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Wednesday
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PARLIAMENTARY DEBATES
(HANSARD)

HOUSE OF LORDS

WRITTEN STATEMENTS AND WRITTEN ANSWERS

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[I] indicates that the member concerned has a relevant registered interest. The full register of interests can be found at <http://www.parliament.uk/mps-lords-and-offices/standards-and-interests/register-of-lords-interests/>

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Ministers and others who make Statements or answer Questions are referred to only by name, not their ministerial or other title. The current list of ministerial and other responsibilities is as follows.

<i>Minister</i>	<i>Responsibilities</i>
Baroness Evans of Bowes Park	Leader of the House of Lords and Lord Privy Seal
Earl Howe	Minister of State, Ministry of Defence and Deputy Leader of the House of Lords
Lord Agnew of Oulton	Parliamentary Under-Secretary of State, Department for Education
Lord Ahmad of Wimbledon	Minister of State, Foreign and Commonwealth Office
Lord Ashton of Hyde	Parliamentary Under-Secretary of State, Department for Digital, Culture, Media and Sport
Lord Bates	Minister of State, Department for International Development
Lord Bourne of Aberystwyth	Parliamentary Under-Secretary of State, Ministry of Housing, Communities and Local Government and Wales Office
Baroness Buscombe	Parliamentary Under-Secretary of State, Department for Work and Pensions
Lord Callanan	Minister of State, Department for Exiting the European Union
Baroness Chisholm of Owlpen	Whip
Earl of Courtown	Deputy Chief Whip
Lord Duncan of Springbank	Parliamentary Under-Secretary of State, Northern Ireland Office and Scotland Office
Baroness Fairhead	Minister of State, Department for International Trade
Lord Gardiner of Kimble	Parliamentary Under-Secretary of State, Department for Environment, Food and Rural Affairs
Baroness Goldie	Whip
Lord Henley	Parliamentary Under-Secretary of State, Department for Business, Energy and Industrial Strategy
Lord Keen of Elie	Advocate-General for Scotland and Ministry of Justice Spokesperson
Lord O'Shaughnessy	Parliamentary Under-Secretary of State, Department of Health and Social Care
Baroness Stedman-Scott	Whip
Baroness Sugg	Parliamentary Under-Secretary of State, Department for Transport, Whip
Lord Taylor of Holbeach	Chief Whip
Baroness Vere of Norbiton	Whip
Baroness Williams of Trafford	Minister of State, Home Office
Lord Young of Cookham	Whip
Viscount Younger of Leckie	Whip

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Written Statements

Wednesday, 14 March 2018

Communities Policy Update

[HLWS523]

Lord Bourne of Aberystwyth: My Rt Hon. Friend, the Secretary of State for Housing, Communities and Local Government (Sajid Javid) has today made the following Written Ministerial Statement.

The government's manifesto said it would bring forward a new integration strategy to help people in more isolated communities to engage with the wider world, help women in particular into the workplace and teach more people to learn English.

The Integrated Communities Strategy Green Paper, published today, sets out the government's ambitious proposals to build strong, integrated communities where people – whatever their background – live, work, learn and socialise together, based on shared rights, responsibilities and opportunities.

This strategy is for England and the majority of the policy proposals set out in this Green Paper are in areas where responsibility is devolved to Scotland, Wales and Northern Ireland. There are some proposals on the immigration system, which are reserved matters.

The consultation will run from 14 March until 5 June 2018.

Copies of the Green Paper will be placed in the House Library and are available on the government's website here:

<https://www.gov.uk/government/consultations/integrated-communities-strategy-green-paper>

An oral statement will be delivered to both Houses later today.

Deprivation of Liberty Safeguards and Mental Capacity

[HLWS524]

Lord O'Shaughnessy: My hon. Friend the Minister of State for Health (Caroline Dinenage) has made the following written statement:

Subject to the Written Ministerial Statement HCWS202 made on 30 October 2017, I am today announcing the publication of the Government's final response to the Law Commission's report on mental capacity and Deprivation of Liberty Safeguards (DoLS), a copy of which is attached.

I welcome the publication of the Law Commission's report and thank them for their careful, comprehensive and considered work. This Government is committed to take action to reform mental health, and transform care for people with learning difficulties and / or autism. Taking action to reform the current DoLS regime is an important contribution towards achieving these aims and providing greater protection for some of the most vulnerable people in our society.

We have set out in detail our provisional view of each individual proposal in our response, and we broadly agree with the Liberty Protection Safeguards model. As the Government has commissioned a review into the Mental Health Act, proposals that relate to the interface between the Mental Health Act and Mental Capacity Act will be considered as part of that review. We also want to ensure that Liberty Protection Safeguards fit with the conditions and future direction of the health and social care sector, so we will continue to work through the detail of the recommendations and engage further with stakeholders particularly on implementation. We will bring forward legislation to implement the model when parliamentary time allows.

The Statement includes the following attached material:

Govt's final response to the Law Commission [180314 Response to Law Commission on DoLS - final.pdf]

The material can be viewed online at:

<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Lords/2018-03-14/HLWS524/>

Written Answers

Wednesday, 14 March 2018

Abortion

Asked by **Baroness Tonge**

To ask Her Majesty's Government whether they intend to consider approving women's homes as designated areas for medical abortions, as recommended by World Health Organisation. [HL6140]

Lord O'Shaughnessy: Abortions must be performed under the legal framework set by the 1967 Abortion Act. The Government's priority is to ensure women who require abortion services have access to safe, high quality care. We currently have no plans to recommend that the home be approved as a class of place under the Act.

Alcoholic Drinks: Minimum Prices

Asked by **Baroness Hollins**

To ask Her Majesty's Government what assessment they have made of research published in the Lancet showing that the estimated health benefits of minimum unit pricing of alcohol would benefit those from the lowest socioeconomic group. [HL5951]

Lord O'Shaughnessy: Public Health England (PHE) published an evidence review *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review* in December 2016. A copy of the evidence review is attached. The research *Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study* published in the Lancet in 2014 was considered as part of this review. The PHE review concluded that reducing the affordability of alcohol is the most effective way of reducing alcohol harm, including hospital admissions and deaths, and targeted pricing measures are particularly effective at reducing harm in those groups most at risk. The review also found that targeting price increases at the cheapest alcohol is very effective and cost-effective and is able to substantially reduce harm in heavy drinkers without affecting moderate drinkers or the price of alcohol sold in pubs and bars.

Minimum Unit Pricing and its effects will continue to remain under review pending the impact of its implementation in Scotland, which will give us the opportunity to see whether the beneficial impacts predicted by modelling are realised in practice.

The Answer includes the following attached material:

Public Health Burden of Alcohol evidence review
[alcohol_public_health_burden_evidence_review.pdf]

The material can be viewed online at:
<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2018-02-28/HL5951>

Antidepressants

Asked by **Lord Hunt of Kings Heath**

To ask Her Majesty's Government whether they classify SSRI drugs as dependence forming; and if so, what time frame constitutes dependence forming. [HL6156]

Lord O'Shaughnessy: Selective Serotonin Reuptake Inhibitors (SSRIs) are authorised for the treatment of depression and anxiety disorders. A comprehensive assessment of all available data by the Expert Working Group of the Committee on Safety of Medicines in 2004 found that there was no clear evidence that SSRIs and related antidepressants have a significant dependence liability or show development of a dependence syndrome according to internationally accepted criteria. All SSRIs may be associated with withdrawal reactions on stopping or reducing treatment and product information for healthcare professionals and patients includes advice on gradual withdrawal of treatment and management of symptoms. The safety of SSRIs is continually monitored by the Medicines and Healthcare products Regulatory Agency.

Atrial Fibrillation

Asked by **Lord Black of Brentwood**

To ask Her Majesty's Government whether they plan to incorporate into the Quality and Outcomes Framework for 2018–19 the NICE indicator for annually reviewing patients with atrial fibrillation who are treated with an anticoagulant. [HL5938]

Lord O'Shaughnessy: A review of the Quality and Outcomes Framework (QOF) is currently being undertaken by NHS England. As part of this NHS England is considering the indicators in the current QOF and the National Institute for Health and Care Excellence indicator set including atrial fibrillation.

Burma: Rohingya

Asked by **Baroness Helic**

To ask Her Majesty's Government, further to the Written Answer by Lord Ahmad of Wimbledon on 20 February (HL5408), what assurances, if any, the Foreign Secretary received from the government of Burma that allegations of sexual violence perpetrated against Rohingya people would be investigated. [HL5906]

Lord Ahmad of Wimbledon: We have pressed the government of Burma repeatedly to investigate violations by security forces, including sexual violence. The Foreign Secretary was told on his visit to Burma on 10 February that allegations will be investigated and that those found guilty will face punishment in line with Burmese law. We remain, however, concerned that Burmese investigations lack credibility. We will continue to press the Burmese

authorities to bring the perpetrators to justice through credible and transparent judicial process.

*Asked by **Baroness Helic***

To ask Her Majesty's Government, further to the Written Answer by Lord Ahmad of Wimbledon on 20 February (HL5408), what assistance, if any, the Foreign Secretary offered to the government of Burma to pursue investigations of the allegations of sexual violence perpetrated by the Burmese military against Rohingya women and girls. [HL5907]

Lord Ahmad of Wimbledon: On his recent visit to Burma on 10 February the Foreign Secretary pressed the Burmese authorities to investigate violations by security forces, including sexual violence. The UK Government stands ready to offer support to credible and transparent investigations. Although the Burmese authorities have to date shown no significant interest in receiving support to conduct such investigations, the UK Government will continue to urge them to do so.

Children: Nutrition

*Asked by **The Lord Bishop of Durham***

To ask Her Majesty's Government, further to the answers by Lord O'Shaughnessy on 26 February (HL Deb, cols 425–28), what measures they plan to take to ensure that all children living in poverty over the age of seven can receive a healthy meal at lunch time, as part of combatting child obesity and poor levels of nutrition. [HL5947]

Lord Agnew of Oulton: The School Food Standards regulate the food and drink provided at lunchtime and other times during the school day, including that available through breakfast clubs, tuck shops, mid-morning breaks, vending machines and after school clubs. The standards severely restrict the consumption of foods high in fat, salt and sugar, as well as low quality re-formed or re-constituted foods.

The continuing provision of free school meals (FSM) to children from households that are out of work or on low incomes is of the utmost importance to the government. FSM mean these children receive a healthy, nutritious meal, which their families may not otherwise be able to afford, and help to ensure they are well nourished, develop healthy eating habits, and can concentrate and learn in school. The department's new criteria for FSM eligibility, will increase the number of children eligible for this vital benefit.

China: Human Rights

*Asked by **Lord Alton of Liverpool***

To ask Her Majesty's Government what assessment they have made of reports that the Chinese human rights lawyer, Li Baiguang, died in a military hospital on 25 February, despite being in good health; and what

assessment they have made of the extent to which there might be a pattern of deaths of human rights defenders and dissidents in China. [HL5929]

Lord Ahmad of Wimbledon: The British Government expresses deep sadness at the death of Li Baiguang on 25 February 2018. We look to the Chinese authorities to provide comprehensive details of the circumstances surrounding his death.

We are concerned by reports that a number of human rights defenders have died whilst in prison and allegations that they have been denied access to medical treatment.

China: Politics and Government

*Asked by **The Marquess of Lothian***

To ask Her Majesty's Government what assessment they have made of (1) the Chinese Communist Party's proposals to change the Chinese constitution in order to remove the two-term limit on the presidency, (2) whether those proposals represent a retrograde step for democracy, and (3) the impact of the proposed change on bilateral relations. [HL5958]

Lord Ahmad of Wimbledon: Amendments to China's constitution are ultimately a matter for the sovereign Chinese authorities, but we actively encourage all of our partners to abide by international norms and standards.

The bilateral relationship between the UK and China is both broad and deep, focussing on long term issues. It is delivering real benefits for both countries. The Prime Minister visited China from 31 January to 2 February where she was able to discuss progress in the UK/China relationship with President Xi Jinping and Premier Li Keqiang.

Crimes against Humanity: Prosecutions

*Asked by **Lord Alton of Liverpool***

To ask Her Majesty's Government whether they plan to review the number of prosecutions of UK citizens in the UK for International Criminal Court category crimes committed overseas in recent years. [HL5996]

Lord Keen of Elie: There is no plan to review the number of prosecutions of UK citizens in the UK for International Criminal Court category crimes committed overseas in recent years. Prosecution decisions are taken independently of Government. In every case brought by the Crown Prosecution Service, prosecutors are required by the Code for Crown Prosecutors to select charges which: reflect the seriousness and extent of the offending supported by the evidence; give the court adequate powers to sentence and impose appropriate post-conviction orders; and enable the case to be presented in a clear and simple way.

Department for Environment, Food and Rural Affairs: Impact Assessments

Asked by Lord Alton of Liverpool

To ask Her Majesty's Government how many (1) environmental impact assessments, (2) child rights impact assessments, (3) regulatory impact assessments, and (4) equality impact assessments, have been conducted by the Department for Environment, Food and Rural Affairs in each of the last two financial years; and of those, how many have resulted in published assessments. [HL5815]

Lord Gardiner of Kimble: Defra Group FM Estates has made one environmental impact assessment in the last two years. The environmental impact assessment would have become public during the planning application process.

To date, Defra has not carried out any Child's Rights Impact Assessment in relation to any of its policies. Defra has not had any cases where the family test has identified impacts on the family in the last two years.

The number of regulatory impact assessments conducted and published by calendar year is provided in the table below.

	2015	2016	2017
Number of regulatory impact assessments conducted	70	34	49
Number of regulatory impact assessments published	30	12	13

Regulatory Impacts Assessments are required for all new primary legislation. In line with Government policy IAs for secondary legislation only need to be published where these impacts are above certain thresholds. In 2017, this threshold was increased from £1m to £5m annual net costs to business. Where a full IA is not published an explanatory memorandum explaining why impacts are expected to be below the threshold is published alongside the proposed legislation. Defra IAs are published at DefraLex - <http://www.legislation.gov.uk/defralex>

Equality impact assessments are included where relevant in the regulatory impact assessments. The number of equality impact assessments to which this applies is not collated centrally and could only be provided at disproportionate cost.

Driving: Urban Areas

Asked by The Marquess of Lothian

To ask Her Majesty's Government what estimate they have made of the average daytime speed of traffic in the five largest English cities; whether that speed has decreased since 2012; if so, what assessment they have

made of the reasons for the decrease; and what is their assessment of the impact of a slowdown in average urban driving speeds on the national economy. [HL5955]

Baroness Sugg: The Department for Transport has not estimated average daytime speeds in the five largest English cities. However, estimates of average speed and average delay have been published for locally managed 'A' roads by Local Authority, and for the Strategic Road Network. For local 'A' roads, estimates are published averaged across all 24 hours of the day, as well as for morning and evening peak periods. These average speeds can be found in table CGN0501, and average delays in table CGN0502:

<https://www.gov.uk/government/statistical-data-sets/average-speed-and-delay-on-local-a-roads-cgn05>. These have also been attached for ease.

Since the start of the statistical series in 2014, average speeds on urban classified local 'A' roads have decreased by 0.9mph (4.7%) to 18.4mph in 2017. Average delays have increased by 11.2% over the same period.

The Department provides Local Authorities with the underlying Travel Times dataset, to facilitate their own estimates of congestion. The Department has also undertaken sustained investment across a variety of initiatives to help manage traffic levels on both locally managed roads and the Strategic Road Network, and it plays an important role in ensuring the appropriate regulatory frameworks are in place.

There is no single cause of congestion. It occurs because of a range of factors including population increase, economic growth, access to alternative modes, traffic incidents and roadworks.

We do not have a current estimate of the cost of slower average urban speeds on the national economy. Urban congestion is frequently best managed by local areas, which have the knowledge and tools available to help manage traffic flows and ensure the availability of alternative modes of travel.

The Answer includes the following attached material:

Table - CGN0501 [HL5955 - CGN0501.xlsx]

Table - GGN5002 [HL5955 - CGN0502.xlsx]

The material can be viewed online at:

<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2018-02-28/HL5955>

Free Schools

Asked by Lord Storey

To ask Her Majesty's Government when expressions of interest closed for the new contract for supporting the development of the Free Schools Programme; what was the tender amount; and how many bidders expressed an interest. [HL6172]

Lord Agnew of Oulton: The deadline for tenders for the grant to run a Support Service to the Free Schools

Programme was Friday 19 January 2018. The invitation to bid (ITB) requested tenders in the range of £1.4 million to £1.7 million per annum. The ITB was published on the Contract Finder portal of GOV.UK in line with Public Contract Regulations. As the tender process is ongoing, the number of bids received remains commercially sensitive information at the present time. Once a preferred bidder is announced, and grant arrangements finalised, we will then be in a position to release this information.

General Practitioners: Attendance

Asked by Lord Dobbs

To ask Her Majesty's Government how many missed appointments at general practice surgeries there were in each year between 2007 and 2017; and what is their estimate of the total cost of missed appointments at general practice surgeries in each year between 2007 and 2017. [HL6007]

Lord O'Shaughnessy: The data is not currently held in the format requested.

NHS Digital and NHS England are currently undergoing a review process on appointments data, which would include information around missed appointments at general practice surgeries. This review will not cover information on costs of missed appointments at general practice surgeries.

Health Services and Social Services

Asked by Lord McColl of Dulwich

To ask Her Majesty's Government what steps they are taking to encourage closer multi-agency collaboration between those health and social care services providing universal services and services provided by other agencies that are funded from sources such as personal independence payments and the post adoption support fund. [HL6117]

Lord O'Shaughnessy: The Government is committed to public services which recognise every aspect of an individual's needs including health, social care and employment support and approach these in a joined up way.

Health and Wellbeing Boards (HWBs) have a statutory duty to produce a joint health and wellbeing strategy for their local populations. They must ensure services of the highest quality which promote health and wellbeing, narrow inequalities and improve outcomes for local residents. Collaborative, multi-agency working is at the heart of a HWBs function in order to make the best use of resources collectively available whilst helping to coordinate care and support around an individual's needs, irrespective of the payment mechanism.

One example of a joined up approach is our commitment to see one million more disabled people in work by 2027. Integrated health and employment support is a key part of this, and our strategy is set out in the Command Paper *Improving Lives: the Future of Work,*

Health and Disability. The publication outlines the decisive action and wide ranging reforms we're taking across three key settings: the welfare system, the workplace and health services. A copy of *Improving Lives: the Future of Work, Health and Disability* is attached.

The Answer includes the following attached material:

Improving Lives [improving-lives-the-future-of-work-health-and-disability.PDF]

The material can be viewed online at:

<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2018-03-06/HL6117>

High Speed 2 Railway Line: Snow and Ice

Asked by Lord Truscott

To ask Her Majesty's Government whether HS2's railway infrastructure, including rolling stock and tracks, is being designed to cope with heavy snowfall and sub-zero weather conditions. [HL6078]

Baroness Sugg: The HS2 Infrastructure and Rolling Stock will be designed and constructed to meet precise targets associated with performance and reliability, these will be over and above the performance seen on the existing UK rail network. The targets include considerations for differing climatic conditions, including extreme weather.

HIV Infection

Asked by Lord Black of Brentwood

To ask Her Majesty's Government, in the light of London meeting the UNAIDS 90:90:90 targets on HIV infection, what plans they have to update their HIV strategy to ensure that other parts of England also meet those targets. [HL5935]

Asked by Lord Black of Brentwood

To ask Her Majesty's Government whether they plan to commit to the achievement of zero new HIV infections in England; and if so, by what date. [HL5936]

Lord O'Shaughnessy: *A Framework for Sexual Health Improvement in England* outlines our ambitions to reduce human immunodeficiency virus (HIV) transmission. Specifically the Government is committed to reducing risky behaviour through the promotion of condoms, needle exchange schemes as well as the prevention of HIV acquisition through the possible use of treatments, (such as pre-exposure prophylaxis) and improving early diagnosis through increasing HIV testing and treatment of HIV among persons diagnosed with the virus. There are currently no plans to update the Framework. A copy of the Framework is attached.

The United Kingdom is committed to meeting the United Nations targets by 2020 for stopping new HIV infections, ensuring that everyone living with HIV has

access to HIV treatment, protecting and promoting human rights and producing data for decision makers.

England is close to achieving these targets. In 2016, 88% of the 89,360 estimated number of people living with HIV had been diagnosed. Of those diagnosed, 96% were receiving HIV treatment and of those receiving treatment, 97% had a suppressed viral load, fulfilling the second two metrics of the 90:90:90 targets. Overall in England, 82% of people living with HIV are estimated to have a suppressed viral load, surpassing the overall aim of the UNAIDS target (73%). The Public Health England report *Towards elimination of HIV transmission, AIDS and HIV related deaths in the UK* outlines progress achieved towards these targets. A copy of the report is attached.

The Answer includes the following attached material:

A Framework for Sexual Health Improvement [9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf]

Towards elimination of HIV transmission
[Towards_elimination_of_HIV_transmission_AIDS_and_HIV_related_deaths_in_the_UK.pdf]

The material can be viewed online at:
<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2018-02-28/HL5935>

Holyhead Port: Storms

Asked by Baroness Kinnock of Holyhead

To ask Her Majesty's Government what emergency and longer-term action they are taking, if any, to assist (1) local authorities and agencies, and (2) the Welsh Government, with recovery from recent severe storm damage inflicted on infrastructure and sea vessels at Holyhead harbour in Anglesey. [HL6112]

Lord Bourne of Aberystwyth: My thoughts are with the communities in Anglesey and across Wales adversely affected by the recent weather conditions.

Although responsibility for local authorities is devolved to the Welsh Government and therefore assistance to local government in Wales is for the Welsh Government, UK Government agencies stand ready to provide help to their devolved counterparts in supporting the local communities affected if requested.

Hospitals: Admissions

Asked by Lord Allen of Kensington

To ask Her Majesty's Government what action they are taking to reduce the number of avoidable emergency admissions in England. [HL6083]

Asked by Lord Allen of Kensington

To ask Her Majesty's Government what action they are taking to reduce the significant increase in emergency readmissions identified by Healthwatch England. [HL6084]

Lord O'Shaughnessy: NHS England and NHS Improvement are implementing a number of national programmes to transform National Health Service services so that, where clinically appropriate, a patient's care is managed without the need for a stay in hospital. This is being achieved through services becoming better integrated across health and social care as well as managing hospital care differently so that more patients are treated as same day emergency care or streamed to see a primary care professional.

Readmission rates are a complex issue and rates may not always be an indicator of poor care. In some cases patients who are seriously ill may require readmission to manage their condition and avoid worsening outcomes. Recent research has shown that improvements in survival rates may also account for an increase in emergency readmissions.

Hospitals: Doctors and Nurses

Asked by Lord Dobbs

To ask Her Majesty's Government how many hospital doctors were employed by the NHS in each year between 2007 and 2017; and what was the total number of (1) out-patients, and (2) inpatients, treated by those doctors in each of those years. [HL6005]

Asked by Lord Dobbs

To ask Her Majesty's Government how many nurses were employed by the NHS in each year between 2007 and 2017; and what was the total number of (1) out-patients, and (2) inpatients, treated by those nurses in each of those years. [HL6006]

Lord O'Shaughnessy: NHS Digital provides workforce statistics and the following tables show the number of Hospital and Community Health Services (HCHS) full time equivalent (FTE) doctors and qualified nurses and health visitors as at 30 September for each specified year.

National Health Service HCHS doctors in England, as at 30 September in each year, 2007 to 2017 FTE

<i>Year</i>	<i>HCHS Doctors (FTE)</i>
September 2007	87,533
September 2008	91,586
September 2009	95,410
September 2010	97,130
September 2011	98,389
September 2012	99,529
September 2013	101,137
September 2014	103,330

Year	HCHS Doctors (FTE)
September 2015	104,498
September 2016	106,131
September 2017	109,002

Source: NHS Digital NHS monthly workforce statistics

NHS HCHS: Qualified nurses and health visitors in NHS trusts and clinical commissioning groups (CCGs) in England as at 30 September of each year, 2007 to 2017, FTE

Year	Qualified nurses and health visitors (FTE)
September 2007	275,211
September 2008	281,021
September 2009	278,470
September 2010	279,883
September 2011	277,047
September 2012	271,407
September 2013	274,627
September 2014	278,981
September 2015	281,474
September 2016	284,288
September 2017	283,853

Source: NHS Digital monthly workforce statistics

Due to the change in methodology figures for 2007 and 2008 are not directly comparable to figures from September 2009 onwards. Figures for 2007 and 2008 also include support organisations and central bodies.

The figures provided are for permanent staff employed in the NHS trusts and CCGs in England.

It is not possible to determine if treatment was provided by a doctor or a nurse as the information is not collected in the format requested.

Hospitals: Patients

Asked by Lord Dobbs

To ask Her Majesty's Government what was the total number of (1) out-patients, and (2) inpatients, treated in NHS hospitals in each year between 2007 and 2017. [HL6004]

Lord O'Shaughnessy: Information for total outpatient appointments, first outpatient appointments, first attended outpatient appointments and finished admission episodes (FAEs) ¹ for the years 2006-07 to 2016-17 is shown in the following table.

Year	Total outpatient appointments	First outpatient appointments	First attended outpatient appointments	Finished admission episodes
2006-07	63,217,226	17,790,379	15,347,684	12,976,273
2007-08	66,649,484	19,300,484	16,535,501	13,479,828
2008-09	74,853,493	21,994,595	18,734,892	14,152,692
2009-10	84,198,458	25,049,605	20,851,604	14,537,712
2010-11	87,998,505	25,932,268	21,325,385	14,890,844
2011-12	90,956,844	26,683,114	21,846,959	15,019,396
2012-13	94,091,748	27,729,205	22,710,773	15,145,633
2013-14	101,844,824	30,113,072	24,504,853	15,462,057
2014-15	107,188,423	31,973,097	25,910,185	15,892,457
2015-16	113,298,661	33,749,549	27,251,226	16,251,841
2016-17	118,578,912	36,335,356	29,141,537	16,546,667

Source: Hospital Episode Statistics, NHS Digital

Notes:

¹ A FAE is the first period of inpatient care under one consultant within one healthcare provider. FAEs are counted against the year or month in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than one admission within the period.

This is a count of hospital appointments and FAEs, not individual patients, as the same person may have attended a National Health Service hospital on more than one occasion.

Iron and Steel: Trade

Asked by Lord Allen of Kensington

To ask Her Majesty's Government what assessment they have made of the viability of the global steel market. [HL6085]

Lord Henley: The steel industry has changed significantly in recent times. From the peak reached in 2011 to the start of 2016, the price of steel more than halved, driven by excess production capacity at a global level.

Conditions have improved slightly in 2017 and there are signs of recovery in several markets. The World Steel Association forecasts 1.6% growth in global steel demand in 2018 and modest growth in the years to come as the market adjusts to new technologies and demographic changes.

The most recent OECD estimate puts global steel capacity at 2,357 million tonnes, 657 million tonnes in excess of production in 2017. Changes in global capacity are slowly starting to take effect, as OECD data suggests

a fall of 0.6% from 2016 to 2017, and an increase in capacity utilisation from 69% to 72% in the same period.

The underlying causes of excess capacity remain, however. The UK is committed to finding a solution to this problem. We have worked through the G20 to agree policy principles to tackle the unfair state support that has led to excess capacity. We now need to see all member countries act swiftly on those proposals.

Islamic State: Prosecutions

Asked by Lord Alton of Liverpool

To ask Her Majesty's Government, further to the answers by Lord Ahmad of Wimbledon on 28 February, whether their current assessment of the ability of Iraqi legal capacity and expertise indicates that prosecuting Daesh fighters in their courts will be possible soon; and whether they are considering the possibility of UN-sanctioned regional tribunals, in the territories of Iraq and Syria, in order to prosecute Daesh fighters. [HL5931]

Asked by Lord Alton of Liverpool

To ask Her Majesty's Government whether they are providing funds to third-party organisations to enable the collection of court-ready evidence for International Criminal Court (ICC) category crimes in the territory of Iraq; and, whether, following the passage of UN Security Council resolution 2379, court-ready evidence is being collected in the territories of Syria or Iraq in order to prosecute perpetrators of ICC category crimes. [HL5932]

Asked by Lord Alton of Liverpool

To ask Her Majesty's Government how much money they have contributed so far to the effective realisation of the aims of UN Security Council Resolution 2379; and how much they are committed to spending to ensure that the Resolution achieves its mandate. [HL5933]

Lord Ahmad of Wimbledon: Daesh must be held accountable for their crimes. Daesh fighters – regardless of their nationality – should be brought to justice according to legal due process.

The Investigative Team established under UN Security Council Resolution 2379 will gather evidence of Daesh crimes, beginning in Iraq. The Terms of Reference for the UN Investigative Team have been agreed and I look forward to its deployment. The UK has contributed £1 million to support the establishment of this team. We are encouraging other States to contribute to it. The UK is funding a project that builds Iraqi organisations' capacity to document and present evidence of gender-based violence.

The Investigative Team will collect evidence of acts that may amount to war crimes, crimes against humanity and genocide to the highest standards and ensure the broadest possible use of evidence. Iraq will be the primary

intended recipient of the evidence, but it can be used to support prosecutions elsewhere. It may be that some form of international or hybrid justice mechanism may be appropriate in the future, but it is too early – and not for the UK alone – to pre-determine that.

We are working with the Iraqi judiciary to build their capacity. The Resolution calls on member states to provide similar support. The UN will soon deploy a 'Needs Assessment Mission' to Iraq to determine where member states and the UN should target their capacity building.

Israel: Palestinians

Asked by Baroness Tonge

To ask Her Majesty's Government what representations they have made to the government of Israel regarding that government's reported practice of charging Palestinians the cost of repairing military vehicles that were damaged whilst being used in attacks on those Palestinians, whilst denying those Palestinians any compensation. [HL5926]

Lord Ahmad of Wimbledon: We have not discussed this issue with the Israeli authorities.

Lebanon: Israel

Asked by The Marquess of Lothian

To ask Her Majesty's Government whether they have proposed any diplomatic initiatives to help to resolve the current maritime dispute between Lebanon and Israel. [HL5956]

Lord Ahmad of Wimbledon: We have discussed this issue at senior levels with both Israel and Lebanon and we encourage both parties to find a mutually acceptable solution to the dispute.

Libya: Politics and Government

Asked by The Marquess of Lothian

To ask Her Majesty's Government what assessment they have made of the progress to date in implementing the UN Action Plan for Libya. [HL5954]

Lord Ahmad of Wimbledon: An inclusive political deal negotiated within the framework of the Libyan Political Agreement (LPA) is the best way of stabilising Libya. The UK fully supports the Action Plan set out by UN Special Representative Ghassan Salamé. Some important progress has been made in bringing together key Libyans to discuss how to implement the various elements of the Action Plan, but significant differences remain. The UK is playing an active role in international efforts to support Special Representative Salamé, including by encouraging Libyans to engage constructively in the UN-led process.

Motor Vehicles: Sales

Asked by Lord Empey

To ask Her Majesty's Government what is their most recent advice to motorists about the purchase of (1) petrol, and (2) diesel-powered, passenger vehicles. [HL6097]

Baroness Sugg: The Department for Transport has not issued specific guidance on the potential merits of purchasing either a new diesel or petrol car. The Government has announced an end to the sale of all new conventional petrol and diesel cars and vans by 2040, and our aim is for almost every car and van to be zero emission by 2050.

The forthcoming strategy on the UK's transition to zero road vehicle emissions will provide further clarity on greenhouse gas and air pollutant emissions from vehicles using different energy sources, including both petrol and diesel.

Neonatal Mortality

Asked by Baroness Tonge

To ask Her Majesty's Government whether the incidence of neonatal mortality and morbidity has decreased over the past five years. [HL5969]

Asked by Baroness Tonge

To ask Her Majesty's Government what was the incidence of neonatal mortality and morbidity in (1) 2000–05, (2) 2005–10, and (3) 2010–15. [HL5970]

Asked by Baroness Tonge

To ask Her Majesty's Government what was the incidence of neonatal mortality and morbidity in (1) 2014–15, (2) 2015–16, and (3) 2016–17. [HL5971]

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

Letter from John Pullinger CB, National Statistician, to Baroness Tonge, dated 07 March 2018

Dear Baroness Tonge,

As National Statistician and Chief Executive of the UK Statistics Authority, I am replying to your Parliamentary Questions asking (a) whether the incidence of neonatal mortality and morbidity has decreased over the past five years (HL5969); (b) what was the incidence of neonatal mortality and morbidity in (1) 2000–05, (2) 2005–10, and (3) 2010–15 (HL5970); and (c) what was the incidence of neonatal mortality and morbidity in (1) 2014–15, (2) 2015–16, and (3) 2016–17 (HL5971).

The Office for National Statistics (ONS) is responsible for publishing statistics on deaths registered in England and Wales. Statistics on deaths are normally published using calendar years. Neonatal mortality figures are available for both the year the death was registered and the year the death occurred. Comparisons over time are

more meaningful using death occurrences, to allow for delays in registering deaths. The latest year for which death occurrence figures are available is 2015 [see note 1 below]. The neonatal mortality figures for 2016 will be published on 14 March 2018 and the data for 2017 will be published in early 2019.

Table 1 below provides the number of neonatal deaths and the neonatal mortality rates per 1,000 live births for England and Wales, for each calendar year from 2000 to 2015.

Because the number of neonatal deaths each year is relatively small, there is likely to be some random fluctuation, and no single year since 2000 shows a statistically significant change from the preceding year. However, there has been a generally downward trend throughout the period. In the five years 2011–15, the lowest neonatal mortality rate was in 2014, and this was significantly lower than in 2011 and all previous years. The rate in 2015 was higher than in 2014, but is still significantly lower than in 2011 (taking into account rounding of the figures to one decimal place).

NHS Digital is responsible for publishing statistics on NHS patient care in England. There is no widely accepted measure of neonatal morbidity, however trends in the admission of neonates to hospital may be useful information. Therefore, figures based on Hospital Episode Statistics (HES) have been given here.

Table 2 below provides the number of neonatal finished consultant episodes (FCEs) and corresponding neonatal hospitalisation rate per 1,000 live births for England, for each financial year from 2000–01 to 2016–17, and the five-year periods 2001–02 to 2004–05, 2005–06 to 2009–10, and 2010–11 to 2014–15. Note that HES data include activity ending in the year in question and run from April to March, e.g. 2012–13 includes activity ending between 1st April 2012 and 31st March 2013.

Changes to the HES figures over time need to be interpreted in the context of improvements in data quality and coverage (particularly in earlier years), improvements in coverage of independent sector activity (particularly from 2006–07) and changes in NHS practice. For example, apparent reductions in activity may be due to a number of procedures which may now be undertaken in outpatient settings and so no longer include in admitted patient HES data. Conversely, apparent increases in activity may be due to improved recording of diagnosis or procedure information.

There has been year on year fluctuation in the number and rate of hospital episodes for neonates over the period of interest, but with a clear overall upward trend. The hospitalisation rate in 2015–16 was significantly higher than five years before. However, as noted above, it is likely that the trend is influenced to some extent by factors such as changing clinical practice and recording.

Yours sincerely,

John Pullinger

Note 1:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/childmortalitystatisticschildhoodinfantandperinatalchildhoodinfantandperinatalmortalityinenglandandwales>

Table 1: Neonatal deaths occurring in England and Wales, numbers and rates, 2000 to 2015

Year	Neonatal deaths	Neonatal mortality rate	Lower confidence limit	Upper confidence limit
2000	2,335	3.9	3.7	4.0
2001	2,137	3.6	3.4	3.7
2002	2,126	3.6	3.4	3.7
2003	2,264	3.6	3.5	3.8
2004	2,209	3.5	3.3	3.6
2005	2,227	3.4	3.3	3.6
2006	2,325	3.5	3.3	3.6
2007	2,248	3.3	3.1	3.4
2008	2,261	3.2	3.1	3.3
2009	2,205	3.1	3.0	3.3
2010	2,123	2.9	2.8	3.1
2011	2,135	2.9	2.8	3.1
2012	2,042	2.8	2.7	2.9
2013	1,871	2.7	2.6	2.8
2014	1,762	2.5	2.4	2.7
2015	1,838	2.6	2.5	2.8

i) Neonatal deaths are defined as deaths of live-born infants at less than 28 days

ii) Rates are per 1,000 live births

iii) The 95% lower and upper confidence limits have been provided. These form a confidence interval, which is a measure of the statistical precision of a rate and shows the range of uncertainty around the calculated rate. As a general rule, if the confidence interval around one figure overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two figures.

Source: Office for National Statistics

Table 2: Neonatal hospital episodes occurring in England, numbers and rates, 2000-02 to 2016-17

Year	Neonatal episodes (FCEs)	Neonatal hospitalisation rate	Lower confidence limit	Upper confidence limit
2000-01	57,983	96.3	95.5	97.1
2001-02	56,097	94.3	93.5	95.1
2002-03	58,610	97.3	96.5	98.1

Year	Neonatal episodes (FCEs)	Neonatal hospitalisation rate	Lower confidence limit	Upper confidence limit
2003-04	64,574	103.1	102.4	103.9
2004-05	65,873	102.7	101.9	103.5
2005-06	69,000	105.9	105.1	106.7
2006-07	74,893	111.0	110.2	111.8
2007-08	84,755	122.0	121.2	122.8
2008-09	91,420	129.1	128.3	129.9
2009-10	96,005	135.1	134.3	136.0
2010-11	102,847	142.2	141.3	143.1
2011-12	101,577	140.0	139.2	140.9
2012-13	106,531	147.6	146.7	148.5
2013-14	109,509	157.0	156.0	157.9
2014-15	114,229	164.1	163.2	165.1
2015-16	114,420	164.1	163.1	165.0
2016-17*	116,573	-	-	-
2000-01 to 2004-05†	301,700	98.4	98.0	98.7
2005-06 to 2009-10†	414,060	120.4	120.0	120.7
2010-11 to 2014-15†	532,149	149.3	148.9	149.7

i) Neonatal episodes are defined as counts of patients where there is a finished consultant episode (FCE) for neonates with an extended hospital stay immediately following birth, or an admission within the first 28 days of life. An FCE is a continuous period of admitted patient care under one consultant within one healthcare provider. FCEs are counted against the year in which they end. Figures do not represent the number of different patients, as a person may have more than one episode of care within the same stay in hospital or in different stays in the same year.

ii) Rates are per 1,000 live births. The number of births per financial year has been estimated based on births in the relevant calendar years.

iii) The 95% lower and upper confidence limits have been provided. These form a confidence interval, which is a measure of the statistical precision of a rate and shows the range of uncertainty around the calculated rate. As a general rule, if the confidence interval around one figure overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two figures.

* A rate for 2016-17 cannot be calculated as the number of births in 2017 is not yet available.

† As a patient may have been in hospital in two consecutive years, the total per five-year grouping will

not be equal to a sum of the corresponding five individual years.

Source: NHS Digital and Office for National Statistics

NHS: Staff

Asked by **Lord Dobbs**

To ask Her Majesty's Government how many (1) non-medical staff, and (2) managerial staff, were employed by the NHS in each year between 2007 and 2017. [HL6009]

Lord O'Shaughnessy: NHS Digital publishes workforce statistics and the following table shows the number of full time equivalent (FTE) non-medical staff and managerial staff employed in the National Health Service trusts and clinical commissioning groups (CCGs) in England between September 2007 and September 2017.

NHS Hospital and Community Health Services (HCHS): Non-medical staff and managerial staff in NHS trusts and CCGs in England as at 30 September of each specified year

Year	All non-medical staff (FTE)	of which: managerial staff (FTE)
2017	943,961	31,955
2016	930,923	30,592
2015	909,720	29,549
2014	891,028	27,845
2013	872,125	26,515
2012	876,347	31,143
2011	895,077	32,335
2010	915,087	35,219
2009	906,888	37,579
2008	901,955	37,937
2007	870,267	34,955

Source: NHS Digital monthly workforce statistics

Notes:

Non-medical staff includes all hospital and community health services staff in trusts and CCGs, both clinically qualified and support staff, within the broad areas of ambulance staff; administrative and estates staff; healthcare assistants and support staff; nurses, health visitors and midwives; scientific, therapeutic and technical staff (including allied health professionals) and healthcare scientific staff.

Managerial staff include senior managers and managers.

Due to the change in methodology figures for 2007 and 2008 are not directly comparable to figures from September 2009 onwards. Figures for 2007 and 2008 also include support organisations and central bodies.

Pedestrian Areas: Parking

Asked by **Baroness Jones of Moulsecoomb**

To ask Her Majesty's Government what plans they have to ensure that the UK conforms with the rules on pavement parking set out in the 1968 Vienna Convention on Road Traffic, before the UK ratifies that Convention. [HL5953]

Baroness Sugg: Existing national legislation already provides a legal framework for managing pavement parking, including means to restrict and permit it where appropriate, and no further changes are planned at this time.

Radar

Asked by **Lord West of Spithead**

To ask Her Majesty's Government whether they intend officially to recognise the 80th anniversary of the establishment of the Chain Home radar system later this year. [HL6180]

Earl Howe: This year will mark the centenary of the Royal Air Force and while the role of Fighter Command in the Battle of Britain will be commemorated, there are no plans to recognise the specific role of the Chain Home radar system within it.

Rolling Stock: Seating

Asked by **Lord Bradshaw**

To ask Her Majesty's Government what assessment they have made of reported concerns regarding the comfort of seating on the new trains launched by the Southern and Great Western Rail franchises. [HL6089]

Baroness Sugg: Seating on all trains is required to both address comfort of passengers and conform to the relevant design standards, which includes addressing fire safety and crash worthiness. Train operators as the end users for the new trains have worked with the manufacturers to deliver seating that is compliant with the requirements, including testing with passenger representatives.

Syria: Armed Conflict

Asked by **Baroness Tonge**

To ask Her Majesty's Government what is their response to the statement by the UN Relief and Works Agency on 22 February regarding the mortar attack that killed two Palestinian children near the refugee camp of Jaramana, and to reports that 50 mortar shells landed in Damascus in a single day. [HL5966]

Lord Ahmad of Wimbledon: We are aware of reports of mortar shelling in and around Damascus, and condemn any attack on civilians. We welcome the unanimous adoption of UN Security Council Resolution 2401 on 24

February which calls for a 30-day ceasefire in Syria to allow for delivery of humanitarian aid and medical evacuations, which are urgently needed across Syria, but particularly in Eastern Ghouta. The main opposition armed groups have accepted the ceasefire, but we are appalled by reports that airstrikes have continued to take place in spite of the UN Security Council Resolution. The Asad regime is responsible for the vast majority of civilian deaths in Syria through the disproportionate and indiscriminate bombing of civilian areas, and according to the UN Commission of Inquiry, the deliberate targeting of civilian infrastructure, including medical facilities and schools. Those with influence over the regime must now ensure the ceasefire is implemented in full.

Syria: North Korea

Asked by Lord Alton of Liverpool

To ask Her Majesty's Government what assessment they have made of the reported findings of a UN Panel of Experts that North Korea has increased its covert assistance to a Syrian government agency responsible for producing that country's chemical weapons and advanced missiles. [HL5930]

Lord Ahmad of Wimbledon: The UK is deeply concerned by any reports of sanctions evasion, or of support to illegal Syrian weapons programmes. We are aware of the media reports and will be examining closely the findings of the UN Panel of Experts once its report has been published. The UK strongly condemns North Korea's illegal weapons programmes and proliferation activities. We are fully committed to ensuring the effective implementation of sanctions and exports controls, including on North Korea, and urge all others to do so.

We condemn all use of chemical weapons under any circumstances in Syria or anywhere else. The UK helped push for 16 new EU sanctions against individuals and entities linked to chemical weapons use in Syria following the Asad regime's sarin attack on Khan Sheikhoun. We are concerned by continuing allegations of chemical weapons use in Syria, and we continue to support a robust international response to identify and hold to account all those responsible for such chemical attacks.

Vitamin D

Asked by Baroness Lister of Burtersett

To ask Her Majesty's Government what assessment they have made of the impact of NHS England's proposals to limit access to prescription-based vitamin D maintenance on low-income families. [HL6034]

Asked by Baroness Lister of Burtersett

To ask Her Majesty's Government what assessment they have made of the impact of NHS England's proposals to limit prescribing of vitamin D maintenance treatments on at-risk groups outlined in the NICE Public Health Guideline 56, including pregnant and breastfeeding women, ethnic minorities, children, and older people. [HL6035]

Asked by Baroness Lister of Burtersett

To ask Her Majesty's Government what assessment they have made of the impact of NHS England's consultation on conditions for which over the counter items should not routinely be prescribed in primary care on groups protected by the Equality Act 2010, including women, ethnic minorities, children, and older people. [HL6036]

Asked by Baroness Lister of Burtersett

To ask Her Majesty's Government what assessment they have made of the impact of NHS England's proposals to restrict prescriptions for medicines that can be purchased over the counter on the health and well-being of those on low incomes. [HL6037]

Lord O'Shaughnessy: As part of the NHS England consultation, *Conditions for which over the counter items should not routinely be prescribed in primary care: A consultation on guidance for CCGs*, NHS England has published a full Equality and Health Inequalities Impact Assessment which covers groups protected by the Equality Act 2010 and those people on low income and ethnic minorities. A copy of the document, *Equality and Health Inequalities – Full Analysis Form – Conditions for which over the counter items should not routinely be prescribed in primary care*, is attached.

In the summer months most people should be able to get all the vitamin D they need from sunlight on the skin. It is also found in some foods – oily fish, red meat, liver, egg yolks and fortified foods, such as most fat spreads and some breakfast cereals.

The Advisory Committee on Borderline Substances states that vitamins and minerals should be prescribed only in the management of actual or potential vitamin or mineral deficiency, and are not to be prescribed as dietary supplements. We understand that NHS England's current consultation is in line with this. Prescribing vitamin D for maintenance would be classed as a treatment for prevention or as a dietary supplement.

The Answer includes the following attached material:

Equality Impact Assessment [Equality and Health Inequalities Impact Assessment.pdf]

The material can be viewed online at:

<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2018-03-05/HL6034>

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