Backbench Committee

Representations: Backbench Business

Tuesday 14 May 2019

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Watch the meeting

Members present: Ian Mearns (Chair); Bob Blackman; Colin Clark; Jess Phillips; Alex Sobel.

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Representations made

I: Sir Mike Penning
II: Keith Vaz
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IV: Martin Whitfield and Ruth Jones
V: Johnny Mercer

Written evidence from witnesses:

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Sir Mike Penning made representations.

Q1 **Chair:** Good afternoon and welcome to the Backbench Business Committee. We have five applications in front of us this afternoon in the public session. The first is from Sir Mike Penning, and it is about medical cannabis under prescription. Over to you please, Mike.

**Sir Mike Penning:** Thank you, Chair. I have been in front of the Committee before asking for a debate; you were very generous to us when we were campaigning on behalf of our constituents to try to get medical-use cannabis prescribed for them. I am pleased to say that, with the help of the House and this Committee, the Home Secretary changed the law on 1 November so that, under certain conditions—namely that a consultant had prescribed medical cannabis, particularly for epilepsy and seizure, but also for other medical conditions—medical cannabis was descheduled.

That was a thrilling day, and we have had a lot of momentum from the mums, the dads and the kids. I am sure most of the Committee remember Alfie Dingley, who came to the House with lots of the parents and kids. Alfie was having up to 100 seizures a week. With the medical cannabis oil that was prescribed for him, he is a relatively normal naughty boy, as I said in the Chamber the other week. He is learning to ride a bike, he is in full-time education, and his sister has a brother, which she has never really experienced before.

Medical cannabis under prescription is not a cure; in some cases, it alleviates seizures. Sadly, to date, not one NHS prescription has been given, even though, in some cases, the consultants are happy to give them. I met a consultant this morning who is meeting patients, giving prescriptions and giving her time completely free of charge, but the NHS is not honouring the prescriptions.

It is not for me, the Committee or any parliamentarian who is not qualified to say that these kids should be given a chance in life to have prescribed medical use of cannabis when nothing else seems to be working. But from their parents point of view, they are absolutely desperate to address why. What is the problem now? The law has been changed, and medical cannabis is being prescribed privately, but people are having to go to Holland and pay for it privately—that is great, if you have the money—or they are crowdfunding to try and raise the money. We have an NHS in this country.

It is the feeling of the all-party parliamentary group on medical cannabis under prescription that we should have a further debate, if possible, on the Floor of the House, so that the 80-odd Members—some of whom are on your Committee, Mr Chairman—who came and visited the families can see the difference it can make. Frankly, we also want to put pressure on the Government and the medical profession to answer the question about why no NHS prescriptions are being honoured.

**Chair:** Thank you. Do you have any questions, Bob?
Q2 Bob Blackman: A couple of quick questions, Mike. The first is, presumably the answering Department for this debate has shifted from the Home Office to the Department of Health and Social Care.

Sir Mike Penning: Yes, it has.

Q3 Bob Blackman: The other issue is whether there is any time sensitivity on the request. Obviously, there are a number of people who—

Sir Mike Penning: To answer the question, Bob, we had an urgent question granted by the Speaker the other week. There was a huge debate in Government, not least in the Home Office, where I used to be the responsible Minister who would have answered that question. However, we have passed the legislation now—medical cannabis has been deregulated—and it is for the Department of Health and Social Care to answer. The Secretary of State answered the urgent question, so the answer is that it would be the Department of Health and Social Care. The urgency is around these kids.

Bob Blackman: Sure, I understand.

Sir Mike Penning: I fully understand the demands on the Committee, and that I am asking on behalf of the all-party group and these mums, dads and kids for the debate to be for three hours on the Floor of the House, because of the sheer volume of people who would want to take part in that debate. Please could it be as soon as it can be, but we understand the pressures on time.

Q4 Bob Blackman: Finally, then, given the urgency, and given what you want, would it not be better to put a divisible motion to the House on what you want the Government to do?

Sir Mike Penning: If we can get a three-hour debate, that is exactly what we would like to do.

Q5 Bob Blackman: Except that your application at the moment is for a general debate. Therefore, it is in the ownership of the Backbench Business Committee, and we would expect to see any motion before it gets tabled, because that is the basis on which we agree a stance.

Sir Mike Penning: I understand that. I have to go with what we bid for, which is a three-hour debate. It would certainly be up to the House and your Committee to decide that.

Q6 Chair: The way that we normally play this is that we try to be as flexible as possible. If you want to submit a divisible motion subsequently, we would accept that, and that would then increase your priority for getting Chamber time.

Sir Mike Penning: That is clearly something that we would like. But I was worried about coming before this Committee and saying, “This is urgent, and this is what we need to do.” Some of these kids are—without being rude—your constituents. I can’t put any more pressure on you than that.

Q7 Chair: In that case, here is the $64,000 question. We have been tipped
off that there is a possibility of some time in the Chamber on Monday. If that were to occur, at fairly short notice, would you be able to accept it?

Sir Mike Penning: Yes, and we will give a divisible motion to you in time for that.

Q8 Chair: Similarly, we have time available next Thursday. I know things are happening all around the country on that day.

Sir Mike Penning: I will be thrilled to be here.

Q9 Chair: You will be thrilled to be here. If it was available, you would be happy to take Thursday 23 May as well?

Sir Mike Penning: We certainly would. We would take three hours on the Floor whenever this Committee gave it to us.

Chair: Thank you very much indeed. That is very useful.

Q10 Alex Sobel: In terms of resolving the issue, would it lie with the Department of Health and Social Care, NHS England or CCGs, or is it a combination?

Sir Mike Penning: It is a combination. At the end of the day, the legislation sits with the Secretary of State for Health and Social Care. Believe it or not, I have had letters back to me, as a constituency MP, from the CCG, saying, "We do not prescribe homeopathic care." They do not understand what we are talking about here in any shape or form.

The key is continued pressure on the Secretary of State as to what the blockage is for the 18 kids we know have a prescription and why that is not coming through. In the longer term, there have to be trials. We accept that. But at the same time, these kids are often being given really strong drugs, which were not designed for what they are being used for, to control the epilepsy and the seizures. We know that, because, in some cases, they go to Holland and buy the drug. I am sure you saw the situation the other day when the drug was seized at Southend airport because they said there wasn’t a prescription. A private prescription was then written, and the drug was released to that family, after all that stress.

Chair: Okay. In that case, thank you very much.

Keith Vaz made representations.

Q11 Chair: Next up we have Keith Vaz on the Yemen peace process.

Keith Vaz: Thank you very much, Chair and members of the Committee. The Yemen conflict has been described as the forgotten war. Next week marks the 28th anniversary of the reunification of Yemen. I declare my interest, having been born in Yemen and having chaired the all-party parliamentary group on Yemen for almost the whole time that I have been in Parliament. The situation in Yemen is now critical. Next week is a critical phase in the history of this troubled country.
Every year, the APPG holds an event called Yemen Day, where the Foreign Secretary and others come to talk about Yemen. This year’s event will be on 22 May—the day of the reunification. We will be hearing from the aid agencies about the crisis that is occurring in Yemen.

At the moment, the peace process is in the balance. Although there were negotiations in Stockholm and an agreed way forward for Yemen, there still has not been an implementation of the peace process. We have heard that one of the rebel forces, the Houthis, has started its withdrawal from Hodeidah, which is the key port that allows aid to enter Yemen. However, that is being done unilaterally. This little conflict in a country of 22 million people is, to some people, a proxy war between Saudi Arabia and Iran. Therefore, there is a huge amount of global interest in what is happening in Yemen.

Why do we want to hold the debate next week? You have huge pressures on your time. Other colleagues will put in bids for the precious time of the Backbench Business Committee. Next week is important, because if we have a debate on this subject, it will be heard well beyond Westminster. Looking at other Parliaments, the United States has debated Yemen for 24 hours over the past five months. They have had three key votes in the House of Representatives, and they were able to pass a resolution that has actually been vetoed by President Trump. However, we have not had a substantial debate on Yemen since the emergency debate that Andrew Mitchell initiated last September through Standing Order No. 24, when 23 Members tried to speak but were not all able to because of the pressure on time.

Just to tell you the key facts. Some 70,000 people have been killed in the fighting since the conflict began in 2015, and 85,000 children have died of starvation. On his visit to Aden a few weeks ago, the Foreign Secretary said 100 children were dying every single day. The UN estimates that unless the conflict stops, the total number of people who will have been killed by the end of this year will be 130,000. A debate in the British Parliament will have significant implications for the peace process. People care about what we say.

Even though next week is tough because the European elections are on next Thursday and lot of people will be away, I have had indications from a number of colleagues that they would want to participate. Alison Thewliss, Gill Furniss, Tim Loughton, Douglas Chapman, Stephen Twigg, Tom Brake, Richard Burden, Bob Stewart, Stephen Gethins and others have all said they want to participate. I am sure they will, because they really make an effort and make time to be there. That is why I hope very much that you will give us some time for this. I heard what you said to Mike Penning—obviously, he and other Members have critical issues that they want discussed—but if the time were available for us because it is week of the 28th anniversary, we would be happy to have any time on Monday or Thursday. Obviously, we would like peak time on Wednesday, which is actually the date, but I know the Government will not give you that time.
Jess Phillips: They’re not doing anything else.

Keith Vaz: Can I say that there are substantial Yemeni communities in Birmingham, Leeds, Harrow, Leicester and Cardiff, and in Edinburgh and Glasgow in Scotland?

Q12 Chair: Don’t forget South Shields.

Keith Vaz: And in South Shields. Actually, there is a very big community in South Shields, as you know. They will all be watching this debate and hoping that we will get this time from you.

Chair: Thank you very much indeed.

Q13 Bob Blackman: Obviously, Keith, we have every sympathy with the plight in Yemen, and the time sensitivity of the debate actually figures well. Although you say there are others who might wish to speak, you will obviously appreciate that we have a lot of pressure on our timeframe. We would normally require 15 guaranteed speakers to give a three-hour debate. At the moment you are a bit short of that, although you have a mixture of people from different parties. It would be very helpful if you could supply the Clerks with some additional speakers who are guaranteed to come and speak. What we cannot have is the debate collapsing because of a lack of contributions—time in the Chamber is so precious. If you could supply that list, that would be very helpful.

Keith Vaz: Sure. Just to answer, Mr Blackman, obviously I will try, but you know what parliamentary colleagues are like: things happen, and they may have to disappear. We are quite happy to share that time if the whole three hours is not available. We would not be unhappy with an hour and a half.

Q14 Bob Blackman: So the debate is the most important thing.

Keith Vaz: The debate is the most important thing, because it means we can then move the agenda forward.

Q15 Chair: Just for the record, you have already indicated that if Monday or Thursday became available, you would be able to accept either. The only caveat is that we might only find out about Monday at short notice. If we were to, say, pre-allocate any time, put your people on notice that the debate might go ahead. At the moment, the Government have told us that there is a 50% chance that time will become available. Based on recent history, I would say that it is probably more than that.

Anyone else, please? No? In that case, Keith, thank you very much indeed.

Robert Courts made representations.

Q16 Chair: Next up we have Mr Robert Courts on Government support for active travel and local walking and cycling infrastructure plans. Robert, over to you, please.
**Robert Courts:** Thank you, Chair, and thank you members of the Committee for hearing this application, which I make in partnership with Stephen Morgan. It arises out of Government policy and Government announcements. The cycling and walking investment strategy sets out aims and targets. Local authorities, through their own local targets, are intended to work out their own strategies, and then apply how they are going to make that happen. The Minister said recently that further major intervention is going to be required to get these off the ground. I therefore suggest that it is an appropriate time for us to debate what the Government should be doing to progress their own strategy and to assist local authorities to progress the targets and strategies that they are also meant to be bringing about.

It is quite a topical matter. We would all like to see much greater investment in active travel, and greater walking and cycling, whether in the city or the countryside—that is probably a fairly common thing. Of course, that goes further than simply Transport; Transport is the answering Department for this, but in reality we can probably look at it as a Health matter at the same time.

A number of us are down who would like to speak. As I say, Stephen is the lead Member, with myself, although sadly he is not here today. I probably ought to say that I have a relevant interest, which is on the form: I am a member of Cycling UK.

**Q17 Bob Blackman:** A couple of quick questions. The answering Department is Transport. Is there anything going on about transport strategy or walking strategy that is likely to be announced that would make this time sensitive?

**Robert Courts:** Not that I am aware of.

**Q18 Bob Blackman:** Okay, fine. While we have you, you are on the waiting list for the combat air strategy debate, which we potentially have time for on a Thursday. Are you still pursuing that debate?

**Robert Courts:** Yes, most definitely. I am conscious that we have not held that, and I apologise. It is simply because I have not been available, or I have not been around. We have had a bad time—

**Q19 Bob Blackman:** For your walking strategy, would you prefer a Tuesday morning allocation, rather than a Thursday?

**Robert Courts:** For myself, I don’t mind. I do not know what Stephen’s view is, but I would have thought that we are both likely to be able to do a Tuesday, because we all tend to be here on a Tuesday. That is not always the case with Thursdays.

**Q20 Alex Sobel:** You keep tabling debates on issues that I am deeply passionate about, Robert, so it’s always nice to talk. You have said here that the co-sponsor is not available on 21 or 22 May, so you are looking for the first date in June.

**Robert Courts:** Yes, it is mid-June, for Stephen’s availability.
Chair: Okay, thank you very much. Anyone else? No? In that case, thank you very much, Robert. Nice to see you again.

Martin Whitfield and Ruth Jones made representations.

Chair: Next up, we have Mr Martin Whitfield and Ruth Jones—welcome, Ruth, to your first meeting—on women’s mental health.

Jess Phillips: No, that’s Johnny Mercer.

Q21  Chair: I beg all of your pardons; it is invisible disabilities and accessibility challenges.

Martin Whitfield: I am grateful, Chair. I have brought Ruth along partly because she is passionate about this, and this is her first appearance before the Backbench Business Committee.

This application dates back to work I have done with a young student in my constituency called Grace Warnock, who suffers from Crohn’s disease. She created an invisible disability sign to go on toilet doors because she had a horrible incident when she was young, when people treated her very badly because she had no apparent disability. Grace has continued with her campaign in Scotland, supported by the Scottish Parliament and her MSP, and my colleague, Iain Gray, so that her sign appears in schools, airports, and train stations around Scotland.

Since my election, we have carried on advocating on invisible disabilities and the challenges that people face. I had the great pleasure of having an Adjournment debate when Grace won an award from the Prime Minister for her work. The stage has been reached that the sign has gone through different changes; indeed, we would like now to move towards it becoming the British standard. If it can become the British standard, there is very good reason to believe that that would then roll out across Europe, irrespective of changes in relationships with Europe, because the British standards are regarded very highly across the world, and this would be an example of a sign that has been tested, that works and that delivers what it says.

This is an opportunity to bring that before the House. I have frankly been overwhelmed by the support I have received from colleagues for this debate. It has fallen into three categories. There are people who want to raise invisible disabilities because they have constituents who face that issue. There are people who want to raise the issue of education—that some able-bodied people feel empowered by these signs to use toilet facilities and accessible facilities when they perhaps should not. It becomes a question of the empathy that society has towards people.

Finally, there is a group of people who have visible physical disabilities who, in the main, are completely supportive of this. Again, it files into that educational need for people to accept that, sometimes, just because they can't see what is wrong with someone who is using a parking space or a toilet facility, that does not mean that that person does not have an
urgent and dire to do that. As a society, we should accept that they have a place and a right and that the facilities are there and should be used.

What Grace would ask me to say—because she says this every time she presents me with a cake—is that people should just be kind. That is what really sits behind this. As I say, I have been overwhelmed by the support of colleagues across the House for this debate, so we would be looking for the main Chamber, not on a votable motion, but to raise the issue. The request for a date after 6 June is because we have a roundtable at which we were hoping that British Standards will launch its inquiry into why this sign should, in due course, become the British standard for all toilets and parking facilities, so that people can use them.

Q22 Chair: Ruth, what about you?

Ruth Jones: I would really just echo what Martin said. I am very new to this, so bear with me. In my previous role as a physiotherapist, I worked with children and adults with learning disabilities. That includes hidden disabilities such as epilepsy, ADHD and learning disabilities, which are all issues where families need access to toilets and car parking facilities. It is not rocket science, but it would be really good to get this accepted and universally recognised. As Martin said, it is all about education and ensuring that people understand and are more empathetic to our fellow human beings.

Q23 Alex Sobel: I went to the #MillionsMissing event in Leeds and, indeed, spoke at it this weekend, so I have a deep appreciation. The things you talked about are quite narrow in scope, around people’s access to work, and how they are treated in the education sector and the welfare system, not receiving benefits. We have all got casework like that. Do you think those matters will be addressed in the debate, as well as the accessibility issues you were talking about? Do you want to keep it to those narrow issues?

Martin Whitfield: It is not a case of keeping it to a narrow confine. It is important to understand that, if they do not have a disability, some people find it very difficult to see, share or even appreciate the challenges that face people. It would be an opportunity to raise all of those issues. The reason this has been targeted in respect of invisible disabilities and accessibility challenges goes back to Grace’s sign. It is one small but very visible aspect of how we are inviting society to change fundamentally.

The door is being pushed open; it does need to be completely removed from its hinges, but we are a long way from that. Grace and I believe this is the next step forward, to ensure that, wherever people go in the United Kingdom—and I hope, in Europe and the world—they understand and are reminded that, just because you can’t see something, that does not mean that the person presenting in front of you does not have challenges inside, and you should be aware of that before making an accusation or a silly comment or, indeed, just being downright rude to somebody.

Q24 Bob Blackman: Very briefly, Martin, you have requested the main Chamber, and I understand the rationale for that. But it is a general
debate, and you have a very large number of potential speakers. One of the advantages of Westminster Hall is that if we allocate you three hours, you will get three hours for debate. If we allocate you time in the Chamber on a Thursday, the time gets squeezed and squeezed and squeezed. In terms of getting better debates, this is the sort of thing that would go very well in Westminster Hall. However, it is your application. If we allocate you time in Westminster Hall, will you accept it?

Martin Whitfield: I would not say no to it, because the raison d’être of the debate is the most important thing, and raising the issue. The reason for the main Chamber is the overwhelming support that followed the Adjournment debate that took place there, and also because it ties in. That is why the date is there post the launch—for the publicity that needs to go out to interested parties to comment back into British Standards. Although there is no time sensitivity in respect of this application, I think that, as Mr Sobel pointed out, one of the ways to make sure the door comes off its hinges and is open is that this issue is recognised and accepted. In order to make that happen, this needs to be heard in the largest of places with the biggest of audiences.

Q25 Chair: I would just add to Bob’s point: with 50 speakers, three hours guaranteed, they might get three minutes each in Westminster Hall. In the main Chamber, they might get a minute and a half.

Martin Whitfield: There are obviously the practicalities of the situation we find ourselves in in Parliament. No matter the venue, I would love for this to be the last time it comes before this Committee. I fear it will not be. Actually, I am quite glad it won’t be; it will keep coming back, because it is important. I am aware of your challenges and the challenges that we have at the moment.

Q26 Chair: The only thing I would add is that a very well-attended Westminster Hall tends to pick up a lot of coverage.

Martin Whitfield: Absolutely, and I know that the people and organisations that sit and support Grace will do the very best that they can. Maybe it is a recognition of the other way—of what this Parliament feels about the value of the debate.

Q27 Bob Blackman: Can I flag up one other thing? This Committee is likely to look sympathetically on having a well-attended Westminster Hall debate as a general debate, then coming to the Chamber with a substantive motion subsequently if you do not get what you want from the Government. It is extremely unlikely, I would say, that a well-attended Chamber debate will get another bite at the cherry, because of Chamber time. That is the other thing.

Martin Whitfield: I appreciate and am sensitive to that. Thank you for pointing that out.

Chair: Anyone else? No? Thank you very much indeed. Ruth, welcome, and it is nice to have you.
Jess Phillips: Ruth, you were better than some people who have previously been Ministers.

Johnny Mercer made representations.

Q28 Chair: Last but certainly not least this afternoon—and this is definitely women’s mental health—Johnny Mercer.

Johnny Mercer: Definitely women’s mental health. Chair, Committee, thank you very much for hearing my application. I am the chair of the all-party parliamentary group on mental health, and we have done a lot of work on young men’s mental health and suicide and on veterans’ care. We have had studies into perinatal mental health, but one of the overlooked areas is women’s mental health as a specialty.

One in five women experience a mental disorder such as anxiety or depression. That is compared with one in eight men. Young women are the most at risk, with one in five 16 to 24-year-olds having self-harmed. While suicide remains the biggest killer of men under the age of 44, that number among young women is on the rise. Indeed, 2017 saw the highest number of suicides among this group.

I want to have a debate now because the Government launched a taskforce in January to deal with this. Six months on, it would be good to have a debate and to audit them on the progress that has been made against some of their own markers. It is not a debate where I am looking to get in a lot of speakers and use up a lot of time, but I would like to get a Minister to the House to grill them on the progress they have made and how we can advance the cause faster up the agenda.

Q29 Bob Blackman: One quick question: your application is for a three-hour debate, and we would expect to see 15 speakers for that. At the moment, you are at nine speakers. Curiously enough, you are short on the Government side as opposed to the Opposition side. I won't comment about recent comments you have made.

Johnny Mercer: No. It’s a huge surprise.

Q30 Bob Blackman: Can I suggest that if you can supply some extra speakers from the Government side, that would advance your cause?


Q31 Chair: Anyone else? No? In that case, I thank you very much for your application.

Johnny Mercer: Cheers.

Chair: We will now go into private session to see what we can determine before the end of the day. Thank you very much.