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**PARLIAMENTARY DEBATES  
(HANSARD)**

# **HOUSE OF LORDS**

## **WRITTEN STATEMENTS AND WRITTEN ANSWERS**

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# Written Statements

*Tuesday, 28 February 2017*

## Regulation of Herbal Medicines and Practitioners

[HLWS507]

**Lord O'Shaughnessy:** My hon. Friend the Parliamentary Under-Secretary of State for Health (Nicola Blackwood) has made the following written statement:

The issues around the regulation of herbal medicines and practitioners are longstanding and complex. To understand and fully consider all the relevant issues, the Coalition Government commissioned an independent working group, led by Professor David Walker, to provide advice on options for the assurance of herbal medicines and practitioners. This report was published in March 2015.

I thank Professor Walker for his report, as well as the Hon. Member for Bosworth (David Tredinnick) and other members of the Herbal Medicines and Practitioners Working Group whose work informed the report. I would also like to thank those individuals and organisations who contributed to the report by providing information and advice to Professor Walker.

This statement sets out the appropriate level of assurance for herbal medicines supplied by herbal practitioners based on available information and advice, including that provided by Professor Walker's report. Any system of assurance needs to be proportionate and appropriate to the risks presented to public safety and be enforceable and effective.

Professor Walker recommended: more research into the level of assurance required to ensure public protection (recommendation 6); and that the sector considers seeking accreditation of its voluntary registers by the Professional Standards Authority (recommendation 5).

The Government supports these recommendations and encourages the sector to take them forwards. Delivery of recommendation 5 and 6 by the sector supports the development of standards for education, training and conduct, and would allow for collaboration on the collection of safety data and the establishment of an academic infrastructure to develop training and research into herbal medicines.

The Report, whilst recognising the value of the current system for regulating the supply of herbal medicines, explored the scope for further changes to enhance public protection and access, and made recommendations for more work to: identify known potent or toxic herbs (recommendation 1); and consider if learning can be applied from a review of food lists (recommendation 2).

In response to recommendation 1, the Government is proposing a review to identify potentially potent or toxic herbal ingredients. This is with a view to restricting the use of potent or toxic ingredients through existing mechanisms such as the Human Medicines Regulations

2012. This would link to a scheduled review of toxic ingredients of Schedule 20 of the Medicines Regulations 2012 enabling for a targeted approach to be taken with a clear focus on protecting the public. Scoping work will commence in 2017 with a view to commencing any detailed scientific assessment work as soon as practicable thereafter.

While it accepts the intention of recommendation 2, the Government believes that existing food lists have little relevance when considering substances used by herbal practitioners, which can be significantly more potent. Case law requires that the classification of a medicinal product must proceed on a case-by-case basis, a point which is made in the body of Professor Walker's Report. The suggestion that food lists (which relate to the safety and availability of products under food law) could be used to classify medicinal products conflicts with this.

Rather than reviewing food lists, which are not applicable to herbal remedies, the Government believes that more benefit will be gained by working with the sector to increase understanding of existing regulatory controls. To deliver this, the Medicines and Healthcare products Regulatory Agency and the Department of Health will produce a joint communications and engagement plan setting out proposed work with the sector in 2017.

The Report also recognises the impact of the EU's Herbal Directive on access to some herbal medicinal products by recommending consideration of: a system to allow small scale assembly of products off-site on a named patient basis (recommendation 3); and inviting a review by the European Commission on the operation of the Herbal Directive (recommendation 4).

In due course, the United Kingdom will be leaving the European Union. The outcome of the exit negotiations will determine what arrangements apply in relation to EU legislation in future once the UK has left the EU.

The Government does not accept recommendation 3. The UK already operates a permissive regime for herbal practitioners which allows them to make up preparations on their own premises for named patients following one to one consultations. Those that are permitted to dispense (pharmacists, other registered medical professionals), and the premises they use, are heavily regulated for safety reasons.

The Human Medicines Regulations 2012 permit herbal medicinal products to be manufactured or assembled by people other than registered nurses, midwives, doctors and dentists provided that preparations are made up on premises they occupy and from which the public can be excluded, that preparations are made up on a named patient basis, and that these preparations do not contain specifically prohibited substances as listed in domestic legislation.

Practitioners therefore may make up preparations on their own premises for individual patients but they may not import or sell any mass-produced products which do not hold a Traditional Herbal Registration or Marketing

Authorisation. Allowing people with no qualifications to put together medicines and carry this out on unregulated premises conflicts with everything else the MHRA does and could cause confusion to the public.

The Government notes recommendation 4. The Government is open to further consideration of the case for statutory regulation once there is further evidence to understand the risk and confirm what level of assurance is appropriate and proportionate. This evidence would be obtained from experience of voluntary registration accredited by the Professional Standards Authority and further research undertaken by the sector.

One reason for wishing to consider the evidence is because the range of products has changed following amended regulations in 2011. This has revised the risks presented. Another change is the development and delivery of the process for independent accreditation of voluntary registers provides an alternative option for the assurance of herbal practitioners.

Consideration of the evidence will support the public, employers and commissioners to make an informed choice about an individual practitioner as they will have demonstrated their commitment to upholding standards relevant to their practice.

# Written Answers

Tuesday, 28 February 2017

## Air Pollution: Health Hazards

Asked by **Lord Birt**

To ask Her Majesty's Government what is their assessment of the health risks posed by air pollution; and what plans they have, including targets, to reduce air pollution. [HL5432]

**Lord O'Shaughnessy:** Long-term exposure to air pollution reduces life expectancy by increasing deaths from cardiovascular and respiratory conditions and lung cancer. Short-term exposure to elevated levels of air pollution can also have a range of adverse health effects, particularly on individuals with pre-existing heart or lung conditions, including exacerbation of asthma, effects on lung function, increases in hospital admissions and mortality.

The Government is committed to tackling air pollution and that is why we are continuing as a matter of urgency to explore all possible further measures to improve air quality across the country. In addition, the United Kingdom has signed up to legally binding overall national ceilings for emissions of five major pollutants to be met by 2020 and 2030. The 2030 target should, if achieved, result in deaths from poor air quality being halved.

## Care Homes

Asked by **Baroness McIntosh of Pickering**

To ask Her Majesty's Government what estimate they have made of the number of (1) nursing home beds, and (2) residential care home beds, available in (a) 2005, (b) 2010, and (c) 2015. [HL5461]

**Lord O'Shaughnessy:** The information requested is contained in the following table.

Date	Nursing Home Beds	Residential Home Beds	Non-medical care homes	Total beds
31 March 2005	179,246	271,788	254	451,288
31 March 2010	202,654	256,616	178	459,448
1 April 2015	224,754	239,307	NA	464,061

*Source:* The 2010 and 2015 figures were produced by the Care Quality Commission (CQC), and the 2005 figures were produced by one of the CQC's predecessors, the Commission for Social Care Inspection.

## Clinical Commissioning Groups

Asked by **Baroness Wheeler**

To ask Her Majesty's Government what steps they have taken to support NHS England's engagement with interested clinical commissioning groups in developing collaborative commissioning arrangements. [HL5488]

**Lord O'Shaughnessy:** Over the past two years, NHS England has been working to support greater clinical commissioning group (CCG) engagement in specialised services through the collaborative commissioning programme. Arrangements have been put in place at a regional and sub-regional level to support engagement between NHS England and CCGs.

The programme has recently been refreshed in light of the emergence of sustainability and transformation plans (STPs). Working with STPs provides a significant opportunity to use collaborative commissioning to better join up care, improve outcomes, and benefit patients.

In January 2016, to support the move to place-based commissioning, nominal CCG allocations for 2016/17 – 2020/21 were published. The allocations included approximately £14.5 billion of the total specialised budget of approximately £15.7 billion, excluding items such as highly specialised services. These place-based allocations were included in STP control totals and supported discussions on specialised commissioning with STPs.

NHS England is developing options for its regional teams, CCGs and STPs to work more collaboratively, with a priority focus on mental health, learning disabilities, and cancer services. It is also working with a small number of STP areas to support implementation and disseminate the learning to the wider system.

## Convention for the Prevention and Punishment of the Crime of Genocide

Asked by **Lord Alton of Liverpool**

To ask Her Majesty's Government whether they plan to call upon the United Nations to take appropriate action under the UN Charter for the prevention and suppression of acts enumerated in Article III of the Convention on the Prevention and Punishment of the Crime of Genocide 1948. [HL5420]

**Baroness Anelay of St Johns:** The UK is party to the Convention on the Prevention and Punishment of the Crime of Genocide 1948 which includes an undertaking to prevent and punish the crime of genocide. Our seat on the UN Security Council means that the UK is able to swiftly engage where a threat of such crimes emerges. The form of that engagement depends on the particulars of any individual situation. Where prevention has failed, it is the international community's responsibility to take collective action, through diplomatic, humanitarian and other means. Where timely and decisive action to end, or prevent, the commission of genocide, crimes against humanity or war crimes is necessary, the UK is active in calling for UN action. The UK's support for the International Criminal Court and other international tribunals also helps to ensure there is no impunity for the most serious international crimes. It continues to be the UK Government's position that formal recognition that genocide has been committed is ultimately a matter for the courts, not political bodies.

## Counter-terrorism

*Asked by Lord Pearson of Rannoch*

To ask Her Majesty's Government what assessment they have made of the role of the Global Anti-Aggression Campaign, and of any wider implications that assessment may have for their counter-extremism and terrorism policies. [HL5595]

**Baroness Williams of Trafford:** The Government has made no assessment of the Global Anti-Aggression Campaign. The 2015 Counter-Extremism Strategy sets out the Government's commitment to tackling the full spectrum of extremism: violent and non-violent, Islamist and far and extreme right wing.

## Defence: Expenditure

*Asked by The Marquess of Lothian*

To ask Her Majesty's Government whether the UK met the NATO target of spending two per cent of GDP on defence in 2016. [HL5514]

**Earl Howe:** Yes. The Government has committed to spending 2 per cent of GDP on defence every year of this decade. As reported by NATO, the UK will spend over 2 per cent of GDP on defence in 2016. This can be seen in table 3 of NATO's most recent publication of defence spending figures:

[http://www.nato.int/nato\\_static\\_fl2014/assets/pdf/pdf\\_2016\\_07/20160704\\_160704-pr2016-116.pdf](http://www.nato.int/nato_static_fl2014/assets/pdf/pdf_2016_07/20160704_160704-pr2016-116.pdf)

The Answer includes the following attached material:

HL5514 - NATO's Defence Spending Figures [Table 3 Defence expenditures as a percentage of gross domestic product and annual real change (1).pdf]

The material can be viewed online at:  
<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2017-02-21/HL5514>

## Dental Services

*Asked by Lord Pendry*

To ask Her Majesty's Government why in-year variations of primary dental care contracts are no longer permitted. [HL5490]

**Lord O'Shaughnessy:** NHS England advises that commissioners continue to be able to agree in year variations of primary care dental contracts. There has been no change of policy on this. Agreeing variations remains at local discretion.

## Developing Countries: Minority Groups

*Asked by Lord Alton of Liverpool*

To ask Her Majesty's Government what steps they are taking to ensure that UK development aid is reaching the most vulnerable religious minority groups in recipient countries; and what steps they are taking to

ensure that religious minorities are included in the Department for International Development's development plans. [HL5496]

**Lord Bates:** DFID's analysis of poverty and vulnerability looks at a range of factors that lead to exclusion. We work closely with the Foreign and Commonwealth Office who lead on the protection of freedom of religion and religious minorities.

## Education: Standards

*Asked by Lord Bird*

To ask Her Majesty's Government, further to the remarks by Lord Nash on 20 February (HL Deb, col 3), what assessment they have made of the Joseph Rowntree Foundation analysis, Brexit vote explained: poverty, low skills and lack of opportunities, regarding the correlation between low educational attainment and voting leave in the EU referendum; and what action, if any, they plan to take to address educational inequalities across the UK. [HL5498]

**Lord Nash:** We want to create a country where everyone has a fair chance to go as far as their talents will take them, and education is at the heart of this. We recognise that too often, background or where you live limits access to opportunities, which lead to success in later life.

The Joseph Roundtree Foundation's report, "Brexit vote explained", examines the importance of poverty, educational opportunity and life experiences. We are committed to investing in more good school places, reforming technical education to deliver the skills employers need, and tackling educational inequality and increasing opportunity.

Thanks to our reforms, there are nearly 1.8 million more children in schools rated good or outstanding than in 2010, while the attainment gap between disadvantaged children and their peers is narrowing. We know, however, that there is more to do.

We will continue to provide the pupil premium, worth around £2.5 billion this year, and invest £137 million through the Education Endowment Foundation to expand the evidence base on what works in education for disadvantaged pupils.

The report's analysis places particular emphasis on 'place' in examining inequality of opportunity. As a Department, we too recognise that geography plays a significant role in equality of opportunity.

As part of our reforms, we have set out plans to create more good school places, in more parts of the country, by ending the ban on new grammar schools, where we know bright children from disadvantaged backgrounds thrive, and harnessing the resources and expertise of our universities, independent and faith schools.

To target regional disadvantage, we are introducing a fairer funding system to rectify the historic and unfair



postcode lottery in how school funding is distributed in England.

Opportunity Areas are at the vanguard of our efforts to tackle geographic disadvantage and increase social mobility. We will be investing £72 million of new funding into our 'Opportunity Areas' strategy, promoting social mobility in areas facing challenges, along with a new £3.5m programme for the Education Endowment Foundation to establish a Research School for each Opportunity Area. We are also investing £70m to support the Northern Powerhouse Schools Strategy.

As we prepare to leave the European Union, we understand the importance of levelling up opportunity, so that everyone is included in Britain's future, regardless of where they start in life.

## Free Movement of People

*Asked by Lord Reid of Cardowan*

To ask Her Majesty's Government whether they make any distinction between the free movement of people and the free movement of labour. [HL5522]

**Baroness Williams of Trafford:** The free movement of persons for work and other purposes is provided for in the Treaties and Court of Justice of the European Union case law and is largely governed by the Free Movement Directive. The UK has implemented the Directive through the Immigration (European Economic Area) Regulations 2016.

The Directive sets out that in order for an EU citizen to reside in another Member State beyond three months, they must be exercising a Treaty right. Exercising Treaty rights in this context means they must be working, self-employed, self-sufficient, a student, or the family member of an EU national who is exercising a Treaty right, and meet the relevant requirements according to the activity they are undertaking.

## Health Services

*Asked by Lord Bird*

To ask Her Majesty's Government what assessment they have made of the (1) health, and (2) economic, benefits of social medicine. [HL5477]

**Lord O'Shaughnessy:** Social medicine is defined as 'a branch of science concerned with social and economic aspects of health, disease, and medical care'.

Social medicine involves taking action on the social determinants of health, which contribute to health inequalities. Health inequalities are systematic, avoidable and unjust differences in health and wellbeing between groups of people, and arise from unequal distributions of social, environmental and economic conditions, such as employment, education and housing. Public Health England (PHE) exists to protect and improve the public's health and wellbeing and reduce health inequalities.

The report *Fair Society, Healthy Lives* (*The Marmot Review*), published in early 2010, stressed that tackling health inequalities was a matter of social justice, with real economic benefits and savings and called for action to tackle the social gradient in health outcomes. A copy of *Fair Society, Healthy Lives* has already been placed in the Library. A further report prepared for the Marmot Review, titled *Estimating the cost of health inequalities*, gives more detail on the economic losses resulting from health inequalities. A copy of this report is attached. PHE has partnered with the Marmot Review team, the Institute of Health Equity, to develop products for local areas to translate the review recommendations into practical actions.

The Answer includes the following attached material:

Estimating the cost of health inequalities [Estimating the costs of health inequalities.pdf]

The material can be viewed online at:

<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2017-02-20/HL5477>

## Heart Diseases

*Asked by Lord Freyberg*

To ask Her Majesty's Government what is their response to the findings of the Healthcare Quality Improvement Partnership's National Audit of Cardiac Rhythm Management Devices April 2015 to March 2016 published on 14 February. [HL5445]

**Lord O'Shaughnessy:** This audit provides useful information for National Health Service commissioners and providers in relation to the commissioning and use of Cardiac Rhythm Management Devices.

The clinical indications for implantation of pacemakers and defibrillators are well established and National Institute for Health and Care Excellence guidelines exist for both these type of devices. We expect clinicians, providers and commissioners to follow best practice in relation to using these devices.

## HIV Infection

*Asked by Lord Black of Brentwood*

To ask Her Majesty's Government, further to the Written Answer by Lord O'Shaughnessy on 20 February (HL 5325), what is the percentage of overall new HIV infections classified as late diagnosis for each of the last five years. [HL5535]

**Lord O'Shaughnessy:** A late HIV diagnosis is defined as having a CD4 cell count less than 350 cells/mm<sup>3</sup> within three months (91 days) of diagnosis. The following table shows the percentage of HIV diagnoses classified as late among adults (aged 15 years and above) diagnosed in the United Kingdom for each of the last five years:

<i>Year</i>	<i>HIV diagnosis (%)</i>
2011	48%
2012	46%
2013	42%
2014	41%
2015	39%

*Source:* Official Statistics – HIV: annual data tables

Late diagnosis data for 2016 will be published in October 2017.

### **In Vitro Fertilisation**

*Asked by Lord Alton of Liverpool*

To ask Her Majesty's Government what evidence they have received from Dr Valery Zukin, director of the Nadiya Clinic for Reproductive Medicine in Kiev, regarding the safety of the use of the mitochondrial transfer procedure in humans and the experience of his colleagues in using this technique in preclinical research; and what consideration they have given to Dr Zukin's argument that there should be clinical trials of the procedure. [HL5495]

**Lord O'Shaughnessy:** The Human Fertilisation and Embryology Authority (HFEA) has advised that the expert panel convened by the Authority last considered the scientific and clinical evidence related to mitochondrial donation in 2016. At the time of publishing its report on 30 November 2016 it had not received any evidence from Dr Valery Zukin or his team in Ukraine. The HFEA has made no consideration of Dr Zukin's argument that there should be clinical trials of the procedure.

### **Muslim Brotherhood**

*Asked by Lord Pearson of Rannoch*

To ask Her Majesty's Government what progress they have made, in pursuit of their counter-extremism policy, in assessing the motivation, role and aims of the Muslim Brotherhood, since the publication of the Jenkins Review. [HL5594]

**Baroness Williams of Trafford:** The Government's 2015 Muslim Brotherhood Review concluded that the movement is a secretive organisation with an ambiguous relationship with violent extremism. The Government remains committed to keeping under review the views promoted and activities undertaken by the Muslim Brotherhood's associates in the UK, in accordance with the review's five commitments, which were outlined in the former Prime Minister's statement to Parliament.

The Government will consider action against the review's commitments if and where legal thresholds are met. It would not be appropriate for the Government to provide a running commentary.

### **National Institute for Health and Care Excellence**

*Asked by Baroness Wheeler*

To ask Her Majesty's Government what discussions they have had with NICE concerning the implementation of an abbreviated highly-specialised technologies process. [HL5489]

**Lord O'Shaughnessy:** The Government has had no such discussions. There are no plans for the National Institute for Health and Care Excellence to introduce an abbreviated highly specialised technologies evaluation process.

### **Preventive Medicine: Finance**

*Asked by Lord Bird*

To ask Her Majesty's Government what (1) proportion, and (2) amount, of each departmental budget was (a) allocated to, and (b) spent on, preventative health in each of the last five years. [HL5476]

**Lord O'Shaughnessy:** Information on preventative health spend is not collected centrally.

### **Refugees: Children**

*Asked by Lord Hylton*

To ask Her Majesty's Government whether admission to the UK of unaccompanied refugee children, under section 67 of the Immigration Act 2016, will start again in April 2017; and whether there will be limitations on entry, based on age, vulnerability, nationality or previous location. [HL5561]

**Baroness Williams of Trafford:** On 8 February, the Government announced that we will transfer the specified number of 350 children to the UK under section 67 of the Immigration Act following consultation with local authorities on capacity. We will announce in due course the basis on which further children will be transferred from Europe to the UK, where it is in their best interests, under section 67 of the Immigration Act to the specified number.

### **Refugees: Radicalism**

*Asked by Lord McInnes of Kilwinning*

To ask Her Majesty's Government what measures they are taking to avoid the radicalisation of young refugees who are receiving UK-funded aid and education in refugee camps. [HL5519]

**Lord Bates:** All DFID education programmes are analysed to ensure that they do not inadvertently promote intolerance, exacerbate grievances or contribute to feelings of frustration due to unmet expectations, for example, on employment. Where possible, such programmes aim to contribute to resilience to



radicalisation, for example by supporting the development of critical thinking, providing psychological support, and equipping young people with relevant vocational and technical skills.

### Schools: Cost Effectiveness

*Asked by Lord Kinnock*

To ask Her Majesty's Government, in the light of increasing pupil numbers, what assessment they have made of the need for schools to make efficiency savings; and what action they are taking to support schools in this regard, including making savings in procurement and workforce spending. [HL5510]

**Lord Nash:** We want schools to have the resources they need so that every child has access to an education that fulfils their potential. We have protected the core schools budget in real terms overall. This year, it is the largest ever on record, totalling over £40 billion.

We recognise that schools, as with other public services, are facing broader cost pressures. In response to this we have produced tools, information and guidance for schools financial health and efficiency, which can be found at:

<https://www.gov.uk/government/collections/schools-financial-health-and-efficiency>.

We also know there is significant scope for savings in non-pay and procurement costs. We have launched a school buying strategy to support schools to seek to save over £1bn a year by 2019-20 on their non-staff spend.

The collection also includes Workforce Planning Guidance for schools. This guidance contains links to advice and case studies, as well as lists of options and questions for school leaders to consider when reviewing their staff structures.

### Schools: Finance

*Asked by Lord Kinnock*

To ask Her Majesty's Government what advice they are giving to parents who have been notified by their children's maintained schools of the need for voluntary financial contributions to offset higher operational and employment costs and real-terms reductions in public funding. [HL5509]

**Lord Nash:** The published advice 'Charging for School Activities' is available to parents.

The advice explains that schools can ask for voluntary contributions for the benefit of the school or any school activities. When schools make requests for contributions they should not make parents feel pressurised into paying and must make clear contributions are voluntary.

The advice also makes clear that no child should be excluded from an activity simply because his or her parents are unwilling or unable to pay.

### South Sudan: Famine

*Asked by The Marquess of Lothian*

To ask Her Majesty's Government what action they are taking to help to alleviate the famine in South Sudan. [HL5515]

**Lord Bates:** On the 22 February the Secretary of State for International Development announced a £100 million package of assistance for South Sudan which will provide food for 500,000 and clean water for 300,000. We are encouraging other donors to step up their efforts to respond to the famine whilst calling on all sides involved in the conflict to bring an end to the fighting.

### Teachers: Pay

*Asked by Lord Watson of Invergowrie*

To ask Her Majesty's Government whether they intend to review the pay scales for teachers over the course of this Parliament. [HL5527]

**Lord Nash:** Teachers' pay in England and Wales is based on recommendations from the School Teachers' Review Body (STRB), the independent body that advises on teachers' pay and conditions. The Government has asked the STRB to report by early April with its recommendations for the September 2017 pay award.

### Undocumented Migrants: Private Rented Housing

*Asked by Baroness Lister of Burtersett*

To ask Her Majesty's Government what assessment they have made of the findings of the Joint Council for the Welfare of Immigrants study of the impact of the right to rent checks on migrants and ethnic minorities in England. [HL5544]

**Baroness Williams of Trafford:** The Joint Council for the Welfare of Immigrants' report includes findings about discrimination in relation to the Right to Rent scheme, but the Government's view is that JCWI does not provide clear evidence that discrimination has arisen as a consequence of the scheme. However, the Government takes this issue seriously, and officials will meet with JCWI in order to discuss the findings in their report.

The Government's own evaluation of phase one of the scheme, in parts of the West Midlands, found no evidence of discrimination in terms of outcomes for prospective tenants.

### Visas: Zimbabwe

*Asked by Lord Oates*

To ask Her Majesty's Government how many visas have been refused to leading Zimbabwean political activists over the past year. [HL5466]

**Baroness Williams of Trafford:** The Home Office does not publish the specific data requested. Information on visa applications and outcomes by nationality can be found online at the following link: <https://www.gov.uk/government/statistics/immigration-statistics-october-to-december-2016>

Information relating to Zimbabwe specifically is available in the attached table.

The Answer includes the following attached material:

Zimbabwe Stats [Zimbabwe stats.xlsx]

The material can be viewed online at: <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2017-02-20/HL5466>

### Voting Rights: Females

*Asked by Lord Porter of Spalding*

To ask Her Majesty's Government what steps they plan to take to commemorate the centenary of the 1918 Representation of the People Act, and the commencement of women's suffrage in the UK. [I] [\[HL5472\]](#)

**Lord Young of Cookham:** Parliament has developed plans to celebrate the centenary of the Representation of the People Act 1918 through events organised by the Vote 100 Project, and the Government fully supports this.

### Wines: Labelling

*Asked by Lord Blencathra*

To ask Her Majesty's Government, further to the Written Answer by Lord Gardiner of Kimble on 13 February (HL5188), whether the Food Standards Agency has identified any increased perceived risk of wrongly labelled French and Spanish wine in the light of widespread reports of wine fraud in the EU. [\[HL5552\]](#)

**Lord O'Shaughnessy:** Wine sampling is conducted by the Government on a random and risk led basis. It therefore remains fully adaptable to respond to actual and perceived risks faced by the wine sector and consumers.

### Wines: Testing

*Asked by Lord Blencathra*

To ask Her Majesty's Government how many bottles of wine were sampled by the Food Standards Agency from each EU country in each of the last five years. [\[HL5553\]](#)

**Lord O'Shaughnessy:** The Food Standards Agency (FSA) samples wine on risk basis and based on intelligence received from other Government departments or authorities in member states.

The FSA takes two bottles of a particular wine during sampling exercises. The information of number of bottles sampled from European Union countries is shown in the following table.

	<i>Italy</i>	<i>Germany</i>	<i>United Kingdom</i>	<i>France</i>	<i>Spain</i>
2012	10	-	-	-	-
2013	16	-	-	-	-
2014	28	2	2	-	-
2015	100	-	12	2	4
2016	72	-	6	4	4

### Zimbabwe: Health Services

*Asked by Lord Oates*

To ask Her Majesty's Government what assessment they have made of the state of health provision in Zimbabwe, including drug shortages in Zimbabwean hospitals, and of its impact on neighbouring countries; and what development aid or other support they are providing to address these issues. [\[HL5521\]](#)

**Lord Bates:** DFID assesses health provision in Zimbabwe through quarterly health facility surveys. In December 2016, 95% of hospitals had at least 80% of the routinely tracked vital medicines. Impact on neighbouring countries is therefore likely to be minimal. The UK supports medicines and service delivery through The Global Fund to Fight AIDS, TB and Malaria, GAVI – the Vaccine Alliance and a multi-donor Health Development Fund.

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