



This report shows written answers and statements provided on 10 January 2020 and the information is correct at the time of publication (03:35 P.M., 10 January 2020). For the latest information on written questions and answers, ministerial corrections, and written statements, please visit: <http://www.parliament.uk/writtenanswers/>

CONTENTS

ANSWERS	2	■ General Practitioners: Rother Valley	7
EDUCATION	2	■ Loneliness: Older People	7
■ Schools: York	2	■ Mental Health Services: Children and Young People	8
EXITING THE EUROPEAN UNION	3	■ Mount Vernon Hospital Northwood	9
■ Brexit: Festivals and Special Occasions	3	■ Orthopaedics	9
■ European Union (Withdrawal Agreement) Bill	3	■ Orthopaedics: Kingston upon Hull	10
HEALTH AND SOCIAL CARE	4	■ Pancreatic Cancer: Health Education	10
■ [Subject Heading to be Assigned]	4	HOUSING, COMMUNITIES AND LOCAL GOVERNMENT	11
■ 5G: Health Hazards	4	■ Help to Buy Scheme	11
■ Dental Health: Children	5	TREASURY	12
■ Drugs: Rehabilitation	5	■ Northern Ireland Executive	12
■ General Practitioners: Finance	6		

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

EDUCATION

■ Schools: York

Rachael Maskell:[\[326\]](#)

To ask the Secretary of State for Education, how much funding each school in York Central has received in each year since 2010-11.

Nick Gibb:

Allocations are not calculated based on constituencies, rather by local authority area.

The revenue funding figures shown below are for 2013-18. Before 2013-14, funding allocated by the Department through the Dedicated Schools Grant (DSG) was allocated to local authorities as a single amount intended to fund: school budget shares including academies; local authority central services for schools; additional support for high needs pupils; and provision for early years education. In 2013-14 the DSG was divided into funding blocks for each of these areas: a schools block; central services schools block; high needs block; and early years block. The schools block is allocated based on the number of pupils in schools within each local authority. The amounts allocated by York City Council from their schools block to primary and secondary schools for each year since 2013-14 to 2018-19 are shown in the following table:

FINANCIAL YEAR	SCHOOLS CLASSED AS PRIMARY SCHOOLS (£MILLION)	SCHOOLS CLASSED AS SECONDARY SCHOOLS (£MILLION)	TOTAL (£MILLION)
2013-14	45.80	40.28	86.08
2014-15	46.63	38.92	85.54
2015-16	46.71	39.29	86.00
2016-17	47.50	39.38	86.88
2017-18	48.15	40.42	88.57
2018-19	50.20	42.82	93.03

Information for 2019-20 is due for publication at the end of January 2020.

This funding is allocated using the local authority's own formulae based upon nationally agreed factors and the table attached shows the allocations for each school, rounded to the nearest £1,000.

Figures showing funding for each school in the York City Council and relevant links to where these figures are published are provided in the attached table.

Attachments:

1. 326_Table [326 York City Council Funding Allocation Table.xls]

EXITING THE EUROPEAN UNION

■ **Brexit: Festivals and Special Occasions**

Patrick Grady: [\[152\]](#)

To ask the Secretary of State for Exiting the European Union, with reference to the Answer of 28 October 2019 to Question 3722, when the Government will announce plans for ceremonial and official events to mark the formal exit of the UK from the EU.

Patrick Grady: [\[153\]](#)

To ask the Secretary of State for Exiting the European Union, whether his Department has established a budget or accounting line to provide for ceremonial and official events to mark the formal exit of the UK from the EU.

James Duddridge:

Our focus is on getting the PM's great Brexit deal through Parliament over the coming weeks. As I said during DExEU Oral Questions on 9 January 2020, we'll keep you posted on plans to commemorate 31 January and announcements will be made in the usual way – we will of course be celebrating the day.

Financial accounts for this will be in line with normal processes.

■ **European Union (Withdrawal Agreement) Bill**

Rachael Maskell: [\[327\]](#)

To ask the Secretary of State for Exiting the European Union, whether he has made an economic impact assessment of the provisions of the European Union (Withdrawal Agreement) Bill; and if he will make a statement.

James Duddridge:

In October 2019, the Government published an Impact Assessment in support of the Withdrawal Agreement Bill, in line with statutory requirements.

It is a standard assessment which focuses on the likely direct costs and benefits to businesses associated with the provisions of the Bill, for example familiarisation/administration costs. It does not assess wider impacts of the Withdrawal Agreement on the UK economy, which is considered outside the scope of the Bill.

HEALTH AND SOCIAL CARE■ **[Subject Heading to be Assigned]****Mr Steve Baker:****[103]**

To ask the Secretary of State for Health and Social Care, what steps he is taking to reduce the number of suicides, particularly among (a) men under 50 and (b) young people aged 16-24; and if he will make a statement.

Ms Nadine Dorries:

In January 2019, we published the first cross-Government suicide prevention workplan, which sets out an ambitious programme of work across national and local government and the National Health Service to reduce suicide rates across all age groups. This includes work to support children and young people through our Green Paper on children and young people's mental health. The workplan also outlines action being taken to reduce suicide rates in high-risk groups such as men by, amongst other things, raising awareness and reducing stigma of mental health in this group.

Through the NHS Long Term Plan, we are also investing £57 million in suicide prevention to support local suicide prevention plans and establish suicide bereavement support services. We have worked with NHS England to ensure that local areas use this funding to test approaches to reaching and engaging men in their local communities. We are also increasing investment in children's and young people's mental health services, meaning that, by 2023/24, an extra 345,000 children and young people aged 0-25 will receive mental health support via NHS-funded mental health services and school- or college-based mental health support teams.

■ **5G: Health Hazards****Martyn Day:****[169]**

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the potential merits of applying the precautionary principle to the introduction of 5G technology until further evidence of its safety to the public is available.

Martyn Day:**[170]**

To ask the Secretary of State for Health and Social Care, if his Department will apply the precautionary principle to the roll out of 5G in the UK.

Jo Churchill:

Public Health England provides advice on protection from exposure to the radio waves from telecommunications systems, including those providing 5G services.

PHE has published information about exposure to the radio waves from mobile phone base stations, including those for 5G networks which are at the following links:

<https://www.gov.uk/government/publications/5g-technologies-radio-waves-and-health/5g-technologies-radio-waves-and-health>

<https://www.gov.uk/government/publications/mobile-phone-base-stations-radio-waves-and-health/mobile-phone-base-stations-radio-waves-and-health>

These resources explain the extensive research that has been performed on exposure to radio waves, the conclusions that have been reached by expert groups which have examined the evidence at national and international levels, as well as the practical measures that are already in place to protect public health.

PHE is committed to monitoring the evidence applicable to 5G and other radio technologies, and to revising its advice, should that be necessary.

■ Dental Health: Children

Mark Pritchard:

[69]

To ask the Secretary of State for Health and Social Care, if he will bring forward proposals to improve children's dental health to reduce the number of children admitted to hospital for dental extractions.

Jo Churchill:

The Government is committed to improving oral health, particularly of deprived children. Children's oral health is now better than it has ever been, with over 75% of five-year olds in England now decay free.

Latest data from the NHS Outcomes Framework shows that the number of tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under has dropped from 424.6 in 2017/18 to 409.4 in 2018/19 (a decrease of 3.6%).

The Government's Green Paper, 'Advancing our health: prevention in the 2020s', published in July, committed to consulting on options for rolling out a national school toothbrushing scheme in more pre-school settings and primary schools, and to consulting on the role water companies can play to support a water fluoridation initiative in England. Both of these proposals will aim to improve the oral health of the most deprived children in all areas of the country and help to reduce the number of children needing tooth extractions.

■ Drugs: Rehabilitation

Rachael Maskell:

[330]

To ask the Secretary of State for Health and Social Care, how much has been spent from the public purse on substance misuse services (a) nationally and (b) in York in each of the last 10 years.

Jo Churchill:

The Department has complete information relating only to spending by local authorities in England on drug and alcohol misuse services since 2013, when responsibility for a range of health improvement activity transferred to local authorities from the National Health Service. The attached tables show reported spend on

substance misuse services nationally from 2013/14 to 2018/19 and reported spend by City of York council over the same period.

Attachments:

1. pq330 table [pq330 table.docx]

■ **General Practitioners: Finance**

Dr Matthew Offord:

[78]

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of using increased financial resources allocated to the NHS to fund additional treatments and services in general practice facilities.

Dr Matthew Offord:

[79]

To ask the Secretary of State for Health and Social Care, what assessment he has made of the additional treatments and facilities that could be provided in general practice facilities so that patients do not have to attend out-patient hospitals.

Jo Churchill:

The NHS Long Term Plan, published in January 2019, committed to an unprecedented investment in primary medical and community services so that £4.5 billion more will be spent in these areas in real terms by 2023/24. As part of this a new five-year general practitioner (GP) contract framework was also signed in January 2019.

The new system of Primary Care Networks (PCNs) launched in 2019 have been designed to ensure care happens in the optimal place for patients. The contract provides them with funding for 20,000 new staff who will help mitigate current workload pressures in primary care as well as supporting delivery of seven new services (five of which will begin during 2020) focussed on areas where there is evidence that primary care activity can improve patient outcomes. These implement different aspects of the Long Term Plan: medication reviews; the care homes service; the anticipatory care service; the National Health Service comprehensive model of personalised care; early cancer diagnosis; cardiovascular disease prevention and diagnosis; and health inequalities. Pilots of the enhanced health in care homes service - which will be delivered by all PCNs - have demonstrated the potential to reduce the number of care home residents requiring an emergency hospital admission.

Investment in primary and community services will support the Long Term Plan's ambition of transforming out-of-hospital care to a model that is fit for the 21st Century, including avoidance of 30 million hospital appointments which will result in an annual saving of over £1 billion.

PCNs will be able to access an 'investment and impact fund' from 2020, which will be worth £75 million, building up to £300 million by 2024. The purpose of the Fund is to help PCNs plan and achieve better performance against metrics in a new network dashboard. As well as incentivising better performance in the new service areas, part

of the Fund will be dedicated to the commitment made in the NHS Long Term Plan to making 'shared savings'. This savings scheme will be tied to the development of community-based services that enable reductions in hospital activity, such as avoidable out-patient visits as part of outpatient redesign, as well as avoidable accident and emergency attendances; avoidable emergency admissions; timely hospital discharge; and prescribing costs.

■ **General Practitioners: Rother Valley**

Alexander Stafford:

[\[365\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to reduce GP waiting times in Rother Valley.

Jo Churchill:

The Government wants everyone to be able to access a primary care professional when they need to. The actions set out in the NHS Long Term Plan, backed by the extra £4.5 billion of investment in primary and community care by 2023/24, and the five year contract framework for general practice, are already being implemented and will build the general practice workforce and improve access to primary care services.

Evening and weekend general practice appointments are routinely available across the country now to enable patients to find appointments at a time convenient to them, with millions of patients having already benefitted from this.

The Government has committed to growing the workforce by 6,000 more doctors in general practice and 6,000 more primary care professionals, such as physiotherapists and pharmacists by 2024/25. This is on top of the additional 20,000 primary care professionals NHS England are providing funding towards by 2023/24 in Primary Care Networks. Growing the workforce will mean bigger teams of staff providing a wider range of care options for patients and will free up more time for doctors to focus on those with more complex needs. This, alongside additional support and increasing the use of technology in general practice will create an extra 50 million appointments a year by 2024/25 and improve patient access to primary care services.

NHS Rotherham Clinical Commissioning Group has advised it commissions a physiotherapy service and a minor eye conditions service that can be directly accessed by patients without seeing their general practitioner. Use of these services mean appointments in general practice are freed up for others.

■ **Loneliness: Older People**

Royston Smith:

[\[158\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to tackle loneliness and social isolation in older people.

Jo Churchill:

The Government recognises that loneliness can have a significant impact on the physical and mental health of older people.

The Government's Loneliness Strategy 'A connected society – A strategy for tackling loneliness – laying the foundations for change' (published on 15 October 2008) acknowledged that tackling loneliness is complex and a long-term challenge, requiring action across many fronts. It brought together Government, local government, public services, the voluntary and community sector and businesses to identify opportunities to tackle loneliness and build more integrated and resilient communities.

Work in other areas can also help to tackle loneliness and social isolation. For example, the Government's £11.5 million Building Connections Fund will see the Government working with charitable trusts, foundations, and others to support projects that are able to prevent or reduce loneliness in older people as well as other age groups. Similarly, through our Ageing Society Grand Challenge, the Government will harness innovative products and services to help people remain healthy and independent for longer, continue to participate through work and within their communities, and stay connected to others.

The Government remains fully committed to working with others to combat loneliness and social isolation.

■ Mental Health Services: Children and Young People

Julian Sturdy:

[\[287\]](#)

To ask the Secretary of State for Health and Social Care, what proportion of the resources allocated to the NHS Long Term Plan will be dedicated to reduce waiting times for child and adolescent mental health services.

Ms Nadine Dorries:

The following table shows, in cash terms, the total additional funding available in each year above what was available in 2018/19:

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Long Term Plan funding for children's and young people's mental health - £ billion	£0	£0.193	£0.267	£0.389	£0.538	£0.739
NHS Revenue Departmental Expenditure Limit - £ billion,	£0	£6.2	£12.4	£18.7	£25.4	£33.9

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
excluding depreciation and impairment						

Source: NHS England

This funding will support local organisations to maintain and build on the two existing waiting time standards for children and young people with eating disorders and for those experiencing a first episode of psychosis.

Funding for generic children's and young people's mental health community services, however, has been allocated on the basis of increased activity rather than on waiting times.

■ **Mount Vernon Hospital Northwood**

Gareth Thomas:

[\[28\]](#)

To ask the Secretary of State for Health and Social Care, what his Department's policy is on the future of Mount Vernon Cancer centre; and if he will make a statement.

Jo Churchill:

A Strategic Review of Mount Vernon Cancer Centre (MVCC) is underway and is being overseen by a multi-agency Programme Board, chaired by NHS England and NHS Improvement. The sustainability of services at the MVCC will be determined by clinical options to enable access to the full range of inpatient services over the medium and long term.

Supported by a Clinical Advisory Group, the Board has agreed that the involvement of an existing tertiary cancer provider is key to service development, transition, staff retention and enabling patient access to clinical trials through embedding research within clinical services. In line with this, an alternative NHS tertiary cancer provider is being identified to operate services from the MVCC. The Board will then commence a comprehensive review of future options for service delivery. This review is expected to complete during 2020.

■ **Orthopaedics**

Emma Hardy:

[\[197\]](#)

To ask the Secretary of State for Health and Social Care, what plans his Department has to tackle regional differences in rates of major lower limb amputations between the north and south of England; and if he will make a statement.

Jo Churchill:

NHS England and NHS Improvement are working with regional teams and alongside the 'Getting It Right First Time' programmes to jointly improve vascular services, including reducing variation in care and waiting times.

The NHS Long Term Plan includes a commitment to "ensure that all hospitals in future provide access to multidisciplinary footcare teams and diabetes inpatient specialist nursing teams to improve recovery and to reduce lengths of stay and future readmission rates".

NHS England has made available approximately £105 million of transformation funding into local services to target variation and improve performance in the treatment and care of people living with diabetes since 2017/18 which has been focused on interventions such as:

- Improving the uptake of structured education;
- Improving the achievement of the three National Institute for Health and Care Excellence recommended treatment targets;
- Putting in place new or expanded Multi-disciplinary Footcare Teams; and
- Putting in place new or expanded Diabetes Inpatient Specialist Nursing teams.

■ Orthopaedics: Kingston upon Hull**Emma Hardy:**[\[196\]](#)

To ask the Secretary of State for Health and Social Care, what steps have been taken to address rates of major lower limb amputations in the Hull CCG area; and if he will make a statement.

Jo Churchill:

The Diabetes Transformation programme has a project in progress across the four Humber clinical commissioning groups in respect of Multi-Disciplinary Team Footcare which aims to reduce lower limb amputations. This team has provided all general practitioner practices with information to support them in maintaining their skills on how to effectively assess the feet of a patient with diabetes, in order to identify early signs of disease.

It is important to remember that vascular disease is also associated with amputation, and the most significant risk factor for that condition is smoking. Work is progressing as outlined in the NHS Long Term Plan to make the National Health Service smoke-free and to routinely offer all patients who smoke access to smoking cessation services.

■ Pancreatic Cancer: Health Education**Mr Andrew Mitchell:**[\[39\]](#)

To ask the Secretary of State for Health and Social Care, what recent steps his Department has taken to raise awareness of the symptoms of pancreatic cancer.

Jo Churchill:

In 2017, Public Health England (PHE) ran a pilot campaign in the East and West Midlands. The pilot focused on a range of abdominal symptoms, such as diarrhoea, bloating and discomfort that can be indicative of a number of cancers, including pancreatic cancer. Further information on the pilot is available at the following link:

<https://campaignresources.phe.gov.uk/resources/campaigns/16-be-clear-on-cancer/Abdominal%20Symptoms%20Regional%20Pilot>

PHE has run a number of 'Be Clear on Cancer' campaigns to help improve early detection of cancer. A number of factors are taken into account when deciding which campaigns to develop and run, with one of the main criteria being the scope to save lives through earlier diagnosis. This can only be effective through broad awareness campaigns if the cancer has a clear sign or symptom that the general public can act upon should it arise.

PHE is currently undertaking new data analysis and research to determine the future direction of Be Clear on Cancer activity.

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT

■ Help to Buy Scheme

Mr Clive Betts:

[263]

To ask the Secretary of State for Housing, Communities and Local Government, how much money from the public purse has been spent on the purchase of Persimmon homes through the Help to Buy scheme in each year since its inception.

Esther McVey:

[Holding answer 7 January 2020]: As of 30 June 2019, 236,313 households had used the Help to Buy: Equity Loan scheme to help them buy a new build home. The total value of equity loans made was £13.46 billion and the total value of homes sold through the scheme was £62.04 billion. 81 per cent of households have been first time buyers, helped to get their foot on the housing ladder by a scheme that has also contributed to the delivery of the over 241,000 additional homes in the last year – the highest level in over 30 years. The number of households supported to buy a new build home through the Help to Buy: Equity Loan scheme from Persimmon (14.4 per cent of the total), the purchase price of those homes and the value of equity loans made by calendar year from the inception of the scheme to 30 June 2019 is as follows:

YEAR	EQUITY LOAN COMPLETIONS	PURCHASE PRICE TOTAL	EQUITY LOAN TOTAL
2013	2245	£437,644,430	£87,351,951
2014	4406	£903,567,041	£180,075,301

YEAR	EQUITY LOAN COMPLETIONS	PURCHASE PRICE TOTAL	EQUITY LOAN TOTAL
2015	5079	£1,078,869,463	£214,769,851
2016	5919	£1,340,933,810	£272,442,192
2017	6575	£1,547,274,793	£315,631,051
2018	6824	£1,659,675,186	£336,551,274
2019	3039	£754,212,503	£155,439,065
Grand Total	34087	£7,722,177,226	£1,562,260,685

TREASURY

■ Northern Ireland Executive

Darren Jones:

[\[478\]](#)

To ask the Chancellor of the Exchequer, whether the Northern Ireland Executive will receive the full £1 billion extra funding agreed in the Confidence and Supply Agreement between the Conservative and Unionist Party and the Democratic Unionist Party during the last Parliament.

Rishi Sunak:

The Confidence and Supply financial annex committed the UK Government to providing £1 billion to Northern Ireland. £736 million has been released so far and the release of further funding would take place following Parliament's approval in the normal way through the Estimates process.