:

[280291]

To ask the Secretary of State for Housing, Communities and Local Government, with reference to Ministerial Statement, Building safety update, HCWS1757, whether his Department plans to (a) commission large scale fire tests on or (b) issue advice on B-rated and D-rated timber cladding following the BS 8414 test result on high pressure laminate cladding and combustible insulation.

Mrs Heather Wheeler:

The Independent Expert Advisory Panel (IEAP) has issued some advice to building owners with regards to non-Aluminium Composite Material cladding material the advice note is available at the following:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/765761/Expert_Panel_advice_note_on_non-ACM.pdf

The Department has currently no plan to commission a large scale test of timber cladding.

■ Freehold

Ruth George:

[280377]

To ask the Secretary of State for Housing, Communities and Local Government, with reference to the press release entitled, Leasehold axed for all new houses in move to place fairness at heart of housing market, published by his Department on 27 June 2019, what estimate he has made of the number of house buyers that were subject to the sale of their freehold before they had bought their homes.

Ruth George:

[280378]

To ask the Secretary of State for Housing, Communities and Local Government, how buyers that expressed an intention to purchase their freeholds to the developer pre-contract will receive their freeholds for no cost through redress with the developer.

Mrs Heather Wheeler:

The Department has no data on the number of house buyers who were interested in or offered the opportunity to buy the freehold of their property at the point of purchase.

The Competition and Markets Authority (CMA) is investigating the extent of any mis-selling of leasehold properties, using its consumer protection powers and will consider whether to bring forward enforcement proceedings.

The Government is working with the Law Commission to make it easier, faster and cheaper for leaseholders to purchase their freehold. As part of this project, the Law Commission are considering how best to reduce the premium for purchasing a freehold, given the legitimate property rights held by freeholders.

■ **Housing: Floods**

Andrew Gwynne: [\[280202\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, how many households have left their homes as a result of flooding in the past 12 months.

Mrs Heather Wheeler:

My Department does not hold this information.

■ **Housing: Social Services**

Andrea Leadsom: [\[280315\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, what assessment his Department has made of the potential merits of including adult social care provision within housing development plans.

Mrs Heather Wheeler:

Provision of Adult Social Care is a Government priority, which is why this Government has given councils access to £10 billion dedicated funding that can be used for adult social care in the three year period to 2019-20.

Government has continued to subsidise the supply of new supported and sheltered housing as well as investing more than £2.7 billion into the Disabled Facilities Grant (DFG) between 2012-13 and 2019-20. The DFG has been funded through the Better Care Fund since 2015 in recognition of the crucial role which home adaptations can play in supporting the integration of housing, health and social care.

The Department has also strengthened the revised National Planning Policy Framework so that local planning authorities are expected to have policies which identify the size, type and tenure of homes required for different groups in the community.

■ **Local Government Finance: Barnsley**

Stephanie Peacock: [\[279128\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, what the core spending power per dwelling for Barnsley council was in each financial year since 2010.

Mrs Heather Wheeler:

the Department took the decision not to publish Core Spending Power per dwelling over time because both the amount of funding and the number of dwellings change. This means that year on year comparisons are not a useful measure.

■ Ministry of Housing, Communities and Local Government: Brexit

Andrew Gwynne:

[\[280204\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, how many officials in his office are working on matters relating to the UK's withdrawal from the the EU.

Mrs Heather Wheeler:

A number of central planning and co-ordination teams have been established within the Department to lead and manage the work required to prepare for the UK's exit from the EU. As of June 2019 there were a total of 69 people working in these teams. In addition other MHCLG staff who are working on related matters to the UK's withdrawal from the EU as part of their business as usual activities.

■ Ministry of Housing, Communities and Local Government: Ethnic Groups

Seema Malhotra:

[\[279044\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, how many BAME staff are employed at (a) grade 7, (b) grade 5 and (c) grade 3 in his Department.

Mrs Heather Wheeler:

The table below shows the ethnicity recorded for the Department's staff as of 30 June 2019 at Grade 7, Grade 5 (Deputy Director) and at the Senior Civil Service level (SCS) which includes both Grade 5, and 3 (Director General). We can not provide a breakdown at Grade 3 as the number of ethnic minority SCS at the grade requested would be too small for us to release. It should also be noted that the overall ethnic minority population at MHCLG is 20.8 per cent, with 77.4 per cent of staff declaring their ethnicity on the Department's HR system

ETHNICITY	GRADE 7	GRADE 5	SCS (GRADE 5-2)
ethnic minority	56 (13.6%)	7 (10.0%)	10 (10.8%)
White	355 (86.4%)	63 (90.0%)	83 (89.2%)
Not known	134	5	13
MHCLG Total	545	77	106

■ Ministry of Housing, Communities and Local Government: Working Hours

Jon Trickett:

[\[278380\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, how much time off in lieu has been taken by staff in his Department in each of the last five years.

Mrs Heather Wheeler:

Time Off in Lieu (TOIL) is agreed locally, subject to business needs and line manager approval. The Department does not hold centrally managed records of TOIL for the period in question. TOIL forms just one of the options where conditioned hours are exceeded; those who use the flexi system can choose to credit hours under this policy, and overtime may be paid where agreed in advance with line management.

The Department ensures that the requirements of the Working Time Regulations of 1998 as regards civil service working hours are adhered to and has a commitment to the well-being of our staff which aims to ensure that everyone has a good work/life balance. We want to create a working environment that allows people to flourish and thrive through positive, supportive relationships which recognise the importance of individual wellbeing, and how this may be affected by working patterns and practices. The commitment of our Senior Civil Service cadre to the wellbeing of their staff is demonstrated by the fact that 85 per cent have completed the Wellbeing Confident Leadership Training.

INTERNATIONAL DEVELOPMENT**■ Department for International Development: Africa House London**

Mary Creagh: [\[279399\]](#)

To ask the Secretary of State for International Development, whether his Department provides support to Africa House London Ltd.

Alok Sharma:

The Department for International Development does not provide direct support to any organisation called Africa House Ltd.

■ Department for International Development: Africa Trade

Mary Creagh: [\[279398\]](#)

To ask the Secretary of State for International Development, whether his Department provides support to Africa Trade Ltd.

Alok Sharma:

The Department for International Development does not provide direct support to any organisation called Africa Trade Ltd.

NORTHERN IRELAND**■ Investment and Tourism: Northern Ireland**

Mr Gregory Campbell: [\[280193\]](#)

To ask the Secretary of State for Northern Ireland, with reference to the recent golf open at Royal Portrush, if her Department will hold discussions with Invest Northern Ireland to promote Northern Ireland as a tourist and investment destination.

John Penrose:

The recent Open Championship was a huge success, showcasing the very best of Northern Ireland and demonstrating that the region is more than up to the challenge of hosting such significant global events.

While tourism and investment remain largely devolved matters under the remit of Invest NI, the Secretary of State for Northern Ireland, alongside other UK Government Ministers share the ambitions of Invest NI and Tourism NI in promoting Northern Ireland as a place to invest, visit and do business.

TREASURY**■ Claims Management Services****Kevin Brennan:**[\[280141\]](#)

To ask the Chancellor of the Exchequer, what plans he has to regulate complaints made by claims management companies on behalf of complainants on the same basis as independent and other financial advisors, banks and building societies.

Rishi Sunak:

The Financial Conduct Authority (FCA) has taken over regulation of claims management companies (CMCs). The FCA rules mean CMCs must meet the same basic standards as other FCA-regulated firms on conduct, as well as additional CMC-specific rules.

■ Double Taxation: Treaties**Anneliese Dodds:**[\[280375\]](#)

To ask the Chancellor of the Exchequer, on average how long the Government takes to negotiate double taxation treaties.

Rishi Sunak:

The Government would expect a full negotiation of a double taxation agreement to take between one and two years. However, there are so many variables involved in the process and Government does not keep records of the average length of negotiations.

Negotiations are usually split into "rounds", with one country visiting the other for a week to discuss the negotiated text. A negotiation may have just one round where the positions of both countries are largely aligned, but where there are particularly complex issues involved it might require several rounds.

The time between rounds will also vary, depending on such factors as the resources and availability of negotiators in both countries as well as the political environment, which can occasionally reset a country's negotiating position.

■ Funerals: Pre-payment

Kevin Brennan:

[\[280142\]](#)

To ask the Chancellor of the Exchequer, what plans he has to bring pre-payment funeral plans under the regulation of the Financial Conduct Authority in line with other financial products.

Rishi Sunak:

HM Treasury launched a call for evidence on the regulation of pre-paid funeral plans in June 2018. The call for evidence has confirmed that consumer detriment is present in the pre-paid funeral plan sector and that there is broad demand for the sector to come under compulsory regulation.

Consequently, the government intends to bring the pre-paid funeral plan market within the remit of the Financial Conduct Authority and is currently consulting on the proposed legislative framework to implement this proposal. This will allow the FCA to establish a robust regulatory regime which will apply to all funeral plan providers, and improve protection for consumers.

■ Imports

Jo Stevens:

[\[280336\]](#)

To ask the Chancellor of the Exchequer, whether his Department plans to operate a triage system for imports in the event that the UK leaves the EU without a deal.

Rishi Sunak:

In the event of a 'no deal', the Government's priority is to keep goods moving and avoid delays at the border. As the customs authority, HMRC will act to ensure that border processes are as smooth as possible, without compromising security.

After listening to concerns from businesses, the Government is introducing temporary easements for a 'no deal' scenario to help businesses keep trading. This includes Transitional Simplified Procedures (TSP), where once registered traders will be able to import goods from the EU into the UK without having to make a full customs declaration at the border and will be able to postpone paying any duties.

Border Force and HMRC will continue to carry out risk based checks on goods entering the UK as they do now.

■ SWIFT

Anneliese Dodds:

[\[280376\]](#)

To ask the Chancellor of the Exchequer, what discussions his Department has had with SWIFT on access to their database to help tackle economic crime.

Rishi Sunak:

On 12 July, the government published a joint public-private Economic Crime Plan. In developing the Plan, the government held 37 consultation events engaging with over 100 stakeholders including the SWIFT Institute.

WOMEN AND EQUALITIES**■ Business: Equality****Paul Farrelly:**[\[276168\]](#)

To ask the Minister for Women and Equalities, what steps she is taking to increase diversity across all levels of FTSE 100 companies.

Victoria Atkins:

The Government is working with the business community through the Business Diversity and Inclusion Group to coordinate action to increase diversity and inclusion in the workplace. The Government has commissioned and supports several business-led, independent reviews on promoting diversity. These include the Hampton-Alexander Review which has a 33% target for women on boards and in senior leadership positions across the FTSE 350 by 2020. Also the Parker Review to increase the ethnic diversity of FTSE 350 boards by 2024.

These reviews form part of the Government's modern Industrial Strategy which aims to build an economy that works for all.

Women hold a higher percentage of senior leadership positions than ever before with 32.3% of women on FTSE 100 boards.

■ Government Equalities Office: Staff**Dawn Butler:**[\[262297\]](#)

To ask the Minister for Women and Equalities, if she will publish the number of staff employed by the Government Equalities Office by (a) grade and (b) policy areas those staff are assigned to.

Victoria Atkins:

As at 14 June 2019, GEO has 110 staff in post (107 FTE).

GEO staff work on a range of priority areas, including work to empower all women to reach their full potential, advancing equality for LGBT people, ensuring our laws protect equality and provide equal rights and driving forward work to put equalities at the heart of government.

■ LGBT People: Religion**Mr Jim Cunningham:**[\[274440\]](#)

To ask the Minister for Women and Equalities, what steps she has taken to promote LGBTQ+ rights in the religious community.

Victoria Atkins:

The Government will always protect people's legitimate right to free speech, to be themselves and to practise their religion within the law.

These values are fundamental but we will not shy away from challenging cultures and practices that are harmful to individuals or hold them back from making the most of the opportunities of living in modern Britain.

In July 2018, we launched the LGBT Action Plan, setting out comprehensive commitments on LGBT equality. These actions aim to help all LGBT people, of all backgrounds and faiths, reach their full potential.

From our commitment to end conversion therapy to using behavioural insights to tackle deep-seated prejudices, this government is committed to building a society that works for everyone, regardless of faith, sexual orientation or gender identity.