Dr Sarah Wollaston (Totnes) (Con): I would like to speak briefly to new clauses 1, 26 and 9. I hope new clause 1 on the adult safeguarding access orders would rarely ever be necessary because, as the Minister knows, the vast majority of carers are out there day in, day out, night after night providing dedicated care, often at the expense of their own health. There is a tiny minority of people, however—and I am afraid I have met some of them—who are coercive, controlling and manipulative, particularly if there is money at stake. At the moment there is no right of entry even if other relatives or neighbours and friends have raised concerns, and even if clinicians have concerns. Of course in most cases a negotiation can take place and access can be gained, but very often that access is only with a rather controlling person in the room as well, and it can be very difficult to make a full assessment of capacity under those circumstances, as I am sure the Minister is aware. There are people who are at risk. We know that 29 local authorities have identified that there have been vulnerable adults for whom they have been unable to gain access.

New clause 1 is about stating that there needs to be a final backstop in circumstances where it is clear that the safeguarding of a vulnerable adult at risk is paramount. I know there are those who say we already have right of access under the Police and Criminal Evidence Act 1984, but unfortunately the bar is set too high and there is uncertainty about the ability to gain access. New clause 1 sets out very clearly the thresholds, and also the safeguards, because this is not about riding roughshod over individuals who do not wish to have a social worker entering their home. Instead it is about setting out the rights of an individual who may be under the control of a coercive third party. We need to have greater clarity and I hope the Minister will consider this new clause. Having a final backstop works well in Scotland; it is very rarely used but we need to have it in place as a final resort.

On new clause 26, I asked the Minister to imagine a circumstance when he might have crushing central chest pain and the ambulance takes him not to a casualty department but to a police cell because a cardiologist is not available to make the assessment or a bed is not available on a coronary care unit. That is completely unthinkable yet that is the reality in the UK for people experiencing a mental health crisis. It has gone on for far too long. I am perhaps one of the few Members of this House who has been in a police cell in the middle of the night because I was a forensic medical examiner for several years. These are extraordinarily scary places for anyone, let alone an individual experiencing an acute mental health crisis.

Mr David Burrowes (Enfield, Southgate) (Con): I, too, have had experience of being in a police station as a duty solicitor in my case, and therefore have seen for myself that the very last place these most vulnerable of people should be is a police station. Given that the Government have made commitments indeed, financial commitments on a diversion service, to ensure that the principle of diverting these vulnerable people is recognised, surely the next step is to support the principle of my hon. Friend's new clause?

Dr Wollaston: I thank my hon. Friend for those comments and I welcome the mental health crisis care concordat, and what is being done to emphasise that prevention is by far the best way forward, but even with those prevention measures in place I think we would all accept there will still be circumstances where people will reach crisis, and unfortunately a
police station is absolutely the last place anyone, let alone a child, would wish to be in crisis. In Devon and Cornwall alone, 27 children last year were taken to police cells for long periods of time. On three occasions those children were as young as 12 and 13. That is simply unacceptable. One of the reasons it is likely to continue is that there is no penalty currently for the NHS in continuing to use such facilities. It does not have to pick up any of the financial tab. That is putting enormous pressure on our police forces. They do not wish this to happen, of course. If we cannot at least have this sunset clause, which I think is eminently sensible, I hope the Minister will consider making sure that the NHS has to pay to use the police cells, and that there is a significant financial penalty, because that would be a driver. That would make it financially much more sensible for the NHS to put in place measures for these vulnerable people who often have been found by the police at the point where they are about to take their own lives. It cannot be acceptable for this situation to continue.

Moreover, the variation in such use of police cells is extraordinary. There are some areas where that is not used at all and others where it is very heavily relied on. I hope the Minister will say in his response that he is prepared to consider a sunset clause, or at least a financial penalty, so we see drivers in place and we continue to move away from such a practice. However, I absolutely recognise the point made by my hon. Friend the Member for Enfield, Southgate (Mr Burrowes) that prevention is far better, and I know all areas are working towards that and that the Minister fully supports it.

New clause 9 is an extraordinary measure that is widely welcomed because of the principles to which the right hon. Member for Salford and Eccles (Hazel Blears) referred about well-being and prevention. These are at the heart of the Bill and everybody welcomes them. However, I think the Minister recognises that there could be unintended consequences if we were to introduce many new statutory obligations without their being funded fully. As he will know, we have two tests—a needs test and a means test—for people to pass in accessing social care, and 88% of needs tests are now set at a substantial level, which has been quite a considerable change. There is also the means test, which stands at £23,250. On many occasions as a GP, I remember coming across the absolute shock encountered by people when they realised that they would get no help whatever.

The change under the Bill will be extraordinarily welcome, although we should be under no doubt about the burdens that it will place on local authorities, in particular in my area. Devon has the third oldest demographic in the country, but funding of local authorities for healthcare does not have sufficient emphasis on the age structure of the population. There will be great impact on Torbay and on other areas in Devon, such as my constituency.

New clause 9 is a sensible measure about how we plan for the future and make an appraisal of whether we are fulfilling the important provisions in the Bill, ensuring that we have sufficient resources directed towards prevention and well-being. I hope that the Minister will see the new clause as helpful and as one that will assist us in planning for the future.

Hansard