

Backbench Business Committee

Representations: Backbench Debates

Tuesday 25 June 2019

Ordered by the House of Commons to be published on 25 June 2019.

Watch the meeting

Members present: Ian Mearns (Chair); Bob Blackman; Colin Clark; Patricia Gibson; Nigel Mills; Mr William Wragg.

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Neil Coyle made representations.

Q1 Chair: Good afternoon and welcome to the Backbench Business Committee. We have three applications in front of us this afternoon. The first is from Mr Neil Coyle on reform of the Mental Health Act. Neil, over to you.

Neil Coyle: Thank you very much, Chair. Thank you for hearing me today, and thank you to the Committee for granting the last application I made back in February for a debate about homelessness, which was very timely. I hope I am as successful today as I was back then. Sorry, I have just come out of a Bill Committee, so I am a bit breathless—I ran here to make my case.

There are three fundamental reasons why we need to have a debate now about reform of the Mental Health Act: demand, timeliness, and the importance of securing reform and getting it right. On demand, the Mental Health Act is out of date but has incredibly far-reaching powers. The independent review of the Act and its operation reported last December. They concluded: "The Mental Health Act gives the state what are amongst the most significant powers that it has; the power to take away someone's liberty without the commission of a criminal offence and the power to treat that person even in the face of their refusal. Because of that, we"—the review—"think that it is important that the purpose of the powers is clear, as should be the basis on which they should be used." It is very hard to disagree, especially given the numbers involved.

To put some figures on that, almost 50,000 people were detained under the Mental Health Act last year. The numbers are massive given the comprehensiveness and extent of those powers. That is half the number of people we as a country detained in prison last year. If we compare the two means of becoming detained, we see there are far stronger safeguards to prevent people from ending up in prison than we have in the mental health system. You have police investigation, CPS involvement, advocacy, representation and a trial; there are many safeguards to prevent people from ending up in prison. We do not have that level of protection, investigation or safeguards in the mental health system. That should concern us all.

Of course, 50,000 people were directly affected just last year by being detained under the Mental Health Act, but imagine the number of families, friends, loved ones and carers. You have local authority staff, you have all the organisations and charities out there that do brilliant work trying to support people with mental health conditions, and you have the trade unions that represent some of the staff in the NHS and other facilities in our country that provide mental health care. There is wide acceptance across the whole range of those organisations and people that the existing powers, the language and the balance of rights are out of sync in the United Kingdom in 2019. There is a need for us to draw up alternatives that are fit for the future.



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I should declare a personal interest: my mum has schizophrenia and has been sectioned many times in my life, from when I was a toddler right through to my time as a Member of Parliament. Many Members have personal stories and experiences they would want to share, and of course—thankfully—we now have a bit more awareness and an attempt to tackle the stigma. It is important that we hear from Front-Bench spokespeople on this issue about their policies as they stand today. Of course, 49 colleagues in the House supported early-day motion 1242, which calls on the Government to reform the Mental Health Act in this Parliament. I hope that is a demonstration of the Commons' appetite for this debate.

On timeliness, the independent review of the Mental Health Act reported in December last year and we have not discussed it in the House of Commons. That is a shame. The review made 154 recommendations. At the point it reported, the Government said they would accept two, but there has been very little action since. The Prime Minister recently announced that she was committed to publishing a White Paper by the end of this year. That was very welcome. It would be good to know that that is still coming and that we will be able to debate it. Of course, we must not miss the opportunity to inform that White Paper. In the absence of a Green Paper, it is even more important that we as individual MPs and political parties involve as many of the people and organisations working in this area as possible.

It is really important that we examine some of the facts and trends in mental health care and treatment. That would be really timely. There was a 40% rise in detention in the decade up to 2016-17. Parity of care in mental health has been the mantra, but this is a timely opportunity to check whether that has been delivered in practice. Some of the funding suggests that has not been the case, despite the rise in awareness, the "Time to Change" campaigning and all the positive headlines we have had about transforming attitudes towards mental health. Underlying this, in the trends and stats, from the Care Quality Commission in particular, we see a very real risk for some very disadvantaged and vulnerable people of a return to the past.

I mentioned mum's condition. Mum came out of some treatments visibly traumatised. She was visibly upset, having had some terrible experiences in formal healthcare services. That must not be allowed to continue, yet we saw in the Care Quality Commission report that almost one in five patient records showed "no evidence of consideration of the least restrictive options for care". That was double the figure in the previous year's study. The Care Quality Commission, who are inspecting services day in, day out, say: "We have seen limited or no improvement in the key concerns we have raised in previous years". There is a need for us to be involved in the scrutiny of this issue.

One very, very worrying statistic to emphasise further is that in just three months in 2017 there were 1,120 sexual safety reports highlighted by the Care Quality Commission, of which 427—a third—were sexual assault or



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harassment of patients or staff. We cannot ignore that. I think it links to union and other concerns about staff pressures, staff losses, morale, and agency and temporary staff use that we have seen in other areas of healthcare but which haven't had the same scrutiny in mental health care, despite the intensive levels of powers of coercion that the state holds over a disadvantaged group.

I hope that makes a timely case. In terms of importance, I hope I have made some of the points that would help to shape and inform the debate. Some further points that I hope make the full case—I don't know if I am running over time; you tell me.

- Q2 **Chair:** What we don't need to do, Neil, is rehearse the whole debate now; the things you have put on the record are of concern enough. The timeliness is more problematic from our perspective, in terms of the time we might have available. We already have a hefty list of unheard applications. If we couldn't slot you in in that first week, would you want it, if at all possible, before the summer recess, or would early in the autumn be okay?

Neil Coyle: As soon as possible, given the Government's commitment to a White Paper before the end of the year and the need to have further involvement. I am conscious that the last time I came, there were meant to be two of us and I felt underprepared because my partner pulled out at the last minute. If I have overprepared this time, consider it compensation.

Chair: Not at all.

- Q3 **Patricia Gibson:** I was just wondering, given the complexity and the importance of the debate—you have, I think, 12 speakers—whether you had considered a three-hour debate?

Neil Coyle: We have requested 90 minutes—the middle length. That or longer would be useful. Just to throw in one other element, the costs involved are significant. For a 45-day detention for the 50,000 people, the estimated costs are £900 million. There is an impact on the individual, obviously, and there is an impact on their families and services, but if that money could be better spent, and invested in early intervention strategies that make more of a difference and prevent the use of cost-intensive services, there is another debate there. If that means we need three hours to debate it to cover that issue as well, then definitely.

Patricia Gibson: The reason I thought that, Chair, was because every MP here will want to talk about how it works in their area—what isn't working and what could be improved. I think that if you were down to three minutes each, given the opening and closing speeches, it would be most unsatisfactory.

- Q4 **Chair:** On the very last day of term, there will potentially be some time in Westminster Hall. Would you accept that?

Neil Coyle: I would be here; as a London MP that would be relatively easy for me to commit to. I appreciate that colleagues coming from Gateshead

or further north may have travel plans that would make it slightly more complicated. I think the organisations and individuals concerned are just keen to have this debate as soon as is humanly possible.

Patricia Gibson: You don't need to worry about Scottish MPs not being able to go if it is a Thursday because the matter is devolved anyway. It is, I think, a debate for English MPs and perhaps those from Northern Ireland—not even for Wales.

Chair: Thank you very much indeed. We will be in touch if we can find a slot.

Jim Shannon made representations.

Q5 **Chair:** Next up—renewing his season ticket—is Mr Jim Shannon. Jim, your first application this afternoon is about hernia mesh in men.

Jim Shannon: Yes. First, Mr Mearns, can I thank you and the whole Backbench Business Committee for giving me the chance to come and make a request for this debate? To be truthful, when I was getting the names of the 15 people who have co-signed it, I was not fully aware of the issue of hernia mesh in men. I came across it because of constituents of mine in Northern Ireland. I found out that some 300 people in Northern Ireland have had this. I heard you saying earlier that we don't need the whole debate now—well, we won't have the whole debate now, but I will just give you a quick idea. It seems that we are very aware of the issue of hernia mesh in women through the women's problems that there may have been in relation to that. Therefore, we know very well the issues there, but for men who have had hernia operations, the mesh has been used as well, and the side effects are rather worrying.

With this debate, my ultimate aim would be to stop this type of product being used again, but we have tried that on behalf of women and it maybe hasn't been successful. We have to recognise that men are living with chronic pain, in the same way as some of the women are. Looking for action is part of this, but it is also about encouraging men to speak up about their suffering. I met a cross-party group of people from Northern Ireland—about eight of them in particular—and a debate would highlight the long-term effects not only on physical health, but on mental health and in terms of relationship breakdowns. All the things that happen to women from the operations are happening to men from their operations, so I want to have a debate on this matter to highlight it and raise awareness. I hope that the Government would respond in the same manner as they did for women and the mesh operations that they had.

The guy who gave me some of the information is a practising surgeon. I am not going to mention his name, but he carries out—sorry, Northern Ireland carries out an average of 2,000 operations a year, and he estimates that 12% of the people have problems afterwards. If you multiply that into the UK, it is at least 170,000 people. It is a massive issue. I have to say that I was never aware of it till the deputation came and met me. I am



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now aware of it and I felt constrained to come to the Backbench Business Committee and ask for a debate on it. When I spoke to some of the MPs who co-signed, they said the same thing: "Jim, I have just become aware of this as well." It is one of those hidden things that perhaps this debate will highlight, but it will also, hopefully, give the Government a chance to respond in a positive fashion.

- Q6 **Bob Blackman:** First, Jim, you have asked, in your request, for Westminster Hall on either a Tuesday or, presumably, a Thursday. It isn't quite clear, because you ticked Tuesday and I think there's a scribble in the "either" box, so I just want to clarify what your request is.

Jim Shannon: Tuesday would be great, but I respect the time that the Committee has and I would take either. Tuesday preferably, but—

- Q7 **Bob Blackman:** And it would be Health answering.

Jim Shannon: Yes, it would be—absolutely.

- Q8 **Chair:** Is there any issue about timeliness? If we could not fit you in before the summer recess, Jim, would the autumn be okay?

Jim Shannon: I heard what you said earlier to Neil Coyle. If it was the start of term, so to speak, that would be okay.

Chair: Thank you very much indeed.

Jim Shannon made representations.

- Q9 **Chair:** Next up, we have Mr Jim Shannon. Good afternoon, Jim. Your second application is on diabetes and the importance of tailored prevention messaging.

Jim Shannon: It sounds a bit like "Groundhog Day", Mr Mearns: you get up in the morning—the alarm clock goes off at six—and you're back again. So there we are, but I'm very pleased to be here.

Both the debates that I am asking for are on health-related issues; they are part of my portfolio. I have had a request come through about diabetes. For the record, I am a type 2 diabetic and have to manage my diabetes in as good a way as I can. I'm afraid that, on a Friday, whenever I go to visit my mother, she insists on giving me apple tart and custard, and we are not allowed to have that. Every week she tells me, "Don't worry about it. It won't do you any harm," so every Friday I give in. Sorry—I am digressing.

Chair: Don't worry. Honestly, Jim, if you really don't need the apple tart and custard you can bring it across, and I'll be delighted to take it off your hands.

Jim Shannon: I'm afraid it doesn't get by my plate, Mr Chairman.



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The importance of this issue is really quite simple. The focus of the debate will be to highlight and discuss the importance of tailored diabetes prevention messaging for particularly at risk groups of the population. The number of people who are type 2 diabetic is enormous.

Although the theme of the debate will be the increased risk to men of developing type 2 diabetes—and women as well, to be fair—the debate will also highlight the increased risk of type 2 diabetes for other groups, in particular, as I have become aware through my position as shadow Health spokesperson for my party, those of south Asian origin. There are some groups out there that need particular focus. The debate could involve a discussion of the importance of diabetes prevention messaging. We have to acknowledge that some groups are more at risk of type 2 diabetes, with prevention messages targeted at those communities as a result.

We could aim towards the BME communities and the Asian communities, but we also have to remind those of us who have developed diabetes in the last 14 or 15 years approximately that there is a real need to do this. The NHS, to be fair to it, has a diabetes prevention programme, long-term plans, and commitments to increase its funding. The debate could also cover how those initiatives can acknowledge those differing risks, and respond to them accordingly.

I have said before in the Chamber—I think I used these words—that diabetes is a ticking bomb, and it is. I am not sure how many people in this room have diabetes, and how many are at the risk of having diabetes, but I know one thing: we need to address this issue. I have therefore requested this debate on the importance of tailored prevention—in other words, the action that you would take on type 2 diabetes prevention for Jim Shannon, and the action, Mr Chairman, that it would take to make sure that you don't get it. That is what it is about and it is important because of the numbers.

In Northern Ireland, we have some of the highest rates of diabetes. I used to put that down to the Ulster fry, or maybe down to the apple tart and custard. I know that we have an issue in Northern Ireland, but the issue is very similar and replicated across the whole of the United Kingdom of Great Britain and Northern Ireland.

Q10 Chair: If some time did become available on Tuesday 16 July, could you take that?

Jim Shannon: I certainly would.

Q11 Chair: Of the two applications, which one is the priority? Obviously, if we have one slot and you have put two applications at the same time—

Jim Shannon: Maybe do the diabetes one first, because they came to me first. That may be the best way of doing it. I will be back again, hopefully next week. There is another debate that I want to ask for as well, but that is not for today. Thanks again.

Chair: That concludes our deliberations. There is a Division in the House,



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so we will end the public session now. If we could come back immediately after the Division just for five minutes, that would be really useful, colleagues.