



This report shows written answers and statements provided on 6 January 2021 and the information is correct at the time of publication (06:30 P.M., 06 January 2021). 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

DIGITAL, CULTURE, MEDIA AND SPORT

■ Casinos: Regulation

Chi Onwurah: [\[128954\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, what assessment he has made on the effectiveness of casino regulation of anonymous ownership of those venues and their licenses.

Nigel Huddleston:

All companies providing gambling facilities to consumers in Great Britain must be licensed by the Gambling Commission and comply with the conditions and codes of practice of their operating licences. These include a requirement for key personnel, such as those responsible for regulatory compliance or the management and direction of a licensee's business or affairs, to hold personal management licences from the Gambling Commission.

Anonymous ownership of casinos or any gambling businesses is not allowed or accepted by the Gambling Commission. All operators must be transparent about their corporate control and provide the Commission with information about those who run or have a significant interest in gambling businesses.

Where an operator provides insufficient information about its ownership, the Commission can and will take action, including suspending or revoking licences. This applies equally to changes of corporate control.

■ Gambling: Coronavirus

Andrew Rosindell: [\[128885\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, pursuant to the Answer of 8 December 2020 to Question 122608 on Gambling: Coronavirus, what steps he is taking to review the evidence supporting the closure of adult gaming centres in tier 3 local covid alert level areas.

Philip Davies: [R] [\[128907\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, pursuant to the Answer of 30 November 2020 to Question 122643 on Gambling: Coronavirus, if he will make an assessment of the potential merits of adult gaming centres, bingo halls and casinos reopening in tier three areas.

Philip Davies: [R] [\[128908\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, pursuant to the Answer of 30 November 2020 to Question 122644 on Gambling: Coronavirus, if he will publish the evidence on the rate of covid-19 transmissions in adult gaming centres, bingo hall and casinos supporting the decision to close them in tier three areas.

Scott Benton: [\[129125\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, pursuant to his Answer of 30 November 2020 to Question 122915 on Gambling: Coronavirus, if he will make an assessment of the potential merits of adult gaming centres re-opening in tier three areas.

Scott Benton: [\[129126\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, pursuant to his Answer to Question 122916, if he will publish the evidence supporting the decision to close adult gaming centres in tier three areas.

Graham Stringer: [\[129984\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, pursuant to the Answer of 8 December 2020 to Question 125212 on Gambling: Coronavirus, what plans the Government has to review restrictions on adult gaming centres in covid-19 tier three areas; and if he will make a statement.

Graham Stringer: [\[129985\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, pursuant to the Answer of 8 December 2020 to Question 125212 on Gambling: Coronavirus, if he will make an assessment of the potential merits of allowing adult gaming centres to open under covid-19 tier three restrictions.

Nigel Huddleston:

The government, with advice from SAGE, reviewed the impact of the previous tiering arrangements and decided that unfortunately stricter rules on tier 3 closures would be necessary to have an impact on the rate of transmission in very high alert areas. This led to the decision that all hospitality and indoor entertainment venues in tier 3 areas would have to close, including casinos, bingo halls and adult gaming centres. SAGE advice is independent and published on a regular basis on:

www.gov.uk/government/organisations/scientific-advisory-group-for-emergencies

The government has continued to engage with the land-based gambling sector throughout the pandemic, including with its trade associations the Betting and Gaming Council, Bacta and the Bingo Association. The Minister for Sports, Heritage and Tourism has had a series of roundtable discussions with the industry to discuss the impact of Covid-19, including representatives from two of Britain's largest AGC operators. DCMS officials have been in regular contact with the representative trade associations and fed their views into the government decision-making process, and they are continuing to do so.

Government has set out an analysis of the health, economic and social impacts of the tiered approach, which can be found at:

<https://www.gov.uk/government/publications/the-health-economic-and-social-effects-of-covid-19-and-the-tiered-approach>. As on previous occasions, local data packs

have also been published.

Epidemiological data and projection models on local restriction tiers, including commentary on individual tier allocation decisions, can also be found at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/938964/Coronavirus_England_briefing_26_November.pdf.

■ Tennis: Coronavirus

Justin Madders: **[129040]**

To ask the Secretary of State for Digital, Culture, Media and Sport, what assessment his Department has made of the risks of covid-19 transmission during tennis doubles matches between mixed households.

Nigel Huddleston:

As the Prime Minister said on 23 November national restrictions ended on Wednesday 2 December, and gyms and sport facilities can reopen across all tiers. This means that certain leisure and sporting facilities including tennis courts and facilities are able to open subject to relevant social contact rules in each tier.

In tier 4, outdoor sports courts can remain open for individual exercise, and for people to use with others within their household, support bubble, or with one person from another household. Organised outdoor sport for under 18s and disabled people will be allowed.

As set out in the COVID Winter Plan the decision to allocate tiers is based on a range of factors and will be reviewed every 14 days. In Tier 3 and 4 areas we have taken further measures to limit social interactions and therefore opportunities for the virus to spread.

EDUCATION

■ Digital Technology: Training

Chi Onwurah: **[130069]**

To ask the Secretary of State for Education, how many digital skills courses have been provided to UK SMEs by the Skills Toolkit since April 2020.

Gillian Keegan:

Courses on The Skills Toolkit are taken by individuals rather than firms or small or medium-sized enterprises. As of 29 November 2020, there have been an estimated 132,000 course registrations. These are experimental statistics and further information can be found here: <https://explore-education-statistics.service.gov.uk/find-statistics/apprenticeships-and-traineeships/2019-20>.

HEALTH AND SOCIAL CARE**■ Adult Social Care Infection Control Fund****Sarah Owen:**[\[123722\]](#)

To ask the Secretary of State for Health and Social Care, which local authorities received the Adult Social Care Infection Control Fund payments in (a) May and (b) July 2020 but did not spend it.

Helen Whately:

[Holding answer 7 December 2020]: On 15 May 2020 we published details of a £600 million Infection Control Fund for adult social care. The Fund was paid in two instalments: in May and July. The Department is still assuring the information that local authorities have provided on the final expenditure of the overall fund, which ran from May to September 2020. However, on 27 July, we published data that shows that every local authority distributed funding and that, in total, councils had distributed £257 million of the initial £300 million tranche by 23 July.

On 17 September 2020 the Government announced the extension of this fund until March 2021, with an additional £546 million for the care sector.

■ Alcoholic Drinks and Drugs: Death**Jonathan Ashworth:**[\[127563\]](#)

To ask the Secretary of State for Health and Social Care, what estimate Public Health England has made of the number of deaths linked to drug and alcohol misuse since March 2020.

Jonathan Ashworth:[\[127564\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of the covid-19 outbreak on the number of deaths related to drug and alcohol misuse; and if he will publish the statistics that he holds on that issue.

Jo Churchill:

[Holding answer 14 December 2020]: Public Health England is monitoring information on excess mortality to help understand the impact of COVID-19 during the pandemic period, including looking at the underlying causes of death.

Between 20 March and 27 November 2020, there have been an estimated 522 excess deaths attributed to cirrhosis and other liver disease. There was a total of 6,046 registered deaths from cirrhosis and other liver disease in the same period. However, not all these deaths will be linked to alcohol misuse, and there will be additional alcohol-related deaths which are not related to liver disease.

No estimate has been made of the number of deaths from causes such as drug or alcohol poisoning. This is because many of these deaths will be the subject of coroners' inquests and not yet registered.

■ Asthma: Coronavirus**Lee Anderson:** [\[128277\]](#)

To ask the Secretary of State for Health and Social Care, what additional support his Department is providing to people living with asthma during the covid-19 outbreak.

Edward Argar:

Through its communication to general practitioner practices and commissioners on 31 July 2020, NHS England and NHS Improvement asked general practice to restore activity to usual levels where clinically appropriate and reach out proactively to clinically vulnerable patients and those whose care may have been delayed.

The new Respiratory Clinical Networks bring together leaders from the National Health Service and other health and social care organisations, to transform the diagnosis, treatment and care for respiratory patients in their local area, focusing on reducing inequalities.

Public Health England continue to provide advice for people with long term health conditions during COVID-19.

■ Bereavement Counselling: South Yorkshire**Sarah Champion:** [\[113109\]](#)

To ask the Secretary of State for Health and Social Care, if he will introduce a bereavement support bubble policy in South Yorkshire to enable grieving households to form a support bubble with one other household whilst the (a) November 2020 national lockdown or (b) Tier 3 local covid alert level lockdown restrictions are in place.

Sarah Champion: [\[113110\]](#)

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the potential merits of extending support bubble arrangements to grieving households of any size during periods of (a) national and (b) regional Tier 3 covid-19 lockdown restrictions.

Ms Nadine Dorries:

The loss of a loved one can be extremely difficult for people of all ages, particularly during the pandemic where usual systems of support are harder to access.

The regulations make exemptions to the restrictions on gatherings for support groups for those who have suffered bereavement, as well as making provision for 'linked households', known as 'support bubbles'.

A 'support bubble' is a network between a household with only one adult or a household with one adult and one or more children who are under the age of 18. In effect, this support bubble acts as a single household with people from another household as if they were a member of a household.

The Health Protection (Coronavirus, Restrictions) (England) (No. 4) Regulations 2020 are the current set of restrictions, which will expire 2 December 2020, and an announcement on their replacement will be made in due course. The government

continues to follow the advice of the Scientific Advisory Group for Emergencies and is regularly monitoring current guidelines on COVID-19 restrictions going forward.

■ **Blood Cancer: Coronavirus**

Jim Shannon:

[\[91754\]](#)

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the increased (a) risk and (b) effect of a second wave of covid-19 on (a) people with blood cancer and (b) older people with chronic lymphocytic leukaemia.

Jo Churchill:

Blood cancer patients have a higher chance of severe disease if they contract COVID-19 compared to other cancers, which is why they were placed on the extremely clinically vulnerable list and were advised to shield. During the height of the COVID-19 pandemic, some treatments were delayed when the risk of contracting COVID-19 was higher than the risk of delaying treatment.

The newly formed Cancer Recovery Taskforce brings together experts from across the cancer community and is overseeing the development of the cancer recovery plan, including taking into account any impact of a second wave of COVID-19.

■ **Care Homes: Coronavirus**

Mr Tanmanjeet Singh Dhesi:

[\[114302\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that agency staff working in care homes are regularly tested for covid-19.

Helen Whately:

Care homes are provided with sufficient testing kits when they order from the care tests portal to do this. Guidance is clear that weekly testing of care home staff includes agency staff. Further information is available at the following link:

<https://www.gov.uk/government/news/regular-retesting-rolled-out-for-care-home-staff-and-residents>

■ **Care Homes: Visits**

Taiwo Owatemi:

[\[126144\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to reduce the (a) financial and (b) logistical strain on care homes from the introduction of lateral flow testing to facilitate visits.

Helen Whately:

We understand that the pandemic continues to impose significant pressures on the social care sector and we keep funding under review. The Infection Control Fund (ICF) is available for care homes to use for additional COVID-19 related infection prevention and control costs. apply for support in reducing the rate of COVID-19 transmission. The ICF has been extended until March 2021, with an extra £546

million for the care sector to improve infection prevention and control, including enabling providers to put in place measures to support safe visiting.

■ Compulsorily Detained Psychiatric Patients

Jeremy Hunt: [\[125968\]](#)

To ask the Secretary of State for Health and Social Care, what proportion of patients have been in their current psychiatric unit in a locked mental health rehabilitation facility in England for more than (a) one year, (b) two years, (c) three years and (d) four years.

Ms Nadine Dorries:

[Holding answer 10 December 2020]: This information requested could only be obtained at disproportionate cost.

Jeremy Hunt: [\[126802\]](#)

To ask the Secretary of State for Health and Social Care, how many locked mental health rehabilitation facilities there are in England.

Ms Nadine Dorries:

[Holding answer 14 December 2020]: Information obtained by the Care Quality Commission from mental health inpatient providers indicates that providers who responded reported 96 locked inpatient mental health rehabilitation wards in England in 2019.

Jeremy Hunt: [\[126803\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to improve care for people in segregation in locked mental health rehabilitation facilities.

Ms Nadine Dorries:

[Holding answer 14 December 2020]: The mental health rehabilitation workstream of the Getting It Right First Time programme has considered locked mental health rehabilitation facilities to help improve care for people in those facilities. The workstream's report is expected to be published in early 2021.

The Government is clear that restrictive interventions and restraint should only ever be used as a last resort, when all attempts to de-escalate a situation have been employed. We are working to finalise the draft statutory guidance for the Mental Health Units (Use of Force) Act 2018 and accompanying public consultation and will set out a timetable for publishing the guidance and commencing the Act at the earliest opportunity.

Jeremy Hunt: [\[126805\]](#)

To ask the Secretary of State for Health and Social Care, what steps the Government is taking to improve training for health, care and education employees in locked mental health rehabilitation facilities to ensure that those employees have the necessary training and skills to work with people in those facilities with (a) learning disabilities and (b) autism who also have complex needs and challenging behaviour.

Ms Nadine Dorries:

[Holding answer 14 December 2020]: Health and social care staff working in locked mental health rehabilitation facilities must have the skills and knowledge to make a positive difference to the lives of people with learning disabilities and autistic people. This is a priority for the Government and we are developing plans to introduce the Oliver McGowan mandatory training in learning disability and autism to make sure that this happens.

We are working with Health Education England and Skills for Care to develop and test a standardised training package, backed by £1.4 million investment. Work is already underway to develop the training and testing will take place in a variety of health and social care settings to help shape how it will be rolled out and delivered in future.

■ Compulsorily Detained Psychiatric Patients: Coronavirus**Lloyd Russell-Moyle:****[114994]**

To ask the Secretary of State for Health and Social Care, what plans he has to make guidance available on visiting rights during the covid-19 outbreak for people detained under the Mental Health Act.

Ms Nadine Dorries:

[Holding answer 17 November 2020]: Guidance on 'Visiting healthcare inpatient settings during the COVID pandemic: principles' was published on 13 October 2020, and is available at the following link:

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0751-visiting-healthcare-inpatient-settings-principles-131020_.pdf

The guidance focuses on ensuring infection control and making sure that patients can access the therapeutic support and visits they need during the pandemic, including for people detained under the Mental Health Act 1983. This guidance also advises on the number of visitors permitted under social distancing rules.

■ Compulsorily Detained Psychiatric Patients: Discharges**Jeremy Hunt:****[125969]**

To ask the Secretary of State for Health and Social Care, what steps the Government is taking to reduce the number of people experiencing delayed discharge from locked mental health rehabilitation facilities.

Ms Nadine Dorries:

[Holding answer 10 December 2020]: The NHS Long Term Plan sets out that all health systems in England will deliver new and integrated models of primary and community mental health care for adults and older adults with severe mental illnesses backed by almost £1 billion of new investment per year by 2023/24. These new models will include transformed and improved care for people with community mental health rehabilitation needs, building services in local communities both to prevent people from going into hospital unnecessarily and to support timely discharge for

those people who are in need of inpatient care. All health systems in England are expected to be delivering these new models from 2021/22.

The mental health rehabilitation workstream of the Getting It Right First Time programme has considered discharge from acute mental health inpatient care. The workstream's report is expected to be published in early 2021.

■ **Compulsorily Detained Psychiatric Patients: Location**

Jeremy Hunt:

[\[125971\]](#)

To ask the Secretary of State for Health and Social Care, what steps the Government is taking to reduce the number of out of area placements in locked mental health rehabilitation facilities to ensure that patients are not geographically distant from their homes and support networks.

Ms Nadine Dorries:

[Holding answer 10 December 2020]: The Care Quality Commission report into the state of care in mental health services from 2014-2017 highlighted concerns about the high number of people in out of area locked rehabilitation wards. Following this, the mental health rehabilitation workstream of the Getting It Right First Time programme has considered locked mental health rehabilitation facilities alongside its consideration of out of area placements. The workstream's report is expected to be published in early 2021.

NHS England and NHS Improvement expect this report to recommend that all trusts and clinical commissioning groups should develop robust systems to bring patients treated out of area back to their local area. It also expects the report to recommend that clear monitoring arrangements are in place where out-of-area placements are considered necessary.

■ **Contact Tracing: Bermondsey and Old Southwark**

Neil Coyle:

[\[128999\]](#)

To ask the Secretary of State for Health and Social Care, how many schools have been contacted by the Government's track and trace system after a pupil or staff member has tested positive with covid-19 in Bermondsey and Old Southwark constituency in each of the last four months.

Ms Nadine Dorries:

[Holding answer 17 December 2020]: We publish weekly data on the number of incidents in each setting with at least one laboratory confirmed case of COVID-19 which is available at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/945502/Weekly_Flu_and_COVID-19_report_w51_FINAL.pdf

■ Contact Tracing: Computer Software

Imran Ahmad Khan:

[\[104209\]](#)

To ask the Secretary of State for Health and Social Care, how many people have downloaded the NHS covid-19 app (a) in total and (b) as a proportion of the population in Wakefield since that app was launched.

Helen Whately:

As of 28 October, the NHS COVID-19 app has been downloaded over 19.22 million times. This figure covers both England and Wales.

The app has been designed with user privacy in mind. We do not hold exact data on app downloads by local area.

Emma Hardy:

[\[116627\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 12 November 2020 to Question 98750, what steps he is taking to address the inability of 87 per cent of iOS and 93 per cent of Android smartphone users to use the NHS Covid 19 app; and what assessment he has made of the accuracy of reports that the number of users in those categories amounts to 3.7 million people.

Helen Whately:

The latest data from Apple and Google indicate that 87% of iOS smartphone users and 93% of Android smartphone users in the UK currently do have access to a smartphone that is able to install a version of the operating system with the contact tracing technology the NHS Covid-19 app uses. We have always known that some phones would not be able to support the app because of the hardware needed for this Bluetooth technology to work effectively. This is the same in all countries with apps using the Google and Apple exposure notification API for contact tracing.

The NHS COVID-19 app is only one part of the wider NHS Test and Trace system and for those who cannot use the app, advice is available via NHS 119 and the phone-based contact tracing system. People who do not have a compatible smartphone will still benefit from other people downloading it. The estimate of 3.7 million people being unable to use the app as they do not have a compatible smartphone is derived from the above data from Apple and Google, and data from the Office for National Statistics that indicate that 79% of adults in the United Kingdom have a smartphone.

■ Contact Tracing: Consultants

Andy Slaughter:

[\[103454\]](#)

To ask the Secretary of State for Health and Social Care, what the highest daily or hourly rate paid for any individual consultant at each firm providing services to the Government's Test and Trace programme; what the period of engagement is for that consultant at each such firm; how much the Government has paid to engage that consultant at each such firm; and what the duties are of that consultant at each such firm.

Helen Whately:

[Holding answer 19 October 2020]: As of the beginning of November 2020 there are over 2,300 consultants and contractors working for 73 different suppliers for the Test and Trace programme. The total expenditure on these consultants to date has been approximately £375 million.

The pay rates of individual consultants engaged from each supplier is commercially sensitive information.

■ **Coronavirus****Mr Marcus Fysh:**[\[107671\]](#)

To ask the Secretary of State for Health and Social Care, what proportion of positive covid-19 tests reported in England relates to people who have been reported as testing positive for covid-19 previously.

Helen Whately:

We do not publish data in the format requested.

■ **Coronavirus: Bingo****Justin Madders:**[\[129036\]](#)

To ask the Secretary of State for Health and Social Care, how many recorded covid-19 transmissions have been linked to bingo halls since July 2020.

Justin Madders:[\[129171\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish the scientific evidence supporting the closure of bingo halls and clubs in areas under tier 3 covid-19 restrictions.

Ms Nadine Dorries:

As set out in the Government's Winter Plan, decisions on tiers are made by Ministers based on public health recommendations primarily informed by five key indicators. We know that the virus spreads readily in indoor environments where members of different households and/or support bubbles spend time together, so the transmission risk in indoor settings remains high. Our approach has always been guided by scientific and medical advice. The restrictions that apply at each tier will be reviewed every 28 days to ensure they remain necessary and proportionate.

The Government is committed to publishing data that has informed its decision making, including the tiers framework and allocations. We have also published supporting analysis to accompany the laying of the most recent regulations is available at the following link:

<https://www.gov.uk/government/publications/the-health-economic-and-social-effects-of-covid-19-and-the-tiered-approach>

Epidemiological data and projection models on local restriction tiers, including commentary on individual tier allocation decisions, is available at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/938964/Coronavirus_England_briefing_26_November.pdf.

This provides further information and context beyond the headline metrics as to why areas are in particular tiers currently.

■ **Coronavirus: Chesterfield**

Mr Toby Perkins:

[83754]

To ask the Secretary of State for Health and Social Care, of the people that took covid-19 tests at the Chesterfield covid-19 testing centre on 6 August 2020, how many results were communicated to people on (a) 7 August, (b) 8 August, (c) 9 August, (d) 10 August, (e) 11 August and (f) 12 August or later; and in how instances was no result communicated.

Helen Whately:

The Department does not publish data on the return of COVID-19 tests in the format requested.

During the week of 3 to 9 December, 91.8% of in-person tests were received the next day after the test was taken.

■ **Coronavirus: Children**

Alex Cunningham:

[128166]

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of the covid-19 outbreak on children's (a) mental health and (b) emotional resilience by region.

Ms Nadine Dorries:

'Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey' was published on 22 October 2020 by NHS Digital and is available at the following link:

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

The survey states that, in 2020, rates of probable mental disorder in children aged 5 to 16 years old ranged from 10% in London to 20.5% in the West Midlands. The increased rates of probable mental disorder in most regions between 2017 and 2020 were not found to be statistically significant.

The sample size in this survey was sufficiently big to detect differences in England between 2017 and 2020 but when divided across regions, the samples sizes will be smaller at regional level, and these smaller sizes may not have been sufficient to detect a statistically significant difference.

■ Coronavirus: Christmas

Sir Desmond Swayne:

[\[121112\]](#)

To ask the Secretary of State for Health and Social Care, if he will extend the covid-19 Christmas dispensation period for NHS staff working between 23 and 27 December 2020 to ensure that they are able to spend time with their families.

Helen Whately:

[Holding answer 1 December 2020]: The Christmas social contact easements enabled people to form an exclusive bubble of three households between 23 and 27 December.

The regulations do not provide the scope to create an exemption for National Health Service workers that would have enabled them to form a Christmas bubble either before or after the specified period.

We encouraged employers to be as flexible as possible with leave arrangements over the Christmas period.

■ Coronavirus: Contact Tracing

Stella Creasy:

[\[100383\]](#)

To ask the Secretary of State for Health and Social Care, whether any issues have been identified as a result of the performance meeting on Serco's management of the test and trace service; and whether any remedial plans have been agreed.

Helen Whately:

[Holding answer 12 October 2020]: No issues have been identified with regard to Serco's performance as per their contractual standards and therefore no remedial plans have been agreed.

Rachel Reeves:

[\[106978\]](#)

To ask the Secretary of State for Health and Social Care, whether the Government's national Track and Trace system routinely uses shared surname and household data to identify the close contacts of people who are required to self-isolate.

Helen Whately:

[Holding answer 2 November 2020]: Individuals who test positive for COVID-19 are contacted by NHS Test and Trace and asked to provide the details of people who are their recent close contacts, including all other members of their household. The information they are asked to provide about their close contacts includes: their name, phone number, email address, whether they are under 18 years of age or an adult, and how and where the individual came into contact with them. If this was through work, school, college or university, or another activity outside their home, such as a hospital or care home visit, a sports or leisure activity, or a visit to an event or a place of worship, the individual is asked to provide the location name and postcode.

■ Coronavirus: Disease Control

Jon Trickett:

[110049]

To ask the Secretary of State for Health and Social Care, if he will publish the criteria that a local area must meet in order to transfer (a) into and (b) out of a specific local covid alert level.

Ms Nadine Dorries:

The COVID-19 Winter Plan set out how national restrictions would lift in England on 2 December. Decisions on which area goes into which tier are primarily based on five key epidemiological indicators as follows:

- Case detection rates in all age groups;
- Case detection rates in over 60 year olds;
- Rate at which cases are rising or falling;
- Positivity rate or the number of positive cases detected as a percentage of tests taken; and
- Pressure on the National Health Service, including current and projected occupancy.

The indicators are designed to provide a full picture of what is happening with the virus in any area so that suitable action can be taken.

■ Coronavirus: Newcastle upon Tyne

Chi Onwurah:

[122693]

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 26 November to Question 102802 on Coronavirus: Newcastle upon Tyne, what data his Department holds on the proportion of transmissions in Newcastle that have taken place among (a) university students and (b) the rest of the community; and in what format that data is available.

Ms Nadine Dorries:

[Holding answer 3 December 2020]: We publish weekly data on the number of incidents in each setting with at least one laboratory confirmed case of COVID-19. Data as of 3 December is available at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940878/Weekly_Flu_and_COVID-19_report_w49.pdf

■ Coronavirus: North Yorkshire

Kevin Hollinrake:

[120080]

To ask the Secretary of State for Health and Social Care, what steps he is taking to provide health facilities for people who experience long-term effects of covid-19 in (a) Thirsk and Malton constituency and (b) North Yorkshire.

Ms Nadine Dorries:

[Holding answer 30 November 2020]: NHS England has provided £10 million to fund over 40 pioneering 'long COVID-19' specialist clinics including seven in the North East and Yorkshire region. The plans for these clinics were published on 15 November and commissioning guidance was made available on 6 November.

NHS England and NHS Improvement have committed to ensuring clinics will be available from early December 2020. In response, each integrated care system is working towards the provision of at least one such service, although the exact location for each is yet to be provided.

A number of these clinics are already established, and new clinics will start to accept patients at the end of November. More details will be made available shortly.

■ Coronavirus: Patients**Mr Steve Baker:**[\[126849\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 4 November to Question 112041, if he will make it his policy to publish on a weekly basis the (a) number of (i) covid-19 hospital patients, (ii) covid-19 hospital patients who are in critical status, (iii) hospital patients with other conditions who are in critical status and (iv) covid-19 hospital patients who have recovered from critical status but remain in hospital and (b) discharge rate from hospitals compared with the historical average rate.

Edward Argar:

Specific datasets showing the number of COVID-19 hospital patients, COVID-19 patients who are in a critical status and hospital patients with other conditions who are in critical status are already published by NHS England and GOV.UK

Data showing the number of COVID-19 hospital patients who have recovered in critical status but remain in hospital and discharge rate from hospitals compared with the historical average rate are not published and there are no plans to publish additional information at this time.

■ Coronavirus: Pre-school Education**Thangam Debbonaire:**[\[113141\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of enabling parent and child groups for pre-school age children to continue during the November 2020 covid-19 lockdown.

Ms Nadine Dorries:

Reducing social contact is the most important factor in driving down transmission. However, the Government knows that rules about social distancing are difficult for everyone, especially those with young children.

Support groups for new parents can continue to be held, as can support groups for new parents in community settings, such as a place of worship, community centre or hall, or library, that are essential to deliver in person. These groups can continue with

up to 15 participants where the purpose is to provide mutual aid, therapy or any other form of support. Where these are held in Ofsted registered settings, they should follow Government guidance on COVID-19 for early years and childcare providers which is available at the following link:

<https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures>

Informal groups, such as those organised by a parent, need to comply with the gathering and household mixing rules. In practice during the period of national restrictions this means these groups should only meet virtually.

When national restrictions apply, in determining the limit of 15 participants, children under the age of five are not counted towards the limit.

■ Coronavirus: Screening

Mr Marcus Fysh:

[107673]

To ask the Secretary of State for Health and Social Care, what proportions of positive tests for covid-19 reported in England have been undertaken by (a) the polymerase chain reaction method and (b) other methods; and how have those proportions changed since the start of the covid-19 outbreak.

Helen Whately:

We do not publish data in the format requested.

Ian Paisley:

[109356]

To ask the Secretary of State for Health and Social Care, what estimate he has made of the number of false positive test results from covid-19 testing in England and Wales.

Helen Whately:

In June 2020 the Scientific Advisory Group for Emergencies published a briefing paper on the impact of false positives and false negatives in the United Kingdom's COVID-19 reverse transcription polymerase chain reaction (RT-PCR) testing programme, which is available at the following link:

<https://www.gov.uk/government/publications/gos-impact-of-false-positives-and-negatives-3-june-2020>

Greg Clark:

[122650]

To ask the Secretary of State for Health and Social Care, what assessment he has made of the efficacy of the SAMBA II Coronavirus SARS-CoV-2 test system.

Helen Whately:

[Holding answer 3 December 2020]: All manufacturers of PCR tests for COVID-19 must meet the requirements of our validation process to ensure the accuracy of their tests. The national technical validation process for manufacturers of COVID-19 is available at the following link:

<https://www.gov.uk/government/publications/assessment-and-procurement-of->

coronavirus-covid-19-tests/coronavirus-covid-19-serology-and-viral-detection-testing-uk-procurement-overview

Lloyd Russell-Moyle: [\[91133\]](#)

To ask the Secretary of State for Health and Social Care, what the covid-19 test sensitivity rate is for each of the Lighthouse Laboratories under pillar 2; and what standard sensitivity rate has been agreed with his Department.

Helen Whately:

[Holding answer 21 September 2020]: The information is not held in the format requested. All tests have been assessed as performing to manufacturers' specifications before being used.

Stella Creasy: [\[96884\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 23 September 2020 to Question 89687 on Coronavirus: Screening, what the performance standards are that Serco are expected to meet under the terms of its contract relating to its involvement in the provision of covid-19 testing.

Helen Whately:

[Holding answer 5 October 2020]: Performance and quality assurance standards and processes are included in the Government contracts with Serco. These are commercially sensitive. The contracts have break clauses in them, meaning if the company does not meet required service levels, the contract may be cancelled and money reclaimed.

■ Coronavirus: Students

Peter Kyle: [\[86714\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of conducting covid-19 tests on incoming university students this winter, in areas with low current infection rates where testing has been de-prioritised.

Helen Whately:

[Holding answer 11 September 2020]: We have quickly established walk-through sites and deployed mobile test sites so that almost every university student now has access to testing within one and a half miles when displaying symptoms. In cases of outbreaks we are working with universities to deliver large batches of home test kits which can then be distributed to students isolating in their households or halls of residence to test themselves. Use of multiple new testing technologies for asymptomatic students could significantly improve our detection of positive cases and further reduce the spread of the virus

■ Coronavirus: Vaccination

Philip Davies: [\[117960\]](#)

To ask the Secretary of State for Health and Social Care, what estimate he has made of the number of people who may suffer an adverse drug reaction to the covid-19 vaccine.

Philip Davies:[\[117961\]](#)

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the nature of potential adverse drug reactions from the covid-19 vaccine.

Ms Nadine Dorries:

The safety profile, including the nature and frequency of any adverse reactions to COVID-19 vaccine(s) will be reviewed as part of any Medicines and Healthcare products Regulatory Agency authorisation, and evaluated against the benefits of the vaccine(s). Once authorised, this will be described in the product information available to health professionals and vaccines.

Ian Mearns:[\[125992\]](#)

To ask the Secretary of State for Health and Social Care, with reference to the Covid-19 priority vaccination list published on 2 December 2020, whether people classed as frontline health and social care workers includes those currently studying who are working on the frontline during educational placements.

Nadhim Zahawi:

[Holding answer 10 December 2020]: The Green Book chapter on COVID-19 states that all staff who have frequent face-to-face clinical contact with patients and who are directly involved in patient care, in either secondary or primary care/community settings, are eligible to receive the COVID-19 vaccine. This includes temporary staff, such as those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients.

Chi Onwurah:[\[130071\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to his oral answer on 14 December 2020, Official Report, column 46, whether people with learning disabilities are in the same priority category for covid-19 vaccinations as 75 year olds; and what priority is being given to vaccinations for people who are 75 or older who have learning disabilities.

Nadhim Zahawi:

The Joint Committee on Vaccination and Immunisation (JCVI) are the independent experts who advise the Government on which vaccine/s the United Kingdom should use and provide advice on prioritisation at a population level. The JCVI advises that the first priorities for any COVID-19 vaccination programme should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems, with old age being the single biggest factor determining mortality.

For the first phase, the JCVI have advised that the vaccine be given to care home residents and staff, as well as frontline health and social care workers, then to the rest of the population in order of age and clinical risk factors. People with a learning disability who are clinically extremely vulnerable, including adults with Down's syndrome, will be vaccinated alongside those aged 70 years or older. People with specific underlying health conditions, including a severe and profound learning

disability, are prioritised to receive the vaccine in advance of those aged 60 years and older in phase one.

Cat Smith:

[\[130126\]](#)

To ask the Secretary of State for Health and Social Care, whether frontline homeless service workers will receive a covid-19 vaccine under phase 1 of the Joint Committee on Vaccines and Immunisation prioritisation list.

Nadhim Zahawi:

The Joint Committee on Vaccines and Immunisation's (JCVI) advice has stated that Phase 1 of the vaccine roll out should have the prevention of mortality at the forefront of its objectives, as well as to support the National Health Service and social care system. For the first phase, the JCVI have therefore advised that the vaccine be given to care home residents and staff, as well as frontline health and social care workers, then to the rest of the population in order of age and clinical risk factors. Included in this are those with underlying health conditions, which put them at higher risk of serious disease and mortality.

Phase 2 of the roll out may include further reduction in hospitalisation and targeted vaccination of those at high risk of exposure and/or those delivering key public services.

■ Dental Services

Judith Cummins:

[\[122735\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 10 November 2020 to Question 107016 on Dental Services: Coronavirus, what information is collected on the size and length of the waiting lists for (a) children, and (b) adults who require dental treatment under a general anaesthetic.

Jo Churchill:

[Holding answer 3 December 2020]: Information on the size and length of the waiting lists for children and adults who require dental treatment under a general anaesthetic is not collected centrally. This information may be collected at local level as secondary data.

■ Dental Services: Fees and Charges

Dan Jarvis:

[\[101280\]](#)

To ask the Secretary of State for Health and Social Care, what guidance his Department has issued to dental practices on the provision of band 1-3 treatments under (a) the NHS and (b) private dentists.

Jo Churchill:

[Holding answer 14 October 2020]: The Department is not responsible for issuing guidance to private dental practices.

NHS England and NHS Improvement are responsible for issuing guidance to dentists holding National Health Service contracts on recovery of services following the first

pandemic peak. Guidance sets out that dentists should focus on care that is urgent, care to vulnerable groups and then overdue routine appointments. Courses of treatment are banded by the level of care needed. Band 1 includes an assessment of oral health and all preventative care needed, Band 2 additionally includes any fillings required and Band 3 includes any advanced care such as dentures, crowns or bridges. Dentists deliver a particular banded course of treatment based on the level of care needed and whether it is urgent. NHS England and NHS Improvement updated their standard operating procedure aimed at NHS dental practices on 27 October, setting out how dental practices can gradually resume the provision of dental services in light of COVID-19.

The guidance is available at the following link:

<https://www.england.nhs.uk/coronavirus/publication/dental-standard-operating-procedure-transition-to-recovery/>

■ **Dental Services: Greater London**

Catherine West:

[\[94504\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to increase local availability of NHS dental services in London.

Jo Churchill:

Dental practices are particularly impacted by the risks associated with aerosol generating procedures and therefore National Health Service dental practices are required to adhere to infection prevention and control guidance published by Public Health England (PHE). This is impacting the numbers of patients NHS dental practices are able to safely see. As a result, practices have been asked to prioritise urgent care, care for vulnerable groups and delayed planned treatment.

■ **Dental Services: Laboratories**

Jonathan Ashworth:

[\[99612\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of the service provided by Dental Laboratories since the start of the covid-19 outbreak.

Jonathan Ashworth:

[\[99613\]](#)

To ask the Secretary of State for Health and Social Care, how many dental laboratories have closed in England since March 2020.

Jo Churchill:

No information is held by the Department on the adequacy of the service provided by Dental Laboratories to dentists. Dentists contract with laboratories both in the United Kingdom and overseas and this is a commercial relationship between dentist and laboratory.

Demand for the appliances dental laboratories provide is likely to be reduced during the COVID-19 outbreak as the enhanced infection control required means most dentists are able to see fewer patients than prior to the outbreak.

Because dental laboratories are private companies the Department holds no information on their numbers or whether any have closed in the UK or overseas.

■ Diagnosis

Chris Green:

[126894]

To ask the Secretary of State for Health and Social Care, what plans he has to ensure equitable patient access to proven remote diagnostics to support home testing.

Ms Nadine Dorries:

The Department and the National Health Service are prioritising the improvement of connectivity and digitisation across all aspects of diagnostics in order to drive efficiency, deliver seamless care across traditional boundaries and facilitate remote reporting.

The first four phases of the Artificial Intelligence in Health and Care award included innovations in remote diagnostics, including the Neuronostics Limited smartphone-based app which can receive electroencephalogram recordings from wireless headsets to assist with assessing epilepsy treatment; Senti Tech Limited's project enabling remote chest examination for respiratory patients through sensors embedded into a jacket; and Healthy.io UK Limited's smartphone albuminuria self-test, which uses a home test kit and a mobile app to allow patients to self-test at home with clinical grade results.

■ Disease Control: Coronavirus

Chi Onwurah:

[124185]

To ask the Secretary of State for Health and Social Care, pursuant to Answer of 16 November to Question 102801, where that data is published and whether further data on transmission in different settings and demographics is now available.

Ms Nadine Dorries:

[Holding answer 7 December 2020]: We do not hold data regarding transmission in different settings and demographics. Weekly data as of 3 December on the number of incidents for each setting with at least one laboratory confirmed case of COVID-19 is available at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940878/Weekly_Flu_and_COVID-19_report_w49.pdf

■ DNANudge: Coronavirus

Helen Hayes:

[\[86717\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the availability of peer reviewed papers containing clinical trial data to demonstrate (a) the efficacy and (b) the scalability of the DNA Nudge covid-19 test.

Helen Whately:

[Holding answer 11 September 2020]: The DNANudge COVID-19 test was reviewed by the expert panel of the Department's Technologies Validation Group. The Group reviews peer reviewed papers where they exist, but for DNANudge, at the time that it was initially reviewed, no published papers were available although a preprint of a paper that has subsequently been published was studied. DNANudge has also obtained a derogation from the Medicines and Healthcare products Regulatory Agency, so they are approved by the Agency

There is significant work underway between Department and the National Health Service to understand the technical specifications of the DNA Nudgebox machines and how these could best support NHS pathways.

■ Eating Disorders: Health Services

Wera Hobhouse:

[\[111591\]](#)

To ask the Secretary of State for Health and Social Care, how many adults aged 18 and over at time of referral were referred to specialist secondary mental health services with a primary reason of referral of eating disorders between April and August in (a) 2019 and (b) 2020; and what proportion of those referrals were made to an eating disorders service.

Ms Nadine Dorries:

[Holding answer 9 November 2020]: The information requested is in the following tables:

MONTH	REFERRALS OF PEOPLE AGED 18 AND OVER WITH PRIMARY REASON FOR REFERRAL AS EATING DISORDERS REFERRED TO EATING DISORDER SERVICE PROPORTION (%)		
April 2019	1,399	1,112	79.5%
May 2019	1,524	1,201	78.8%
June 2019	1,486	1,178	79.3%
July 2019	1,704	1,306	76.6%
August 2019	1,556	1,228	78.9%

MONTH	REFERRALS OF PEOPLE AGED 18 AND OVER WITH PRIMARY REASON FOR REFERRAL AS EATING DISORDERS REFERRED TO EATING DISORDER SERVICE PROPORTION (%)		
	REFERRALS OF PEOPLE AGED 18 AND OVER WITH PRIMARY REASON FOR REFERRAL AS EATING DISORDERS	REFERRED TO EATING DISORDER SERVICE	PROPORTION (%)
April 2020	1,118	842	75.3%
May 2020	1,456	1,164	79.9%
June 2020	1,931	1,575	81.6%
July 2020	2,158	1,707	79.1%
August 2020	Not yet available		

Source: Mental Health Services Data Set (MHSDS), NHS Digital

Daniel Zeichner:

[\[113129\]](#)

To ask the Secretary of State for Health and Social Care, with reference to the inquest into the deaths of Averil Hart, Emma Brown, Maria Jakes, Amanda Bowles, and Madeline Wallace, if he will take steps to improve the quality of NHS care for those with eating disorders.

Ms Nadine Dorries:

This Government is committed to learning lessons from those tragic events and ensuring everyone with an eating disorder has access to timely treatment based on clinical need. We welcomed the recommendations of the Parliamentary and Health Service Ombudsman's 'Ignoring the Alarms: How NHS eating disorder services are failing patients' report relating to the death of Averil Hart and two other individuals and we are working closely with our arm's length bodies and stakeholders to implement the recommendations.

In October, NHS England announced additional early intervention services for young people with eating disorders such as anorexia or bulimia. This service, being rolled out in 18 sites across the country, means teens or young adults coming forward could be contacted within 48 hours and begin treatment within two weeks.

Sarah Champion:

[\[117273\]](#)

To ask the Secretary of State for Health and Social Care, whether the Government's expansion of weight management services will include specific support for people living with binge eating disorder.

Jo Churchill:

[Holding answer 23 November 2020]: Further details about the measures on weight management announced in 'Tackling obesity: empowering adults and children to live healthier lives' will be available later in the year.

We will continue to consider the views of a wide range of experts as we developed our plans for implementing the obesity strategy including the expansion of weight management services and we will continue to listen going forwards.

■ Electroconvulsive Therapy

Dr Rosena Allin-Khan:

[\[109529\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the implications for his policies of the evidence given in the Independent Medicines and Medical Devices Safety Review 2020 led by Baroness Cumberlege on the harms of electroconvulsive therapy (ECT); and if he will he make an assessment of the potential merits of initiating an independent review on how ECT is administered and monitored.

Ms Nadine Dorries:

We have no plans for such an assessment. All recommendations of the Independent Medicines and Medical Devices Safety Review are being considered carefully. The Government will provide an update in due course.

Electroconvulsive therapy (ECT) is tightly regulated under the Mental Health Act 1983 and generally can only be given when a patient consents. The Mental Health Act 1983: Code of Practice provides statutory guidance on the usage of ECT.

Sir Simon Wessely's Independent Review of the Mental Health Act made 154 recommendations, including proposing further safeguards to strengthen a patients' rights to refuse this treatment in advance. We have committed to publishing a White Paper which will set out the Government's response to the Review, which we aim to publish by the end of the year.

■ Emma Stanton

Dan Carden:

[\[129095\]](#)

To ask the Secretary of State for Health and Social Care, if he will provide a copy of the advice provided by his Department to Emma Stanton, former Director for Supplies and Innovation, before she took up private sector employment with Oxford Nanopore.

Edward Argar:

[Holding answer 17 December 2020]: Emma Stanton was advised of conditions before she took up employment with Oxford Nanopore, which are in relation to Civil Service business appointment rules and are which are commensurate with the short length of time she was working for NHS Test and Trace.

These related to restrictions on lobbying of the United Kingdom Government and related commercial activities and a reminder on the use of privileged information gained in her time at NHS Test and Trace.

A copy of the advice, redacted to remove personal information, is attached.

Attachments:

1. Copy Of The Advice [PQ129095 Copy of advice.doc]

■ Epilepsy: Medical Treatments

Mr Barry Sheerman:

[\[129977\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that people with epilepsy are able to access the treatments they require through the NHS.

Edward Argar:

To ensure that people with neurological conditions such as epilepsy are able to access the treatments they require during the COVID-19 pandemic, providers have been rolling out remote consultations using video, telephone, email and text message services as a priority.

The Association of British Neurologists published guidance on 20 May 2020 on neurology services in the recovery phase of the pandemic, assessing which services and patients require urgent prioritisation which is available at the following link:

https://cdn.ymaws.com/www.theabn.org/resource/collection/65C334C7-30FA-45DB-93AA-74B3A3A20293/20.05.20_ABN_Restarting_Neurology_Services_post_COVID_v1.pdf

NHS England and NHS Improvement have also provided prioritisation advice for community services, published on 19 March 2020 and updated on 8 December 2020, which aims to meet the needs of people with neurological conditions safely and effectively. This guidance is available at the following link:

www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/

■ Funerals: Coronavirus

Dan Carden:

[\[115790\]](#)

To ask the Secretary of State for Health and Social Care, what discussions his Department has had with the National Association of Funeral Directors to inform the guidance for conducting funerals during the covid-19 outbreak.

Ms Nadine Dorries:

[Holding answer 19 November 2020]:

Public Health England and the Department officials have held weekly discussions with the National Association of Funeral Directors as part of the funeral sector stakeholder group. Through this group, the funeral sector has the opportunity to engage on funeral guidance and raise any concerns.

■ General Practitioners: Insurance

Mike Amesbury:

[\[130211\]](#)

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the potential merits of providing additional medical indemnity costs for GPs who wish to participate in the covid-19 vaccination programme and who are

(a) near to or (b) have already reached the maximum limit of sessions for their medical indemnity cover.

Ms Nadine Dorries:

There are comprehensive clinical negligence indemnity arrangements in place for general practitioners (GPs) participating in the Covid-19 vaccination programme in England. Since 1 April 2019, all GPs and others working in general practice are automatically covered under the Clinical Negligence Scheme for General Practice, for liabilities arising from the provision of NHS primary medical services and ancillary health services as part of the NHS in England. This includes where GPs are participating in the Covid-19 vaccination programme, which is being implemented using an Enhanced Service Specification. GPs do not pay a subscription to this scheme, the costs of which are met centrally.

■ **Hospices: Finance**

Peter Gibson:

[\[127661\]](#)

To ask the Secretary of State for Health and Social Care, what funding his Department has allocated to hospices in (a) Darlington and (b) England (i) during the covid-19 outbreak and (ii) over winter 2020-21.

Helen Whately:

Over £150 million in additional funding to the hospice sector was made available between April and July. This will be used to enable hospices to provide more capacity for step down and community care alongside their existing palliative and end of life services.

Further funding of up to £125 million has now been announced in the COVID-19 Winter Plan, published 23 November.

Funding allocation is led by NHS England and NHS Improvement. NHS England and NHS Improvement advise that St Teresa's Hospice in Darlington received £424,579 between April and July this year. St Teresa's, like other hospices, will also be eligible to apply for the further additional funding now being made available.

■ **Hospitals: Fire Prevention**

Justin Madders:

[\[110152\]](#)

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential merits of a public inquiry into hospital fire safety for the (a) 18 PFI projects with fire safety issues and (b) 38 hospitals identified by NHS Improvement as having cladding similar to Grenfell Tower.

Edward Argar:

Following the Grenfell tragedy, a review of all National Health Service buildings was undertaken to identify those with Aluminium Cladded Material (ACM). This identified nine buildings with ACM where mitigation actions were immediately put in place. A public inquiry is not seen as required in relation to NHS fire safety at this time.

Justin Madders:

[\[110153\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of updating the hospital fire code to include the (a) 18-metre rule, (b) requirement for limited combustibility insulation and (c) large-scale testing requirement to BS841 which is included in residential building regulations.

Edward Argar:

The National Health Service has unique fire safety issues given the nature of its services and the patients it treats. Fire safety guidance is provided to the NHS in the Health Technical Memorandum (HTM) 05-02 generally referred to as 'Firecode'. This will be updated to reflect recent changes in legislation and guidance, such as the changes to Regulatory Reform (Fire Safety) Order 2005 that have recently been consulted on.

■ Kidneys: Medical Treatments

Dan Jarvis:

[\[84260\]](#)

To ask the Secretary of State for Health and Social Care, whether his Department has made a comparative assessment of the effect of the covid-19 outbreak on trends in the level of people (a) receiving a kidney transplant and (b) requiring dialysis treatment.

Helen Whately:

[Holding answer 7 September 2020]: Organ donation and deceased donor transplant activity, including kidney transplants, has been restored to pre COVID-19 levels. During the pandemic, life-saving kidney transplants still took place although kidney donor transplantation activity was 20% lower compared to the same period in 2019.

Patients requiring dialysis continued to receive that treatment. The 'COVID-19 Rapid Guideline: dialysis service delivery', published by the National Institute for Health and Care Excellence, set out guidance for clinicians to maximise the safety of patients on dialysis during the pandemic.

■ Maternal Mortality: Ethnic Groups

Jackie Doyle-Price:

[\[120861\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to reduce the rate of maternity deaths among Black, Asian and minority ethnic women.

Jackie Doyle-Price:

[\[120862\]](#)

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the reasons for the higher rate of death in childbirth for Black women.

Ms Nadine Dorries:

The NHS Long Term Plan outlines plans to reduce health inequalities and address unwarranted variation in maternity care. This work is led by NHS England through the Maternity Transformation Programme. Targeted and enhanced continuity of care from the same midwife, or group of midwives can significantly improve outcomes for

women. The NHS Long-Term plan sets out that 75% of black women will receive continuity of carer from midwives by 2024.

Work to reduce health inequalities around maternal mortality rates is being led by Professor Jacqueline Dunkley-Bent OBE, Chief Midwifery Officer. This includes understanding why mortality rates are higher, considering evidence about what will reduce mortality rates and taking action.

■ **Maternity Services: Coronavirus**

Luke Pollard:

[\[114318\]](#)

To ask the Secretary of State for Health and Social Care, what resources he has made available to support women unable to go through the maternity process with their birthing partner as a result of the new national covid-19 lockdown restrictions.

Luke Pollard:

[\[114319\]](#)

To ask the Secretary of State for Health and Social Care, what resources he has made available to support fathers or birthing partners unable to support mothers through the maternity process as a result of the new national covid-19 lockdown restrictions.

Ms Nadine Dorries:

The Health Protection (Coronavirus, Restrictions) (England) (No. 4) Regulations 2020 sets out that a person can leave home for any medical reason, including to be with someone who is giving birth.

Throughout the COVID-19 pandemic, women have been able to have one partner of their choice with them during labour and childbirth as long as their birth partner is well and does not have COVID-19 symptoms.

If the birth partner has symptoms of COVID-19, an alternative, well birth partner has been able to attend in their place.

Navendu Mishra:

[\[127680\]](#)

To ask the Secretary of State for Health and Social Care, how many and what proportion of NHS trusts have covid-19 restrictions in place for birth partners attending maternity appointments and scans as at 1 December 2020.

Ms Nadine Dorries:

Data on the number of National Health Service trusts with COVID-19 restrictions in place for birth partners attending maternity appointments and scans is not held centrally.

Restrictions on visitors are subject to local discretion by trusts and other NHS bodies. The Department expects trusts to use the guidance in place to support access for partners, visitors and other supporters of pregnant women in English maternity services.

NHS England and NHS Improvement are assured that 100% of trusts report that they are actively using the guidance as they make local decisions on visiting restrictions, based on a risk assessment.

■ Medical Treatments Abroad: Coronavirus**Tulip Siddiq:**[\[113169\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that people returning to the UK having started medical treatment overseas are able to access the treatment they need under the November 2020 covid-19 lockdown restrictions.

Ms Nadine Dorries:

Anyone arriving in England, unless from a country or territory on the travel corridors list, is required to self-isolate for 14 days. Anyone in that position who needs to seek medical treatment, where required urgently or on the advice of a registered medical practitioner, may leave their self-isolation to do so.

■ Members: Correspondence**Olivia Blake:**[\[124909\]](#)

To ask the Secretary of State for Health and Social Care, with reference to the letter dated 22 October 2020 from the hon Member for Sheffield, Hallam on the Justice for Simba campaign, if he will meet with the hon Member for Sheffield, Hallam and members of that campaign to discuss (a) Simba's situation and (b) the effect of hostile environment policies on the NHS.

Edward Argar:

[Holding answer 8 December 2020]: The Department does not have a record of the hon. Member's letter of 22 October 2020.

The Department is in the process of completing an internal policy assessment to consider the Charging Regulations in relation to the most vulnerable in society, including migrants and asylum seekers.

While we cannot comment on specific cases, the Department will provide those stakeholders invited to contribute evidence for consideration in this assessment, with an update on the latest position and next steps in due course. Stakeholders include Migrants Organise, the organisation leading the Justice for Simba campaign.

Matthew Pennycook:[\[126090\]](#)

To ask the Secretary of State for Health and Social Care, when he plans to respond to the letter from the hon. Member for Greenwich and Woolwich of 1 October 2020 on proposed changes to the Human Medicine Regulations 2012, ref PO1264736.

Edward Argar:

We are working to provide all Members and external correspondents with accurate answers to their correspondence, as well as supporting the Government's response to the unprecedented challenge of the COVID-19 pandemic.

The hon. Member's letter will be answered as soon as possible.

■ Mental Health Services: Care Leavers

Julian Knight:

[126899]

To ask the Secretary of State for Health and Social Care, what bespoke mental health services are available for care leavers.

Ms Nadine Dorries:

We have asked children and young people's mental health services to increase contact with vulnerable groups, including looked-after children and care leavers and to work together to better meet the needs of 0-25-year olds, including those with mental health problems not currently supported by existing services.

The NHS Long Term Plan commits to the development of a comprehensive mental health offer for children, young people and young adults, including care leavers. We are working to ensure that by 2023/24 an extra 345,000 children and young people will be able to access support via National Health Service-funded mental health services and school or college based mental health support teams.

■ Mental Health Services: Children and Young People

Dawn Butler:

[113016]

To ask the Secretary of State for Health and Social Care, whether his Department plans to issue guidance on parental visits to child and adolescent mental health facilities during the November 2020 covid-19 lockdown.

Ms Nadine Dorries:

We recognise just how important it is that parents are able to visit their children in children and young people's mental health inpatient settings in a very careful and COVID-19-secure way. The National Health Service has taken precautions to ensure that patients and staff in inpatient settings are suitably protected from the outbreak and to reduce the risk of decreased capacity due to staff needing to self-isolate. Recent guidance on 'Visiting healthcare inpatient settings during the COVID-19 pandemic: principles', updated on 13 October 2020, focuses on both ensuring infection control and making sure that patients can access the therapeutic support and visits they need during the pandemic across healthcare inpatient settings, including for children and young people's mental health facilities. This also includes specific guidance on appropriate application of the legal frameworks around isolation and testing during the pandemic. The guidance is available at the following link:

[https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0751-visiting-healthcare-inpatient-settings-principles-131020 .pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0751-visiting-healthcare-inpatient-settings-principles-131020.pdf)

Abena Oppong-Asare:

[113250]

To ask the Secretary of State for Health and Social Care, what plans his Department has to offer mental health support for children and young people during the second covid-19 lockdown.

Ms Nadine Dorries:

We recognise the pressures on children and young people's mental health due to the COVID-19 pandemic and associated measures. We will bring forward our winter plan for mental health and wellbeing in due course, outlining the support available over the winter period.

We have published 'Guidance for parents and carers on supporting children and young people's mental health and wellbeing during the coronavirus (COVID-19) pandemic' on GOV.UK and Every Mind Matters. In September 2020, we launched a campaign through Every Mind Matters to raise awareness of the guidance and tools available to support children and young people's mental wellbeing.

■ Mental Health Services: Coronavirus**Rosie Cooper:**[\[114803\]](#)

To ask the Secretary of State for Health and Social Care, what additional support he is providing to people with severe mental illness during the November 2020 covid-19 lockdown restrictions.

Ms Nadine Dorries:

[Holding answer 17 November 2020]: The mental health of everyone is absolutely critical in these unprecedented times. National Health Service mental health services remain open for business and are available throughout the November lockdown restrictions and throughout the winter, providing support online and by phone where necessary. The NHS will also work to ensure that the option of face-to-face support is provided to people with serious mental illness across all ages, where it is clinically safe to do so.

All mental health trusts have established 24 hours a day, seven days a week urgent helplines where people experiencing a mental health crisis can access urgent support and advice.

People with serious mental illness continue to be able to get help from NHS volunteer responders to access essentials, such as food and medication during this period of national restrictions and throughout the winter.

We will bring forward our winter plan for mental health and wellbeing in due course, which will further detail the support available during the remaining weeks of restrictions and beyond.

■ Mental Health: Care Leavers**Julian Knight:**[\[126898\]](#)

To ask the Secretary of State for Health and Social Care, what plans his Department has to work with the Department for Education on improving mental health outcomes for care leavers.

Ms Nadine Dorries:

We are planning with the Department for Education to undertake a national mental health survey examining the mental health of looked after children and how services can better support improved mental health for this group. We will include care leavers in this survey as we recognise they may be particularly at-risk of experiencing a mental health problem.

■ Mental Health: Children**Jon Trickett:**[\[91943\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to tackle (a) mental and (b) emotional health issues among children caused by the covid-19 outbreak.

Ms Nadine Dorries:

We have taken steps to protect children and young people's mental wellbeing, and to support those children and young people who need specialist support now and in the future.

National Health Service mental health services have remained open throughout the pandemic and services have deployed digital tools to connect with people and provide ongoing support. NHS England has also asked all mental health trusts to ensure there are 24 hours, seven days a week open access telephone lines for urgent NHS mental health support, advice and triage for all ages through a single point of access.

Our £8 million 'Wellbeing for Education Return' programme is providing schools and colleges with the knowledge and access to resources to support children and young people, teachers and parents.

On 8 September, Public Health England (PHE) launched a mental wellbeing campaign for children and young people. It expands PHE's Better Health-Every Mind Matters website with content specifically for children and young people and their parents and carers.

■ Mental Illness: Prisoners**Colleen Fletcher:**[\[109405\]](#)

To ask the Secretary of State for Health and Social Care, how many prisoners have been diagnosed with a mental illness while in prison in each of the last five years.

Ms Nadine Dorries:

We do not hold the information in the format requested.

■ NHS 111

Caroline Ansell: [\[130159\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effectiveness of the 111 clinical assessment service for users; and if he will make a statement.

Edward Argar:

The clinical assessment services that support NHS 111 ensure that callers are given the appropriate self-care advice, treatment or referral to another service.

Each clinical assessment service is locally commissioned and locally provided, and their clinical and operational effectiveness is subject to constant review by clinical commissioning groups.

■ NHS Trusts: Standards

Craig Whittaker: [\[126821\]](#)

To ask the Secretary of State for Health and Social Care, what progress NHS Trusts made towards the target of delivering 90 per cent of their last year's activity for (a) overnight electives and (b) outpatient procedures by October 2020; and if he will make a statement.

Craig Whittaker: [\[126822\]](#)

To ask the Secretary of State for Health and Social Care, what guidance his Department provided to NHS Trusts on delivering 90 per cent of their last year's capacity for (a) overnight electives and (b) outpatient procedures by October 2020.

Edward Argar:

[Holding answer 14 December 2020]: On 31 July 2020, guidance was issued to local National Health Service providers and commissioners outlining the next phase of the NHS response to COVID-19 and concurrent non-COVID-19 activity. The guidance is available at the following link:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf>

The guidance set the ambition for recovery of elective services in October to 90% of 2019 levels for admissions, and 100% for outpatients taking into account the need to continue to operate in a COVID-19 environment, with all the necessary infection control measures to keep staff and patients safe. In October 80% of outpatient and 76% of elective activity was delivered.

■ NHS: Databases

Sir Charles Walker: [\[126795\]](#)

To ask the Secretary of State for Health and Social Care, what procedures are in place to ensure the names of the deceased are removed from NHS databases to prevent families

receiving letters addressed to someone who has died months or years previously; and if he will make a statement.

Ms Nadine Dorries:

[Holding answer 14 December 2020]: We are making improvements to health records to resolve cases where letters have unfortunately been addressed to deceased individuals. Data quality checks are regularly carried out to reduce the number of patients who may be registered with the wrong general practitioner practice or who are no longer patients, either due to death or because they are no longer resident in England.

It is the responsibility of local systems to ensure records are up to date by using the Patient Demographic Service. For letters sent from NHS Digital-based systems, both formal and informal flags relating to status of death are used for assessment prior to sending, which is designed to ensure letters are not sent.

There are recent changes to increase the speed with which a death can be registered which informs Office for National Statistics data. This includes the ability to verify that death has occurred via remote consultation, sending Medical Certificates of Cause of Death electronically to the local registry office and telephone rather than physical appointments with the next of kin to complete registration.

■ **Obesity**

Stuart Anderson:

[\[118590\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 15 September 2020 to Question 83952, for what reason funding is not being made available to help small businesses and voluntary groups support of the Government's obesity reduction strategy; and if he will make a statement.

Jo Churchill:

Local authorities and clinical commissioning groups are responsible for commissioning weight management services.

■ **Obsessive Compulsive Disorder: Children and Young People**

Helen Hayes:

[\[126928\]](#)

To ask the Secretary of State for Health and Social Care, what the average waiting time is to access national obsessive compulsive disorder Tier 4 services for children and young people.

Ms Nadine Dorries:

[Holding answer 14 December 2020]: The information requested is not collected centrally.

Helen Hayes:

[\[126929\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the level of risk of suicide and self harm for children and young people waiting to access national obsessive compulsive disorder Tier 4 services.

Ms Nadine Dorries:

[Holding answer 14 December 2020]: No such assessment has been made.

Helen Hayes:[\[126930\]](#)

To ask the Secretary of State for Health and Social Care, which institutions are contracted to provide national obsessive compulsive disorder Tier 4 services for children and young people; and what number of beds are (a) provided and (b) available at each of those institutions in the most recent period for which such information is available.

Ms Nadine Dorries:

[Holding answer 14 December 2020]: National obsessive compulsive disorder services for adults and children are delivered by the following mental health providers:

- South London and the Maudsley NHS Trust;
- South West London and St George's NHS Trust; and
- Priory Group Limited (Priory Hospital North London).

Information on the number of beds provided or available at each provider is not collected centrally.

Helen Hayes:[\[126931\]](#)

To ask the Secretary of State for Health and Social Care, what the average length of stay is in an institution contracted to provide national obsessive compulsive disorder Tier 4 services for children and young people.

Ms Nadine Dorries:

[Holding answer 14 December 2020]: This information is not available.

Older People: Coronavirus**Karen Bradley:**[\[127544\]](#)

To ask the Secretary of State for Health and Social Care, if will make an assessment of the potential merits of extending the scope of support bubbles to allow elderly couples to form a support bubble with their family.

Ms Nadine Dorries:

[Holding answer 14 December 2020]: The eligibility criteria for support bubbles were extended when the local restriction tiers were re-introduced on 2 December include households with a child under one year old; households with a disabled child under five years old who requires continuous care; or a household with a single adult carer or a child carer looking after someone who requires continuous care. As such, unless a member of an elderly couple is the only adult in their household who does not need continuous care as a result of a disability, they are currently unable to form a support bubble.

We recognise that not everyone who would like to form a support bubble is able to do so. These difficult decisions must be taken because the formation of a support bubble

and therefore the ability to have close contact with those you do not live with carries transmission risks. As a result, the eligibility criteria has necessarily been limited to smaller households most in need of support that cannot be facilitated through other means.

■ Perinatal Mortality

Tim Loughton: [\[114758\]](#)

To ask the Secretary of State for Health and Social Care, how many stillbirths occurred in the NHS in (a) each of the last 5 years and (b) since 23 March 2020.

Ms Nadine Dorries:

[Holding answer 17 November 2020]: This information is not held centrally.

■ Protective Clothing: Contracts for Services

Sir Mark Hendrick: [\[114071\]](#)

To ask the Secretary of State for Health and Social Care, if he will list the private companies that tendered for Government contracts relating to personal protective equipment.

Jo Churchill:

The Government issued a public call to action to support the increased requirements of personal protective equipment (PPE). The aim was to reach suppliers who had experience of supplying PPE and also those who had no prior experience but who had access to sources of PPE through their business contacts. To date this has resulted in 15,000 suppliers offering their help and support. All offers were prioritised based on volume, price, clinical acceptability and lead time – this is the time from an offer being accepted by the Department to the supplier delivering those items.

Contracting authorities are allowed to procure goods, services and works with extreme urgency in exceptional circumstances under the Public Contract Regulations 2015 using a direct award of a contract without a competitive tender process. The great majority of PPE contracts let by the Department were direct awards.

■ Radox Testing Services: Coronavirus

Justin Madders: [\[83847\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish a copy of (a) the contract and (b) any extension to the contract with Radox for covid-19 testing.

Helen Whately:

Public notices of the contracts are published on the Government's Contract Finder Service.

The contracts awarded to Radox are available at the following links:

<https://www.contractsfinder.service.gov.uk/Notice/7f989fa6-30e6-4caa-b28f-2b98fcce21c4?origin=SearchResults&p=1>

<https://www.contractsfinder.service.gov.uk/Notice/77691c09-d5fa-4093-8f18-1344f8a2c91b?origin=SearchResults&p=1>

<https://www.contractsfinder.service.gov.uk/Notice/d1441656-5ffa-4cda-9c9b-11a4887f8c6e?origin=SearchResults&p=1>

Justin Madders:

[83849]

To ask the Secretary of State for Health and Social Care, on what date the Government entered into the Radox contract for covid-19 testing; whether that contract was extended; and what were the (a) date and (b) amount of each payment made to Radox under that contract.

Helen Whately:

Public notices of the contracts are published on the Government's Contract Finder service.

The contracts awarded to Radox are available at the following links:

<https://www.contractsfinder.service.gov.uk/Notice/7f989fa6-30e6-4caa-b28f-2b98fcce21c4?origin=SearchResults&p=1>

<https://www.contractsfinder.service.gov.uk/Notice/77691c09-d5fa-4093-8f18-1344f8a2c91b?origin=SearchResults&p=1><https://www.contractsfinder.service.gov.uk/Notice/d1441656-5ffa-4cda-9c9b-11a4887f8c6e?origin=SearchResults&p=1>

■ Stalking: Victims

Dr Rosena Allin-Khan:

[109530]

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 6 October 2020 to Question 94509, what trauma informed services are available to victims of stalking; and what training on stalking healthcare staff complete.

Ms Nadine Dorries:

Victims of stalking can access a range of healthcare services depending on their clinical needs, and healthcare services are increasingly becoming trauma-informed, including mental health community care and sexual assault and abuse services.

The Intercollegiate Document 'Adult Safeguarding: Roles and Competencies for Health Care Staff' sets out the safeguarding knowledge, skills and attitudes required by staff working in health and care settings. All healthcare staff must undertake mandatory safeguarding training.

■ Statutory Sick Pay: Coronavirus

Abena Oppong-Asare:

[91171]

To ask the Secretary of State for Health and Social Care, what guidance his Department is providing to parents with children with covid-19 symptoms who have been required to self-isolate by schools and who are not entitled to statutory sick pay if they do not go to work.

Ms Nadine Dorries:

If a child is self-isolating because they have symptoms of COVID-19, other members of their household should also self-isolate. In this situation, parents and/or guardians should follow guidance and book a test for their child. They can do this through any of the main testing channels. In the event the child does test positive, they should continue to self-isolate for at least ten days from the onset of their symptoms, and only return to school after ten days if they do not have symptoms. All other members of the household should continue to self-isolate until 14 days after the onset of the child's symptoms.

If a child has tested positive, other members of their household who need to self-isolate may be eligible for the £500 Test and Trace Support Payment, if they are a low-income worker, unable to work from home and losing income as a result.

If a parent or guardian needs support while a child is self-isolating, there is Government guidance on staying at home and self-isolating, accessing local support provided by their local authority and receiving assistance from NHS Volunteer Responders.

■ Surgery: Coronavirus**Craig Whittaker:**[\[126820\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure elective surgery capacity and delivery is maintained through future waves of covid-19.

Edward Argar:

[Holding answer 14 December 2020]: The Department has been clear that non-COVID-19 services such as elective surgery will be maintained as far as possible. This is the approach currently being taken, whilst also managing winter demand and COVID-19 pressures. We continue to work closely with the National Health Service and partners and are carefully monitoring progress to ensure normal levels of elective treatments are restored as soon as possible

The recent Spending Review provided £3 billion for 2021/22 to support the NHS in tackling the impact of COVID-19. This included £1 billion to tackle long waiting lists and address backlogs which would include elective surgery.

HOME OFFICE**■ Serious Violence Taskforce****Vicky Foxcroft:**[\[93640\]](#)

To ask the Secretary of State for the Home Department, when the most recent meeting of the Serious Violence Taskforce took place.

Vicky Foxcroft:

[\[93641\]](#)

To ask the Secretary of State for the Home Department, on what date the Serious Violence Taskforce is next due to meet.

Kit Malthouse:

As part of the Government's ever-ambitious programme of activity to tackle crime, we are re-designing our Governance frameworks and discontinuing the Serious Violence Task Force in its current form.

The Prime Minister and Home Secretary are driving a united government response with a new cross-Whitehall Crime and Justice Task Force to ensure we use every lever at our disposal to fight crime.

We have also established comprehensive governance arrangements to make sure the ambitions of the Prime Minister's Task Force are delivered on the ground – including the National Policing Board chaired by the Home Secretary.

Meanwhile, we will continue to engage with our wider stakeholders, whose partnership remains critical to our work to reduce violent crime.

JUSTICE

■ Divorce: Mental Health

Sir Robert Neill:

[\[13009\]](#)

To ask the Secretary of State for Justice, what recent assessment he has made of the effect of divorce on people's mental health; and what steps his Department is taking to help reduce that effect.

Sir Robert Neill:

[\[130014\]](#)

To ask the Secretary of State for Justice, what steps his Department is taking to raise awareness of out-of-court alternatives for couples seeking divorce.

Alex Chalk:

The Government has made a landmark change to the law on divorce with the Divorce, Dissolution and Separation Act 2020. We are working to implement it so that the legal process for divorce does not incentivise conflict. By making an applicant or applicants' statement conclusive evidence of the irretrievable breakdown of a marriage or civil partnership, we are removing the need to establish conduct or separation-based facts and for the drafting of supporting particulars.

We want to encourage positive, non-confrontational approaches to resolving problems before they reach the courts. This includes separating parents who are in conflict. In December 2020, we issued a statement on behalf of the Family Justice Board that sets out our immediate and longer-term reform priorities for the family justice system. This includes testing an earlier gateway to court to offer families a more rounded assessment of the needs of children and their families, and an improved offer for non-adversarial problem solving. This Government is committed to

ensuring couples and parents can navigate the family justice system and understand the different options available to resolve their disputes, including out-of-court options such as mediation where they are safe and appropriate.

MINISTERIAL CORRECTIONS

TREASURY

■ National Savings and Investments: Correspondence

Anneliese Dodds:

[\[128253\]](#)

To ask the Chancellor of the Exchequer, if he will place in the Library the NS&I policy on sending paper prize warrants to its customers.

An error has been identified in the written answer given on 15 December 2020. The correct answer should have been:

John Glen:

Since 2011, Premium Bonds holders have been able to have their prizes paid directly into a UK bank account in their name. Since March 2020, **nearly half a million more than 750,000** customers have switched from receiving paper warrants (cheques) to having their prizes paid directly into their bank account or automatically reinvested. As of December 2020, 82.5% of Premium Bonds prizes were either paid directly into a UK bank account or reinvested back into Premium Bonds.

The decision by NS&I announced on 17 September 2020 to pay all Premium Bonds prizes direct to customers' bank accounts was informed by changing customer behaviours. It will make managing Premium Bonds prize distribution quicker, more cost-effective and have a much lower environmental impact.

Paying prizes directly to the customers bank account also reduces the proportion of Premium Bonds prizes from going unclaimed.

WRITTEN STATEMENTS

HEALTH AND SOCIAL CARE

■ Covid-19 Update

Secretary of State for Health and Social Care (Matt Hancock): [\[HCWS687\]](#)

Yesterday, we conducted the latest formal review of Tier allocations across England. The allocations and a detailed rationale can be found attached.

The new variant means that most of the country is now in Tier 4 and almost all of the country in Tiers 3 and 4. This is absolutely necessary. Where we still can give places greater freedoms, we will continue to do so.

As set out in the COVID-19 Winter Plan, there are five indicators which guide our decisions for any given area, alongside consideration of 'human geographies' like travel patterns.

These are:

1. Case detection rates in all age groups
2. Case detection rates in the over 60s
3. The rate at which cases are rising or falling
4. Positivity rate (the number of positive cases detected as a percentage of tests taken)
5. Pressure on the NHS.

These are not easy decisions, but they have been made according to the best clinical advice, and the best possible data from the JBC.

The regulations will require the Government to review the allocations at least every 14 days. We will also take urgent action when the data suggests it is required.

We will also deposit a comprehensive list and the data packs used to inform these decisions in the Libraries of both Houses.

These changes will apply from Thursday 31 December 2020. This list has also been published on GOV.UK and a postcode checker will be available for the public to check what rules apply in their local area.

Attachments:

1. Narratives [Narratives.docx]
2. Summary of allocations [Summary of allocations.docx]

■ Vaccine Update

Secretary of State for Health and Social Care (Matt Hancock): [\[HCWS689\]](#)

I am tabling this statement for the benefit of Honourable and Right Honourable members to bring to their attention the contingent liabilities relating to the contract signed between

Her Majesty's Government (hereafter HMG) and AstraZeneca/Oxford for their COVID-19 vaccine.

On 29 December, the Medicines and Healthcare products Regulatory Authority (MHRA) gave their authorisation for use of the COVID-19 vaccine being manufactured by AstraZeneca/Oxford. With deployment of this vaccine beginning next week I am now updating the House on the liabilities HMG has taken on in relation to this vaccine via this statement and attached Departmental Minute.

The agreement to provide an indemnity as part of the contract between HMG and AstraZeneca/Oxford creates a contingent liability on the COVID-19 vaccination programme, and I will be laying a Departmental Minute today containing a description of the liability undertaken.

It has been and is the Government's strategy to manage COVID-19 until an effective vaccine/s can be deployed at scale. Willingness to accept appropriate indemnities has helped to secure access to vaccines with the expected benefits to public health and the economy alike much sooner than may have been the case otherwise.

Given the exceptional circumstances we are in, and the terms on which developers are willing to supply a COVID-19 vaccine, we have had to take a broader approach to indemnification than we usually would. Global approaches differ, but we are aware that many other nation states are offering indemnities as part of their contractual arrangements, or other means e.g. the US PREP Act, which provides immunity from liability to vaccine developers.

Even though the COVID-19 vaccines have been developed at pace, at no point and at no stage of development has safety been bypassed. The independent MHRA's approval for use of the AstraZeneca/Oxford vaccine clearly demonstrates that this vaccine has satisfied, in full, all the necessary requirements for safety, effectiveness, and quality. We are providing indemnities in the very unexpected event of any adverse reactions that could not have been foreseen through the robust checks and procedures that have been put in place.

Developing a vaccination against COVID-19 has been an extraordinary feat which has been delivered at great pace. Given the pace of vaccine development and our ambition to deploy the vaccine as soon as it has been authorised, it has not been possible to provide you with normal 14 sitting days to consider this issue of contingent liabilities.

I will update the House in a similar manner as and when other COVID-19 vaccines are deployed.

Attachments:

1. Departmental Minute [DEPARTMENTAL MINUTE FROM THE DEPARTMENT OF HEALTH AND SOCIAL CARE NOTIFICATION OF THE CONTINGENT LIABILITY ARISING FROM THE CONTRACT WITH ASTRAZENECAOXFORD FOR COVID-19 VACCINE.docx]

INTERNATIONAL TRADE

■ Prime Minister's Trade Envoy Programme

Minister of State for Trade Policy (Greg Hands):

[\[HCWS688\]](#)

The Prime Minister has made a new appointment to his Trade Envoy programme.

This new appointment will extend the total number of Trade Envoys to 30 parliamentarians covering 69 markets. The Prime Minister's trade envoy programme is an unpaid and voluntary cross-party network, which supports the UK's ambitious trade and investment agenda in global markets.

Laurence Robertson MP for Tewkesbury has been appointed as the Prime Minister's Trade Envoy to Angola and Zambia.

TREASURY

■ Economy Update

The Chancellor of the Exchequer (Rishi Sunak):

[\[HCWS690\]](#)

Following my announcement yesterday that the government is providing £4.6 billion of UK-wide funding to support hardest hit businesses, I am pleased to share further details regarding these grants.

Throughout this crisis, our economic priority remains the same: to protect jobs. We have already set out our economic package of support for businesses over the Winter, including: monthly grants for closed businesses worth up to £3,000 per month; 100% business rates relief for all eligible retail, hospitality and leisure premises in 2020/21; extending the furlough scheme to April; extending the 100% government-backed COVID-19 lending schemes to March; and providing further SEISS grants to support the self-employed to April.

But given further national restrictions announced by the Prime Minister on Monday that will prevent further spread of the virus, the government will provide additional support to the most affected businesses, worth £4.6 billion across the United Kingdom.

All business premises in England which are legally required to close, including Retail, Hospitality and Leisure, can claim a new one-off grant of up to £9,000. The one-off additional grant each business premises will receive depends on their rateable value.

- Businesses with a rateable value of £51,000 or over will receive grants of £9,000
- Businesses with a rateable value between £15,000 and £51,000 will receive grants of £6,000
- Businesses with a rateable value of £15,000 or under will receive grants of £4,000

This one-off grant is in addition to the existing monthly closed grants of up to £3,000 per month that businesses continue to be eligible for. These grants are worth over £1 billion in total per month.

We expect over 600,000 business premises in England to benefit from these grants. Businesses can receive multiple grants, as they are eligible on a per premises basis. Local authorities will receive the funding for the one-off grants next week, and we encourage them to make payments to businesses as soon as possible.

In addition to these one-off grants, we are making available discretionary funds of £500m to local authorities in England to enable them to support their local businesses. This builds on the £1.1 billion discretionary funding (worth £20 per head of population) which local authorities in England have already received to support their local economies and help businesses impacted.

This announcement also includes £729 million of funding for the devolved administrations as part of the unprecedented upfront funding guarantee. The total of the guarantee is reviewed regularly to ensure it reflects all additional funding and was most recently increased by £800 million to £16.8 billion on 24 December. The Government is likely to increase this shortly to take into account any further expected increases in support in England.

This support will help businesses get through this difficult period through to the Spring. We will take further decisions about our economic response to coronavirus and how best to support the economy, businesses and jobs at the Budget on the 3rd March.