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PARLIAMENTARY DEBATES
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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	Deputy Leader of the House of Lords
Lord Agnew of Oulton	Minister of State, Cabinet Office and Treasury
Lord Ahmad of Wimbledon	Minister of State, Foreign and Commonwealth Office and Department for International Development
Lord Ashton of Hyde	Chief Whip
Baroness Barran	Parliamentary Under-Secretary of State, Department for Digital, Culture, Media and Sport
Baroness Berridge	Parliamentary Under-Secretary of State, Department for Education and Department for International Trade
Lord Bethell	Parliamentary Under-Secretary of State, Department of Health and Social Care and Whip
Baroness Bloomfield of Hinton Waldrist	Whip
Lord Callanan	Parliamentary Under-Secretary of State, Department for Business, Energy and Industrial Strategy
Earl of Courtown	Deputy Chief Whip
Lord Gardiner of Kimble	Parliamentary Under-Secretary of State, Department for Environment, Food and Rural Affairs
Baroness Goldie	Minister of State, Ministry of Defence
Lord Goldsmith of Richmond Park	Minister of State, Department for Environment, Food and Rural Affairs, Foreign and Commonwealth Office and Department for International Development
Lord Greenhalgh	Minister of State, Home Office and Ministry of Housing, Communities and Local Government
Lord Grimstone of Boscobel	Minister of State, Department of Business, Energy and Industrial Strategy and Department for International Trade
Lord Keen of Elie	Advocate-General for Scotland and Ministry of Justice Spokesperson
Lord Parkinson of Whitley Bay	Whip
Baroness Penn	Whip
Baroness Scott of Bybrook	Whip
Baroness Stedman-Scott	Parliamentary Under-Secretary of State, Department for Work and Pensions
Baroness Sugg	Parliamentary Under-Secretary of State, Foreign and Commonwealth Office and Department for International Development
Lord True	Minister of State, Cabinet Office
Baroness Vere of Norbiton	Parliamentary Under-Secretary of State, Department for Transport
Baroness Williams of Trafford	Minister of State, Home Office
Viscount Younger of Leckie	Whip

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Written Statements

Friday, 17 July 2020

Public Service Pensions Consultation

[HLWS380]

Lord Agnew of Oulton: My right honourable friend the Chief Secretary to the Treasury (Steve Barclay) has today made the following Written Ministerial Statement.

Today I have laid in Parliament the consultation document ‘Public service pension schemes: changes to the transitional arrangements to the 2015 schemes’ (CP No. 253) detailing proposals regarding public service pensions. In December 2018, the Court of Appeal identified that transitional protection arrangements provided to older judges and firefighters in 2015 gave rise to unlawful discrimination. The consultation sets out options to deliver the government’s commitments, made in July 2019 (HCWS1725) and March 2020 (HCWS187), to address the discrimination across the public service pension schemes and for all affected members. It also sets out the government’s intention to move all affected public servants to the 2015 reformed pension schemes from 1 April 2022. The consultation will run from 16 July to 11 October 2020. Furthermore, the government is today announcing that the pause of the cost control mechanism, which was implemented in 2019 (HCWS1286), will be lifted. The government will also proceed with the previously announced review by the Government Actuary as to whether the mechanism is working in line with original objectives.

Proposals for addressing discrimination

The consultation published today sets out proposals to address the unlawful discrimination arising from the transitional arrangements introduced when public service schemes were reformed in 2015. There are two possible mechanisms for achieving this: an immediate choice exercise or a deferred choice underpin. Both will enable all affected members, whether they originally received transitional protection or not, to decide whether to take the legacy or reformed scheme benefits for the period 1 April 2015 to 31 March 2022. These options differ in the point at which the member makes the decision; the immediate choice exercise would be held in the years after the point of legal implementation in 2022, whereas under the deferred choice underpin the decision would be deferred until the point at which a member takes their pension benefits. Until that deferred choice is made, all members would be treated as having been in their legacy scheme between 1 April 2015 and 31 March 2022. Where members are already in receipt of their pension, they would get the choice as soon as practicable after the policy is implemented.

These proposals apply to all members who were in a relevant public service pension scheme on or before 31 March 2012 and remained in a relevant pension scheme on or after 1 April 2015. The public service schemes affected by this announcement are the main public service

pension schemes managed by the UK Government, Welsh Government and Scottish Government. Changes to the Local Government Pension Scheme in England and Wales, and the equivalent scheme in Scotland, as well as the UK-wide judicial pension scheme and the public service pension schemes in Northern Ireland will be consulted on separately.

Future pension provision

From 1 April 2022, all members who are not already in the reformed schemes and who are still accruing benefits in legacy schemes will be placed into the 2015 reformed pension schemes. The reformed schemes are important in ensuring that the cost of public service pensions is affordable and sustainable, whilst providing vital public servants with a generous, inflation-protected income in retirement. The reformed schemes are also fairer to those who do not see their earnings increase greatly during their careers such as many lower and middle earners.

Cost control mechanism update

The 2015 reforms also introduced a mechanism to control the cost of public service pensions. This assesses the value of schemes to members and is designed to ensure members receive fair entitlement whilst ensuring costs remain sustainable. It has both a ceiling and a floor – when costs increase above the ceiling or fall below the floor, member benefits are adjusted to meet the target cost.

Following the Court of Appeal’s judgment, the government announced a pause to the ‘cost control’ element of the 2016 scheme valuations, as the judgment led to significant uncertainty about benefit entitlements, meaning that at the time there was not enough certainty to assess the value of benefits to members.

Progress has now been made in the Employment Tribunals to determine a remedy for claimants, and the government is now setting out its proposals for consultation. As the uncertainties about the current level of benefits have receded, I can therefore announce that the pause to the cost control mechanism will now be lifted, and the government has started the process to complete the cost control element of the 2016 valuations.

When the mechanism was established, it was agreed that it would consider ‘member costs’: i.e. costs that affect the value of schemes to members. As the proposals in the consultation published today will increase the value of schemes to members, this falls into the ‘member cost’ category. As a ‘member cost’, this will be considered as part of the completion of the cost control element of the 2016 valuations process. Current employer contribution rates will not be affected. The government has published an ‘Update on the Cost Control Element of the 2016 Valuations’ today, providing additional details.

In September 2018, the government announced its intention to ask the Government Actuary to review the cost control mechanism to assess whether it is working in line with original objectives. The review has been on hold, but I can today announce that it will proceed and report ahead of the completion of the 2020 valuations.

The government remains committed to public service pensions which are fair to public servants and fair to other taxpayers.

Copies of the consultation document (CP No. 253) are available in the Vote Office and Printed Paper Office, and it is published on [gov.uk](https://www.gov.uk).

Written Answers

Friday, 17 July 2020

Alcoholic Drinks: Advertising

Asked by **Baroness Bennett of Manor Castle**

To ask Her Majesty's Government, further to reports of increases of 20 per cent in alcohol consumption by drinkers and increases in related harms during the restrictions in place to address the COVID-19 pandemic, what consideration they have given to restricting alcohol advertising. [[HL6114](#)]

Lord Bethell: Advertising in the United Kingdom is overseen by the Advertising Standards Authority (ASA), the industry's independent regulator, who enforce the Advertising Codes through a system of self-regulation and co-regulation with Ofcom. The Codes apply to all media, including broadcast and online, and set standards for accuracy and honesty to which advertisers must adhere, including specific conditions on advertising to children, causing offence and social responsibility. The Codes also include specific rules on alcohol advertising, with the underlying aim of ensuring that marketing communications do not imply, condone or encourage immoderate, irresponsible or anti-social drinking. The Codes are regularly reviewed and updated by the ASA to ensure they remain effective.

Antimicrobials: Drug Resistance

Asked by **Lord Empey**

To ask Her Majesty's Government what assessment they have made of (1) the UK's performance in collecting data on antimicrobial resistance, and (2) how the UK's outcome indicators compare with other European countries. [[HL6123](#)]

Lord Bethell: The United Kingdom has one of the most comprehensive antimicrobial resistance (AMR) surveillance systems in the world.

Published studies suggest that the UK has a lower incidence of resistant infections at 82 per 100,000 population than the European Union average of 131 per 100,000.

The European Centre for Disease Prevention and Control annual epidemiological report for 2018 showed that total antibiotic consumption in the UK was 18.8 defined daily doses (DDD) per 1,000 population per day, which was lower than the population-weighted average consumption of 20.1 DDD per 1,000 population per day across the EU and European Economic Area.

Bahrain: Human Rights

Asked by **Lord Scriven**

To ask Her Majesty's Government what assessment they have made of the statement made by Ambassador

Monique van Daalen at the 43rd session of the Human Rights Council on 15 June on behalf of Belgium, Luxembourg and the Netherlands that condemned reprisals against Bahraini human rights defenders for collaborating with UN treaty bodies; and what representations they intend to make to the government of Bahrain about reported ongoing reprisals against human rights defenders. [[HL6524](#)]

Lord Ahmad of Wimbledon: The UK Government takes note of a number of sources of information on Bahrain, including publications and statements from external organisations. We continue to monitor events in Bahrain closely and regularly raise human rights issues with the Government of Bahrain, at senior levels, both in private and public. We continue to encourage the Government of Bahrain to deliver on its international and domestic human rights commitments.

Bahrain: Prisons

Asked by **Lord Scriven**

To ask Her Majesty's Government what assessment they have made of reports of (1) a scabies outbreak, and (2) overcrowding, at Jau Prison in Bahrain; the compliance of such conditions with the UN Standard Minimum Treatment Rules for the Treatment of Prisoners; and what representations they intend to make to the government of Bahrain to ensure that prisoners are given (1) appropriate medical care, (2) the provision of adequate personal protective equipment, and (3) the opportunity to socially distance. [[HL6522](#)]

Lord Ahmad of Wimbledon: The Government of Bahrain has made clear in public statements that access to appropriate medical care for those in detention is guaranteed by the Constitution of Bahrain. These statements stated publicly that, under normal circumstances, any prisoner wishing to see a doctor is taken to the prison clinic, with referral to specialist facilities where required. However as part of COVID-19 precautions, all medical consultations now take place via video calls, ensuring the safety of both patients and medical staff. We welcome these assurances from the Government of Bahrain, urge continued transparency and would encourage those with any concerns about treatment in detention to raise them with the appropriate Bahraini human rights oversight body.

British Indian Ocean Territory: Legal Costs

Asked by **Baroness Whitaker**

To ask Her Majesty's Government what has been the total cost to the public purse of defending the cases brought against them by the government of Mauritius before (1) the International Court of Justice, and (2) the tribunal constituted under Annex VII of the UN Convention on the Law of the Sea. [[HL6542](#)]

Baroness Sugg: The UK, alongside a number of United Nations member States, participated in recent proceedings

before the International Court of Justice (ICJ). These proceedings were not contentious proceedings brought by Mauritius against the UK. Rather they were advisory proceedings following a request from the United Nations General Assembly for an advisory opinion from the ICJ.

From the accessible records held by the Foreign & Commonwealth Office, the legal costs incurred by the UK in defending the proceedings brought by Mauritius in an arbitral tribunal constituted under Annex VII of the UN Convention on the Law of the Sea were £1,505,720.00 (comprising Counsels' fees and arbitration fees which were shared with Mauritius).

*Asked by **Baroness Whitaker***

To ask Her Majesty's Government what has been the total cost to the public purse of defending all legal actions brought against them (1) by, or (2) on behalf of, Chagossians in (a) courts, or (b) tribunals, in England and Wales since 1998; and whether their assessment of these costs includes the staff costs of Foreign and Commonwealth Office personnel working on these cases. [HL6543]

Baroness Sugg: From the accessible records held by the Foreign & Commonwealth Office, the legal costs of defending all actions brought against HMG by or on behalf of Chagossians in domestic courts or tribunals since 1998 to present are £3,971,391.17.

This figure has not been adjusted to take account of costs awarded to HMG.

It is not possible to assess the staff costs of FCO officials working on these cases, as staff time is not recorded in this way.

Chechnya: Human Rights

*Asked by **Lord Judd***

To ask Her Majesty's Government, further to the announcement of the Global Human Rights sanctions regime, what actions they are taking to pursue those responsible for the abuse, torture and disappearances in Chechnya since the late 1990s. [HL6635]

Baroness Sugg: We remain deeply concerned about the deteriorating human rights situation in Russia, including in Chechnya. In December 2018 the UK was one of 16 countries to invoke the OSCE's Moscow Mechanism, requiring an independent OSCE investigation into reports of serious human rights violations in the region. The OSCE Moscow Mechanism's independent 2018 report confirmed allegations of serious human rights violations in Chechnya including unlawful detention, torture, and extrajudicial killings. We continue to urge Russia to implement the recommendations made in the Moscow Mechanism report and to end the climate of impunity for human rights abusers in Chechnya. The UK Government has raised this issue repeatedly with the Russian Government and made clear that Russia must abide by its

international human rights obligations. On 17 June 2020, Minister Morton raised this with Russian Deputy Foreign Minister Titov.

As the Foreign Secretary made clear, the Global Human Rights sanctions regime gives the UK a powerful new tool to hold to account those involved in serious human rights violations or abuses. We will continue to consider designating persons under the Global Human Rights sanctions regulations in order to deter and provide accountability for serious human rights violations or abuses around in the world, as one response among other diplomatic tools.

Coronavirus

*Asked by **Baroness Thornton***

To ask Her Majesty's Government what assessment they have made of the likelihood of COVID-19 becoming endemic in the UK in the long term. [HL5430]

Lord Bethell: Total eradication of SARS-CoV-2 globally is unlikely. Elimination nationally - that is, bringing the number of locally acquired cases to zero - may be possible transiently but is highly unlikely to be possible permanently. Though other countries appear to have eliminated the virus locally, it is still early in the pandemic and the virus is very likely to reappear in these countries.

Coronavirus: Clinical Trials

*Asked by **Baroness Gale***

To ask Her Majesty's Government what lessons they have learned from the rapid operation of COVID-19 clinical trials; and what plans they have to use that learning after the COVID-19 pandemic to speed up the approval process for all clinical trials. [HL6354]

Lord Bethell: The response to the COVID-19 pandemic has shown that the United Kingdom healthcare research and approvals system has the agility and flexibility to respond efficiently to a national crisis. The Medicines and Healthcare products Regulatory Agency (MHRA) and the Health Research Authority (HRA) instigated procedures for rapid scientific advice, reviews and approvals for COVID-19 trials, prioritising these and authorising them in about one week.

As of 2 July, the MHRA has authorised a total of 61 trials for the treatment or prevention of COVID-19 in an average of nine days. A total of 50 trials for the treatment or prevention of COVID-19 have been approved by both the MHRA and the HRA in an average of 12 days. Both the MHRA and the HRA have also produced guidance on regulatory flexibilities available to clinical trial sponsors and proportionate approaches so that trials could be run as efficiently as possible.

Coronavirus: Drugs

Asked by Lord Kennedy of Southwark

To ask Her Majesty's Government what representations they are making to governments of other countries on the subject of drug hoarding by countries in response to the COVID-19 pandemic. [HL6563]

Lord Bethell: The United Kingdom Government has discussed, and engaged on this issue, with other states. We are working closely with our international partners, both bilaterally and via multilateral fora, to deliver a robust global response to the COVID-19 pandemic, to reinforce the resilience of vulnerable countries; ensure access to vaccines and therapeutics; keep international supply chains open; and support the global economy.

Furthermore, as part of our concerted national efforts to respond to the COVID-19 outbreak, we are doing everything we can in this country to ensure patients continue to access safe and effective medicines. We are working closely with the pharmaceutical industry, the National Health Service and others in the supply chain to help ensure patients can access the medicines they need, and precautions are in place to reduce the likelihood of future shortages.

Coronavirus: Ethnic Groups

Asked by Lord Taylor of Warwick

To ask Her Majesty's Government what steps they are taking, if any, to encourage greater BAME representation in COVID-19 research projects and clinical trials. [HL6529]

Lord Bethell: The Department, through the National Institute for Health Research (NIHR), is working in partnership with the Centre for Black and Minority Ethnic Health in Leicester to ensure that black, Asian and minority ethnic communities have the information they need to take part and stay informed about COVID-19 research. It is also actively supporting researchers to tackle the barriers that might stop some communities participating.

Coronavirus: Exercise

Asked by Lord Bourne of Aberystwyth

To ask Her Majesty's Government what plans they have, if any, to encourage exercise during the COVID-19 pandemic. [HL6047]

Lord Bethell: The Government wants people to remain fit and active at all times. The Chief Medical Officer is clear that being physically active is very important to long-term health and crucial for keeping people healthy during the ongoing pandemic. Evidence suggests that regular physical activity can promote good physical health and help manage stress and anxiety.

Individuals were and are able to go outside for a walk, run, cycle or any other independent way they normally get active outside. The Government has published detailed guidance, in an online only format, for members of the public on how they can exercise outside and for outdoor facilities on re-opening, should they wish to do so.

Those who are identified as vulnerable, older people and those with existing health conditions, should make every effort to stay active. There are many things people can do indoors. People who recovering from feeling unwell with potential COVID-19 should avoid strenuous activity as they recover.

Coronavirus: Protective Clothing

Asked by Lord Campbell-Savours

To ask Her Majesty's Government what consideration they have given to either local or national sponsored initiatives for the UK-manufacture of masks to protect against COVID-19. [HL6054]

Lord Bethell: The Government is building up United Kingdom manufacturing with signed contracts to manufacture over two billion items of personal protective equipment (PPE) through UK-based manufacturers, including facemasks, visors, gowns and aprons.

Lord Deighton is leading the Government effort by British industry to manufacture PPE. The Government is currently in contact with over 350 potential UK manufacturers, and engineering efforts by small companies are being scaled up. We have already taken delivery of products from new, certified UK manufacturers. More new manufacturers of PPE are expected to commit to producing PPE in the coming weeks, with 25 opportunist companies in final commercial discussions.

Dexamethasone: Prescriptions

Asked by Lord Jones of Cheltenham

To ask Her Majesty's Government what plans they have to issue guidance to GPs to routinely prescribe dexamethasone to patients who have underlying lung and heart conditions; and when they intend to issue any such guidance. [HL5850]

Lord Bethell: General practitioners who routinely prescribe dexamethasone for conditions other than COVID-19 should continue to do so. There is no current or anticipated strain on the supply of dexamethasone in the United Kingdom.

Based on findings from the RECOVERY trial, UK Chief Medical Officers recommend that clinicians consider dexamethasone for the management of hospitalised patients with COVID-19 who require oxygen or ventilation. The RECOVERY trial found no benefit for patients who did not require oxygen and the trial did not study patients outside the hospital setting.

Disability and Special Educational Needs: Coronavirus

Asked by Lord Blunkett

To ask Her Majesty's Government what plans they have to review the Special Educational Needs and Disability (Coronavirus) (Amendment) Regulations 2020 in line with the commitment to restoring duties under section 42 of the Children and Families Act 2014 when the current notice lapses on 1 August. [HL6437]

Baroness Berridge: As part of our response to the COVID-19 outbreak we made temporary changes to the law relating to special educational needs and disabilities (SEND). This was to strike the right balance between:

- the needs of children and young people with SEND to be protected and receive the right support in a timely way; and
- managing the demands on local authorities, health bodies and education settings to respond to the outbreak.

As part of the plans for children and young people returning to full-time education in September, we have announced that (unless the evidence changes) the modification to the duties on local authorities and health commissioning bodies to secure or arrange the provision in education, health and care (EHC) plans will cease at the end of July.

We have been closely monitoring the impact of the changes we made to secondary legislation that allow greater flexibility to local authorities and their partners over the timescales for various EHC needs assessment and plan processes. As things stand, the Regulations in question expire on 25 September 2020. We have committed to keeping the changes to the law in place for no longer than is necessary. We expect to make a decision next month as to how long the changes to these timescales should remain in force.

Disability: Coronavirus

Asked by Baroness Ritchie of Downpatrick

To ask Her Majesty's Government what assessment they have made of the impact of easing COVID-19 shielding restrictions on ill and disabled people in England. [HL6082]

Lord Bethell: People who are ill or who are disabled are still at risk of severe illness if they catch COVID-19 and should continue to take precautions, even as the COVID-19 restrictions are relaxed. They should continue to socially distance as much as possible and always robustly practise good, frequent hand washing.

For those ill and disabled people who are also clinically extremely vulnerable and are shielding, from 6 July they will be able to go out more often and to more places and see more people but should take particular care to

minimise contact with others outside their household or support bubble.

Epilepsy: Cannabis

Asked by Lord Bassam of Brighton

To ask Her Majesty's Government why there have been no new full extract cannabis oil prescriptions by the NHS since the medicinal use of the drug was legalised 18 months ago; and whether they will review current prescribing guidelines to enable its wider use for children with rare forms of treatment resistant epilepsy. [HL6397]

Lord Bethell: The Government changed the law. Specialist doctors can prescribe medicinal cannabis where clinically appropriate and in the best interests of patients.

The clinical guidelines, developed by the National Institute for Health and Care Excellence, demonstrate a clear need for more evidence to support routine prescribing and funding decisions of unlicensed cannabis-based medicines for rare forms of treatment-resistant epilepsy.

NHS England and NHS Improvement have been clear that guidance is just that and decisions on the treatment of individual patients are for the treating clinicians. The Chief Medical Officer and NHS England and NHS Improvement have written to clinicians to clarify the procedure for prescribing and supplying these products and signposted further support material.

European Centre for Disease Prevention and Control

Asked by Lord Empey

To ask Her Majesty's Government what assessment they have made of the UK's future relationship with the European Centre for Disease Control after the transition period of the UK's departure from the EU. [HL6444]

Lord Bethell: As set out in the United Kingdom's approach to negotiations with the European Union published on 27 February, the UK is ready to discuss how our citizens can be kept safe and benefit from continued international cooperation on health security following the end of the transition period, where it is in our mutual interest. The detail of the UK's future relationship with the EU on health security is subject to the outcome of the ongoing negotiations. We welcome the discussions we have had so far on the scope of cooperation in this area and welcome continued talks going forwards.

Food: Hygiene

Asked by Lord Storey

To ask Her Majesty's Government what assessment they have made of the number of takeaway businesses and restaurants with low food hygiene ratings which do not display those ratings. [HL6181]

Asked by Lord Storey

To ask Her Majesty's Government what assessment they have made of the need to make the display of food hygiene ratings compulsory. [\[HL6182\]](#)

Lord Bethell: The Food Hygiene Rating Scheme is operated by the Food Standards Agency (FSA) in partnership with local authorities across England, Wales and Northern Ireland.

Food businesses covered by the scheme, including takeaways and restaurants as well as other places people eat or buy food, are provided with stickers showing their rating. Those in Wales and Northern Ireland are required by law to display the stickers at their premises, while those in England are encouraged to do so.

The FSA monitors the display of ratings through an annual survey. The latest survey, conducted in late 2019, found that for businesses with poor ratings (0, 1 or 2) 26% in England, 83% in Wales and 100% in Northern Ireland displayed the sticker at their premises.

The FSA considers that mandatory display of ratings should extend to England and has put together an evidence-based case for the necessary legislation. This is currently being considered.

Gaza: Natural Gas

Asked by Baroness Tonge

To ask Her Majesty's Government what discussions they have had with (1) the government of Israel, and (2) the Palestinian Authority, about the possibility of the authorities in Gaza being able to harvest gas off their shores. [\[HL6533\]](#)

Lord Ahmad of Wimbledon: This issue has been discussed with British Gas Group and at international level in the context of how to facilitate a sustainable and long-term solution to the energy crisis in Gaza.

Gender Recognition

Asked by Lord Pearson of Rannoch

To ask Her Majesty's Government how many children have been given GnHR or any other gender re-assignment treatment by the NHS; over what period of time such treatments have been available on the NHS; and how much compensation has been paid to patients who received such treatments but who were subsequently deemed to have been misdiagnosed. [\[HL5874\]](#)

Lord Bethell: A gender identity development service for children and adolescents has been delivered by the Tavistock and Portman NHS Foundation Trust since 1995.

Information on number of treatments and misdiagnosis is not available in the format requested.

Hamad al-Mahfood

Asked by Lord Scriven

To ask Her Majesty's Government what representations they intend to make to the government of Bahrain to secure specialised treatment for political prisoner Hamad Al Mahfood at Jau Prison, who has reportedly been suffering from a severe tooth infection and where appointments at external hospitals have been cancelled due to the COVID-19 pandemic. [\[HL6523\]](#)

Lord Ahmad of Wimbledon: The Government of Bahrain has made clear in public statements that access to appropriate medical care, including dental treatment, for those in detention is guaranteed by the Constitution of Bahrain. We understand that a dentist is available on site for dental emergencies and that referral to external specialists remains possible. We welcome these assurances from the Government of Bahrain, urge continued transparency and would encourage those with any concerns about treatment in detention to raise them directly with the appropriate Bahraini human rights oversight body.

Health Professions: Protective Clothing

Asked by Lord Clement-Jones

To ask Her Majesty's Government whether pharmacy teams and other primary care health professions will have equal access to the personal protective equipment portal. [\[HL6058\]](#)

Lord Bethell: The majority of personal protective equipment (PPE) continues to be sourced by care providers themselves from wholesalers and as part of our commitment to ensure that the sector receives the PPE it needs, we are ensuring that wholesalers are equipped with the PPE needed for onward sale.

As part of our PPE distribution strategy we are exploring the most effective distribution routes for each provider type, including the potential expansion of the portal's coverage to other sectors and types of provider.

The PPE Portal acts as an emergency top-up route for providers that cannot obtain sufficient PPE through their usual wholesaler routes. The Department has now invited around 21,000 general practitioners and small social care providers to register and order through the PPE Portal, delivering more than 13 million items of PPE.

Hong Kong: National Security

Asked by Lord Alton of Liverpool

To ask Her Majesty's Government, further to the introduction of the Law of the People's Republic of China on Safeguarding National Security in the Hong Kong Special Administrative Region, what plans they have (1) to follow the government of Australia's decision to suspend its extradition agreement with Hong Kong, and (2) to encourage other countries to emulate the government of Australia's decision to give skilled

migrants from Hong Kong five-year visas with a pathway to permanent residence. [T] [[HL6703](#)]

Lord Ahmad of Wimbledon: We are deeply concerned that China has enacted this national security legislation. On 1 July, the Foreign Secretary made clear to Parliament that this legislation, imposed by the authorities in Beijing on the people of Hong Kong, constitutes a clear and serious breach of the Joint Declaration.

The Home Office and Foreign and Commonwealth Office are assessing the impact and legal ramifications of the National Security Law, including for current extradition arrangements.

The Foreign Secretary set out on 1 July the UK's new, bespoke arrangements for British Nationals (Overseas) and their dependants. We will grant them 5 years limited leave to remain, with the right to work or study. After these 5 years, they will be able to apply for settled status, and after a further 12 months with settled status, they will be able to apply for citizenship.

Immigration matters are of course a matter for national governments. However, we are coordinating closely with partners on our approach to Hong Kong, as demonstrated through recent joint statements at the UN Human Rights Council, and with G7 foreign ministers.

Humanitarian Aid

Asked by Baroness Sheehan

To ask Her Majesty's Government what steps they are taking to ensure that an inclusive approach, which includes older people, to humanitarian responses will continue to be one of the priorities of the new Foreign, Commonwealth and Development Office. [[HL6724](#)]

Baroness Sugg: The UK is committed to ensuring that our assistance reaches the most marginalised and vulnerable people who will be the worst affected by humanitarian crises and most at risk. This includes older people as well as other marginalised groups, such as women and girls, and people with disabilities.

We are deeply concerned about the significant impact of COVID-19 on older people, people with disabilities, and other marginalised groups. Through £50 million of support to over 29 countries, UK aid is helping to meet the needs of the most vulnerable groups, including older people, through effective communication about personal hygiene, particularly the importance of handwashing. DFID is also engaging internationally to push for greater consideration of vulnerable groups, including older people, across the COVID-19 response.

Support for the most marginalised and vulnerable populations remains part of this government's mission. We will continue to prioritise those furthest left behind and champion the inclusion of vulnerable groups in our humanitarian responses.

Infrastructure and Projects Authority: Contact Tracing

Asked by Lord Freyberg

To ask Her Majesty's Government whether the Infrastructure and Projects Authority (IPA) has been, or (2) will be, involved in the NHS Test and Trace programme. [[HL6453](#)]

Lord Bethell: The Infrastructure and Projects Authority (IPA) has been and continues to be involved with the NHS Test and Trace Programme. IPA provided assurance at the outset and has since supported independent peer reviews. IPA will continue to be involved by providing advice and support.

Jerusalem: Crimes of Violence

Asked by Baroness Tonge

To ask Her Majesty's Government what assessment they have made of reports that an Israeli diplomat was pulled to the ground and assaulted in Jerusalem by four security guards; and what representations they intend to make, if any, to the government of Israel about this incident. [[HL6536](#)]

Lord Ahmad of Wimbledon: We have not made any representations to the government of Israel about this incident.

Jerusalem: Evictions

Asked by Baroness Tonge

To ask Her Majesty's Government what assessment they have made of reports of plans to evict the Sumarin family from their home in Silwan, East Jerusalem. [[HL6531](#)]

Lord Ahmad of Wimbledon: We are following the situation in East Jerusalem closely and have been monitoring the case of the Sumarin family. An official from the British Consulate-General attended the most recent court hearing on 30 June, where the Jerusalem District Court ruled that the family must leave their home by 16 August. We remain concerned about the ongoing eviction of Palestinians from their homes. Such evictions cause unnecessary suffering to ordinary Palestinians; call into question Israel's commitment to a viable two-state solution; and, in all but the most exceptional of cases, are contrary to International Humanitarian Law.

Jerusalem: Police Brutality

Asked by Baroness Tonge

To ask Her Majesty's Government what representations they have made to the government of Israel about reports that Israeli police are systematically violent towards Palestinian children in the Al-Issawiya area of East Jerusalem. [[HL6535](#)]

Lord Ahmad of Wimbledon: We continue to stress the importance of the Israeli security forces providing appropriate protection to the Palestinian civilian population, in particular the need to protect children, and urge restraint in the use of live fire.

Liverpool Football Club: Coronavirus

Asked by Lord Alton of Liverpool

To ask Her Majesty's Government when they intend to answer the Topical Question for Written Answer tabled on 28 April (HL 3582), namely, what scientific advice was sought from Public Health England before the football match between Liverpool and Atlético Madrid on 11 March was permitted to take place; what assessment was made of permitting people to come together for a public event during a period in which Spain had placed its population in partial lockdown; who gave the advice on behalf of Public Health England; and which Ministers were involved in assessing that advice. [HL5449]

Lord Bethell: I replied to the noble Lord's question of 28 April on behalf of the Department for Culture, Media and Sport on 30 June. I understand that they are responding directly on the points the noble Lord raised.

Lord Deighton

Asked by Lord Greaves

To ask Her Majesty's Government what role they have given to Lord Deighton in the provision of personal protective equipment for the NHS; to whom is he responsible; whether he is being remunerated for this work; if so, on what basis; and what actions he has so far taken. [HL4127]

Lord Bethell: Lord Deighton has been appointed by the Secretary of State for Health and Social Care as an unpaid adviser to the Government to secure sufficient critical personal protective equipment (PPE) and ensure this gets to where it is needed. As part of this, he will drive forward coordination of the end-to-end process design and manufacture of new domestic PPE supplies, including streamlining the approvals and procurement process to ensure new domestic PPE supplies are rapidly approved and get to where they are needed.

Meat: Coronavirus

Asked by Baroness McIntosh of Pickering

To ask Her Majesty's Government what assessment they have made of the causes of the outbreak of COVID-19 at meat processing plants; and what measures they plan to take (1) to address such outbreaks, and (2) to prevent any such recurrence. [T] [HL6238]

Lord Bethell: Public Health England (PHE) local health protection teams respond to notifications of suspected outbreaks in food processing plants by

undertaking a risk assessment, providing public health advice, including on infection prevention and control and social distancing measures, and advising on the testing of employees. In doing so, an assessment is made as to whether transmission may be occurring in or outside the workplace.

An enhanced outbreak investigation protocol has been developed which will allow PHE to further understand the factors relating to infection transmission in meat-related food production settings to ascertain potential routes of transmission: within the workplace through a more detailed understanding of the workforce, the working environment and working practices; staff and environmental biological sampling; factors outside the workplace, such as transport arrangements, housing, employment conditions.

The learning from such investigations can identify measures that may help prevent outbreaks from occurring in these settings.

Medical Records: Data Protection

Asked by Lord Freyberg

To ask Her Majesty's Government whether notices issued under the Health Service (Control of Patient Information) Regulations 2002 in March cover the release of patient identifiable information to local public health teams; and if so, which (1) legal, or (2) policy, provisions prevent local directors of public health from receiving such information. [HL6451]

Lord Bethell: It is of vital importance that the health and care sector is able to access the data it needs to respond to COVID-19. A Control of Patient Information Notice was issued to require a range of organisations to share and process data for COVID-19 purposes. This should include sharing data with public health teams responding to COVID-19.

The Notice only applies to data processed for COVID-19 purposes and organisations must also meet other regulatory and legal requirements such as the General Data Protection Regulation.

Public Health England is making available to all local authorities information on positive tests

for COVID-19. Public Health England also routinely shares personal data with local authorities to manage and control local clusters and outbreaks of certain infectious diseases.

Asked by Lord Freyberg

To ask Her Majesty's Government whether the Data Protection Impact Assessment for the NHS COVID-19 Data Store published on 5 June covers the release of patient identifiable information to local public health teams; and if so, which (1) legal, or (2) policy, provisions prevent local directors of public health from receiving such information. [HL6452]

Lord Bethell: The COVID-19 Data Store does not hold patient identifiable data, as all data is de-identified

(pseudonymised) in line with Information Commissioner's Office (ICO) guidance and best practice, prior to being imported to the database. Therefore, the release of patient identifiable information to local public health teams, via the COVID-19 Data Store, is not possible.

NHS England is the data controller for all data held within the COVID-19 data store and ensures (via contractual arrangements) that data storage and processes are fully compliant with legislation and best practice.

Medicines and Medical Devices Bill

Asked by Baroness Masham of Ilton

To ask Her Majesty's Government what discussions they have had with representatives of the medicine and medical device supply sector about planning for the implementation of any regulatory changes resulting from the enactment of the Medicines and Medical Devices Bill. [HL6498]

Lord Bethell: Departmental Ministers meet with the life sciences sector to discuss a range of issues. Officials in the Department have held discussions with a range of stakeholders, including representatives of the medicine and medical device supply sector, about the Medicines and Medical Devices Bill. As the Bill is primarily an enabling Bill, discussions with stakeholders on aspects of future regulatory change have been limited, as the details of proposed changes are still under development.

The Bill requires that consultation takes place, prior to the making of regulations in Parts 1, 2 and 3 of the Bill and this will include key stakeholders from the medicine and medical device supply sector.

Mental Health Services: Health Professions

Asked by Lord Jones of Cheltenham

To ask Her Majesty's Government what plans they have to increase the number of mental health specialists who can treat post-traumatic stress disorder and other mental health impacts suffered by (1) health and care staff, and (2) patients who have recovered from COVID-19; and what plans they have to provide 24-hour access to mental health support for health and care staff through a dedicated helpline. [HL6224]

Lord Bethell: Growing the psychological professions is a priority for this Government and is essential to fulfilling the vision set out in the NHS Long Term Plan for mental health services in England. Health Education England and NHS England and NHS Improvement are working with employers and professional bodies to ensure we continue to have the pipeline of staff we need to support patients and to accommodate any increase in demand.

NHS England and NHS Improvement have put in place a support package for all National Health Service staff during the COVID-19 outbreak including helplines that offer counselling and help with bereavement. It

incorporates learning from past traumatic events and will help NHS staff to recover long after the COVID-19 response has subsided.

Military Aircraft: Decommissioning

Asked by Baroness Garden of Frognal

To ask Her Majesty's Government what were the reasons for decommissioning the Vigilant T1 aircraft. [HL6459]

Asked by Baroness Garden of Frognal

To ask Her Majesty's Government what the proposed costs were of works to bring the Vigilant T1 aircraft back online for training RAF Air Cadets. [HL6460]

Asked by Baroness Garden of Frognal

To ask Her Majesty's Government how much the Vigilant T1 aircraft sold for. [HL6461]

Baroness Goldie: The Vigilant T1 originally had an Out-of-Service Date of 2019; this was brought forward to May 2018 in order to refocus resource for the benefit of the Cadets, extending the life of the Viking conventional glider and investing in the wider Air Cadet Aerospace Offer.

The glider recovery programme from 2014-2018 covering both Viking Conventional glider and Vigilant motor-glider was subject to routine investment appraisal processes. This showed that substantial operational, technical and commercial negotiations with a range of aerospace leaders in this field had failed to find a value for money approach to successfully repair and recover or replace all the gliders. Therefore, in line with the available technical and commercial capacity the value for money was in restructuring the Aerospace Offer for cadets.

The recovery programme of both glider types was resourced within wider support contracts which also supported the operation of the active fleets with Volunteer Gliding Squadrons. Consequently, we cannot separately identify the resource used for the recovery of the six Vigilant airframes which were successfully recovered prior to the Out-of-Service date.

The Vigilant fleet was disposed of to Aerobility. I am withholding the value of the disposal sale as it would prejudice commercial interests.

Nutrition: Children

Asked by Baroness Bennett of Manor Castle

To ask Her Majesty's Government what assessment they have made of (1) the increased intake of artificial sweeteners by infants and children, and (2) levels of intake of fruit and vegetables by infants and children. [HL6113]

Lord Bethell: Sweeteners permitted for use in the United Kingdom, are strictly regulated and undergo a mandatory robust safety assessment prior to being

authorised for the market. Maximum use levels are set to help ensure that consumers do not exceed the acceptable intake levels which apply to all population groups over 12 weeks of age.

Latest data on fruit and vegetable intakes for children aged 18 months upwards are available from the National Diet and Nutrition Survey (2014/15 to 2015/16) and for infants and young children aged 4-18 months available from the Diet and Nutrition Survey of Infants and Young Children 2011. Mean intake by age group ranges from 170 grams per day at 12-18 months old to 168 grams per day at 11-18 year olds. The *National Diet and Nutrition Survey Results from Years 7 and 8 (combined) of the Rolling Programme (2014/2015 to 2015/2016)* report and the *Diet and Nutrition Survey of Infants and Young Children, 2011* are attached.

The Answer includes the following attached material:

Diet aNutrition Survey of Infants Young Childre [DNSIYC UK 2011.pdf]

National Diet and Nutrition Survey [National Diet and Nutrition Survey results from years 7 and 8 of the Rolling Programme 2014-15 to 2015-16.pdf]

The material can be viewed online at:
<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-06-24/HL6113>

Older People

Asked by Baroness Anelay of St Johns

To ask Her Majesty's Government what steps they are taking to ensure that ageing continues to be identified as a ministerial responsibility within an inclusive societies portfolio when the Foreign, Commonwealth and Development Office is established. [HL6705]

Baroness Sugg: The new FCDO's guiding purpose will be to promote the UK's national interest around the world. The new organization will take a broad view of national interest, which will be based on values, as well as our core interests of security and prosperity. The UK stands for open societies and democratic values, alongside poverty reduction and supporting the vulnerable, because they are right in themselves and also the best route to lasting stability and growth.

As the current minister for Inclusive Societies, I recognize that empowering older people is key to achieving poverty reduction. COVID-19 has thrown into sharp relief the vulnerability of older people to shocks and brought to the forefront the important roles they play in society.

The UK is committed to ensuring that, through all channels of support, our assistance reaches the most marginalized, which will include older people. The new department will continue to prioritise those furthest left behind and champion inclusion of vulnerable groups in our responses.

Pharmacy: Technology

Asked by Lord Clement-Jones

To ask Her Majesty's Government what plans they have to (1) expand the use of electronic repeat dispensing in the community pharmacy sector, and (2) optimise the use of technology to make community pharmacies fully integrated with other parts of the NHS. [HL6057]

Lord Bethell: All community pharmacies in England providing NHS services are required to provide electronic repeat dispensing (eRD) as an essential service. We are encouraging general practitioner (GP) practices to use eRD where clinically appropriate and Academic Health Science Networks have been supporting this. As well as reducing GP workload and being more convenient for patients, eRD preserves medicine supplies and makes better use of pharmacists in managing patients' repeat medication. During COVID-19 we have put in place arrangements to convert electronic prescriptions to eRD where clinically appropriate. Temporary changes to the need for patient consent to enable increased use of electronic repeat dispensing were announced on 4 June 2020.

Building on the foundations delivered under the Integrating Pharmacy across Care Settings programme, we are working with NHSX and NHS Digital to further expand and enhance the digital integration of community pharmacy. Community pharmacies already receive referrals from 111 (telephony or 111 online) to deliver the Community Pharmacy Consultation Service and we are considering how this capability can be extended to incorporate referrals from other areas, for example, general practice. In addition, we are developing the standards and technical requirements for IT system suppliers to develop the interoperability to support the transfer of information between community pharmacy and general practice systems. The priority data sets for this work include flu vaccinations and the emergency supply of medicines.

Pregnancy: Ethnic Groups

Asked by Lord Taylor of Warwick

To ask Her Majesty's Government what assessment they have made of the report by the Maternal, Newborn and Infant Clinical Outcome Review Programme Saving Lives, Improving Mothers' Care, published November 2019, which concluded that "black women still have more than five times the risk of dying in pregnancy or up to six weeks postpartum compared to white women". [HL6262]

Lord Bethell: Analysis of maternal deaths, stillbirths and neonatal deaths, undertaken by MBRRACE-UK, shows that poor outcomes are much higher for mothers and babies from black/black British and Asian/Asian British ethnic groups and women living in the most deprived areas of the country.

Work to reduce health inequalities around maternal and perinatal mortality rates is being led by Professor Jacqueline Dunkley-Bent OBE, the Chief Midwifery Officer. This includes understanding why mortality rates are higher, considering evidence about what will reduce mortality rates and taking action to reduce mortality rates. The work is multi-disciplinary and involves a range of stakeholder groups, including users of maternity services.

Vaccination

*Asked by **Baroness Tonge***

To ask Her Majesty's Government when they expect that all vaccinations which were cancelled due to the COVID-19 pandemic will be completed. [[HL5566](#)]

Lord Bethell: Routine vaccinations delivered in primary care have continued to be delivered as priority services, with the exception of shingles vaccination for those people over 70 who have been shielding. However, if patients are attending their general practitioner practice for other reasons and it is clinically appropriate to offer them the shingles vaccine, they will be given the vaccine. We expect this service to fully recommence shortly, following advice from Public Health England.

Delivery of school-age vaccination programmes has been impacted following the school closures, although

programmes are delivered at different times by different providers throughout the academic year. This means there will also be local variation in restoration of the programmes. Some outstanding vaccinations will be delivered by the beginning of the next academic year, and the remainder are expected to be completed by the end of the academic year 2020/21.

All vaccinations will be delivered with appropriate social distancing and infection control procedures to protect the public. Routine immunisations continue to be offered to all eligible patients.

*Asked by **Baroness Tonge***

To ask Her Majesty's Government what assessment they have made of the main challenges in restarting routine vaccination programmes (1) during, and (2) after, the COVID-19 pandemic. [[HL5567](#)]

Lord Bethell: The primary challenges in restoring routine vaccinations during the COVID-19 pandemic include school closures, for delivery of school-based vaccination programmes and the need to observe social distancing and provide vaccinations in line with guidance on infection prevention and control requirements. The National Health Service is continuing to assess these challenges and respond appropriately as we move into subsequent phases of the pandemic.

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